Does Organizational Culture Matter for Improving Service Quality and Organization Performance of Public Hospital?

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Abstract: Recently, improving people healthiness becomes the main priority of the Indonesian government. Public hospitals are required to provide high level of quality of services as part their achievements. This study explores empirically the determinants of service quality and organization performance of the public hospital. It, specifically, attempts to investigate the mediated effect of service quality on the influences of organization culture and working motivation on the performance of regional public hospital in the province of Aceh, Indonesia. This study only focuses on the nurses as the population. Out of 693 nurses, 253 of them were selected as the sample of the study using the proportionate random sampling technique. The data was gathered by distributing questionnaires to the respondents and analyzed using the structural equation modelling (SEM) technique. The study documented that organizational culture and work motivation significantly influenced both the quality of service and public hospital performance directly. Additionally, the service quality is also found as the partial mediator of the effects of organizational culture and work motivation on the hospital performance. These findings implied that to further improve the public hospital performance, efforts should be focussed on enhancing service quality on the basis of promoting better organizational culture and high working motivation of the nurses.

Keywords: Organizational culture; Working motivation; Service quality; Public hospital; Health sector.

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I. Introduction

The health industry is one of the biggest industries, offering more than 6.5% of the total job opportunity worldwide. Health professionals include medical doctors, nurse, dentist, pharmacist, ophthalmologists, psychologist, nurse practitioner; health administrator, and health professional alliance, and supporting health personnel. This facts show the importance of the sector to provide service quality for producing health society as the basic necessity for citizens, including Indonesia. Unfortunately, unlike the quality of services provided by the health sector in advanced economies, the public hospital in Indonesia was in the 112th rank out 172 countries globally, based on the Indonesian public health index (2016). The failure of public hospital in Indonesia to functioning properly, the government has initiated many programs for promoting the performance of public sector through the enhancement of their quality of services, supported by increasing the funds allocated to the sector.

Like other 34 main provincial public hospitals in Indonesia, the provincial public hospital in Aceh province, Public Hospital of dr. Zainoel Abidin (*Rumah Sakit Umum dr. Zainoel Abidin – RSUZA*) are also urged by the Ministry of Health, Republic of Indonesia to provide excellent services. In 2013, the report on performance accountability of government agencies of Aceh province showed public satisfaction index of the public hospital in the province was only 86.66%, below the 100% target. There have been some complaints were made by the patients and other health beneficiaries particularly on the unavailability of the rooms for the critical patients. Other complaints included the impoliteness of nurses and slow services provided when it is critically needed by the patients. Some complaints are often occurred due to differences in perception of perceived service felt by the patients in Class 3 room with the executive room. Complaints not only occur on the infrastructure aspect, but also the services from human resources. The existing of these complaints indicates that the service quality and performance of the public hospital are still far beyond expectation.

Previous studies investigated the performance of organization have found that motivation, organizational performance, and service quality are among the factors affecting performance (Mathis and Jackson, 2009). In his study on public educational institution, Chamdan (2017) found that organizational culture such as trustworthiness contributed positively toward the improvement of performance, while Abbasi *et al.* (2012) found that the organizational culture improved the innovation and organization performance in

Pakistan. Organizational performance was also documented to be influenced by working motivation (Paarlberg and Lavigna, 2010; and Said et al., 2015).

Furthermore, previous studies also documented that the service quality is, in turns, affected by the organizational culture (Gayatri *et al.*, 2011; and Abu-Alhaija *et al.*, 2018). In addition to organizational culture, the quality of services is also determined by the working motivation (Bell and Menguc, 2002; and Awan et al., 2014). In his study on shipping agency in Kenya, Ngoko (2015) found that the better quality of services provided to the customers, the better would be the performance of the agency. Similarly, Lu et al. (2014) also found that the service quality provided by the hospital in Tainan, Taiwan has contributed to the improvement of hospital performance.

The above reviewed studies confirmed that the organizational culture, working motivation, and quality services affected the organizational performances. However, most of these studies focused on non-health sector, with exception of the study by Lu et al. (2014) on the public hospital in Taiwan. None of the above studies have investigated the factors determining the service quality as well as the performance of public hospital in Indonesia. Those studies only investigated the direct effects of the organizational culture and working motivation on service quality and organizational performance, but the indirect effect of the organizational culture and working motivation on the organizational performance through the service quality was beyond the scope of the studies. Thus, to fill up the existing gaps of the previous studies, this motivates our study to empirically explore both direct effect of the organizational culture and working motivation on service quality and organizational culture and working motivation on service quality and organizational culture and working motivation on service quality and organizational culture and working motivation on service quality and organizational culture and working motivation on service quality and organizational culture and working motivation on service quality and organizational culture and working motivation on service quality and organizational performance of the organizational culture and working motivation on service quality and organizational performance of the public hospital in Aceh province, Indonesia, mediated by the variable of service quality using the structural equation modelling (SEM).

