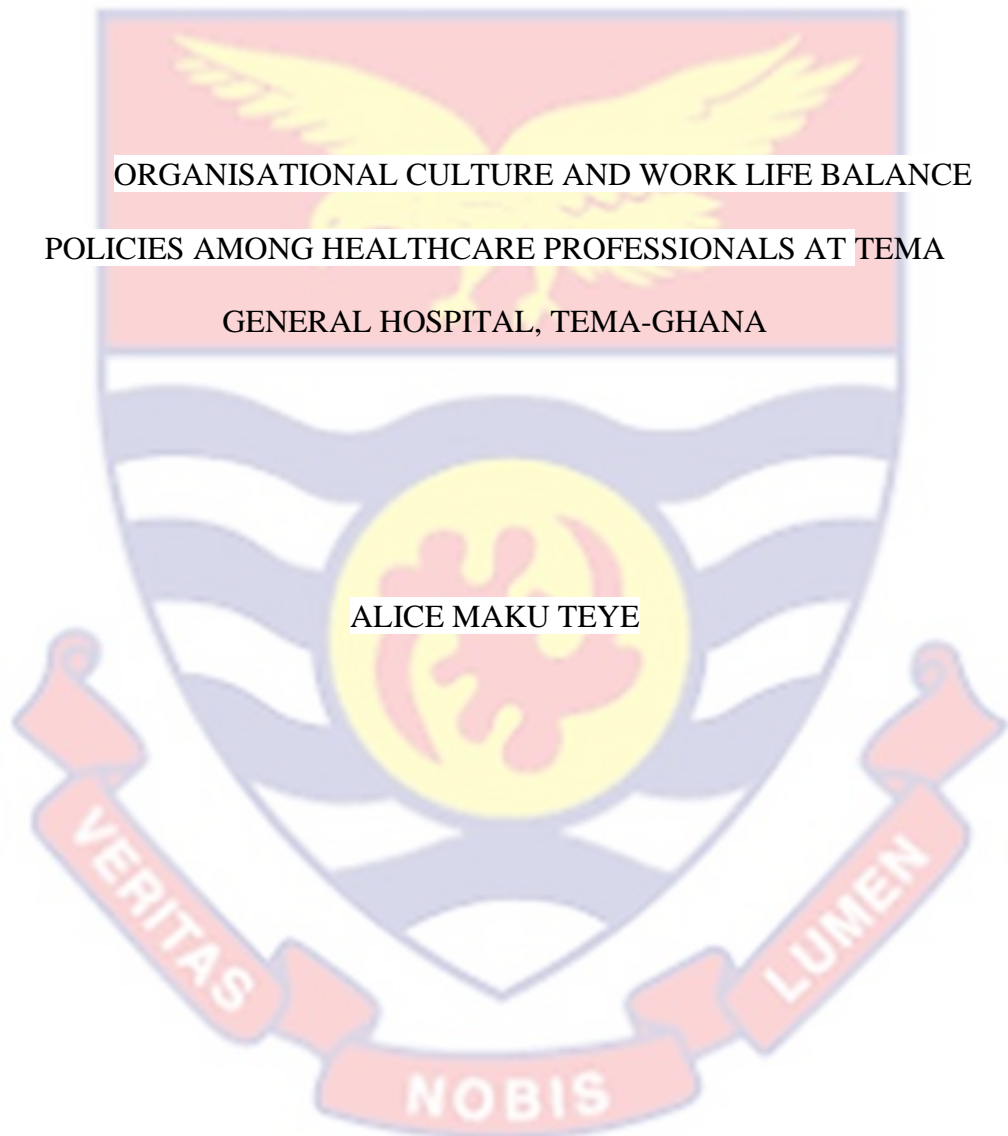


UNIVERSITY OF CAPE COAST



ORGANISATIONAL CULTURE AND WORK LIFE BALANCE

POLICIES AMONG HEALTHCARE PROFESSIONALS AT TEMA

GENERAL HOSPITAL, TEMA-GHANA

ALICE MAKU TEYE

2022

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ORGANISATIONAL CULTURE AND WORK LIFE BALANCE
POLICIES AMONG HEALTHCARE PROFESSIONALS AT TEMA
GENERAL HOSPITAL, TEMA-GHANA

