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Effect of Organizational Culture on Employee Performance: A Study of David Umahi Federal University Teaching Hospital, Uburu (DUFUTH)

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ABSTRACT

This study examined the effect of organizational culture—specifically norms, values, leadership styles, knowledge sharing, communication patterns, and teamwork on employee performance at David Umahi Federal University Teaching Hospital (DUFUTH), Uburu. Organizational culture, comprising the shared beliefs and practices that guide employee conduct, is essential for aligning staff with institutional goals and improving service delivery. Adopting a descriptive study design, this research integrated quantitative and qualitative approaches to analyze the relationship between these cultural magnitudes and performance metrics. Data were collected through structured questionnaires from 289 respondents. The demographic contour showed a near-equal gender distribution, a majority age range of 26–35 years, and a workforce predominantly composed of clinical staff with three years of service. Regression results confirmed that all four dimensions exert a statistically significant positive effect on performance, leading to the rejection of all null hypotheses ($p < 0.001$), confirming that organizational culture dimensions significantly affect employee performance at DUFUTH. The findings revealed that all studied cultural dimensions positively affected employee performance, though the impacts were moderate to weak. Specifically, teamwork presented the strongest effect ($r = 0.554$, $R^2 = 0.307$), explaining 30.7% of performance variance. Leadership style showed a moderate effect ($r = 0.507$, $R^2 = 0.257$), accounting for 25.7% of variance. Knowledge sharing and communication patterns showed a weak-to-moderate effect ($r = 0.492$, $R^2 = 0.242$), explaining 24.2% of variance. Organizational norms and values exhibited the weakest effect ($r = 0.366$, $R^2 = 0.134$), accounting for only 13.4% of performance variance. The study concludes that while these cultural elements are significant, they do not overwhelmingly dictate employee performance at DUFUTH. This suggests that these factors are not the primary drivers of productivity in this context. Consequently, management should recognize that other variables, or perhaps a more complex interplay of institutional factors, likely exert greater influence on staff performance, necessitating further investigation into additional determinants of organizational effectiveness within Nigeria's healthcare sector.

Background to the Study

Organizational culture is one of the key determinants of employee performance, shaping workplace dynamics, motivation, and overall institutional effectiveness. In healthcare institutions, where efficiency and precision are critical, the influence of organizational culture becomes even more pronounced. It has been widely recognized as an important factor influencing employee performance across various sectors.

A value-driven organizational culture that synchronizes individual efforts with broad strategic objectives is often the driving force behind goal-oriented institutions. To effectively realize these targets, personnel must engage with one another and navigate external stakeholders through a unified framework of shared beliefs, institutional expectations, behavioral codes, and established administrative practices. This cultural infrastructure controlling internal operations and external professional relationships is defined by Yusuf (2022)

as an interconnected matrix of conventions, values, and principles that systematically governs workforce behavior.

To optimize service delivery to the public, public institutions rely heavily on operational norms consisting of both formalized guidelines and unspoken codes of conduct. These cultural baselines provide explicit direction regarding how personnel execute daily responsibilities, manage official communication, and maintain professional decorum. Furthermore, institutional norms manifest clearly in established reward systems, such as structured commendations for exceptional diligence or formal recognition of exemplary employees over monthly, quarterly, or annual periods. This specific dimension of workplace culture actively reinforces positive behavior and drives superior performance, as personnel naturally strive for future administrative acknowledgement. Conversely, the framework incorporates corrective mechanisms and sanctions for administrative non-compliance, which simultaneously serves as a structural deterrent against operational inefficiency. Beyond behavioral governance, this organizational culture defines standard operating procedures and functional routines, facilitating the precise assignment of duties to ensure public servants execute their mandates systematically. This structured approach ultimately strengthens institutional accountability, providing a transparent mechanism for identifying operational lapses and holding specific personnel responsible when deviations from standard performance metrics occur (Yusuf, 2022).

The David Umahi Federal University Teaching Hospital, like many tertiary health institutions, operates within a complex environment where employee performance directly impacts service delivery, patient outcomes, and organizational success. Understanding how organizational culture shapes these outcomes is essential for promoting a work environment that enhances productivity, job satisfaction, and institutional growth. It represents the collective values, beliefs, norms, and practices that shape employee behavior and institutional identity. It serves as the invisible framework that guides decision-making, work ethics, and interpersonal relationships within an organization. In the healthcare sector, where efficiency, precision, and teamwork are paramount, organizational culture plays a crucial role in determining employee performance and, by extension, the quality of patient care. A strong, well-defined culture fosters clarity in roles, enhances communication, and aligns employees with institutional objectives, thereby improving overall service delivery.

Employee engagement and performance remain foundational drivers of organizational productivity and success across developed economies, notably within the United States and the United Kingdom. Data from the United States underscores a persistent challenge in this arena, with metrics indicating that a mere 34% of American workers report feeling actively engaged in their professional roles (Gallup, 2021). This widespread disengagement inflicts severe consequences on operational output, primarily because unmotivated personnel exhibit diminished productivity levels and demonstrate a significantly higher propensity for turnover.

The structural dynamics of organizational culture and institutional values serve as pivotal mechanisms in dictating these levels of workforce dedication and subsequent output. When an institution cultivates a supportive and positive cultural framework that mirrors the personal values of its staff, it naturally stimulates a deep sense of workplace belonging, intrinsic motivation, and professional commitment. In stark contrast, a toxic or negative operational environment that conflicts with worker values rapidly triggers widespread dissatisfaction, systemic disengagement, and accelerated staff departures. Consequently, organizational leaders and administrative managers bear the responsibility of establishing and maintaining an institutional culture that simultaneously advances the overarching vision, mission, and strategic objectives of the enterprise while remaining responsive to the practical needs, personal preferences, and career aspirations of the workforce. By deliberately engineering this alignment, management can systematically elevate individual employee output and engagement while strengthening broader institutional efficiency and market competitiveness (Larissa, 2024)

In a universal setting defined by political uncertainty, societal polarization, environmental concerns, and escalating resource limitations, organizations are faced with unparalleled challenges in effectively pursuing their growth drives, focusing on relevant value intentions, and continuously evolving their modest returns (Dragomir-Pânzaru & Lia, 2024).

Studies in Nigerian tertiary health institutions, such as those conducted by Dieke, Udeh, and Nwenekorum (2024), reveal that structured task allocation and well-defined reporting relationships significantly enhance operational efficiency and patient safety. Their research, which surveyed 284 staff members at Enugu State University Teaching Hospital, found that proper task delegation improved healthcare access while clear hierarchical communication positively impacted operational safety. These findings suggest that a well-structured organizational culture, one that emphasizes role clarity and accountability, can optimize workforce productivity in healthcare settings. Similarly, an investigation of teamwork dynamics in public and private hospitals in Anambra State, Nigeria, using a sample of 321 public and private hospitals, found that shared values, mutual trust, and clearly defined team roles significantly improved employee performance (Anah and Ozoh; 2024). They went on to show that cooperative work settings produced better organizational results. This aligns with the observations of Nkwagu et al. (2023), who examined organizational culture at Alex Ekwueme Federal Teaching Hospital (AEFUTHA) and found that leadership style had a strong positive impact on employee performance. These studies collectively highlight the importance of a supportive culture in developing employee engagement and institutional effectiveness.

However, the relationship between organizational culture and performance is not universally consistent. Some studies, such as Mati's (2022) analysis of private health facilities, found no statistically significant impact, suggesting that other factors such as leadership adaptability, resource allocation, and external regulatory pressures may mediate this relationship. This divergence in findings highlights the need for context-specific research, particularly in public healthcare institutions where bureaucratic structures and funding constraints may influence cultural dynamics differently than in private settings.

Further complicating the discourse, Mulugeta (2020) examined public service organizations in Dire Dawa, Ethiopia, and found that while employee participation and innovation strongly predicted performance, excessive communication platforms and weak reward systems had negative effects. This implies that not all cultural attributes enhance performance; some may even hinder it if not properly managed.

Leadership style has been consistently identified as an important module of organizational culture that directly affects employee performance. Gabriel et al. (2024) examined leadership's impact on Health Information Management Practitioners (HIMPs) in South-West Nigeria and found that leadership style significantly predicted service quality with Adj. $R^2 = 0.050$, $p < 0.05$. Their study recommended longitudinal research to assess long-term effects, suggesting that leadership's influence on culture and performance may evolve over time.

Despite these contributions, gaps remain in understanding how organizational culture functions within specific healthcare settings, particularly in Nigerian public teaching hospitals. Many studies focus on private institutions or non-health sectors, leaving room for further exploration into how cultural elements such as hierarchy, communication openness, and patient-centered values affect performance in academic medical centers.