The findings of this study is hoped to add knowledge and new insights to the importance of organizational culture and working motivation in improving service quality of public hospitals in Indonesia and subsequently their organizational performance. It also expected to enhance the theory and enrich empirical findings related to the improvement of service quality and organizational performances on the basis of improving the organizational culture and working motivation.

The rest of this paper is structured as follows: Section 2 reviews selected previous studies the organizational culture, working motivation, service quality, and organizational performance. Section 3 provides the empirical framework as the basis data analysis, followed by discussion and implications of the main findings in Section 4. Finally, Section 5 summarizes the paper.

II. Selected Literature Review

Organizational performance is seen as an activity of a group of people in an organization to carry out their tasks and responsibility. If each employee shows a good performance, thus the organizational performance would in turn improve through the utilization of human resources professionally. This indicates that to enhance the organizational performance through the improvement of service quality provided by the employees, an organization should pay attention to several factors influencing employees' working motivation and creation of conducive organizational culture.

2.1. Organizational performance

In the article entitled "Organizational performance management and measurement", Salem (2013) defines performance as how to do work, and about how the results are achieved. It is the result of work that can be achieved by an employee or by a group of employees within the organization, based on the responsibilities and authority of each employee in an effort to achieve the goal set by the organization legally without violating the law and based on morals and ethics (Malthis and Jackson, 1985).

As a public organization, hospitals are a means of providing health services to the community. Based on the Ministry of Health of the Republic of Indonesia (2009), as an institution that provides a complete personal health service, hospital has a very strategic role to realize the highest degree of health of the citizen as mandated by the Law of the Republic of Indonesia, No. 44 of 2009. Hospitals are required to provide quality services in accordance with established standards and can reach all levels of society (Minister of Health Decree No. 129, 2008) as part of achieving their vision and mission. The ability of the hospitals to realize their vision and mission show their higher level of performance.

Thus, measuring performance is part of a process of the performance system of government agency accountability as an order, instrument, and method of accountability. Performance measurement in particular is an activity of monitoring, evaluating and comparing the level of performance achieved with the level of performance of standards, plans, or target activities (The Ministry of Health, Republic, the Decree No. 1099/Menkes/SK/VI/2011). The hospital performance shows their whole effectiveness and improved ability and continues systematic efforts to meet the defined health needs of the society at large (Armstrong and Taylor, 2014). Relying on this definition, the following indicators were used to measure hospital performance: (1)

Personal factor: skills; competence; motivation; and commitment; (2) Leadership Factor: quality of encouragement, guidance, support, and team leader; (3) Team factor: quality support, and cooperation; (4) System sector: work system and work facilities; and (5) Contextual/situational factor: pressure and changes in the environment.

2.2. Service quality

Hospital is an organization that functions to serve public health. Service is a set of activities that become continuously and routine process which cover aspects of people's lives in society. According to Kotler and Armstrong (2012), service is any activity or action which offered to other parties by a service provider, which basically has no physical form and also does not transfer any ownership to the service users. Meanwhile, the quality health services are services that are oriented to the satisfaction of every health care user in accordance with the level of satisfaction of the average service users. Satisfaction is a situation where the needs, desires and expectations of customers can be fulfilled through the products provided (Haffizurrachman, 2004). Hospital performance measurements by looking at customer satisfaction are more related to the consequences of the nature of health services and it also related to the goals and results of service. Patient satisfaction in assessing quality or good service is an important measurement that is fundamental to service quality as it provides information on the success of qualified service providers with the value and expectations of patients who have their own authority to set the desired service quality standards (Hafizurrachman, 2004; and Aliyansyah et al., 2012).

Increasing demands of the community in health facilities, especially in hospitals causes the hospitals to make continuous efforts to improve the quality of health service delivery by the public hospital (Ministry of Health, Republic of Indonesia, 2012). Every effort to improve the quality of hospital services should always be accompanied by efforts to improve the quality of services (Mulyono et al., 2013). Thus, medical services must have quality is a form of service that is oriented towards level of satisfaction of medical service users as expected by the average of users or at least reached the minimum level of service quality standard.