BY

ALICE MAKU TEYE

Dissertation submitted to the Department of Management of the School of
Business, College of Humanities and Legal Studies, University of Cape Coast
in partial fulfillment of the requirements for the award of Master of Business
Administration degree in Management

FEBRUARY 2022

DECLARATION

I hereby declare that this dissertation is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's signature..... Date.....

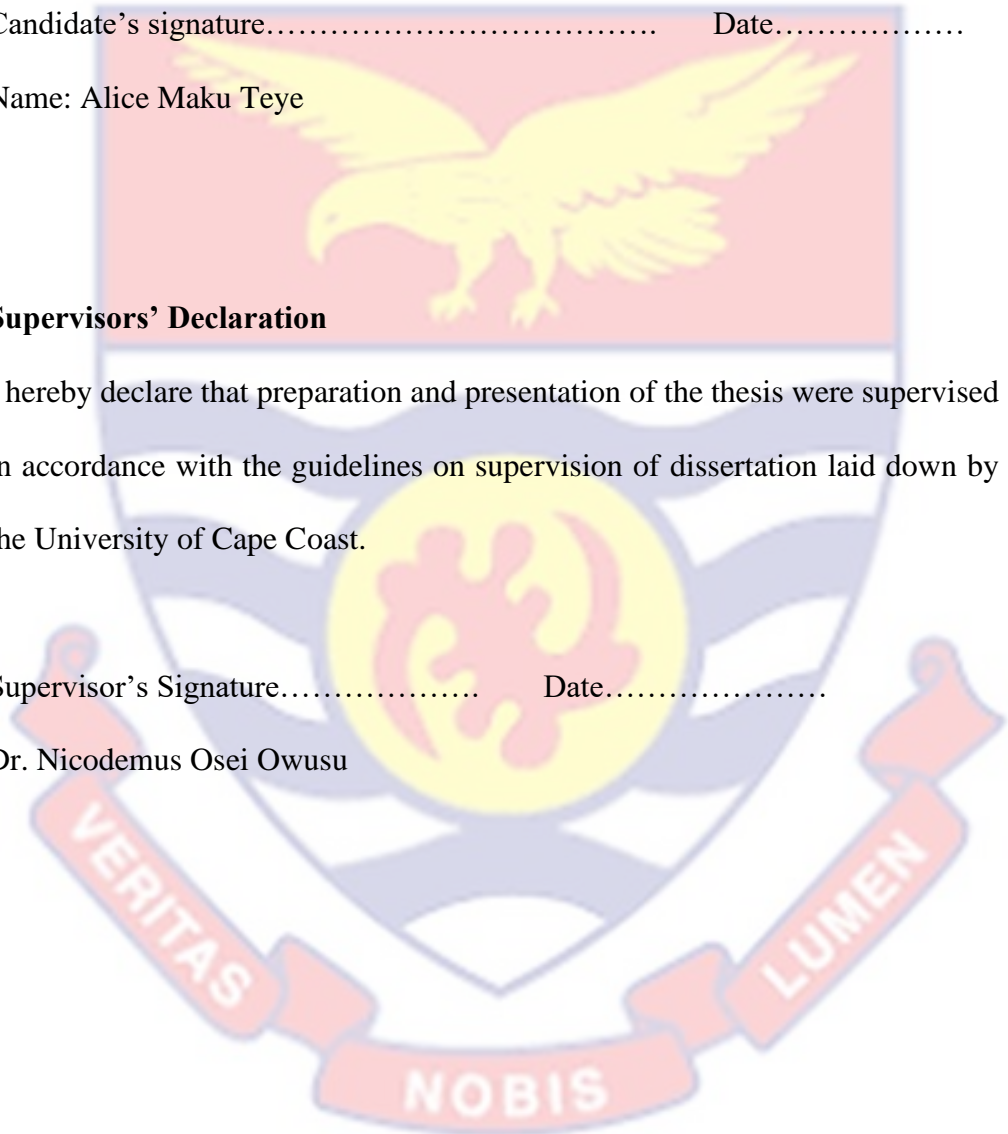
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Supervisors' Declaration

I hereby declare that preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Cape Coast.