In addition, while some research highlights the positive effects of teamwork and mission-driven cultures (Chibuzor & Weinoh, 2023; Ghasi et al., 2018), few studies examine the back-and-forth between these cultural dimensions and the unique challenges faced by healthcare professionals, such as high stress, long hours, and bureaucratic constraints. Thus, the researcher intended to bridge these gaps by examining the effect of organizational culture on employee performance at David Umahi Federal University Teaching Hospital (DUFUTH), Uburu.

By analyzing cultural factors such as leadership approaches, value systems, teamwork dynamics, and institutional norms, the research aims to provide actionable insights for hospital management. The findings will contribute to the comprehensive discourse on organizational behavior while offering practical recommendations for strengthening productivity, staff satisfaction, and service quality in Nigeria's healthcare sector. Ultimately, this study aligns with the global emphasis on optimizing workplace culture to achieve sustainable institutional excellence.

Statement of the Problem

Organizational culture stimulates a key role in shaping employee behavior, motivation, and overall performance. While existing research acknowledges this relationship, findings remain inconsistent, particularly within healthcare institutions where operational efficiency and employee productivity directly impact service delivery. Some studies, such as those conducted in tertiary health institutions in Enugu State (Dieke et al. 2024) and Alex Ekwueme Federal Teaching Hospital Nkwagu et al. (2023), demonstrate a strong positive correlation between organizational culture and performance, emphasizing the significance of leadership, task allocation, and shared values. Conversely, other research, such as Mati's (2022) study on private health facilities, suggests that organizational culture does not always yield statistically significant effects on performance. This discrepancy raises critical questions about the contextual factors that influence the relationship between organizational culture and employee performance, particularly in public healthcare settings like David Umahi Federal University Teaching Hospital. While teamwork, leadership styles, and reward systems have been identified as key drivers of performance in some institutions (Anah & Ozoh, 2024; Chibuzor & Weinoh, 2023), the extent to which these cultural elements function effectively in a teaching hospital environment remains underexplored. Additionally, concerns persist regarding how hierarchical structures, communication, openness, and employee participation influence performance outcomes, as highlighted in studies from Ethiopia (Mulugeta, 2020) and Nigeria (Ghasi et al., 2018).

Given the essential role of healthcare workers in ensuring efficient service delivery, there is a need to examine how the prevailing organizational culture at David Umahi Federal University Teaching Hospital affects employee performance. Specifically, the study seeks to determine whether cultural dimensions such as leadership effectiveness, communication flows, shared values, institutional norms, and teamwork contribute to improved performance or if structural and managerial inefficiencies hinder optimal performance.

Research Questions

1. To what extent do organizational norms and values affect employee performance in DUFUTH?
2. What is the effect of leadership style on employee performance in DUFUTH?
3. To what extent do knowledge sharing and communication patterns affect employee performance in DUFUTH?
4. To what extent does teamwork affect employee performance in DUFUTH?

Research Objectives

The general objective of this study is to examine the effect of organizational culture on employee performance in David Umahi Federal University Teaching Hospital (DUFUTH), Uburu, with the following specific objectives:

1. To examine the effect of organizational norms and values on employee performance at DUFUTH
2. To assess the effect of leadership style on employee performance at DUFUTH
3. To evaluate the effect of knowledge sharing and communication patterns on employee performance at DUFUTH.
4. To investigate the effect of teamwork on employee performance at DUFUTH.

Research Hypothesis

Following the study objectives, the essential hypotheses to be tested are stated as thus:

Ho1: Organizational norms and values have no significant effect on employee performance.

Ho2: Leadership style does not significantly affect employee performance.

Ho3: Knowledge sharing and communication do not significantly affect employee performance.

HO4: Teamwork does not significantly affect employee productivity.

Significance of the Study

The relationship between organizational culture and employee performance has been widely studied across various sectors, yet findings remain inconsistent, particularly within Nigeria's healthcare system. This study holds significant value for both academic discourse and practical management strategies at David Umahi Federal University Teaching Hospital. From an academic perspective, the research contributes to the existing body of knowledge by providing empirical evidence on how organizational culture influences employee performance in a tertiary healthcare setting. While previous studies, such as those conducted by Dieke et al. (2024) in Enugu State and Nkwagu et al. (2023) at Alex Ekwueme Federal Teaching Hospital, highlight the positive impact of culture on performance, others, like Mati's (2022) study on private health facilities, suggest negligible effects. The study seeks to clarify the discrepancies by examining the specific cultural dynamics at play within a federal teaching hospital, thereby inspiring scholarly discussions on organizational behavior in the healthcare sector. For policymakers and hospital administrators, this research offers actionable understandings into how leadership styles, communication structures, and reward systems can be optimized to improve employee productivity.

Given the critical role of healthcare workers in patient care, understanding the cultural factors that drive performance such as teamwork (Anah & Ozoh, 2024), shared values (Chibuzor & Weinoh, 2023), and leadership effectiveness (Nader & Jadidi, 2014) can inform policy decisions that improve service delivery. The findings will be particularly relevant for human resource managers seeking to adopt a work environment that aligns employee behavior with institutional goals.

Furthermore, this study has practical implications for employees. By identifying cultural elements that either motivate or hinder performance, the research can empower staff to advocate for workplace improvements, such as clearer communication channels, fair task allocation, and recognition systems. A positive organizational culture not only enhances job satisfaction but also reduces turnover rates, ensuring continuity in healthcare delivery. Finally, this research serves as a foundation for future studies on organizational culture in Nigeria's public health sector, encouraging longitudinal assessments to track cultural shifts and their long-term effects on performance.

Scope of the Study

This study focuses on examining the effect of organizational culture on employee performance at David Umahi Federal University Teaching Hospital. The research will assess key cultural dimensions, including leadership styles, communication openness, teamwork, and shared values, to determine their influence on staff productivity and institutional efficiency. The study will be limited to permanent and contract staff across various departments, including medical, administrative, and support personnel, to ensure a comprehensive understanding of cultural dynamics at different organizational levels. Data will be collected through structured questionnaires with analysis conducted using both descriptive and inferential statistical methods. While the findings will provide valued understandings for the hospital under study, generalizations to other healthcare institutions should be made cautiously, as organizational culture is context-specific. Nevertheless, the study's recommendations can serve as a reference for similar federal teaching hospitals seeking to improve employee performance through cultural improvements.

Key Terms and Definitions

Organizational Culture: Defined as a set of conventions, values, and beliefs that guide how employees should conduct themselves. It reflects the unique working methods and interpersonal connections of organizational members both inside and outside the organization. It serves as the collective values, beliefs, norms, and practices that shape employee behavior and institutional identity.

Employee Performance: Refers to the level of productivity, efficiency, and effectiveness with which an employee performs their job responsibilities and meets the expectations set by their employer. In this context, it

directly impacts service delivery, patient outcomes, and overall organizational success within the healthcare setting.

Organizational Norms and Values: Organizational norms are described as written and unwritten codes of conduct that serve as a guide for organizational operations. They instruct employees on how to carry out their responsibilities, behave, and dress, and are reinforced through institutional reward systems or sanctions.

Leadership Style: Identified as a critical module of organizational culture that directly affects employee performance. It encompasses an individual's approach to giving direction, motivating teams, managing conflict, resolving misunderstandings, and serving as a role model to achieve institutional goals.

Knowledge Sharing and Communication Patterns: Relates to the openness of communication channels, information flows, and the collaborative exchange of knowledge across structural hierarchies and departments to optimize operational efficiency and safety.

Teamwork: Defined as a collaborative dynamic involving shared values, mutual trust, and clearly defined team roles. It requires multiple individuals to work collectively while prioritizing group effectiveness, cooperation, and collective goals over personal recognition

METHODOLOGY

Study Area

The study will be conducted at David Umahi Federal University Teaching Hospital (DUFUTH), a tertiary healthcare institution located in Uburu, Ohaozara Local Government Area, Ebonyi State, Nigeria, serving as a key medical and training facility situated at 5°56'N 7°43'E and 180m above sea level, the hospital caters to a catchment population of approximately one million people, primarily from the Igbo ethnic group (Uburu subgroup), in a bilingual (English and Igbo) sociocultural setting.

With a 500-bed capacity, DUFUTH features specialized units, including a cardiovascular institute, diagnostic radiology complex, and maternal-child health wing, staffed by over 1,000 healthcare professionals and handling more than 85,000 patients annually. The institution represents a unique blend of modern medical practices and traditional Igbo healing systems.

Research Design

This study adopts a descriptive survey methods design, integrating quantitative and qualitative approaches to holistically explore the interplay between organizational culture and employee performance at David Umahi Federal University Teaching Hospital (DUFUTH). The quantitative strand employs a descriptive survey design, enabling the systematic collection of numerical data to measure relationships between cultural dimensions and performance metrics. The design is selected for its capacity to examine phenomena in their natural organizational setting without artificial manipulation, thereby improving ecological validity.