The Article 1 of the Law of the Republic of Indonesia No. 44 (2009) concerning Hospitals, states that public hospitals are health service institutions that provide individual health services in a comprehensive manner that comprises inpatient, outpatient, emergency services, and health services in all fields and types of diseases. This hospital is expected to provide quality and affordable health services to the community in an efficient and effective manner by prioritizing healing and recovery efforts that are carried out harmoniously and in an integrated manner with efforts to improve and prevent diseases as well as health education for the surrounding community. The Ministry of Health, Republic of Indonesia (2006) sets important criteria regarding the type of service discipline that relates primarily to the structure and process of hospital services. These criteria are mainly in the form of hospital service standards, as one of the values or modules that are used as a basis for comparison that must be used by hospital managers in implementing services based on adequate hospital knowledge and management skills inspired by professional ethics.

Referring to the definition of service quality, Ministry of Health, Republic of Indonesia (2005) has introduced hospital service indicators to determine the level of utilization, quality, and efficiency of hospital services, among others, bed occupancy rate, average length of patient stay, bed turnover, turnover interval, net death rate, and gross death rate.

However, this study measures the quality service of hospital from 5-dimension based the study by Parasuraman et al. (1991), as follows: (1) Tangibles: feasibility, appearance, design, physical facilities, and equipment; (2) Reliability: accuracy and service dependence; (3) Responsiveness: behaviour and responsibility; (4) Assurance: trust and guarantee; (5) Empathy: attention and concern.

2.3. Organizational culture

The definition of organizational culture is very varied from one scholar to another (Vecchio, 1995). Based on the previous studies, Tunggal (2002) summarizes organizational culture as the presence of a shared value system adopted by all members of the organization. Culture is a set of shared meanings and values that express a general way of life, and there are many cultures as many as a collection of meanings and values (Lonergan et al., 2003). Work culture is equated with organizational culture because the culture of an organization cannot be separated from the performance of human resources in it. It is important for organization to have its organizational culture for the employee to adhere and is guided by the system of values of beliefs and norms that apply in organization and is a form of how people behave and do things which distinguishes organizations from other organizations (Mangkunegara, 2012).

Organizational key lies in collective custom which describes a process that binds each employee as soon as she/he joined the organization. Culture is not inherited from one generation to another, but rather an attitude, norms, values and ways of thinking learned by human resources throughout their lives (Kawar, 2012; and Putra et al., 2014). According to Robbins (2009), the main functions of organizational culture include: (1) as

a clear differentiator of one organization with another organization; (2) as a sense of identity for members of the organization; (3) as a facilitation of the emergence of a commitment to something wider than one's individual interests; (4) as a social bond that helps unite the organization by shaping attitudes and behaviour of employees; (5) as a mechanism for making meaning and control; and (6) as the guidance shaping employee attitudes and behaviour.

As a repeated and habit in doing their work in accordance with moral and ethics, this study uses the following indicators to measure organizational culture: sincerity, cooperation, friendly, patience, calm down, assertive, comply with regulations, cleanliness, trustworthiness, and accountability (Husni, 2015).

2.4. Working motivation

Motivation is a psychological characteristic of employee activities to contribute in the form of an employee's level of commitment including the factors that cause, channel and maintain employee behaviour in the direction of a certain determination to achieve desire. Activities carried out are activities aimed at fulfilling employee desires (Shahzadi et al., 2014), which in turns promote employee's affiliated organizations (Twalib and Kariuki, 2016; and Kiruja and Mukuru, 2018).). It is as a driving force for employee to contribute as much as possible for the success of the organization to achieve its objectives, with the understanding that the achievement of employee desires could be attained by achieving organizational goals indirectly.

Based on the above delineation, it is clear that working motivation can provide energy that drives all existing potential, creates high and noble desires, and increases togetherness. There are two aspects of motivation, namely in terms of passivity where motivation appears as both a necessity and a motivator, and from a static point where motivation appears as a positive effort in moving the power and potential of the workforce so that productively succeed in achieving previously set goals (Hasibuan, 2013).

As a psychological characteristic of employee activities to contribute with a full commitment towards the higher level of organizational performance (Shahzadi et al., 2014), this study measures the working motivation from two dimensions, as follows: (1) Intrinsic motivation: work, progress, responsible, recognition, and achievement; and (2) Extrinsic motivation: administrative and organizational policy, supervision of fairness, salary, interpersonal relationships, and working conditions.

