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Effect of Organizational Culture on Employee Turnover Intentions in Pakistan's Healthcare Sector: A Quantitative Study

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Abstract

This paper aims at establishing working model that explores the overall link between organizational culture and employee turnover intention in the context of Pakistan healthcare industry. 3 A survey descriptive research design was used and data was collected from a sample of 312 healthcare professionals of 15 hospitals 4 from four provinces of the Mid western state. The data was collected using structured questionnaires with each one containing 32 questions designed to measure organizational culture using four paradigm – organizational culture type, namely, clan, adhocracy, market and hierarchy &, the second part of the questionnaire was designed to measure the turnover intentions of the employees. The findings obtained from the multiple regression analysis showed that there are negative relationship between the clan culture (-0.43, $t = -5.74$, $p < 0.001$) and adhocracy culture (-0.35, $t = -4.86$, $p < 0.001$) with turnover intentions while market culture has a positive coefficients (0.29, $t = 3.26$, $p < 0.01$). The study further illustrated that hierarchical culture does not have a correlation. These relationships were qualified by demographic variables namely; years of experience and the job role level. Thus, it can be hypothesized that healthcare organizations with the supportive and innovative culture produce lower levels of turnover intentions among the staff. This study helps to advance knowledge of organizational factors in the context of Pakistan's healthcare and offers pertinent implications for hospital administrators and policy makers concerning the essential issue of employee turnover in the healthcare workforce of the country.

Keywords: Organizational culture, turnover intentions, healthcare sector, Pakistan, employee retention, clan culture, workplace environment, healthcare management.

Introduction

This paper focuses on the challenges within the healthcare sector regarding the employee turnover rates since it is a major issue affecting this industry around the world; this is because high turnover lowers the quality of service that patients receive besides affecting stability within an organization and greatly increasing the healthcare costs (WHO, 2022). These issues are worse-off in the developing nations as they experience bad resources; greater workloads and workforce problems (Shanafelt et al., 2020). Currently, Pakistan has a population of more than 220 million people, coupled with certain issues related to the healthcare delivery system, of which one is the problem of workforce shortage (Pakistan Economic Survey, 2023).

Staff turnover in health care facilities causes patients to receive care from different people, staff hiring and training is expensive and it reduces the agencies' long-standing organizational experience. In Pakistan currently, the doctor-patient ratio is 1: 1300; ideally, it should be 1:1000 according to the WHO; thus, retaining the qualified human resource for health becomes a matter of necessity (Pakistan Medical Commission, 2023). It is important to manage turnover intentions in the workforce and that is why understanding the factors that underpin it is equally important.

Organization culture can be also defined as the system of values meaning that is created and held by the people within an organization (Schein, 2017), has emerged as one of the most important antecedents of retention of employees across sectors. Yet, to the best of the author's knowledge, its application in the context of Pakistan healthcare setting is under-researched due to the influential cultural, economic, and structural factors prevailing at the workplace (Ahmad & Halim, 2022).

According to Cameron and Quinn (2011), organizational culture can be defined into four competing types of culture they include: clan or collaborative, adhocracy or creative, market or competitive and hierarchical or controlled culture. This paper develops a theoretical model for analyzing how general cultural attitudes within healthcare organizations may affect voluntary employee turnover.

Therefore, the purpose of this research is to establish the correlation between these two organizational culture types with turnover intentions of healthcare professionals working in Pakistan. Thus, given these findings concerning the social exchange relationship, healthcare administrators and policymakers can design strategies for creating vehicle for increasing positive organizational climates that will eventually increase retention in healthcare facilities and ultimately improve the healthcare systems.

Therefore, the following specific research questions are developed from the general research question:

1. In order to determine which of the three cultural types prevails within the Pakistani healthcare organizations.
2. To establish whether there is a correlation between the organisational culture type and the turnover intentions of the employees.
3. In order to test the above hypothesis, it is necessary to assess the moderating impact of demographic variables on this relationship.
4. In order to offer recommendations for practical responders in the cultural change efforts to improve retention for healthcare organizations.

