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Overview of Organizational Culture Among Nurses in The Inpatient Wards of Baiturrahim Hospital Jambi City

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Abstract
Organizational culture is an important factor influencing the quality of nursing services, nurses' job satisfaction, and the effectiveness of teamwork in hospitals. A strong organizational culture can create a supportive work environment that contributes to improving the quality of healthcare services. This study aimed to describe the organizational culture among nurses in the inpatient wards of Baiturrahim Hospital, Jambi City. This research employed a descriptive quantitative method with a cross-sectional design conducted in May 2026. The study population consisted of all 43 nurses working in the inpatient wards of Baiturrahim Hospital, Jambi City. The sampling technique used was total sampling. Data were collected using the Organizational Culture Assessment Instrument (OCAI) based on the Competing Values Framework (CVF), which measures four types of organizational culture: Clan Culture, Adhocracy Culture, Market Culture, and Hierarchy Culture. Data analysis was performed using univariate analysis with frequency and percentage distributions. The results showed that the dominant organizational culture in the current condition was Clan Culture (51.2%), followed by Hierarchy Culture (32.6%), Adhocracy Culture (9.3%), and Market Culture (7.0%). In the expected condition, most respondents preferred Clan Culture (69.8%), followed by Adhocracy Culture (16.3%), Hierarchy Culture (11.6%), and Market Culture (2.3%). It was concluded that Clan Culture dominated both the current and expected organizational culture among nurses. Hospitals are advised to strengthen communication, teamwork, and nurse participation in decision-making to support improvements in the quality of nursing services.

INTRODUCTION

The organizational culture of nurses in hospitals can be reflected through various forms of work behavior, such as effective teamwork, open communication, adherence to standard operating procedures, and commitment to professional values in healthcare services. In addition, organizational culture is also reflected in how healthcare workers resolve workplace conflicts, how leaders provide support to staff, and how organizations encourage innovation and continuous learning in healthcare practices (Sari, Isroviatiningrum, & Kasanah, 2018).

A strong organizational culture creates a conducive work environment that enables nurses to work optimally in providing services to patients (Sari et al., 2018). Conversely, a weak

organizational culture can have various negative impacts on the performance of healthcare organizations. An unsupportive organizational culture can lead to low work motivation, increased conflicts among staff, and decreased teamwork effectiveness in delivering services to patients. This condition can ultimately affect the quality of healthcare services and increase the risk of service errors. Research also shows that a weak organizational culture is associated with higher levels of work stress and burnout among healthcare workers, particularly nurses who often experience high workloads (Lu, Zhao, & While, 2019; Mutlu & Aydın, 2024).

Another consequence of a weak organizational culture is a decline in healthcare workers' job satisfaction. When organizational values, norms, and directions are not clearly understood by members of the organization, healthcare workers may feel less connected to the organization where they work. This condition can result in emotional exhaustion, reduced loyalty, and increased intention to change workplaces (turnover intention). If these conditions persist, workforce stability within the organization can be disrupted and may affect the quality of healthcare services provided to the community (Harianto et al., 2022; Oyoh et al., 2022).

According to Hasibuan (2019), weak organizational culture in hospitals can be caused by several factors, including inadequate organizational communication, ineffective leadership, and limited involvement of healthcare workers in decision-making processes. In addition, limited human resources, high workloads, and the absence of a fair reward system can influence healthcare workers' perceptions of organizational culture in the workplace. These factors indicate that establishing a strong organizational culture requires hospital management's commitment to creating a supportive work environment and developing effective communication with healthcare workers.

The issue of organizational culture in hospitals in Indonesia remains a concern in healthcare management. Research conducted by Harianto et al. (2022) showed that approximately 52.4% of healthcare workers in the surveyed hospitals perceived their organizational culture as being in the poor category. Another study by Hotnaria et al. (2022) also found that most nurses in inpatient wards perceived that organizational culture in hospitals had not been optimally established, particularly regarding organizational communication and staff involvement in decision-making (Bucăţa & Rizescu, 2017; Elegbe & Ibikunle, 2015; Obiekwe et al., 2019; Tierney, 2023; Xia et al., 2016).