Based on the above theoretical and review of previous studies, this study proposed the following hypotheses:

- 1. Organizational culture affects the service quality of public hospital in Aceh province, Indonesia.
- 2. Working motivation affect the service quality of public hospital in Aceh province, Indonesia.
- 3. Organizational culture affects the performance of public hospital in Aceh province, Indonesia.
- 4. Working motivation affect the performance of public hospital in Aceh province, Indonesia.
- 5. Service quality affects the performance of public hospital in Aceh province, Indonesia.
- 6. Service quality mediates the effect of organizational culture on the performance of public hospital in Aceh province, Indonesia.
- 7. Service quality mediates the effect of working motivation on the performance of public hospital in Aceh province, Indonesia.

III. Empirical Framework

This study empirically explores the mediated effect of service quality on the influences of organizational culture and working motivation on the performance of public hospital in Aceh province, Indonesia. This study only focuses on the nurses as the most important staff in the hospital who interact most with the patients. Out of 693 nurses, 253 of them were selected as the sample of the study using the using the Slovin's (1960) formula and proportionate random sampling technique on the basis of respondents' educational level.

To gather the data, the questionnaires are distributed to the respondents. To measure the variables, 44 indicators as discussed in earlier section of literature review were and ranged with the Likert scale 1 to 5. Specifically, 14 indicators are used to measure public hospital performance, while 10 indicators are respectively used to measure service quality, organizational culture, and working motivation. However, prior to the SEM analysis, the instrument tests comprising validity, reliability, and the goodness of fit model using several indices will be conducted first. This is done to ensure the suitability of the model to tests the proposed hypotheses of the direct and indirect relationships between exogenous, mediating, and endogenous variables.

To analyze the data, the structural equation modelling (SEM) technique is adopted and analyzed using the statistical software of analytical moment of structures (AMOS). In this study, it is believed that the SEM is an appropriate model of estimation to be adopted as it enables to test a series of complex relationships (Hair et al., 2012). This study examines the following SEM equations:

$SERQUAL = \gamma_{11}ORGCUL + \gamma_{12}WORKMOT + \zeta_1$	(1)
$ORGPER = \gamma_{21}ORGCUL + \gamma_{22}WORKMOT + \gamma_{23}SERQUAL + \zeta_2$	(2)

where SERQUAL is the service quality, ORGCUL is the organizational culture, WORKMOT is the working motivation, ORGPER is the organization performance, γ_{ii} are the estimated loading factors for each variables and ζ_i are the structured error terms.

IV. Findings and Discussion

4.1. Brief overview of the public hospital

Public Hospital of dr. Zainoel Abidin (*Rumah Sakit Umum dr. Zainoel Abidin - RSUZA*) is one of the public service agencies that provide direct health services to the community, especially outpatient and inpatient services in the Aceh province, Indonesia. The hospital was established on February 22, 1979 on the basis of the Decree of the Ministry of Health of the Republic of Indonesia No. 551/Menkes/SK/2F/1979 as the C category of hospital. On May 7th 1979, with the Decree of the Governor of the Special Region of Aceh No. 445/173/1979, the hospital was appointed as the Regional General Hospital, and with the presence of the Faculty of Medicine of University Syiah Kuala, the hospital was then later upgraded to the B category of Education Hospital in the province of Aceh on June 11, 1983 based on the Decree of the Ministry of Health of the Republic of Indonesia No. 233/Menkes/SK/IV/. Since then, the hospital has developed progressively and has 1,647 medical personnel and administrative staff with approximately 800 beds in 2016.

Of the 1,647 medical personnel, 693 of them are the nurses which the focus of this study. Majority of the nurses were female (63.64%), while the rest 36.36% were male. The nurses who have married (50.99%) were slightly higher than those who were unmarried (49.01%). In the view of age, nurses with aged 21-30 years were 27.67%, aged 31-40 years (26.88%), aged 41-50 years (18.97%), and with aged 51-60 years were 26.48%. finally, in term of their educational level, most of the nurses was with diploma degree (56.85%), followed by the bachelor degree (24.53%), advanced diploma degree (13.28%), high school graduates (3.75%), and fewer of them were with master degree (1.59%). Supporting by these nurses, it is believed that the hospital could provide good service quality. However, to what extent the hospital environment such organizational culture and nurses' working motivation contribute to better service quality and hospital performance needs further examination, which is the main objectives of this study and would be reported in the next section.