Given the exploratory nature of certain cultural dimensions, the study incorporates embedded mixed methods, wherein qualitative data from key informant interviews is nested within the primary quantitative framework to provide contextual depth. This concurrent triangulation strategy strengthens the robustness of inferences by mitigating mono-method bias

Population and Sampling

The study targeted population comprises permanent and contract staff across DUFUTH's medical, administrative, and support units (N = 1,161) random sampling technique ensures proportional representation from each department, while purposive sampling selects key informants (e.g., department heads, HR personnel) for qualitative interviews. The sample size for the quantitative component (n = 289) is determined through

Krejcie and Morgan's (1970) table, ensuring a 95% confidence level and 5% margin of error. For qualitative saturation, 15–20 participants are targeted until thematic redundancy is achieved.

Sampling Technique

A disproportionate stratified random sampling technique is employed to ensure minimum cell sizes for subgroup analyses, also account for varying population proportions across strata and to facilitate comparative analysis between clinical vs. non-clinical cohorts

Sampling frames will be constructed from DUFUTH's human capital management database, with strata defined by:

1. Departmental affiliation
2. Job grade level (1-7, per Nigeria's Public Service structure)
3. Employment type (permanent vs. contract)

Sample Size

The sample size (n=289) is calculated by means of Krejcie-Morgan formula stated as follow:

$$n = \frac{(X^2 NP(1-))}{(d^2(N-1) + X^2 P(1-)}$$

Where:

$\chi^2 = 3.841$ (95% CI)

N = 1000

P = 0.5 (maximum variance)

d = 0.05 (margin of error)

Finite population correction reduces the base sample from 332 to 289. A 15% oversampling accommodates anticipated non-response and incomplete surveys.

Data Collection Instruments

Primary Data Instruments

A. Organizational Culture Assessment Instrument (OCAI): Organizational Culture Assessment Instrument (OCAI) (Cameron & Quinn, 2011), adapted to measure norms, leadership styles, and teamwork (5-point Likert scale).

1. Clan culture (α=.82)
2. Adhocracy culture (α=.79)
3. Market culture (α=.81)
4. Hierarchy culture (α=.77)

B. Employee Performance Index (EPI): Employee performance metrics (e.g., task efficiency, job satisfaction) derived from Donabedian's (1988) outcome indicators.

A 25-item Likert scale (1-5) measuring:

Task proficiency (α=.88)

Contextual performance (α=.85)

Adaptive performance (α=.83)

C. Semi-Structured Interview Guide: Administered to 10 purposively selected strategic informants: Open-ended questions probe cultural artifacts, leadership efficacy, and barriers to performance will be conducted. Example: How do shared values manifest in daily workflows?

Secondary Data Sources: Institutional reports, performance appraisals, and policy manuals will be reviewed to triangulate self-reported data.

1. HR performance appraisal records (2020-2024)
2. Patient satisfaction surveys (NPS metrics)
3. Operational efficiency reports (bed turnover rates, etc.)

Data Analysis Design

Preliminary Analysis

1. Missing data treatment: Expectation-Maximization algorithm
2. Normality tests: Shapiro-Wilk (α=.01)
3. Outlier detection: Mahalanobis distance (p<.001)

Data Analysis Plan

Preliminary Analysis

1. Missing data treatment: Expectation-Maximization algorithm

2. Normality tests. Normality Test among the statistical tests necessary to be conducted before regression analysis can be conducted is to make sure that the residual of the data is normally distributed. The results of the normality test showed that the data are normally distributed. Evidence is shown using mathematical approach and graphical approach below. Shapiro-Wilk (α=.01)

3. Outlier detection: Mahalanobis distance (p<.001)

Model Fit Indices: $\chi^2/df < 3$; CFI > .90; RMSEA < .08.

Advanced Analyses

- Moderated regression (Hofstede's cultural dimensions as moderators)

- Multi-group SEM for clinical vs. non-clinical comparisons.

- Descriptive Statistics: Frequencies, means, and standard deviations summarize cultural dimensions. Also, Inferential Statistics: Multiple regression analyzes the predictive power of culture on performance (SPSS v28). Hypotheses tested at $p < 0.05$.

Thematic Analysis (Braun & Clarke, 2006): Codes are derived inductively (e.g., “hierarchical dissonance,” “transformational leadership resonance”) and organized into themes by means of NVivo 12.

Reliability of the questionnaire: Reliability of a questionnaire refers to its trust, predictability, and precise. The authors of this study used internal consistency for measuring reliability of data. Cronbachs’ Alpha Coefficient is the most important measure of internal consistency that refers to the degree in which the questions of the questionnaire measure the variable or characteristic (Zohori, 2008). It should be noted that Cronbachs’ Alpha Coefficient cannot show the errors that are created through external factors such as

difference in the test positions and differences in the respondents' responses during time and only examines the internal measures. This coefficient has been calculated through SPSS. This coefficient has been calculated based on 30 primary responses. This coefficient was 0.89 for 30 questionnaires and was 0.90 for 230 questionnaires.

Psychometric Properties

Validity Testing: Research will test convergent validity: AVE > 0.5, discriminant validity: HTMT ratio < 0.85, and Nomological validity: Theory-consistent correlations

Ethical Safeguards

1. Voluntary participation: Implied consent protocol
2. Data anonymization: K-anonymity (k=5) implementation
3. Beneficence: Psychological support referrals for distressed respondents

Ethical Considerations: Ethical research conduct is paramount to ensure the integrity of the study and the protection of participants' rights. This study adheres to internationally recognized ethical principles outlined in the Belmont Report (1979), Declaration of Helsinki (2013), and Nigeria's National Health Research Ethics Code (2007). The following ethical protocols are implemented:

Ethical Approval: Institutional Review Board (IRB) Clearance: Formal approval was obtained from DUFUTH's Research Ethics Committee (REC/DUFUTH/2024/)

Informed Consent: A written Consent where participants will receive a Participant Information Sheet (PIS) detailing: Study objectives and procedures, voluntary participation and withdrawal rights, potential risks/benefits, and confidentiality safeguards. Implied consent for questionnaire respondents, submission of completed surveys constitutes consent. Equally, Verbal Consent: Audio-recorded for interviewees, with transcripts anonymized.

Confidentiality & Data Protection

1. Anonymization: All datasets use coded identifiers (e.g., "CLIN-001") rather than personal details.
2. Secure Storage: Electronic data is encrypted (AES-256) on password-protected servers; physical copies are stored in locked cabinets.
3. Access Restrictions: Only the principal investigator and approved statisticians handle raw data.
4. Data Retention: Records will be destroyed after 5 years per Nigeria's research retention policies.

Methodological Limitations - Social Desirability Bias: Self-reported performance data may be inflated. Mitigated via document analysis.

- Contextual Specificity: Findings may not generalize to non-teaching hospitals.

- Temporal Constraints: Cross-sectional design limits causal inference.

Epistemological Alignment: This methodology embodies a pragmatic paradigm, prioritizing actionable insights while respecting subjective interpretations of culture. By harmonizing positivist metrics with interpretivist narratives, the study transcends reductionism, offering a holistic portrait of organizational life.

RESULTS AND DISCUSSION

Introduction

This chapter presents the results of the data analysis conducted to address the research objectives of the study. The chapter begins with the demographic characteristics of the respondents, followed by the presentation of results for each of the four research objectives. The analysis employed regression analysis to determine the

effect of organizational culture dimensions on employee performance at David Umahi Federal University Teaching Hospital (DUFUTH). The Pearson correlation coefficient (r) was interpreted as follows: 0.00–0.39 indicated a weak correlation, 0.40–0.69 indicated a moderate correlation, and 0.70–1.00 indicated a strong correlation. The significance level was tested at $p < 0.05$.

Demographic Information of the Respondents

A total of 289 respondents participated in the study. The demographic characteristics of the respondents are presented in terms of gender, age, department, years of service, and employment type.

Gender Distribution

Table 4.1.1: showing gender distribution of participants

Gender					
		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	Male	139	48.1	48.1	48.1
	Female	150	51.9	51.9	100
	Total	289	100	100	

The data analyzed showed that 139 respondents (48.10%) were male, while 150 respondents (51.90%) were female. This indicated that the majority of the respondents were female, though the gender distribution was relatively balanced.

Age Distribution

The age distribution of the respondents was as follows: 82 respondents (28.40%) were aged 18–25 years, 112 respondents (38.80%) were aged 26–35 years, 67 respondents (23.20%) were aged 36–45 years, and 28 respondents (9.70%) were aged 46 years and above. The largest age group was 26–35 years, comprising over one-third of the respondents.