Baiturrahim Hospital, Jambi City, is one of the healthcare facilities that plays an important role in providing health services to the community. The success of healthcare service implementation is determined not only by the availability of facilities and infrastructure but also by the organizational culture developed within the work environment of healthcare workers, particularly nurses in inpatient wards. Inpatient wards have high service intensity because nurses interact directly and continuously with patients throughout the treatment period (Nursalam, 2020). Therefore, a strong organizational culture is required to support work coordination, improve service quality, and ensure patient safety.

Amid the presence of various other hospitals in Jambi City, such as Raden Mattaher Hospital, Abdul Manap Hospital, Bratanata Hospital, and Bhayangkara Hospital, Baiturrahim Hospital, as a

growing private hospital, demonstrates interesting organizational dynamics to be studied, particularly regarding the organizational culture of nurses in inpatient wards. Twenty-four-hour service activities require effective teamwork, communication, and alignment of organizational values and work behaviors among healthcare workers. Furthermore, studies examining nursing organizational culture in private hospitals in Jambi City remain relatively limited. Therefore, Baiturrahim Hospital provides a relevant context for obtaining an empirical overview of how nursing organizational culture is established and implemented within the healthcare service environment.

Based on the results of a preliminary study conducted by researchers at Baiturrahim Hospital, Jambi City, on March 6, 2026, through interviews with six nurses working in inpatient wards, information was obtained indicating that four out of six nurses perceived that organizational culture in their work units had not been optimally implemented. This was reflected in statements that communication between leaders and staff was still insufficiently open, causing nurses to feel less involved in decision-making processes related to nursing services in their work units. In addition, three out of six nurses stated that the values and goals of the hospital organization had not been fully understood by all staff, resulting in differences in perceptions regarding the implementation of nursing services. For example, some nurses considered that service priorities focused on accelerating medical procedures, while others emphasized communication approaches and patient comfort. These differences in perception indicate that organizational service values and directions have not been evenly socialized among all healthcare workers.

Two out of six nurses also stated that work evaluations had not been conducted consistently, resulting in limited utilization of work experiences as a basis for improving service quality. This was indicated by the absence of routine evaluation forums discussing service barriers, procedural errors, and challenges experienced by nurses while providing care to patients. Consequently, problems encountered in daily practice were often not discussed collectively to identify solutions or improvements to the work system, preventing these experiences from becoming organizational learning opportunities for enhancing healthcare service quality.

This condition indicates that the implementation of organizational values, including the hospital's vision, mission, and service philosophy, has not been fully internalized among nurses. The hospital's vision, which should serve as the primary direction for healthcare service delivery, has not been fully understood and applied as a guideline in daily nursing practice. Similarly, the organization's mission, which functions as a strategic approach to achieving healthcare service goals, has not been optimally implemented by all healthcare workers. In addition, the service philosophy that emphasizes holistic care, patient safety orientation, professionalism, and adherence to nursing ethics has not been fully reflected in nurses' work behaviors in clinical practice.

The lack of understanding and internalization of the organization's vision, mission, and philosophy has the potential to cause inconsistencies in healthcare service implementation, including communication patterns, decision-making processes, and approaches to patient care. This condition indicates that the organizational culture within the nursing work environment still

requires strengthening, particularly in terms of disseminating organizational values and increasing healthcare workers' involvement in organizational processes. Strengthening these aspects is necessary to establish a shared understanding and create a more integrated direction for healthcare service delivery.

Based on the description of these phenomena and problems, the researcher is interested in conducting a study on the organizational culture of nurses at Baiturrahim Hospital, Jambi City, entitled "Overview of Organizational Culture Among Nurses in the Inpatient Wards of Baiturrahim Hospital, Jambi City." The general objective of this study is to describe the organizational culture among nurses in the inpatient wards of Baiturrahim Hospital, Jambi City. Specifically, this study aims to identify the characteristics of nurses in the inpatient wards, including age, gender, and educational background, as well as to describe the dominant types of organizational culture perceived by nurses under current and expected conditions. These perceptions are measured using the Organizational Culture Assessment Instrument (OCAI) based on the Competing Values Framework (CVF), which categorizes organizational culture into four types: Clan Culture, Adhocracy Culture, Market Culture, and Hierarchy Culture. This study is expected to provide theoretical and practical benefits. Theoretically, it contributes to the academic literature on organizational culture in healthcare settings, particularly within nursing services, and serves as a reference for future research examining organizational culture and its relationships with other variables, such as job satisfaction, nurse performance, and quality of care. Practically, the findings are expected to provide valuable input for the management of Baiturrahim Hospital in strengthening organizational culture, particularly in communication, teamwork, and nurse involvement in decision-making. Furthermore, the results can serve as a baseline evaluation for developing policies that support a conducive work environment and improve the quality of nursing services. Additionally, this study may serve as a reference for other hospitals in Jambi City and beyond in assessing and developing organizational culture to enhance healthcare service quality.