The study supports knowledge about organizational behaviour in developing nations' healthcare contexts and provides tangible recommendations on how the critical matters of workforce could be addressed in the Pakistani healthcare industry.

Literature Review

Organizational Culture in Healthcare Settings

Organizational culture in the healthcare context has emerged as a significant feature affecting several organizational performance aspects, such as; the quality of care, the patients' satisfaction, and the staff turnover rate, among others (Wagner et al., 2019). healthcare sector can be considered to possess the most profound organizational culture because of differences in the professional field or healthcare careers along with technical specificity and the fact that healthcare services pertain to people's lives (Mannion & Davies, 2018).

Healthcare culture is reflected in such values and norms as practices, communication, managerial and decision-making strategies (West et al., 2018). Researchers have observed that, cultures of different kinds of healthcare organisation may vary based on such aspects as hierarchy and protocols arguably as the variants, than there is an emphases placed on teamwork, creativity or measurement and goal achievement (Braithwaite et al., 2017). The study by Jacobs and colleagues (2013) have revealed that the cultures favourable to the healthcare organisations are group, similar to the clan culture, where organisation showed higher levels of both employee satisfaction and engagement than in case of the organisations with dominant hierarchical or market culture. For instance, Gershon et al. (2018) established that there was a positive correlation between organisational culture that promotes communication, teamwork, and respect and the patients' clinical outcomes as wells as staff turnover.

In the context of Pakistan, research has been conducted to some extent regarding culture in healthcare organizations. Khan et al. (2020) studied the hospital cultures in Karachi and discovered that they had high power distance that was congruent with the existing cultural norms of the country. Similarly, Ahmed and Hassan (2019) observed that public hospitals in the context of Pakistan had a well-embedded bureaucracy in terms of dynamic dimensions than private sector health care organizations which showed characteristics of market orientation.

Employee Turnover Intentions in Healthcare

Turnover intention, which is the measure of an employee's behavioral disposition and plan to leave an organization (Tett & Meyer, 1993), is a valid innocent of actual turnover behaviour. In the context of healthcare organisations, turnover intentions have gained considerable attention since the direction has numerous implications for quality of provided services, costs, and workforce management (Hayes et al., 2018). According to the research, it has been found that intention to turnover is high among healthcare professionals including nurses and allied health workers compared to other industries (Halter et al., 2017). According to the research conducted by Han et al. (2019), it was confirmed that on average, one in four healthcare employees plan to quit his or her workplace every year, and the rates are particularly high in developing nations. The picture is, however, slightly disastrous in Pakistan, which is now experiencing a relatively higher rate of obesity. According to Malik et al. 2021, and Khalid et al. 2020 turnover intensions were found to be 37% for healthcare professionals from Lahore and 42 % from Islamabad. Due to these factors, the turnover rate remain high through workload pressures, scarce career promotion opportunities, low level of wages, and unfavorable working condition (Javed et al., 2019).

High turnover intentions have negative effects in the various healthcare organizations in the following ways: They are associated with decreased workplace commitments, high levels of absenteeism, and overall compromised patients' care quality (Almalki et al., 2019). Similarly, the organizations that experience a high turnover often have to spend large amounts of direct costs that are linked with recruiting new employees, training the new personnel, and hiring temporary staff (Buchan et al., 2018), as well as the costs of lost productivity and lowered morale.

Relationship Between Organizational Culture and Turnover Intentions

The connection between culture and turnover intention has therefore been well postulated in the general management literature and many scholars have used this concept to show that culture has real impact on employee turnover choice (Paunonen & Ashton, 2021). However, the said relationship seems even more pronounced in the healthcare profession given some of its nature and challenges. Gifford et al. found in their study, which compared the results of the five countries, that workplace support culture in hospitals had a negative correlation with nurse turnover attitudes. Similarly, Wagner et al. (2019) also revealed that results showed that the healthcare organizations which have a clan culture receive 15-20% lower turnover than the organizations with the market and hierarchical culture.