Table 4.1.2: showing age distribution of participants

		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	18-25 Yrs	82	28.4	28.4	28.4
	26-35 Yrs	112	38.8	38.8	67.1
	36-45 Yrs	67	23.2	23.2	90.3
	46+ Yrs	28	9.7	9.7	100
	Total	289	100	100	

Department Distribution

Table 4.1.3: showing departmental distributions of participants

		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	**Clinical**	136	47.1	47.1	47.1
	Administrative	110	38.1	38.1	85.1
	Support Staff	43	14.9	14.9	100

	Total	289	100	100	

The distribution of the participants based on their departments was as follows: 136 respondents (47.10%) worked in clinical departments, 110 respondents (38.10%) worked in administration, and 43 respondents (14.90%) were support staff. Clinical staff constituted the largest proportion of respondents.

Years of Service at DUFUTH

Table 4.1.5: showing years of service of participants

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<1	51	17.6	17.6	17.6
	1-2 Yrs	111	38.4	38.4	56.1
	3 Yrs	127	43.9	43.9	100
	Total	289	100	100	

Based on the years of service at DUFUTH, 51 respondents (17.60%) had served for less than one year, 111 respondents (38.40%) had served for 1–2 years, and 127 respondents (43.90%) had served for three years. The majority of respondents had served for three years.

Employment Type Distribution

Table 4.1.6: showing employment type of participants

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Permanent	221	76.5	76.5	76.5
	Contract	68	23.5	23.5	100
	Total	289	100	100	

The distribution based on employment type showed that 221 respondents (76.50%) were permanently employed, while 68 respondents (23.50%) were on contract employment. Permanent employees constituted the majority of the sample.

The R value was interpreted thus;

0.00-0.0.39 weak

0.40-0.69 moderate

0.70-1.00 strong

Significant level was tested at 0.05

Research Question 1 (Objective 1): Effect of Organizational Norms and Values on Employee Performance

Table 4.1.7: showing descriptive statistics

Descriptive Statistics

Descriptive Statistics			
	Mean	**Std. Deviation**	**N**
Employee Performance	4.4006	0.63603	289
Shared Value	4.4383	0.73659	289

Table 4.1.8: Showing Correlation Result

		Employee Performance	**Shared Value**
Pearson Correlation	Employee Performance	1	0.366
	Shared Value	0.366	1
Sig. (1-tailed)	Employee Performance	.	0
	Shared Value	0	.
N	Employee Performance	289	289
	Shared Value	289	289

The first objective of this study was to determine the effect of organizational norms and values on employee performance at DUFUTH. Descriptive statistics, correlation analysis, and regression analysis were conducted, and the results are presented in Table below:

Table 4.1.9: Result of the regression analysis on the effect of organizational norms and values on employees' performance in DUFUTH

Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**	**Change Statistics**				
					R Square Change	**F Change**	**df1**	**df2**	**Sig. F Change**
1	0.366	0.134	0.134	0.59	0.134	44.434	1	287	0

Table one above contains the result of the effect of organizational norms and values on employees' performance in David Umahi Federal University Teaching Hospital. Information in the table showed that the value of r is 0.366 which represents the Pearson's correlation coefficient. This means that the correlation between organizational norms and values, and employees' performance in DUFUTH is positive but weak. The positive relationship means that a positive improvement in organizational value and norms will induce positive improvement in the performance of employees' in DUFUTH. The result also showed that the r squared value is 0.134 which is 13.4 %. This implies that only 13.4% changes in employees' performance in DUFUTH can be attributed to organizational norms and values. A unit change in organizational norms and values will trigger 13.4% change in employees' performance. With the significant value (Sig. F) at 0.000, it showed that the relationship between the variables is statistically significant.

Research Question 2 (Objective 2): Effect of Leadership Style on Employee Performance

Regression

Table 4.1.11: Showing Descriptive Statistics of Objective 2

Descriptive Statistics			
	Mean	**Std. Deviation**	**N**
Employee Performance	4.4006	0.63603	289
Leadership Style	4.4614	0.82551	289

Table 4.1.12: showing correlations for objective 2

Correlations			
		Employee Performance	**Leadership Style**
Pearson Correlation	Employee Performance	1	0.507
	Leadership Style	0.507	1
Sig. (1-tailed)	Employee Performance	.	0
	Leadership Style	0	.
N	Employee Performance	289	289
	Leadership Style	289	289

The second objective of this study was to assess the effect of leadership style on employee performance at DUFUTH. The results of the regression analysis are presented in Table 4.1.13.

Table 4.1.13: Result of the regression analysis on the effect of leadership style on employees' performance in DUFUTH

Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**	**Change Statistics**				
					R Square Change	**F Change**	**df1**	**df2**	**Sig. F Change**
1	0.507	0.257	0.255	0.54911	0.257	99.401	1	287	0

In table 4.1.13, the result of the regression analysis on the effect of leadership style on employees' performance in DUFUTH was displayed. From the table it can be seen that the correlation coefficient is 0.507 which is positive and moderate. The implication is that leadership style and employees' performance in DUFUTH are positive meaning that improvement in the former would lead to improvement in performance. Therefore, to improve the performance of the employees, the organization should improve or adopt effective leadership style. The r square value is 0.257 which is 25.7%. This means that an improvement in the organization's leadership style will lead to 25.7% improvement in employees' performance in DUFUTH. The Sig. F of 0.000 is less than 0.05 which showed that the relationship between leadership style and employees' performance in DUFUTH is statistically significant.

Research Question 3 (Objective 3): Effect of Knowledge Sharing and Communication Patterns on Employee Performance

Regression

Table 4.1.14: showing descriptive statistics for objective 3

Descriptive Statistics			
	Mean	**Std. Deviation**	**N**
Employee Performance	4.4006	.63603	289
Communication	4.4268	.78132	289

Table 4.1.15.: showing Employee Performance

Model	**Variables Entered**	**Variables Removed**	**Method**
1	Communication	.	Enter

The third objective of this study was to evaluate the effect of knowledge sharing and communication patterns on employee performance at DUFUTH. The results of the regression analysis are presented in Table 4.1.15.

Table 4.1.15: Result of the regression analysis on the effect of knowledge sharing and communication patterns on employees' performance in DUFUTH

Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**	**Change Statistics**				
					R Square Change	**F Change**	**df1**	**df2**	**Sig. F Change**
1	0.492	0.242	0.240	0.55462	0.242	91.756	1	287	.000

From the results in table three, it can be seen that the value of r is 0.492 while the value of r squared is 0.242. A correlation value of 0.492 is positive but weak. This means that the relationship between knowledge sharing and communication patterns and employees' performance is positive. Hence it can be stated that knowledge sharing and communication patterns has positive effect on employees' performance in David Umahi Federal University Teaching Hospital. Relatedly, the r squared value which predicts the amount of effect is 0.242 which is 24.2%. This shows that the percent change in employees' performance in DUFUTH that can be attributed to knowledge sharing and communication patterns is 24.2%. With the positive relationship that exist between the two variables, an improvement in knowledge sharing and communication patterns would lead to improvement in the performance of employees in David Umahi Federal University Teaching Hospital. The Sig. F of 0.000 is less than the 0.05 at which the significant value was tested showing that the relationship that exist between the variables was significant.

Objective 4: Effect of Teamwork on Employee Performance

Table 4.1.16: showing Descriptive Statistics for objective 4

	Mean	**Std. Deviation**	**N**
Employee Performance	4.4006	.63603	289
Teamwork	4.5017	.65683	289

Table 4.1.17: Showing Correlation Result for objective 4

		Employee Performance	**Teamwork**
Pearson Correlation	Employee Performance	1.000	.554
	Teamwork	.554	1.000
Sig. (1-tailed)	Employee Performance	.	.000

	Teamwork	.000	.
N	Employee Performance	289	289
	Teamwork	289	289

The objective four of this study was to investigate the effect of teamwork on employee performance at DUFUTH. The results of the regression analysis are presented in Table 4.1.18.

Table 4.1.18: result of the regression analysis on the effect of teamwork on employees' performance in DUFUTH

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df 1	df2	Sig. F Change
1	0.554	0.307	0.304	0.53044	0.307	127.073	1	287	.000

The results in table four showed that the value of r is 0.554. This value signifies that the relationship between teamwork and employees' performance in David Umahi Federal University Teaching Hospital is positively moderate. This implies that when employees' teamwork increases, their performance also improves. The percentage of change in employees' performance that can be attributed to teamwork in the institution is explained by the r square. The r square value is 0.307 which is 30.7%. This mean that 30.7% changes in employees' performance can be explained by teamwork. The significant value (Sig. F) of 0.000 is less than 0.05 which signifies that the relationship between teamwork and employees' performance in David Umahi Federal University Teaching Hospital is statistically significant.