METHOD

This study used a descriptive design to describe the organizational culture of nurses in the inpatient wards of Baiturrahim Hospital, Jambi City, without examining relationships between variables. The measured variable was organizational culture, which was assessed using the Organizational Culture Assessment Instrument (OCAI) developed by Cameron and Quinn (2022) based on the Competing Values Framework. The instrument categorized organizational culture into four types: Clan Culture, Adhocracy Culture, Market Culture, and Hierarchy Culture. The conceptual framework focused on identifying the dominant organizational culture type perceived by nurses in their work environment.

Place and Time of Research

This research was carried out at Baiturrahim Hospital, Jambi City, especially in the inpatient room. The time for the research is May 08-19, 2026**.**

Research Design

The research design used in this study is quantitative research with a descriptive approach**.** Descriptive research is a research method that aims to describe or describe a phenomenon that occurs in society in a systematic, factual, and accurate manner based on data obtained from respondents without analyzing the relationship between variables (Sugiyono, 2018).

Population and Sample

Population

Population is a whole subject or object that has certain characteristics that will be researched by researchers (Sugiyono, 2018). The population in this study is all nurses who work in the inpatient room of Baiturrahim Hospital, Jambi City, which consists of inpatient rooms 1, 2, and 3 with a total of 49 people.

Sample

Samples are part of the number and characteristics possessed by the population used as research subjects (Sugiyono, 2018). In this study, the number of samples was all nurses working in the inpatient room of Baiturrahim Hospital, Jambi City, as many as 49 people, because the entire population was used as research respondents.

Sampling Technique

The *sampling* technique used in this study is total sampling. Total sampling is a sampling technique where all members of the population are used as research samples (Sugiyono, 2018). This technique is used because the population is relatively small, allowing researchers to examine all existing population members.

Sample Criteria

1. Inclusion criteria

a. Nurses who work in the inpatient room of Baiturrahim Hospital, Jambi City.
b. Nurses who are willing to be research respondents.
c. Nurses who were actively working at the time of the study.

Exclusion criteria

d. Nurses who are on leave or leave at the time of the study.
e. Nurses who were attending education or training outside the hospital at the time of the study.

Data Collection Techniques

The data collection technique in this study was carried out using primary data and secondary data.

Primary data

It is data obtained directly from respondents through filling out a research questionnaire. The questionnaire was given to nurses working in the inpatient room of Baiturrahim Hospital, Jambi City, who had met the criteria as research respondents.

Secondary data

It is supporting data obtained from the hospital, such as data on the number of nurses working in the inpatient room of Baiturrahim Hospital, Jambi City. The data is used to determine the number of the research population and support the implementation of the research.

Research Instruments

Research instruments are tools used by researchers to collect data from respondents so that the information needed in the research can be obtained systematically, objectively, and measurably (Sugiyono, 2018). The instrument used in this study is a questionnaire compiled based on the *Organizational Culture Assessment Instrument (OCAI)* developed by Kim S. Cameron and Robert E. Quinn. The OCAI instrument is used to measure organizational culture based on the Competing Values Framework (CVF) which classifies organizational culture into four main types, namely *clan culture*, *adhocracy culture*, *market culture*, and *hierarchy culture*. These four types of culture describe values, leadership styles, work orientation, and management systems that develop in an organization (Cameron & Quinn, 2022).

In this study, a questionnaire was used to find out the cultural description of nurse organizations in the inpatient room of Baiturrahim Hospital, Jambi City. The OCAI instrument consists of 24 statement items that are divided into six dimensions of organizational culture, namely: general characteristics of the organization (organizational orientation), organizational leadership, staff management, organizational cohesion, strategic emphasis, success criteria. Each dimension consists of four statements (A, B, C, D) which each represent four types of organizational culture, namely:

A = *Clan culture*
B = *Adhocracy culture* (culture of innovation)
C = *Market culture*
D = *Hierarchy culture*

In each dimension, respondents were asked to divide a total score of 100 points into four statements according to the degree of suitability of perceived current organizational conditions and expected future conditions. A larger score indicates that this type of culture is more predominantly perceived by respondents.