The ways in which this is achieved are by affecting job satisfaction, organizational commitment, work engagement, and psychological well-being of organizational culture to intentions of turnover (Wei et al., 2018). Various culture that includes both team work, professional and recognition culture

have been found to enhance job satisfaction and reduce turnover intension (Azanza et al., 2020). On the other hand, values such as power distance, use of blame culture, and intense competitiveness result to stress, burn out and desire to leave from work (Nazir et al., 2021). This is especially evident in the healthcare occupation as organizations dealing with patients constituencies encompass high levels of emotional demands and moral commitment to a noble cause (Kraemer & Gouthier, 2018). Literature in the Pakistani setting is scarce to have established direct studies on this association. Ahmed et al. (2022) have considered that organizational culture positively and significantly influenced job satisfaction of the doctors working in the public hospitals in Punjab province. Sarwar et al. (2020) also established that supportive and innovative culture of hospitalsproportionally correlated to the organizational commitment of nurses in Sindh. As job satisfaction, organizational commitment and turnover intentions are positively related, these findings depict some culture and retention relationships in healthcare of Pakistan. However, there is limited research available in literature investigating this relationship directly and thus forms the research gap this study intends to fill.

Theoretical Framework and Hypotheses

Competing Values Framework

This research utilizes Competing Values Framework (CVF) proposed by Cameron and Quinn in 2011 as the theoretic model. The CVF has been widely used in healthcare and is effective in assessing organisational culture (Sasaki et al. 2020). Organizational culture is described and defined within a two dimensional framework that differentiates between internal integration and external differentiation, and flexibility and control. Such dimensions give four clear cultural typology:

1. Clan Culture: Characterized by teamwork, participation, consensus-building, and a family-like atmosphere. Leaders play a role of coaches and the focus is made on stability and unity of the company.
2. Adhocracy Culture: Defined by innovation, dynamism, entrepreneurship, and risk-taking. The organization respects creativity and leaders are visionaries who are able to predict trends.
3. Market Culture: Competition, accomplishment and quantifiable performance. In targeting, it is more of a focus on market share and profitability, and the leaders are the drivers and producers.
4. Structure Culture: Defined based on structure, control, co-ordination and integration. They are responsible for their followers and as such the organization appreciates order and efficiency.

It should also be noted that there is a mix of all the four cultural patterns in healthcare organisations with one of them being primary (Mannion & Davies, 2018). This framework enables one to look at how the cultural values may affect the employee's intentions to either stay or quit his/her organization.

Research Hypotheses

Therefore, according to the literature review and the theoretical framework followed, the following hypotheses can be posited:

Higher clan culture is negatively related with turnover intention of professional healthcare employees in Pakistan.

H2: There is a negative relationship between the adhocracy culture and turnover intentions of HR personnel's in the healthcare sector of Pakistan.

H3: It has been hypothesized that the Pakistan's market culture has influenced the turnover intentions among the practitioners in the health sector.

H4: Thus, it can be hypothesized that there is a positive relationship between hierarchy culture and turnover intentions of HCPS in Pakistan.

H5: Age, gender, profession and experience of the employee affect the relationship between organizational culture and turnover intentions.

Methodology

Research Design

This study is of a quantitative, cross-sectional nature that focuses on the survey method. This research design enables the analysis of correlation between the variables and at some point in time test theories to hypotheses (Creswell & Creswell, 2018). Cross-sectional design was considered fitting since the research goals focused on the cross-sectional evaluation of the current perception towards organizational culture and the current intent to turnover.

Population and Sampling

The target population therefore involved all the health care staffs in charge of medical wards in both the public and private hospitals in Pakistan. To obtain an adequate sample size with gender and age distribution proportional to gender and age distribution of practicing health care professionals in study selected provinces, a stratified random sampling technique was used based on four provinces: Punjab, Sindh, Khyber Pakhtunkhwa, and Balochistan doctors, nurses, allied health professionals and public and private hospital. Based on G*Power analysis with 7 independent variables (4 culture types and 3 demographic variables), effect size ($f^2 = 0.15$), $\alpha = 0.05$, intended power = 0.95, the minimum required sample was calculated to be 153. To minimize the numbers of undeliverable surveys and increase generalizability, 400 participants were invited to participate, 312of whom complied (response rate 78 %).