Data Analysis & Hypotheses Testing

Test of Hypothesis I (Norms & Values):

H01 (Null): Organizational norms and values do not significantly affect employee performance at David Umahi Federal University Teaching Hospital (DUFUTH).

Table 4.2.2. showing model summary of all result data

Model Summary									
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**	**R Square Change**	**F Change**	**df1**	**df2**	**Sig. F Change**
1	.366[a]	0.134	0.131	0.59289	0.134	44.434	1	287	0
a. Predictors: (Constant), Shared Value									

Table 4.2.3: showing ANOVA analysis

ANOVA[a]						
Model		**Sum of Squares**	**d.f**	**Mean Square**	**F**	**Sig.**
1	Regression	15.619	1	15.619	44.434	.000[b]
	Residual	100.887	287	0.352		
	Total	116.507	288			
a. Dependent Variable: Employee Performance						
a. Predictors: (Constant), Shared Value						

Table 4.2.4: showing coefficients

Coefficients [a]						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.997	0.213		14.047	0
	Shared Value	0.316	0.047	0.366	6.666	0
a. Dependent Variable: Employee Performance						

Test of Hypothesis II (Leadership Style):

Table 4.2.5: showing model summary for objective 2

H02 (Null): Leadership style does not significantly affect employee performance at David Umahi Federal University Teaching Hospital (DUFUTH).

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			
					R Square Change	F Change	df1	df2
1	.507[a]	0.257	0.255	0.54911	0.257	99.401	1	287
a. Predictors: (Constant), Leadership Style								

Table 4.2.6: showing ANOVA analysis for objective 2

ANOVA[a]						
Model		Sum of Squares	d.f	Mean Square	F	Sig.
1	Regression	29.971	1	29.971	99.401	.000[b]
	Residual	86.535	287	0.302		
	Total	116.507	288			
a. Dependent Variable: Employee Performance						
b. Predictors: (Constant), Leadership Style						

Test of Hypothesis III

H03 (Null): Knowledge sharing and communication patterns do not significantly affect

Table 4.2.8: showing model summary for objective 3 employee performance at David Umahi Federal University Teaching Hospital (DUFUTH).

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.492[a]	0.242	0.24	0.55462	0.242	91.756	1	287	0
a. Predictors: (Constant), Communication									

Table 4.2.9: showing ANOVA analysis for objective 3

ANOVA[a]						
Model		Sum of Squares	d.f	Mean Square	F	Sig.
1	Regression	28.224	1	28.224	91.756	.000[b]
	Residual	88.282	287	0.308		
	Total	116.507	288			
a. Dependent Variable: Employee Performance						
b. Predictors: (Constant), Communication						

Table 4.2.10: showing coefficients for objective 3

Coefficients[a]						
Model		**Unstandardized Coefficients**		**Standardized Coefficients**	**T**	**Sig.**
		B	**Std. Error**	**Beta**		
1	(Constant)	2.627	0.188		13.972	0
	Communication	0.401	0.042	0.492	9.579	0
a. Dependent Variable: Employee Performance						

Test of Hypothesis IV

H04 (Null): Teamwork does not significantly affect employee performance at David Umahi Federal University Teaching Hospital (DUFUTH).

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.554[a]	0.307	0.304	0.53044	0.307	127.073	1	287	0
a. Predictors: (Constant), Teamwork									

Table 4.2.12: showing ANOVA for objective 4

ANOVA[a]						
Model		**Sum of Squares**	**d.f**	**Mean Square**	**F**	**Sig.**
1	Regression	35.754	1	35.754	127.073	.000[b]
	Residual	80.752	287	0.281		
	Total	116.507	288			
a. Dependent Variable: Employee Performance						
a. Predictors: (Constant), Teamwork						

Table 4.2.13: showing coefficient for objective 4

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.986	0.216		9.173	0
	teamwork	0.536	0.048	0.554	11.273	0
a. Dependent Variable: Employee Performance						

DISCUSSION OF FINDINGS

Effect of Organizational Norms and Values on Employee Performance

The first objective of this study was to determine the effect of organizational norms and values on employee performance at David Umahi Federal University Teaching Hospital (DUFUTH). The regression analysis revealed a positive but weak correlation between organizational norms and values and employee performance ($r = 0.366$), with organizational norms and values explaining 13.4% of the variance in employee performance ($R^2 = 0.134$). The relationship was statistically significant ($p < 0.001$).

This finding aligns with several studies documented in the literature. Kant (2025) reported significant positive effects of organizational culture on employee performance in a university administration department in Ethiopia, where regression analysis established that organizational culture accounted for a substantial proportion of performance variance. Similarly, Mudachi and Nderi (2023) found a strong positive relationship between organizational culture and performance at the Africa Economic Research Consortium ($\beta = 0.248$, $p = 0.003$), concluding that organizational culture must support and align with planned strategy and daily performance activities.

However, the weak correlation observed in the present study ($r = 0.366$) contrasts with the stronger associations reported in some previous studies. One possible explanation for this disparity is the specific healthcare setting of DUFUTH, where clinical protocols, medical exigencies, and patient care demands may moderate the influence of cultural values on performance outcomes. As noted by Akintunde Adeyi et al. (2023), organizational culture did not moderate the relationship between employee resilience and sustainable performance in Nigerian tertiary hospitals, suggesting that cultural factors may operate differently in healthcare contexts compared to other organizational settings.

The finding that organizational norms and values explain only 13.4% of performance variance is consistent with the systematic review by Bawa (2025), who identified that the mechanisms through which organizational culture affects performance remain underexplored. Bawa further noted that there is a scarcity of research on prevailing healthcare organizational cultures in the African region, which limits the ability to contextualize findings such as those from the present study. Additionally, the systematic review by Efremov et al. (2025) concluded that while organizational culture is a success factor for healthcare organizations, its effects are contingent upon multiple contextual variables that require further investigation.

Effect of Leadership Style on Employee Performance

The second objective assessed the effect of leadership style on employee performance at DUFUTH. The results proved a positive and modest correlation ($r = 0.507$), with leadership style accounting for 25.7% of the variance in employee performance ($R^2 = 0.257$). The relationship was statistically significant ($p < 0.001$).

This finding is steady with the broader literature on leadership and performance. Sahoo et al. (2025) identified leadership style as a key cultural facet contributing to employee and organizational performance, reporting that organizations with good leadership demonstrated greater motivation and productivity. Saimin et al. (2025) reported that agile leadership positively and significantly influenced employee performance with a coefficient

of 0.258 (p = 0.000) and employee engagement with a coefficient of 0.366 (p = 0.000), concluding that flexible and adaptive leadership is critical to improving organizational performance.

The moderate effect size observed in the present study suggests that leadership style is a more influential predictor of employee performance than organizational norms and values at DUFUTH. This finding validates the systematic review by Rafi'i et al. (2025), who identified organizational leadership as one of six themes consistently associated with work satisfaction and performance across healthcare settings. Specifically, Rafi'i et al. concluded that implementing strategies tailored to leadership may increase work satisfaction, foster improved organizational performance, increase retention, and improve the quality of patient care.

Furthermore, the result aligns with Sobowale (2025), who examined the impact of organizational culture on employee performance in the Lagos State Civil Service Commission and found that transformational leadership that could institute the right culture had a more significant effect on employee performance. The present study's finding that leadership style explains 25.7% of performance variance is also supported by the systematic review conducted by The Impact of Organisational Culture on Employees' Productivity (2022), which noted that leadership effectiveness is a core component of workforce productivity, though specific constructs of productivity remain to be fully outlined.

Effect of Knowledge Sharing and Communication Patterns on Employee Performance

The third objective evaluated the effect of knowledge sharing and communication patterns on employee performance at DUFUTH. The analysis yielded a positive but weak correlation (r = 0.492), with communication and knowledge sharing explaining 24.2% of the variance in employee performance (R^2 = 0.242). The relationship was statistically significant (p < 0.001).

This finding is supported by multiple studies in the literature. Mayaka and Leseiyo (2025) examined the influence of organizational culture on employee performance at the Kenya National Commission on Human Rights and found that organizational communication and organization values were predictors of employee performance, with communication demonstrating significant explanatory power. Almutairi et al. (2022) analyzed organizational culture factors influencing the performance of healthcare professionals and concluded that communication systems, including innovation communication systems, had a positive impact on employee job performance.

The systematic review by Rafi'i et al. (2025) similarly identified continuous communication as one of six themes tied to organizational culture that enhance work satisfaction and performance. The review concluded that implementing strategies tailored to each theme, including communication, may increase work satisfaction, foster improved organizational performance, and increase retention. Additionally, the comprehensive systematic review on the impact of organizational climate on the well-being and performance of healthcare professionals (The Impact of Organizational Climate on the Well-Being and Performance of Healthcare Professionals, 2024) found that successful communication tactics positively influence the performance and well-being of healthcare professionals, whereas communication difficulties can have a detrimental impact.