Score Divisions by Dimension

For each dimension, respondents are required to divide the total score **of 100 points** into four statements (A, B, C, D). The distribution of scores is carried out based on the level of suitability of each statement to the condition of the organization.

For example, if the respondent considers that family culture is more dominant, the score given in the *clan culture* (A) statement will be greater than other types of culture. The total score in each dimension must be exactly **100 points**.

Scoring Grouping by Cultural Type

Once the entire questionnaire is completed, the scores of each statement are grouped based on the type of organizational culture. Each type of culture is represented by six statement items, namely:

Clan culture : items 1, 5, 9, 13, 17, and 21
Adhocracy culture : items 2, 6, 10, 14, 18, and 22
Market culture : items 3, 7, 11, 15, 19, and 23
Hierarchy culture : items 4, 8, 12, 16, 20, and 24

Calculation of Scores for Each Type of Culture

The scores of each item in each type of culture are summed to obtain the total score of each type of organizational culture. The calculation formula is as follows:

Clan culture = score (1 + 5 + 9 + 13 + 17 + 21)

Adhocracy culture = score (2 + 6 + 10 + 14 + 18 + 22)

Market culture = score (3 + 7 + 11 + 15 + 19 + 23)

Hierarchy culture = score (4 + 8 + 12 + 16 + 20 + 24)

Determining the Dominant Organizational Culture

The type of organizational culture that has the highest total score indicates the most dominant organizational culture in the nurse's work environment. If there is a relatively close score between types of cultures, then it can be interpreted that the organization has a combination of two or more types of cultures that develop simultaneously.

Interpretation of Results

The results of organizational culture measurement are interpreted based on the dominant type of culture, namely:

1. Clan culture indicates an organization that emphasizes cooperation, kinship, participation, and loyalty.
2. Adhocracy culture indicates an organization that is innovative, creative, flexible, and adaptive to change.
3. Market culture indicates an organization that is results-oriented, targeted, and competitive.
4. Hierarchy culture indicates an organization that emphasizes work structure, rules, procedures, and stability.

Thus, through the measurement process, the researcher can obtain a comprehensive picture of the type of organizational culture that develops and is dominant in the work environment of nurses in the inpatient room of Baiturrahim Hospital, Jambi City.

Research Procedure

Research procedures are steps taken by researchers in carrying out research so that the research process runs systematically and in accordance with the research objectives. The research procedure in this study is carried out through several stages as follows:

Preparation stage

1. The researcher prepares a research proposal that includes research background, literature review, and research methods.
2. Furthermore, the researcher consults and improves the research proposal in accordance with the direction of the supervisor.

Research licensing stage

1. After the research proposal is approved, the researcher will submit a research permit application letter from Baiturrahim University to Baiturrahim Hospital, Jambi City.
2. After obtaining a research permit, the researcher will coordinate with the hospital to determine the time for the research to be carried out.

Research implementation stage

1. The researcher will explain the objectives and benefits of the research to respondents who meet the research criteria.
2. Respondents who are willing to participate in the study will be asked to sign an informed consent sheet.
3. Next, the researcher will distribute questionnaires to respondents to be filled out according to the organizational conditions they feel at work.

Stages of data collection

1. After the respondents finish filling out the questionnaire, the researcher will collect the questionnaire that has been filled out.
2. The researcher will then check the completeness and clarity of the respondents' answers.

Data processing and analysis stages

The data that has been collected is then processed and analyzed to obtain an overview of the culture of nursing organizations in the inpatient room of Baiturrahim Hospital, Jambi City.

Stages of preparing research reports

The last stage is to prepare a research report in the form of a thesis according to the research results that have been obtained.

Data Processing

The data obtained from the results of filling out the questionnaire by the respondents was then processed through several stages as follows:

Editing

Editing is a process of re-examining the questionnaire that has been filled out by the respondent. At this stage, the researcher checks the completeness of the respondents' answers to each statement item in the Organizational Culture Assessment Instrument (OCAI) questionnaire. The researcher ensured that the respondents had scored on all 24 items and ensured that the total score on each dimension of the organization's culture amounted to 100 points. If there is a questionnaire that is incomplete or not in accordance with the instructions for filling out, the questionnaire will be corrected or not used in the data analysis process.