Supervisor's Signature..... Date.....

Dr. Nicodemus Osei Owusu



ABSTRACT

The aim of this study was to examine the influence of organisational culture on the work life balance of healthcare professionals at Tema General Hospital in Tema, Ghana. There were four main objectives, among them were to investigate the influence of organisational culture on flexible working arrangement; organisational culture on leave arrangement; organisational culture on dependent care assistant; and organisational culture on wellness and personal development. The study was based on the views of 126 healthcare professional staff from the study unit. It was a quantitative study with self-administered questionnaire as the main research instrument. The results from the survey were analysed with the help of the Statistical Package for the Social Sciences (SPSS v26.0) and the Smart PLS 3 (v 3.3.8) software. The Structural Equation Model (SEM) was the main multivariate statistical analysis technique used in the study. The independent constructs were: clan, adhocracy, hierarchical and market cultures. The dependent constructs were: Flexible Working Arrangements; Leave Arrangements, Dependent Care Assistant and Wellness and Personal Development. In a nutshell, the study results indicated that all the independent constructs had influence on the Work Life Balance healthcare professionals. However, the nature of the influence depended on the Work Life Balance policy adapted by management. The study therefore recommended that, management of the healthcare center must create a favorable condition for healthcare professionals in relation to the right work life balance policies and as to which organisational culture dimension would best address certain negative influences on employee performance and dissatisfaction.