Data Collection Instruments

Organizational Culture Assessment Instrument (OCAI)

Organizational culture was assessed by the OCAI tool by Cameron & Quinn (2011) that has been employed and tested on healthcare organizations of various cultures (Demir et al., 2021). The instrument consists of 24 items, which reflect four culture types as follows: The first one is a Clan, the second is an Adhocracy, the third is a Market, and the last is a Hierarchy culture type. On the six dimensions of the organizational culture, participants allocated 100 points on the four alternatives available. A value higher than fifty in a specific cultural type suggest that the culture orientation is relatively more dominate in the culture.

The OCAI was then translated to Urdu by the back-translation method and proof checked on 30 HC professionals to ensure relevant cultural assimilation and satisfactory understanding. The internal reliability of the culture measurement in this study is presented by Cronbach's alpha coefficients of the four culture subscales as follows, clan = 0.87; adhocracy = 0.83; market = 0.81; hierarchy = 0.84.

Turnover Intention Scale (TIS-6)

Turnover intentions were captured using the Turnover Intention Scale (TIS-6) comprising of six items that was commonly used by Bothma and Roodt (2013). Survey scale for measuring the IT employees' intention to leave the organization is a five- Likert scale which focuses on the extent which the respondent agrees or disagreed on each of the item, major scale includes items such as strongly disagree, disagree, neutral, agree and strongly agree. In fact, the above results suggest that higher values of the ITL scale indicate stronger willingness to quit job. Indeed, the TIS-6 has been confirmed to have good levels of internal consistency in different populations such as healthcare (Cronbach's $\alpha = 0.89$ in this study).

Demographic Questionnaire

During the study, a Demographic questionnaire was used to gather participants' age, gender, years of education, occupational position, years of experience, type of hospital (public/private), department, and geographical location. All of these variables were included in the analysis for exploratory purposes since they can be considered potential moderators.

Data Collection Procedure

The data was collected between March and June of the year 2023. With the permission from the institutional review board a formal permission was sought and obtained from the hospital administrations. Paper questionnaires completed during non-delivery hours were used in this study because trained assistants administered this questionnaires to clients. For instance, the participants were given information sheets outlining the study goals and objectives, as well as their role as participants in the study. The questionnaires were completed by the respondents and placed in sealed envelopes to avoid having other participants influence the responses Accordantly. Paper copies of the questionnaires were also provided to the participants but for those who wanted to complete them online, these were provided through SurveyMonkey. All the participants agreed to participate in the study and no personal details were obtained from them.

Ethical Considerations

It was approved by the National Bioethics Committee of Pakistan (NBC-455-0623). All the participants volunteered to participate, and the study did not impose any costs on those who declined to participate. Respondent anonymity and secure storage procedures were employed to reduce the issue of data confidentiality. The entire research conducted in this study conformed to the tenets of the Declaration of Helsinki for research on human subjects.

Data Analysis

All statistical analyses with the data were done using the SPSS version 26.0. The following activities in carrying out the analysis were done:

1. For the quantitative data gathered, the results will be expressed through the use of descriptive statistics such as means, standard deviations, and frequencies on the various demographic characteristics as well as other variables.
2. ANALYZE the Pearson correlation coefficients in order to establish bivariate correlations between the types of culture and turnover intentions.
3. Use of multiple regression analysis to conduct tests to confirm the hypothesized hypotheses while controlling for parameters.
4. Hierarchical multiple regression procedure to test for moderated variables by demographical variables.
5. In order to test the hypothesis of the study, one way analysis of variance (ANOVA) will be used to test differences concerning hospital types, professional roles and geographical locations.