Coding

Coding is the process of coding each type of organizational culture contained in the questionnaire to facilitate the data processing process. In this study, the codes used are as follows:

1: Clan Culture
2: Adhocracy Culture
3: Market Culture
4: Hierarchy Culture

The code is used to group data according to the type of organizational culture contained in the research instrument.

Scoring

Scoring is the process of assigning scores or scores based on respondents' answers to each statement item in the questionnaire. In the OCAI instrument, respondents were asked to divide the total score of 100 points on each dimension consisting of four organizational culture statements. The scores given by respondents are then summed based on the type of organizational culture with the following formula:

Clan Culture = item score 1 + 5 + 9 + 13 + 17 + 21

Adhocracy Culture = item score 2 + 6 + 10 + 14 + 18 + 22

Market Culture = item score 3 + 7 + 11 + 15 + 19 + 23

Hierarchy Culture = item score 4 + 8 + 12 + 16 + 20 + 24

The results of the score summation were used to determine the most dominant type of organizational culture in the nurse work environment in the inpatient room of Baiturrahim Hospital, Jambi City. The highest scores of the four types of organizational culture indicate the most dominant organizational culture.

Entry data

Data entry is the process of entering data that has been coded and given a score into a data processing program such as Microsoft Excel or other statistical programs. At this stage, all data from the questionnaire is entered systematically according to the statement item number to facilitate the data analysis process.

Cleaning

Cleaning is the process of re-checking data that has been entered into a data processing program to ensure that there are no errors in the data input process. At this stage, the researcher double-checks the conformity of the data that has been inputted with the data contained in the original questionnaire and ensures that the total score in each dimension remains at 100 points.

Data Analysis

The data analysis in this study uses univariate analysis. Univariate analysis was performed to describe the distribution of data from the variables studied. The data obtained from the questionnaire will be analyzed to find out the picture of the organizational culture of nurses in the inpatient room of Baiturrahim Hospital, Jambi City based on four organizational culture models, namely clan culture, adhocracy culture, market culture, and hierarchy culture. The results of the data analysis will be presented in the form of frequency and percentage distribution tables to illustrate the most dominant organizational culture in the nurses' work environment at Baiturrahim Hospital.

RESULTS AND DISCUSSION

Overview of Research Locations

This research was carried out at Baiturrahim Hospital, Jambi City. Baiturrahim Hospital is one of the private hospitals in Jambi City and plays a role in providing health services to the community as a whole, both outpatient services, inpatient services, and emergency services. This

hospital is one of the referral health facilities that provides health services to the people of Jambi City and the surrounding area.

In carrying out its function as a health service institution, Baiturrahim Hospital is supported by various health professionals, such as doctors, nurses, midwives, pharmacists, nutritionists, and other health workers who work collaboratively to provide optimal health services to patients. In addition to providing medical services, hospitals also strive to improve the quality of service through the implementation of health service standards, patient safety, and sustainable human resource development.

This study is focused on the inpatient room of Baiturrahim Hospital Jambi City which consists of inpatient room 1, inpatient room 2, and inpatient room 3. The inpatient room is one of the service units that has an important role in providing health services to patients who need continuous care and monitoring during the treatment period. In this unit, nurses are the health workers who have the most intensive interaction with patients because they provide services for 24 hours alternately in a shift system.

The selection of an inpatient room as a research location is based on the characteristics of services that require coordination, communication, teamwork, and the application of good organizational values in the implementation of nursing services. The organizational culture that develops in the work environment of inpatient nurses is very important because it can affect the quality of service, patient safety, nurse job satisfaction, and the effectiveness of teamwork in providing health services.

Based on data obtained from Jam[55]Baiturrahim Hospital, the number of nurses working in inpatient rooms 1, 2, and 3 is 43 people. However, as many as 6 nurses were used as respondents in the preliminary study so they were not included in the main study. Thus, the number of respondents in this study is as many as 43 nurses who work in the inpatient room of Baiturrahim Hospital, Jambi City.