The finding that communication explains 24.2% of performance variance positions it as a moderately important factor. This result is consistent with the study conducted at Gidda Ayana General Hospital (Impact of Organizational Culture on Employees' Job Performance in Case of Gidda Ayana General Hospital, 2025), which found that communication, along with employee participation, innovation, reward systems, and customer service orientation, positively impacted job performance. However, the weak correlation coefficient (0.492) suggests that while communication is beneficial, its effect on performance is not strong when considered in isolation, a finding that aligns with Mayaka and Leseiyo (2025), who reported that teamwork had comparatively less influence than communication and organizational values in their study context.

The empirical evaluation of the third research objective investigated the structural impact of knowledge sharing and organizational communication patterns on employee performance at DUFUTH. The inferential analysis yielded a positive, moderate statistical correlation (r = 0.492), with communication and knowledge-sharing

mechanics explaining 24.2% of the total observed variance in employee performance metrics (R^2= 0.242). This relationship was demonstrated to be highly statistically significant ($p < 0.001$).

This finding is strongly corroborated by established organizational behavior literature within public sector environments. For instance, Mayaka and Leseiyo (2025) examined the influence of institutional culture on employee performance at the Kenya National Commission on Human Rights, finding that structural communication channels and core organizational values served as robust predictors of employee output, with communication infrastructure demonstrating substantial explanatory power. Similarly, Almutairi et al. (2022) analyzed internal cultural factors influencing the clinical performance of healthcare professionals, concluding that standardized communication networks—including digital information-sharing systems—exerted a direct positive impact on clinical execution and task proficiency.

The systematic review by Rafi'i et al. (2025) further validates this outcome, identifying continuous, transparent communication as a foundational thematic pillar tied to institutional culture that directly enhances job satisfaction and workforce retention. Their synthesis concluded that executing targeted administrative communication strategies explicitly fosters improved organizational performance and elevates the overall quality of patient care.

Furthermore, a comprehensive systematic review examining the impact of organizational climate on the well-being and performance of healthcare professionals (The Impact of Organizational Climate on the Well-Being and Performance of Healthcare Professionals, 2024) established that successful, high-fidelity communication tactics positively influence clinical outcomes, whereas persistent communication barriers and information silos exert a clear detrimental impact on staff well-being and performance.

The determination that communication dynamics explain 24.2% of the performance variance confirms its role as an important operational factor within complex hospital environments. This finding aligns with empirical evidence from Gidda Ayana General Hospital (Impact of Organizational Culture on Employees' Job Performance in Case of Gidda Ayana General Hospital, 2025), which demonstrated that communication systems, alongside structured employee participation and robust reward frameworks, positively dictate healthcare delivery performance.

However, the moderate correlation coefficient ($r = 0.492$) suggests that while structured knowledge sharing is highly beneficial, its capacity to optimize employee output is constrained when examined in isolation. This operational nuance aligns with the findings of Mayaka and Leseiyo (2025), who noted that interactive cultural dimensions like collaborative teamwork often demonstrate varying degrees of operational influence depending on the overarching bureaucratic and administrative constraints of the study context.

The fourth objective investigated the effect of teamwork on employee performance at DUFUTH. The results showed a positive and moderate correlation ($r = 0.554$), with teamwork explaining the largest proportion of variance among the four factors examined ($R^2 = 0.307$). The relationship was statistically significant ($p < 0.001$).

This finding aligns with the literature emphasizing the importance of collaborative work arrangements in healthcare settings. Rafi'i et al. (2025) identified teamwork as one of six cultural themes associated with work satisfaction and performance, concluding that implementing strategies tailored to teamwork may increase work satisfaction, foster improved organizational performance, increase retention, and improve the quality of patient care. Swati et al. (2025) reported that clan and adhocracy cultures, which emphasize teamwork and collaboration, positively correlated with job satisfaction ($r = 0.68$, $p < 0.001$) and that healthcare professionals in supportive cultures demonstrated 23 percent higher job satisfaction and 18 percent lower burnout rates.

In the Nigerian context, Muhammad et al. (2025) found that healthcare workers in Osun State public healthcare facilities preferred clan culture characterized by teamwork, open communication, and shared leadership over the existing hierarchical culture. The study recommended a dual-track change strategy that would embed clan-oriented dynamics to foster empowerment, collaboration, and innovative problem solving. The present study's

finding that teamwork explains 30.7% of performance variance provides empirical support for the preference expressed by Nigerian healthcare workers in Muhammad et al.'s study.

The relatively higher explanatory power of teamwork (30.7%) compared to the other factors suggests that in the healthcare setting of DUFUTH, collaborative work arrangements may be particularly consequential for performance outcomes. This finding is consistent with the narrative literature review by Sambo and Holipah (2025), who reported that positive organizational cultures characterized by teamwork, engagement, autonomy, recognition, and supportive climates consistently enhance job satisfaction and performance. The review further noted that innovative and resilient cultures, such as Internal Market Oriented Culture, were found to improve productivity and organizational attractiveness. The systematic review by Efremov et al. (2025) also concluded that promoting an environment where healthcare professionals feel valued and supported can enhance patient care outcomes, reduce stress, and improve overall organizational efficiency, all of which are facilitated by effective teamwork.

Comparison of Effect Sizes Across Cultural Factors

The four factors examined in this study exhibited varying degrees of influence on employee performance at DUFUTH. Teamwork demonstrated the strongest effect ($R^2 = 0.307$), followed by leadership style ($R^2 = 0.257$), knowledge sharing and communication patterns ($R^2 = 0.242$), and organizational norms and values ($R^2 = 0.134$). All four relationships were statistically significant at $p < 0.001$.

This hierarchy of effects provides empirical evidence for the relative importance of different cultural dimensions in the Nigerian teaching hospital context. The finding that teamwork emerged as the most influential factor is consistent with the healthcare literature, which emphasizes interdisciplinary collaboration as essential for patient care quality and professional performance (Sambo &Holipah, 2025; Rafi'i et al., 2025). The relatively weaker effect of organizational norms and values may reflect the possibility that in highly proceduralized healthcare environments, stated values and norms may be less determinative of daily performance than observable behaviors such as teamwork and leadership interactions (Almutairi et al., 2022).

Integration with Literature and Identified Gaps

The findings of this study address several gaps identified in the literature review. First, the study contributes to the scarce body of research on organizational culture and employee performance in sub-Saharan African healthcare contexts, specifically Nigeria. Bawa (2025) noted a scarcity of research on prevailing healthcare organizational cultures in the Asian region, particularly India, and Malam (2019) explicitly stated that literature is lacking on the linkage between organisational culture and employee performance in the sub-Saharan African context, particularly Nigeria. The present study provides empirical evidence that begins to fill this gap.

Second, by examining specific cultural factors including norms and values, leadership, communication, and teamwork, the study provides empirical evidence on the mechanisms through which organizational culture affects performance, thereby responding to the gap identified by Almutairi et al. (2022) and Swati et al. (2025). Almutairi et al. concluded that the optimal performance of healthcare professionals is contingent on management understanding the cultural factors that exist in the workplace, while Swati et al. noted that the specific mechanisms between organizational culture and healthcare professional performance remained underexplored.

Third, the study addresses the call by Kant (2025) for future research endeavors to expand the scope to include other universities and organizations beyond the original study context. Additionally, the present study responds to the recommendation by Rousita et al. (2025) for further research to explore other influential factors, including leadership style, emotional intelligence, and workplace climate, to develop comprehensive strategies for improving employee effectiveness in healthcare organizations.

However, consistent with the gap identified by Akintunde et al. (2023), the present study confirms that organizational culture factors explain only a portion of performance variance. AkintundeAdeyi et al. found that organizational culture did not moderate the relationship between employee resilience and tertiary hospital

sustainable performance, implying that organizational culture is not a moderator between employee resilience and sustainable performance. The finding in the present study that the highest R^2 value was 0.307 for teamwork suggests that over 69% of performance variance is attributable to factors not captured by the four cultural dimensions examined, which aligns with the observation by Akintunde et al. that other variables require further investigation.

Furthermore, the persistent gap between the perception and practical implementation of organizational culture initiatives, identified in the Addis Ababa study (2025) and by Alghamdi (2025), is indirectly reflected in the present study's finding that even the strongest cultural factor (teamwork) explains only 30.7% of performance variance. This suggests that the presence of cultural attributes alone may not interpret directly into performance outcomes without effective implementation and alignment with other organizational systems.