Twenty subjects were selected based on set inclusion and exclusion criteria of females with regular sexual practices, aged between 18-35 years old, studying in universities in Benin City, Nigeria, and residents for at least 3 years. Preliminary checks were also made on assumptions such as normality, linearity, homoscedasticity, and multicollinearity.

Results

Demographic Characteristics

Table 1 also displays the demographics of the sample participating in the study Regarding the age, 29 participants are in the young age group of 15-24 years, 33 are in middle age group of 35-44 years and 28 in the older age group of 45-54 years. The total number of respondents was 312.The majority 56.4% of them out of the 312 were women, followed by the 31 to 40 age group of 38.5%. Doctors were the largest group in the sample with comprising 42.3 % of the participants while the nurses and allied health respondents comprised 35.9 % and 21.8 % respectively. The sample was drawn from both public 61.2% and private 38.8% sector hospitals, and all the four provinces; however, maximum participants belonged to Punjab 41.7%.

Advance Journal of Econometrics and Finance
Vol-1, Issue-2, 2023

Table 1: *Demographic Characteristics of Participants (N = 312)*

Characteristic	Category	Frequency	Percentage
Gender	Male	136	43.6%
	Female	176	56.4%
Age	20-30 years	78	25.0%
	31-40 years	120	38.5%
	41-50 years	85	27.2%
	Above 50 years	29	9.3%
Professional Role	Doctors	132	42.3%
	Nurses	112	35.9%
	Allied Health Professionals	68	21.8%
Experience	Less than 5 years	83	26.6%
	5-10 years	115	36.9%
	11-15 years	73	23.4%
	More than 15 years	41	13.1%
Hospital Type	Public	191	61.2%
	Private	121	38.8%
Province	Punjab	130	41.7%
	Sindh	85	27.2%
	Khyber Pakhtunkhwa	62	19.9%
	Balochistan	35	11.2%

Organizational Culture Profile

The evaluation of the culture was identified that to a certain extent, four categories of organizational culture exist in the health care organizations of Pakistan. In table 2, the mean scores and the standard deviations of the culture types by hospital categories are also shown.

Table 2: *Mean Scores of Organizational Culture Types by Hospital Category (N = 312)*

Culture Type	Overall Mean (SD)	Public Hospitals Mean (SD)	Private Hospitals Mean (SD)	t-value	p-value
Clan	21.45 (8.73)	19.82 (7.91)	24.03 (9.33)	-4.37	<0.001*
Adhocracy	18.67 (7.56)	16.34 (6.45)	22.33 (7.88)	-7.26	<0.001*
Market	27.21 (9.87)	25.18 (9.12)	30.42 (10.23)	-4.83	<0.001*
Hierarchy	32.67 (10.24)	38.66 (9.47)	23.22 (8.38)	15.27	<0.001*

*Note: * Significant at $p < 0.001$. SD = Standard Deviation.

Regarding the mean values, the hierarchy culture was considered to be the most dominant type of organizational culture (M = 32.67, SD = 10.24), while market (M = 27.21, SD = 9.87) was the second, clan (M = 21.45, SD = 8.73), and adhocracy culture (M = 18.67, SD = 7.56). Nevertheless, some

differences existed between the public and private hospitals where most of the missing records were not electronically retrievable. Concerning the first research question, it was noted that public hospitalshad significantly stronger hierarchy culture (t=15.27, p<0.001 while the private hospitals obtained higher scores in the market (t = -4.83 , p <0.001), the clan (t = -4.37, p < 0.001) and the adhocracy (t = -7.26, p < 0.001) dimensions.

From these propositions, it can be concluded that public healthcare institutions in Pakistan pay more attention to bureaucracy, protocols, and regularity, unlike private ones that show higher concern for the competitive advantage, integrated work, and creativity.

Turnover Intentions

Specifically, the average turnover intentions score was 3.24 (SD = 0.95) based on a Five-point scale, which suggest that the healthcare professionals have moderate to high level of intention to leave.

Tables 3 shows turnover intention score means according to demographics subgroups.