Respondent Characteristics

Based on the results of the research that has been conducted, the characteristics of the respondents in the Inpatient Room of Baiturrahim Hospital, Jambi City can be found in the following table:

Table 1. Characteristics of respondents in the Inpatient Room of Baiturrahim Hospital, Jambi City

No	Respondent Characteristics	f	%
1	Age		
	Late Teens (17-25 Years)	6	14.0
	Early Adult (26-35 years)	21	48.8
	Late Adult (36-45 years)	16	37.2
2	Gender		
	Male	13	30.2
	Women	30	69.8
3	Final Education		
	D III	17	39.5

	S 1	20	46.5
	Nurse Profession	6	14.0
	Total	43	100.0

Source: Primary Data (processed, 2026)

Based on Table 1, it is known that of the 43 respondents, almost half of the respondents are in the early adult category (26–35 years) (48.8%), the gender of most of the respondents is female as many as 30 people (69.8%), the last education of almost half of the respondents has a S1 education (46.5%). These results show that nurses in the Inpatient Room of Baiturrahim Hospital Jambi City are dominated by nursing personnel who are of productive age, are female, and have a bachelor's degree in nursing. This condition can support the implementation of nursing services because it is supported by human resources who are of productive working age and have an adequate educational background in providing health services to patients.

Cultural Overview of Nurse Organizations in the Inpatient Room of Baiturrahim Hospital, Jambi City

Based on the results of the research that has been conducted, it can be known the culture of the nurse organization in the inpatient room of Baiturrahim Hospital, Jambi City in the following table:

Table 2. Overview of the Culture of Nurse Organizations in the Inpatient Room of Baiturrahim Hospital, Jambi City

		Now		Hope	
No	**Nurse Organization Culture**	**f**	**%**	**f**	**%**
1	*Clan Culture*	22	51.2	30	69.8
2	*Adhocracy Culture*	4	9.3	7	16.3
3	*Market Culture*	3	7.0	1	2.3
4	*Hierarchy Culture*	14	32.6	5	11.6
	Total	43	100.0	43	100.0

Source: Primary Data (processed, 2026).

The results of the study show that the dominant organizational culture in the current condition in the Inpatient Room of Baiturrahim Hospital, Jambi City is *Clan Culture* as many as 22 respondents (51.2%), followed by *Hierarchy Culture* as many as 14 respondents (32.6%), *Adhocracy Culture* as many as 4 respondents (9.3%), and *Market Culture* as many as 3 respondents (7.0%). Meanwhile, the organizational culture expected by nurses was dominated by *Clan Culture* as many as 30 respondents (69.8%), followed by *Adhocracy Culture* as many as 7 respondents (16.3%), *Hierarchy Culture* as many as 5 respondents (11.6%), and *Market Culture* as many as 1 respondent (2.3%).

These findings show that the organizational culture that is currently developing in the Inpatient Room of Baiturrahim Hospital in Jambi City has led to a family culture, but it is not fully in line with the expectations of nurses. The increase in the percentage of *Clan Culture* from 51.2% to 69.8% indicates that most nurses still want a work environment that emphasizes harmonious

interpersonal relationships, open communication, teamwork, mutual support, and the involvement of organizational members in decision-making.

According to Cameron and Quinn (2022), *Clan Culture* is a people-oriented organizational culture, where the organization is seen as a large family that prioritizes togetherness, loyalty, commitment, participation, and human resource development. Leaders in this culture play more of a role as mentors, facilitators, and supervisors than as supervisors. The success of an organization is not only measured by the achievement of targets, but also by the level of satisfaction of the organization's members, the quality of its working relationships, and the organization's ability to retain its human resources.

The dominance *of Clan Culture* in the current condition shows that nurses have felt a good working relationship between fellow nurses and with leaders. This condition is very important in nursing services because the work of nurses relies heavily on team collaboration, interprofessional coordination, and effective communication. Nurses who work in a supportive organizational culture generally have higher work motivation, lower levels of work stress, and better organizational commitment compared to nurses who work in a less supportive organizational culture.

According to Sari (2019), organizational culture is a value system that is shared by organizational members and serves as a guideline in behaving and working in the hospital environment. Organizational culture functions as a binder for all organizational components, forms the commitment of organizational members, and encourages the creation of productive performance. A good organizational culture also serves as a guideline for nurses in carrying out their duties and responsibilities so that they can support the achievement of hospital organizational goals.