KEYWORDS

Adhocracy culture

Clan culture

Dependent Care Assistant

Flexible Working Arrangement

Hierarchical culture

Leave Arrangement

Market culture

Organisational culture

Wellness and Personal Development

Work Life Balance

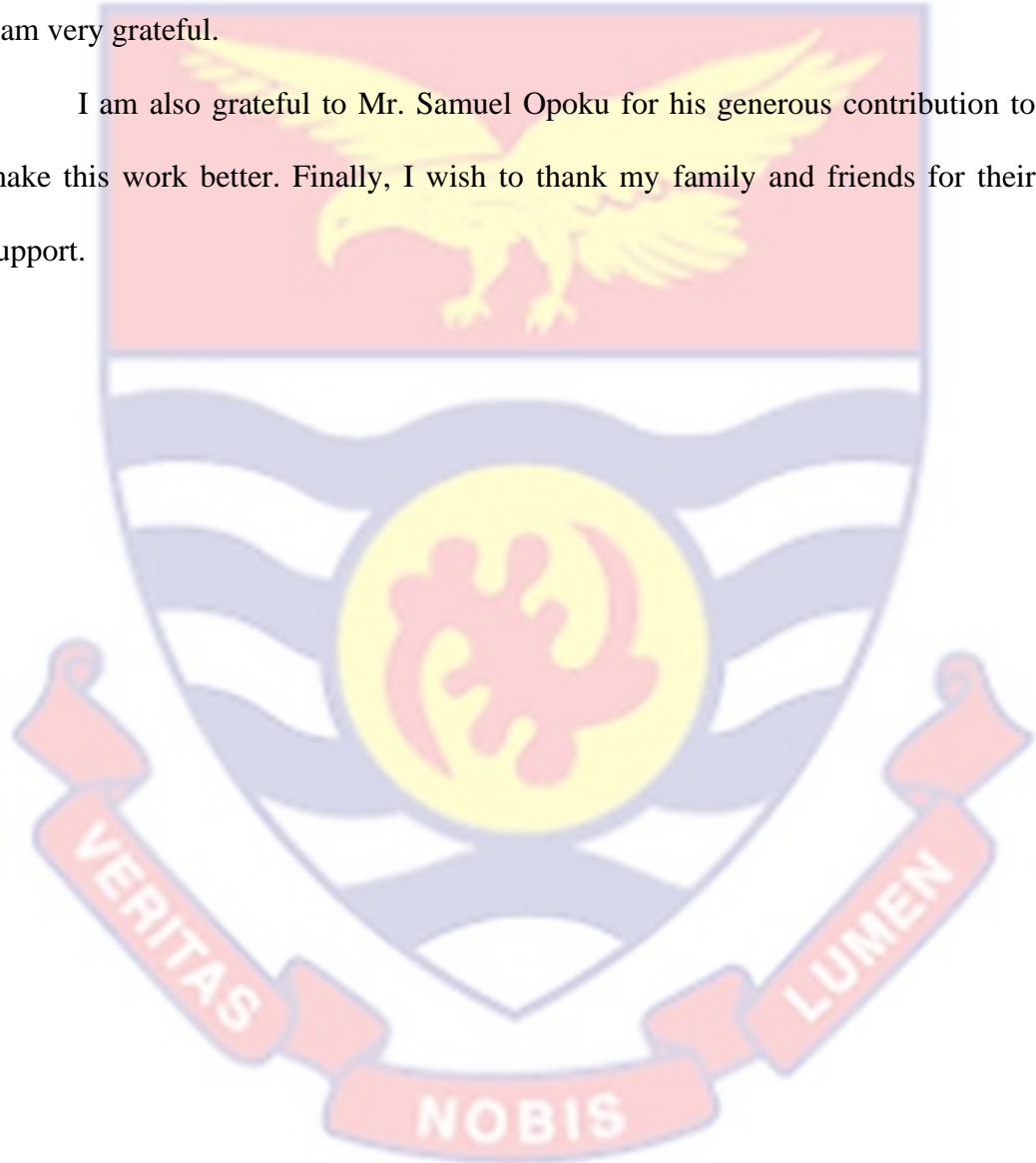


ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to my supervisor, Dr. Nicodemus Osei Owusu of the Department of Management, for his professional guidance, advice, encouragement and the goodwill with which he guided this work.

I am very grateful.

I am also grateful to Mr. Samuel Opoku for his generous contribution to make this work better. Finally, I wish to thank my family and friends for their support.