4.2. Instrument and goodness of fit models tests

Prior to examine the interactions among the investigated variables, the validity and reliability tests were conducted first to ensure the accuracy and consistency of the indicators in measuring the variables. The study found that all 44 indicators were valid and reliable as shown by the estimated coefficient of confirmatory factor analysis and their correlations. In the next step, to ensure the suitability of the estimated SEM, the study measured the goodness of fit indices. The findings of goodness of fit indices are reported in Table 1.

GoF index	Cut-off value	Finding	Remark
X ² -Chi Square	Low value	202.97	Good fit
CMIN	CMIN/DF < 2	0.061	Better fit
RMSEA	< 0.08	0.064	Good fit
GFI	≥ 0.90	0.959	Good fit
AGFI	≥ 0.90	0.988	Good fit
TLI	≥ 0.90	1.956	Good fit
CFI	≥ 0.90	0.914	Fit

Table 1. Goodness of fit (GoF) indices for models' measurement

Referring to Table 1, all the GoF indices comprising X^2 -Chi Square Statistics, Root Mean Square Error of Approximation (RMSEA), Goodness of Fit Index (GFI), Augmented Goodness of Fit Index (AGFI), Tucker-Lewis Index (TLI), and Comparative Fit Index (CFI) showed a Good fit model. The estimated value of GoF indices were above the cut-off value, indicating that the overall estimated SEM models Good fit to provide the answer for the objectives of the study.

4.3. Direct Effects of organizational culture and working motivation on service quality and hospital performance

Table 2 reported estimated direct, indirect, and total effects of the exogenous variables on mediating variable and endogenous variables based on the SEM approach. Specifically, it reported the estimated direct effects of organizational culture (ORGCUL) and working motivation (WORKMOT) on service quality (SERQUAL) and organizational performance (ORGPER) of the public hospital in Aceh province, Indonesia.

Table 2. Estimated un eet and mun eet encets					
Interaction between variables	Direct effect ^a	Indirect effect ^b	Total effect		
ORGCUL→SERQUAL	0.461***	-	0.461		
WORKMOT→SERQUAL	0.210***	-	0.210		
ORGCUL→ORGPER	0.144**	0.285***	0.429		
		(0.461 x 0.618)			
WORKMOT→ORGPER	0.269***	0.130**	0.399		
		(0.210 x 0.618)			
SERQUAL→ORGPER	0.618***	-	0.618		

Table 2. Estimated direct and indirect effects

Note: ^a Based on t-student test, ^b Based on Sobel t-test. ^{**} and ^{***} indicate p < 0.05 and p < 0.01.

As observed from the table, the organizational culture and working motivation were found to significantly and positively affect the service quality provided by the public hospital. As compared to the effect of working motivation on service quality, the effect of organizational culture, however, is found to be more dominant on the service quality provided by the public hospital. These findings indicate that it is extremely important to have a conducive organizational culture in order to support the nurses to serve the patients with a high quality of services. The motivation of nurses could also be increased by the availability comfortable organizational culture so as the services provided to the patients would be easily delivered excellently. These findings were supported by those eelier studies of Abu-Alhaija et al. (2018) who found that the organizational culture influenced service quality and customer habits. Bell and Menguc (2002) also documented that both intrinsic and extrinsic motivation of employees influenced service quality provided by hotels in Malta.

Table 2 also shows that the organizational culture and working motivation significantly and positively affected the performance of public hospital. As compared to the effect of organizational culture to the performance of hospital, the effect of work motivation, however, is found to be more dominant on the performance of by the public hospital. These findings indicate that it is extremely important to have a high level of nurses' working motivation in order to promote the hospital performance. Thus, the motivation of nurses should be enhanced both intrinsically by providing a more reward as a recognition for the nurses' achievements, and extrinsically through well-managed administrative affairs, clear policy, rules, and regulations, regular and continues supervisory, and just compensation. In addition, working environment and organizational culture should also be promoted among the nurses by encouraging them to become more sincere, cooperative, friendlier, patience, truthful, and accountable while interacting and serving the patients and other hospital beneficiaries.