Sari, Daryanto, and Putri (2025) explained that organizational culture has an important role in creating organizational identity, uniting organizational members, reducing conflicts, increasing commitment, creating behavioral consistency, increasing work motivation, and supporting the improvement of organizational performance. A strong organizational culture will form a conducive work environment so that it can improve the effectiveness of health services and the quality of nursing services provided to patients.

The findings of this study are also supported by research by Sari et al. (2026) which states that organizational culture is an important factor that affects organizational effectiveness and quality of health services. The research shows that organizational values, leadership, and work motivation have a significant relationship with the formation of organizational culture. The better the organizational values that are applied, the better the leadership that the staff feels, and the higher the work motivation of the employees, the more positive the organizational culture that is formed.

These results reinforce the findings of this study that the dominance of *Clan Culture* is inseparable from the need for nurses in a work environment that emphasizes cooperation, good interpersonal relationships, open communication, leadership support, and staff involvement in the organization. The human-oriented culture is considered to be able to create a more comfortable

work atmosphere, increase job satisfaction, and support the improvement of the quality of nursing services.

The results of this study are in line with the research of Simarmata and Hedo (2025) which found that an organizational culture that is oriented towards interpersonal relationships and teamwork is able to improve nurse performance, strengthen organizational commitment, and improve the quality of service to patients. Research by Guibert-Lacasa and Vázquez-Calatayud (2022) also explains that organizational cultures that emphasize collaboration and involvement of health workers have a positive relationship with patient safety, job satisfaction, and health service quality.

However, the results of the study also show that as many as 32.6% of respondents still consider that the current organizational culture is dominated by *Hierarchy Culture*. According to Cameron and Quinn (2022), *Hierarchy Culture* is an organizational culture that emphasizes clear organizational structure, control, stability, work procedures, and compliance with rules. This culture develops from the need for organizations to maintain service consistency, work efficiency, and quality control.

In the context of hospitals, the existence of *a Hierarchy Culture* is actually inevitable because health services require strict operational standards of procedures to maintain patient safety. Hospitals must have a clear reporting system, a structured coordination flow, and good supervision so that services can run according to the set standards. Therefore, the existence of *Hierarchy Culture* at a certain level is natural in healthcare organizations.

The high proportion of *Hierarchy Culture* can be an indication that some nurses still feel the dominance of rules, bureaucracy, and a fairly strong control system in the work environment. This condition can cause nurses to feel less involved in decision-making, less space to express opinions, and limited in developing service innovations. This can be seen from the results of preliminary studies which show that some nurses feel that communication with leaders has not taken place optimally and staff involvement in decision-making is still limited.

The decrease *in Hierarchy Culture* from 32.6% in the current condition to 11.6% in the expected culture shows the desire of nurses to be more flexible and more open to staff participation. These findings indicate that nurses expect a balance between implementing rules and giving healthcare workers space to actively participate in organizational development. In *Adhocracy Culture*, there was an increase from 9.3% to 16.3%. According to Cameron and Quinn (2022), *Adhocracy Culture* is an organizational culture that emphasizes creativity, innovation, courage to take risks, and adaptability to change. Organizations that implement this culture are usually more open to new ideas and encourage members of the organization to innovate at work.

This increase in culture shows that nurses want hospitals to provide greater opportunities for healthcare workers to develop nursing service innovations. This desire is very relevant to the development of modern health services that require health workers to be able to adapt to technological developments, health information systems, and increasingly complex patient needs.

Meanwhile, *Market Culture* is the least chosen culture in both current and expected conditions. This shows that nurses do not place much emphasis on organizational culture that is

oriented towards competition, target achievement, and productivity alone. According to Cameron and Quinn (2022), *Market Culture* has advantages in increasing efficiency and achieving organizational goals, but if applied excessively, it can cause work pressure, unfair competition, and reduced cooperation between organizational members.

According to the researcher, the dominance of *Clan Culture* in the current culture and the culture of hope is a condition that is very suitable for the characteristics of the nursing profession. Nursing services are humanistic services, so they require good teamwork, effective communication, empathy, and positive interpersonal relationships. Therefore, a human-oriented organizational culture will be easier for nurses to accept and expect than a culture that emphasizes competition or bureaucracy.