Table 3: ***Turnover Intentions Across Demographic Variables (N = 312)***

Variable	Category	Mean (SD)	F/t value	p-value
Gender	Male	3.18 (0.92)	t = -0.97	0.336
	Female	3.28 (0.97)		
Age	20-30 years	3.56 (0.93)	F = 7.83	<0.001*
	31-40 years	3.32 (0.96)		
	41-50 years	3.02 (0.91)		
	Above 50 years	2.79 (0.85)		
Professional Role	Doctors	3.41 (0.98)	F = 6.21	0.002*
	Nurses	3.23 (0.93)		
	Allied Health Professionals	2.97 (0.86)		
Experience	Less than 5 years	3.58 (0.97)	F = 9.34	<0.001*
	5-10 years	3.36 (0.95)		
	11-15 years	3.03 (0.89)		
	More than 15 years	2.74 (0.83)		
Hospital Type	Public	3.42 (0.98)	t = 4.45	<0.001*
	Private	2.95 (0.83)		

*Note: * Significant at p < 0.05. SD = Standard Deviation.

Comparing turnover intentions among the staff in terms of Age, Professional role, Experience and type of the of the hospital the result was found statistically significant at 0.01 level of significance for all the above mentioned variables except professional role where the level was 0.002 orderly. Employees who were younger, employed in different professions other than that of a doctor, with less years of experience in the company and belonging to public hospitals indicated higher turnover intentions. The mean ratings between the male and female participants were compared and it was found out that there was no statistically significant difference between them (t = -0.97, p = 0.336). A post hoc analysis using Tukey HSD test for multiple comparisons exposed that the doctors indeed had a higher turnover intention than the allied health professional (mean difference = 0.44 p < 0.001) but not much different from the mean value of nurses (mean difference = 0.18 p < 0.05).

Relationship Between Organizational Culture and Turnover Intentions

Pearson correlation analysis was used to determine the level of the bivariate relationships between the two sets of variables that is the organizational culture types and turnover intentions. Table 4 presents the correlation matrix.

Table 4: ***Correlation Matrix of Organizational Culture Types and Turnover Intentions (N = 312)***

Variable	1	2	3	4	5
1. Clan Culture	-				
2. Adhocracy Culture	0.45**	-			
3. Market Culture	-0.23**	0.12*	-		
4. Hierarchy Culture	-0.58**	-0.49**	0.05	-	
5. Turnover Intentions	-0.51**	-0.47**	0.34**	0.16*	-

*Note: * $p < 0.05$, ** $p < 0.01$

It was also showed a negative relationship between turnover intentions and culture of clan ($r = -0.51$, $p < 0.01$) and adhocracy culture ($r = -0.47$, $p < 0.01$). Conversely the market culture which was also measured on a Likert scale gave a positive correlation with turnover intentions [$r = 0.34$ (0.01)]. It was found that there was a weak positive relationship between hierarchy culture and altruism from the correlation coefficient of ($r = 0.16$, $p < 0.05$).

In line with the above we also used multiple regression analysis to confirm the hypothesized relationships partly controlling for demographic variables. Table five shows the result of the hierarchical regression test.

Table 5: ***Hierarchical Multiple Regression Analysis Predicting Turnover Intentions (N = 312)***

Variable	Model 1	Model 2	Model 3
	β	β	β
Step 1: Control Variables			
Age	-0.19**	-0.11*	-0.10*
Gender	0.04	0.03	0.02
Professional Role (Doctor)[1]	0.21**	0.17**	0.16**
Professional Role (Nurse)[1]	0.13*	0.11*	0.10*
Experience	-0.24**	-0.18**	-0.17**
Hospital Type (Public)	0.22**	0.12*	0.11*

Step 2: Main Effects			
Clan Culture		-0.43***	-0.37***
Adhocracy Culture		-0.35***	-0.33***
Market Culture		0.29**	0.27**
Hierarchy Culture		0.06	0.05
Step 3: Interaction Terms			
Clan Culture × Experience			-0.15**
Adhocracy Culture × Professional Role			-0.13*
Market Culture × Hospital Type			0.18**
R^2	0.219	0.467	0.504
Adjusted R^2	0.203	0.448	0.479
ΔR^2	0.219	0.248	0.037
F for ΔR^2	14.26***	32.83***	5.11**