SUMMARY, CONCLUSION AND RECOMMENDATION

Summary Of Findings

This section discusses the findings of the study in relation to each research objective, drawing comparisons with the empirical literature reviewed in Chapter Two. The discussion is organized thematically according to the four cultural factors examined, and the statistical significance of all relationships was tested at $p < 0.05$.

The following points summarize the key findings of this study:

Organizational norms and values had a positive but weak effect on employee performance at DUFUTH ($r = 0.366$, $R^2 = 0.134$, $p < 0.001$). A 13.4% change in employee performance could be attributed to organizational norms and values.

Leadership style had a positive and moderate effect on employee performance at DUFUTH ($r = 0.507$, $R^2 = 0.257$, $p < 0.001$). A change in the organization's leadership style would lead to a 25.7% change in employee performance.

Knowledge sharing and communication patterns had a positive but weak effect on employee performance at DUFUTH ($r = 0.492$, $R^2 = 0.242$, $p < 0.001$). A 24.2% change in employee performance could be explained by knowledge sharing and communication patterns.

Teamwork had a positive and moderate effect on employee performance at DUFUTH ($r = 0.554$, $R^2 = 0.307$, $p < 0.001$). A unit change in teamwork would trigger a 30.7% change in employee performance.

Conclusions

Based on the findings of this study, the following conclusions are drawn.

First, organizational norms and values have a positive but weak effect on employee performance at David Umahi Federal University Teaching Hospital. While the relationship is statistically significant ($p < 0.001$), organizational norms and values explain only 13.4% of performance variance. This finding suggests that these cultural elements are not the primary drivers of employee performance in this context, and other factors exert greater influence on how employees perform their duties.

Second, leadership style has a positive and restrained effect on employee performance at DUFUTH. Among the four factors examined, leadership style demonstrates the second strongest influence, explaining 25.7% of performance variance. This finding indicates that how leaders behave, communicate, and interact with employees meaningfully affects performance outcomes, and improvements in leadership practices could yield measurable performance gains.

Third, knowledge sharing and communication patterns have a positive but weak effect on employee performance at DUFUTH, explaining 24.2% of performance variance. The effect size is comparable to that of

leadership style, suggesting that open communication and effective knowledge transfer are important but not sufficient conditions for optimal employee performance in the teaching hospital setting.

Fourth, teamwork has the strongest positive and moderate effect on employee performance among the four cultural factors examined at DUFUTH, explaining 30.7% of performance variance. This finding indicates that collaborative work arrangements and team-based approaches are particularly consequential for performance outcomes in the teaching hospital context, and interventions designed to enhance teamwork are likely to produce the greatest performance improvements among the cultural factors studied.

Fifth, all four cultural factors examined collectively explain less than one-third of the variance in employee performance at DUFUTH. This finding implies that employee performance is determined by a complex interplay of factors beyond organizational culture, including individual characteristics (such as resilience and motivation), job design features, resource availability, remuneration structures, and external environmental conditions. Organizational culture, while significant, is one among multiple determinants of employee performance.

Recommendations

Based on the findings and conclusions of this study, the following recommendations are made.

First, the management of David Umahi Federal University Teaching Hospital should prioritize teamwork development initiatives, given that teamwork demonstrated the strongest effect on employee performance (R^2 = 0.307). Specific interventions may include structured interprofessional collaboration protocols, regular team meetings with clear objectives, team-based performance recognition systems, and interdisciplinary rounds. As recommended by Muhammad et al. (2025), interventions such as teamwork training, governance reforms with frontline inclusion, and routine multidisciplinary rituals should be implemented.

Second, leadership development programmes should be instituted or strengthened to improve leadership styles across all departments at DUFUTH. Given that leadership style explained 25.7% of performance variance, training programmes focused on transformational and supportive leadership behaviours may yield measurable performance improvements. Rafi'i et al. (2025) concluded that implementing strategies tailored to organizational leadership may increase work satisfaction and foster improved organizational performance, while Sobowale (2025) recommended that leaders should create room for creativity and analyse employee performance using SWOT analysis to examine strengths and weaknesses of each employee.

Third, organizational communication systems should be reviewed and enhanced at DUFUTH. The finding that communication explained 24.2% of performance variance suggests that investments in communication infrastructure, regular feedback mechanisms, transparent information sharing protocols, and open-door policies would be beneficial. The study at Gidda Ayana General Hospital (Impact of Organizational Culture on Employees' Job Performance in Case of Gidda Ayana General Hospital, 2025) identified communication as one of five factor elements positively impacting job performance, and Mayaka and Leseiyo (2025) concluded that transparent communication should be adopted to enhance employee performance and institutional capacity.

Fourth, although organizational norms and values showed the weakest effect (R^2 = 0.134), they remain statistically significant. The hospital should therefore continue to articulate and reinforce its core values through orientation programmes, performance management systems, and regular communication. However, management should recognize that values alone are insufficient to drive performance without concomitant attention to teamwork, leadership, and communication. As noted by Mudachi and Nderi (2023), organizational culture must support and be in accordance with planned strategy and daily activities of employees.

Fifth, given that the four cultural factors explained less than 1/3 of performance variance, the hospital should conduct a broader diagnostic assessment to identify other determinants of employee performance at DUFUTH. These determinants may include workload management, resource availability, remuneration and reward systems, professional development opportunities, employee resilience, and job satisfaction. The study by

AkintundeAdeyi et al. (2023) recommended that medical personnel's behavioural and contextual dimensions of employee resilience should be further improved by hospital stakeholders to increase sustainable performance.

Contribution to Knowledge

This study makes several contributions to the body of knowledge on organizational culture and employee performance.

First, the study provides empirical evidence from a Nigerian teaching hospital, thereby addressing the scarcity of research on organizational culture in sub-Saharan African healthcare contexts. As noted by Bawa (2025) and Malam (2019), literature has been lacking on the linkage between organisational culture and employee performance in the sub-Saharan African context, particularly Nigeria. The present study contributes to filling this gap.

Second, the study disaggregates organizational culture into four specific factors (organizational norms and values, leadership style, knowledge sharing and communication patterns, and teamwork) and quantifies their respective effects on employee performance. This offers a more nuanced understanding than studies that treat organizational culture as a unidimensional construct. As noted by Almutairi et al. (2022), the optimal performance of healthcare professionals is contingent on management understanding the specific cultural factors that exist in the workplace.

Third, the finding that teamwork exerts the strongest influence on performance ($R^2 = 0.307$) provides empirical guidance for healthcare managers seeking to improve employee outcomes through cultural interventions. This finding supports the preference expressed by Nigerian healthcare workers in Muhammad et al. (2025) for clan culture characterized by teamwork, open communication, and shared leadership.

Fourth, the study identifies that the four cultural factors examined explain only a limited proportion of performance variance (ranging from 13.4% to 30.7%), thereby directing future research toward the investigation of other determinants and mediating mechanisms. This finding is consistent with the observation by AkintundeAdeyi et al. (2023) that organizational culture did not moderate the relationship between employee resilience and sustainable performance, suggesting that other variables require further investigation.

Fifth, the study provides a baseline for future longitudinal and intervention research at DUFUTH. The quantitative estimates of effect sizes for each cultural factor can serve as reference points for evaluating the impact of culture change initiatives over time, responding to the call by Ashikoto and Bhebhe (2022) for periodic cultural audits and by Ojogiwa and Qwabe (2023) for assessment of current and preferred organizational culture to identify and create needed change.

LIMITATIONS OF THE STUDY

While this study offers valuable understandings into how the workplace culture at David Umahi Federal University Teaching Hospital shapes employee performance, a few essential limitations should be kept in mind. First, because the research relied on a cross-sectional design where data was gathered at one specific point in time, it allows us to identify strong relationships and predictors but prevents us from drawing definitive conclusions about long-term cause and effect. Additionally, the findings are deeply tied to the unique institutional and regional environment of a single federal teaching hospital in Ebonyi State, meaning the results might not perfectly translate to private clinics, smaller community health centers, or hospitals in different parts of Nigeria. It is also worth noting that the cultural dimensions analyzed left a significant portion of employee performance unexplained, suggesting that external factors not captured in this model—such as specific salary scales, heavy workloads, or resource shortages—play a major role in workplace productivity. Furthermore, relying on self-reported questionnaires in a structured, hierarchical hospital environment introduces the possibility that some staff members may have answered cautiously or favorably out of concern for workplace dynamics, despite assurances of complete anonymity. Finally, because the study focused strictly on internal feedback from clinical and non-clinical staff, it does not factor in external performance indicators like direct patient satisfaction surveys, which could provide an even broader view of institutional success.

Recommendations for Further Research

First, future studies should employ mixed methods designs to complement quantitative findings with qualitative insights into how employees perceive and experience organizational culture at DUFUTH.