If the organizational culture expected by nurses can be realized by hospital management, then various positive impacts can be obtained, such as increasing nurses' job satisfaction, increasing organizational commitment, reducing work stress and burnout, improving the quality of nursing services, increasing patient safety, and decreasing nursing turnover rates. On the other hand, if an overly bureaucratic organizational culture is maintained without providing room for participation to nurses, it can cause work burnout, reduce motivation, and reduce nurses' involvement in organizational development.

Based on the theory of Cameron and Quinn (2022), some of the efforts that can be made to strengthen the expected organizational culture are to improve two-way communication between leaders and staff, involve nurses in decision-making, develop a fair reward system, improve training and competency development programs, strengthen teamwork activities, and create a work environment that is open to ideas and innovation from health workers.

The researcher assumes that high expectations for *Clan Culture* indicate the need for nurses for a more supportive, participatory, and human resource development-oriented work environment. Nurses want not only adherence to the rules of the organization, but also the presence of emotional support, appreciation for individual contributions, and the opportunity to be involved in organizational processes. Therefore, the management of Baiturrahim Hospital Jambi City needs to maintain the family culture that has been formed while increasing the involvement of nurses in various aspects of nursing service management so as to create an organizational culture that is healthier, adaptive, and oriented towards improving the quality of health services.

Research Limitations

This study has several limitations that need to be considered in interpreting the research results. The study uses a descriptive design so that it only provides an overview of the culture of the nurse organization in the Inpatient Room of Baiturrahim Hospital, Jambi City, without explaining the causal relationship or factors that affect the culture of the organization. In addition, research data was obtained through questionnaires filled out by respondents themselves, so it relies heavily on the honesty, understanding, and perception of each respondent. This condition allows for subjectivity bias in giving answers.

Another limitation is that the study was only conducted on nurses who worked in the inpatient room of Baiturrahim Hospital, Jambi City with a total of 49 respondents, so the results

of the study could not be generalized to all nurses in other hospitals or in different service units. Data collection is also carried out at a certain time so that the results of the study only describe the condition of the organizational culture at the time the research takes place and cannot show changes in organizational culture that may occur from time to time.

In addition, this study only focuses on the description of organizational culture based on the *Organizational Culture Assessment Instrument (OCAI)* instrument and does not examine other factors that may be related to organizational culture, such as leadership style, work motivation, job satisfaction, work environment, workload, and nurse performance. Therefore, the results of this research need to be understood in accordance with the scope of research that has been determined. Nevertheless, this study is expected to provide useful information about the cultural picture of nursing organizations in the Inpatient Room of Baiturrahim Hospital, Jambi City and become the basis for further in-depth research

CONCLUSION

The current nursing organizational culture in the inpatient wards of Baiturrahim Hospital, Jambi City, was dominated by Clan Culture, with 22 respondents (51.2%), followed by Hierarchy Culture with 14 respondents (32.6%), Adhocracy Culture with 4 respondents (9.3%), and Market Culture with 3 respondents (7.0%). Meanwhile, the organizational culture expected by nurses was also dominated by Clan Culture, with 30 respondents (69.8%), followed by Adhocracy Culture with 7 respondents (16.3%), Hierarchy Culture with 5 respondents (11.6%), and Market Culture with 1 respondent (2.3%). Based on these findings, several recommendations were proposed. For the management of Baiturrahim Hospital, it is recommended to strengthen the existing Clan Culture by improving two-way communication between leaders and staff, increasing nurses' involvement in decision-making related to nursing services, and developing a fair reward system to support nurses' motivation and job satisfaction. In addition, hospital management should maintain a balance between the implementation of procedural standards (Hierarchy Culture) and the provision of opportunities for nurses to innovate and develop professionally (Adhocracy Culture), thereby creating a work environment that is both structured and supportive of staff participation.

For nurses, it is recommended to actively participate in organizational activities, provide constructive feedback for service improvement, and maintain teamwork and positive interpersonal relationships within the work environment. Future researchers are encouraged to examine the relationship between organizational culture and other variables, such as job satisfaction, nurse performance, work stress, burnout, and turnover intention. Future studies may also expand the research scope to other hospitals or different healthcare service units to obtain more comprehensive findings and facilitate comparisons across healthcare facilities.

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