Our finding of positive significant effect of organizational culture on the organizational performance was in line with the study by Abbasi et al. (2012), Wani et al. (2018), Sativa et al. (2018), and Fachreza et al., 2018). For example, in their study, Abbasi et al. (2012) found that Islamic organizational culture increased learning, innovation, and organizational performance. Meanwhile, the positive significant effect of working motivation on the organizational performance documented in our study is supported by earlier study conducted by Said et al. (2015) who found that working motivation of non-academic staff such as individual needs, personal preferences, and working environment were positively and significantly affected the performance of the Universiti Teknologi MARA Terengganu, Malaysia. This finding also in line with those of Maulidar et al. (2012), Kurniawan et al. (2017), Muttaqillah et al. (2015), and Amin et al. (2019).

Finally, the study also found that the service quality positively and significantly influenced the hospital performance. This finding is in harmony with the previous study by Ngoko (2015) who documented that service quality has improved the performance of shipping agency in Kenya. Thus, based on this finding, it is importance for the hospital managers be sensitive to service quality management practices and their applications to organizational performance.

4.4. Mediating effect of service quality on the influences of organizational culture and working motivation on hospital performance

Table 2 also reported the estimated indirect effect of service quality (SERQUAL) on organizational performance (ORGPER) through the organizational culture (ORGCUL) and working motivation (WORKMOT) of the public hospital in Aceh province, Indonesia. These mediated effects of service quality on the influences of the organizational culture and working motivation on the organizational performance is examined using the Sobel t-test on the basis of Baron and Kenny (2001) framework.

Referring to Table 2, the service quality provided by the nurses significantly and positively influenced the performance of the public hospital on the basis of the improvement of organizational culture and enhancement of the nurses' working motivation. However, the indirect effect of organizational culture was found to be higher than the effect of working motivation on organizational performance mediated by the service quality delivered by the nurses to the patients and other medical service beneficiaries. This finding confirmed our earlier findings on the importance of having supportive organizational culture to provide better service quality and subsequently promote the hospital performance. The comfortable organizational culture might motivate the nurses to work professionally and provide services excellently, which lead to the hospital to achieve its setting targets.

As for the role of service quality as the mediating variable, it is safely to conclude here that service quality was found to be the partial mediator of the effects of organizational culture and working motivation on the hospital performance. The organizational culture and working motivation directly and significantly improved the hospital performance and it indirectly and significantly improved through the service quality provided by the nurses to the patients and other medical service beneficiaries.

Overall findings of our study indicate that to further improved the hospital performance; it should be focused on improving service quality supported by conducive organizational culture and highly motivated nurses. More rewards as a recognition for the nurses' achievements, well-managed administrative affairs, unambiguous policy, rules, and regulations, regular and continues supervisory and just compensation should be ensured by the hospital managers to improve the nurses' working motivation. The hospital managers should also promote behaviour of the nurses to become more sincere, cooperative, friendlier, patience, truthful, and accountable while delivering medical service the patients and other hospital beneficiaries.

V. Conclusion

Improving awareness of people to become live healthier, particularly in Aceh province, Indonesia has motivated this study to explore empirically the mediated effect of service quality on the influences of organization culture and working motivation on the performance of regional public hospital in the province of Aceh, Indonesia. Of 693 nurses, 253 of them were selected as the respondents of the study using the proportionate random sampling technique. The data was gathered by distributing questionnaires to the respondents and analyzed using the structural equation modelling (SEM) technique. The study documented that organizational culture and work motivation significantly influenced both the quality of service and public hospital performance directly. Additionally, the service quality is also found as the partial mediator of the effects of organizational culture and work motivation on the hospital performance.

Based on these findings, to further improve the public hospital performance, it suggested that the hospital managers should be focussed on enhancing service quality on the basis of promoting better organizational culture and high working motivation of the nurses. More rewards as a recognition for the nurses' achievements, well-managed administrative affairs, unambiguous policy, rules, and regulations, regular and continues supervisory and just compensation should be ensured by the hospital managers to improve the nurses' working motivation. The hospital managers should also promote behaviour of the nurses to become more sincere, cooperative, friendlier, patience, truthful, and accountable while delivering medical service the patients and other hospital beneficiaries.

Future studies on this topic might provide better and inclusive practical findings by taking into consideration more variables into the estimated models. These determinants could cover both internal and external factors affecting service quality as well as hospital performances. Additionally, covering more regional public hospitals across the 34-province in Indonesia into the analysis would also enrich the existing empirical evidences on influences of organizational culture and motivation on hospital performance, mediated by the service quality. Finally, comparing the private and public hospitals would also enrich the existing empirical findings on the investigated issue.

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