*Note: [1] Reference category = Allied Health Professionals; * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$*

On this model, the regression coefficients for the demographic variable amounted to 0.219, thus, implying that the latter explained 21.9% of the turnover intentions. Considering the -born test, treatment, age (-0.19, $p < 0.01$), doctors (0.21, $p < 0.01$), and nurses (0.13, $p < 0.05$) professional role, experience (-0.24, $p < 0.01$), and hospital type (0.22, $p < 0.01$) symbols were construed as influential factors. Model 2 also added the four organisational culture types into the analysis and grossed up the explained variances to 46.7 percent ($\Delta R^2 = 0.248$, $p < 0.001$). Among the four cultures, only the market culture had a significant and positive correlation with turnover intentions ($\beta = 0.29$, $p < 0.01$), while the clan culture had a negative correlation ($\beta = -0.43$, $p < 0.001$) as well as the adhocracy culture ($\beta = -0.35$, $p < 0.001$). Hierarchy culture was not a factor that affected the results as it provided a negligible contribution to the coefficient ($\beta = 0.06$, $p = 0.271$).

Thus, Model 3 included interaction terms to establish moderation, which provided a further 3.7% of total variance explained ($\Delta R^2 = 0.037$, $p < 0.01$). There were also interaction effects for clan culture and experience (F = -0.15, Sig = 0.00) adhocracy culture and professional role (F = -0.13, Sig = 0.05), market culture, and hospital type (F = 0.18, Sig = 0.00). Especially, a closer examination of these interactions indicated that the negative association between the extent of clan culture and turnover intentions was more apparent for experienced professionals. The finding reveals that the negative relationship between adhocracy culture and turnover intentions was particularly significant among the doctors since opposed to nurses and allied health workers. This means that the positive correlation between market orientation culture and turnover intentions was significant at a higher level in the hospitals that offered public services as compared to the private ones.

Thus, hypotheses H1, H2, H3, and H5 have partially or fully support, while H4 was not supported by the data obtained.

Discussion

The research question guised in this study underpins the effect of organizational culture on turnover intentions of health care professionals in Pakistan. They shed light on several pertinent issues related to this relationship and add further knowledge about the workforce situation in the healthcare sector in Pakistan.

Predominant Organizational Culture in Pakistan's Healthcare Sector

Hypothesis three, which seeks to identify the cultural orientation present in Pakistan's health care organizations, especially its public establishments, is as follows:ภาคม Nowadays, Pakistan has a hierarchal culture. This is in line with the findings made by other scholars including Khan et al., (2020) and captures the general notion of structure and authority at the organizational level in the Pakistani context. The main reason behind the high levels of hierarchism can be explained by six factors: first, organizational legacy from the colonial administrative models inherited from Europe; second, the impact of the military administrative models which often dominate the healthcare organizations; third, one's power distance reference (Hofstede et al., 2010).

The main identified differences between these two groups of healthcare institutions can be considered to be rather striking. On the one hand, the public hospitals have a higher score on the hierarchical cultural dimension than private hospitals that have a considerable score on all dimensions; market, team, and innovation. Such differences can be attributed to differing governance, funding, and competitive conditions of the institutions involved. To some extent, private healthcare institutions that compete in the market segments and sell their services seem to be more sensitive to the competition and customers and adopt both performance (Market) culture and supportive (clan) culture.

A value below 4 for adhocracy culture in both the sectors implies a general low orientation towards innovation and risk taking within hospitals of Pakistan. This is worrying given surge of new challenges in heath care system and the call to be ready for changes as the situation may require. This study supports Thakur et al., (2022)'s idea that organization that has a powerful culture of innovation is highly likely to perform a better role during a change in circumstances.