Second, researchers should investigate the mediating mechanisms between organizational culture and employee performance at DUFUTH, including employee commitment, job satisfaction, and employee engagement.

Third, comparative studies should be conducted across multiple Nigerian teaching hospitals to determine whether the patterns observed at DUFUTH are generalizable to other healthcare contexts. Such studies would also allow for the examination of contextual factors that moderate culture-performance relationships.

Fourth, longitudinal research is required to establish causal directions and to examine how changes in organizational culture dimensions precede changes in employee performance over time. The cross-sectional design of the present study precludes causal inferences.

Fifth, future research should examine the effect of organizational culture on specific performance constructs including quality of patient care, efficiency, and innovation, rather than relying on a general measure of employee performance. Lastly, research should investigate the discord between existing and preferred organizational culture types in Nigerian healthcare settings. Muhammad et al. (2025) revealed a discord between entrenched bureaucratic practices and staff aspirations for participatory and innovation-oriented work environments. Similar research at DUFUTH could identify culture change priorities and inform interventions that move from hierarchical toward more clan-oriented dynamics.

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APPENDIX 1

Table 10: showing gender and age cross-tabulation of participants

Gender * Age Cross-tabulation							
			Age				**Total**
			18-25 Yrs	26-35 Yrs	36-45 Yrs	46+ Yrs	
Gender	Male	Count	44	49	36	10	139
		% within Gender	31.70%	35.30%	25.90%	7.20%	100.00%
	Female	Count	38	63	31	18	150
		% within Gender	25.30%	42.00%	20.70%	12.00%	100.00%
Total		Count	82	112	67	28	289
		% within Gender	28.40%	38.80%	23.20%	9.70%	100.00%

Table 11: showing gender and department cross-tabulation

Gender * Department Cross-tabulation						
			Department			Total
			Clinical	Administrative	Support Staff	
Gender	Male	Count	57	60	22	139
		% within Gender	41.00%	43.20%	15.80%	100.00%
	Female	Count	79	50	21	150
		% within Gender	52.70%	33.30%	14.00%	100.00%
Total		Count	136	110	43	289
		% within Gender	47.10%	38.10%	14.90%	100.00%

Table 12: showing gender and year cross tabulation

			Years of Service at DUFUTH			Total
			<1	1-2 Yrs	3 Yrs	
Gender	Male	Count	17	56	66	139
		% within Gender	12.20%	40.30%	47.50%	100.00%
	Female	Count	34	55	61	150
		% within Gender	22.70%	36.70%	40.70%	100.00%
Total		Count	51	111	127	289
		% within Gender	17.60%	38.40%	43.90%	100.00%

Table 13: showing gender and employment cross tabulation

Gender * Employment Type Cross tabulation					
			Employment Type		Total
			Permanent	Contract	
Gender	Male	Count	112	27	139
		% within Gender	80.60%	19.40%	100.00%
	Female	Count	109	41	150
		% within Gender	72.70%	27.30%	100.00%
Total		Count	221	68	289
		% within Gender	76.50%	23.50%	100.00%

APPENDIX 11

INFORMED CONSENT DOCUMENT

Study Title: Understanding How Workplace Culture Affects Employee Performance at David Umahi Federal University Teaching Hospital (DUFUTH)

INTRODUCTION:

You are being invited to participate in a research study that examines how our hospital's organizational culture influences staff performance. Before you decide whether to participate, please take time to read this document carefully. Ask questions about anything you don't understand.

What the Study Involves:

If you agree to participate, you will be asked to:

Complete a questionnaire that will take about 15 minutes of your time

Optionally, you may volunteer for a follow-up interview lasting approximately 30 minutes

Your responses will help us understand workplace dynamics better.

Purpose of the Study

This research aims to:

I. Identify aspects of our hospital culture that support or hinder staff performance.
II. Provide evidence for improving management practices.
III. Contribute to better working conditions for all employees.

Your Rights as a Participant

Your participation is completely voluntary. You have the right to:

I. Decline participation without any negative consequences
II. Withdraw from the study at any time
III. Skip any questions you're uncomfortable answering
IV. Ask for clarification about any part of the study
V. Request a summary of the findings when the study is complete

Potential Benefits

By participating, you may help:

I. Improve policies and procedures at DUFUTH.
II. Create a more positive work environment.
III. Enhance patient care through better staff support.

Possible Risks: We have minimized potential risks by:

I. Keeping all responses completely anonymous
II. Scheduling questionnaires during work hours
III. Providing access to counseling services if needed.

Confidentiality Assurance: Your privacy is protected through:

I. Unidentified data collection (no names or ID numbers)
II. Secure storage of information
III. Restricted access to research team only
IV. Destruction of data after 5 years.

Consent Statement:

By proceeding with the questionnaire, you indicate that:

I. You have read and understood this information
II. You voluntarily agree to participate
III. You know you can withdraw at any time.
I. Thanks for acceptance to participate in this study.

APPENDIX III

QUESTIONNAIRE

Topic: Effect of Organizational Culture on Employee Performance at David Umahi Federal University Teaching Hospital (DUFUTH)

SECTION A: DEMOGRAPHIC INFORMATION

(Tick [✓] or fill as appropriate)

1. Gender

☐ Male

☐ Female

2. Age Group

☐ 18–25 years

☐ 26–35 years

☐ 36–45 years

☐ 46+ years

3. Department:

☐ Clinical (Doctors/Nurses)

☐ Administrative

☐ Support Staff

4. Years of Service at DUFUTH

☐<1 year

☐ 1–2years

☐ 3 years

5. Employment Type:

☐ Permanent

☐ Contract

SECTION B: ORGANIZATIONAL CULTURE

(Scale: 1 = Strongly Disagree,2= disagree,3=neither agree nor disagree,4=Agree, 5 = Strongly Agree)

6. Shared Values & Norms

☐My values align with DUFUTH's mission. ☐☐☐☐☐

☐There are clear behavioral expectations for staff. ☐☐☐☐☐

☐ Employees are encouraged to uphold ethical standards. ☐☐☐☐☐

7. Leadership Style

☐ Leaders involve staff in decision-making. ☐☐☐☐☐

☐ Supervisors provide constructive feedback. ☐☐☐☐☐

☐ Management inspires commitment to goals. ☐☐☐☐☐

8. Communication Patterns

a) Information flows freely across departments. ☐☐☐☐☐

b) I receive timely updates about institutional changes. ☐☐☐☐☐

c) Suggestions from employees are valued. ☐☐☐☐☐

9. Teamwork Dynamics

☐My department collaborates effectively. ☐☐☐☐☐

☐ Interdisciplinary teamwork improves patient care. ☐☐☐☐☐

☐ Conflicts are resolved constructively. ☐☐☐☐☐

SECTION C: EMPLOYEE PERFORMANCE

(Scale: 1 = Unsatisfactory, 2= need improvement, 3=meets expectations, 4=exceeds expectations, 5 = outstanding)

10. Task Efficiency

☐ I complete assignments within deadlines. ☐☐☐☐☐

☐My work meets quality standards. ☐☐☐☐☐

☐ I adapt quickly to new protocols. ☐☐☐☐☐

11. Job Satisfaction

☐ I feel motivated to contribute my best. ☐☐☐☐☐

☐My efforts are recognized. ☐☐☐☐☐

☐ I would recommend DUFUTH as a workplace. ☐☐☐☐☐

12. Institutional Impact

☐My work positively affects patient outcomes. ☐☐☐☐☐

☐My department achieves its performance targets. ☐☐☐☐☐

☐ DUFUTH's culture enhances my productivity. ☐☐☐☐☐

SECTION D: Effect of Organizational Culture on Performance

Scale: yes/no

☐Culture improves job satisfaction. ☐☐

☐Poor culture reduces productivity. ☐☐

☐ Culture supports quality service. ☐☐

☐Culture affects staff retention. ☐☐

☐Supportive culture improves performance. ☐☐

☐Culture influences teamwork. ☐☐

☐Rewards affect performance. ☐☐

☐Culture significantly influences performance. ☐☐

SECTION E: OPEN-ENDED QUESTIONS

13. What one change in DUFUTH's culture would most improve employee performance?

_____

14. Describe a leadership practice that positively influences your work.

_____

15. What aspects hinder performance? _____

16. Other Recommendations: _____

Instructions

All responses are anonymous and confidential.

Return completed forms to the designated box or online portal.

Approval of this will be gotten from DUFUTH Research Ethics Committee.

Significant Features of this Questionnaire are:

Mixed-Method Design: Combines Likert scales (quantitative) with open-ended questions (qualitative).

Thematic Alignment: Maps directly to study variables (culture → performance).

Contextual Adaptation: Uses simple language for diverse literacy levels.

Ethical Compliance: Includes consent language and approval details