Turnover Intentions Among Healthcare Professionals

The average turnover intention of moderate to high turnover intention (on the scale of 1 to 5, 3.24) is also in accordance with the findings from current literature that shows high turnover intention in healthcare sector of Pakistan (Malik et al., 2021). In relation to the expertise, gender and race disparities create a significant differentiation across the participants to assess the workforce vulnerability. The higher turnover intentions of young workers, and the low experience indicates that the early career stage is a good place to intervene and motivate the employees. This corroborates Halter et al. (2017) who found out that turnover is most likely to occur within the first five years of practice among healthcare professionals. Some of the best known factors that if not managed can lead to turnover intentions include entry points, reality shock, and/or development of the professional self-image. The higher turnover intentions of the doctors as compared to other healthcare professionals could be due to the fact that physicians enjoy more mobility in the labor market and other employment possibilities. Physicians have skills that can be transferred regardless of the place and this makes them to have various migration opportunities. This is in keeping with the consensus of another study done by Imran et al (2018) that stated that many Pakistani physicians are migrating to work in other countries.

Altogether, the higher turnover intentions in the public hospitals as compared to the private places reveal some of the system problems in the health care sector. These may include: availability of resources, organization structure, promotion opportunities and workload, as pointed out by Javed et al. (2019). It is essential to acknowledge that the abovementioned structural concerns are beyond a mere cultural shift and, therefore, need policy intercessions.

Relationship Between Organizational Culture and Turnover Intentions

This belief supports the notion that while employees in the healthcare sectors call for positive and innovative cultural support as means of reducing turnover intentions, intense pressure from the clan and adhocracy subcultures serve to trigger turnover intentions. These findings support the

aforementioned theorists Wagner et al. (2019) and researchers Gifford et al. (2018) for identifying that factors retaining culture in similar ways across the different countries tend to differ in the systems of the health care.

Two elements of the clan culture are most influential in decreasing turnover intentions, namely: teamwork, as well as unity and their supportive system where efficient mentors are involved. It sheds light on relational processes of health care work context from the angles like, support from coworkers, integration into teams, and the feeling of being a part of the family. Since healthcare delivery is a process that requires a lot of teamwork and collaborations, such amicable structures seem to enhance the appreciation of organizational connection. Thus, the study supports the hypothesis suggesting that culture type is negatively related to turnover intentions regarding adhocracy culture specifically, implying that the orientation towards the members' professional growth and improvement, as well as involvement in decision-making processes and innovation opportunities, shall be regarded as significant factors that may decrease the turnover rate. It can be said that healthcare professionals in general, as knowledge workers, often seek to have conditions that foster learning, creativity, and participation in improvement work. Companies, that provide space for innovations and personal growth, will thus improve staff retention as the staff is to be both more engaged in work and more satisfied with their profession.

This raises potential risks in healthcare organizations that have highly competitive market culture in terms of turnover intentions. Although performance orientation and results focus are two important and valuable orientations for organizations, cultures based on these dimensions may cause toxic increase in quality pressures and competitive environment that foster burnout and apprehensive intentions to leave. This is in concordance to a study conducted by Shanafelt et al (2020) on burnout among physicians working in stressful health sectors. ERP implementation and hierarchy culture had the non-significant relationship with turnover intentions, which disappoints the hypothesis of the study but can also be due to the cultural factors which might be different in the Pakistani context. High power distance and uncertainty avoidance dimensions may make the hierarchical structures more acceptable or expected in the societies contributing to moderation of their influence on the retention. Further, organizational culture reflected in health care organizations is still highly hierarchical, and it could cause normalization effects where employees consider such structures as ergonomic.

Moderating Effects of Demographic Variables

Hence, the huge moderation effects established bring out a wealth of information towards the correlation between organizational culture and retention. Looking at the results, it can be stated that there is a stronger connection between the influences of clan culture and turnover intentions of the personnel who are considered to be professionals and more experienced at work. Whereas task-related competence and confidence may be operant for new comers to the workplace, relational and organisational factors may form the basis for decision to stay or leave when the health-care professional is sufficiently competent and confident in handling technical aspects of his or her work. The stronger relationship between adhocracy culture and turn

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