DEDICATION

To my family



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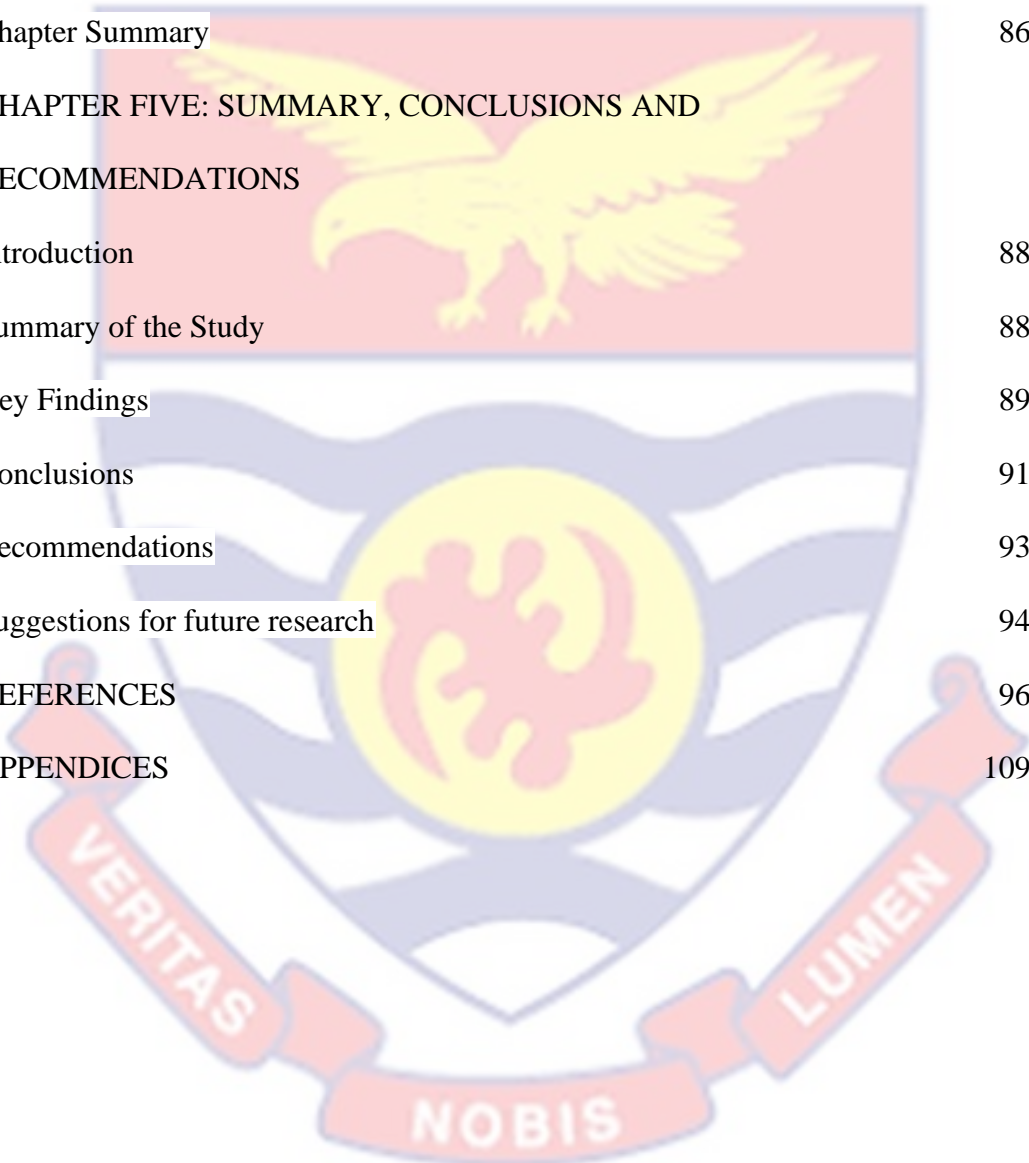
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CHAPTER ONE

INTRODUCTION

This section presents the overview of the study which is centered on the relationship established between organisational culture and its influence on work life balance. It includes the background to the study, statement of the problem, the purpose of the study, objectives of the study, significance of the study, delimitation of the study, organisation of the study and the chapter summary.

Background of the study

Organisations which have policies and benefits in place generally create a stronger work-life balance for employees, but if the employees do not take advantage of the policies, then the overall balance will decrease. Organisations in their quest to survive the competitive nature in today's business must increase their activities towards success by ensuring that their employees are of the right standing, through a strong organisational culture. Organisations must therefore cultivate culture and pass it on to new staff. This means that when a new person joins the organisation they are bound by the way of life or the existing culture of that organisation which then becomes the backbone of that organisation holding it together (Peters & Waterman, 2012).

As people become more invested in their careers, more time is spent at work and less time is spent with loved ones. This results in a poor work-life balance. Research has shown that 70% of people report having an unhealthy work-life balance, however, 70% of people also rate family as a top priority (Rife & Hall, 2015). This statistic shows that while people want to have a strong work-life

balance, they do not actually have one because of various work commitments. With the increase in gender diversity in the workforce, dual income households, and single parent families, the amount of time spent at work is increasing while time spent at home is decreasing (Darcy, McCarthy, Hill, & Grady, 2012). However, many people believe that if they do not concert all energy and effort into their work, then their personal career progression will be affected.

Organisational cultures are grounded in deep-seated beliefs about gender, the nature of work and the ideal employee, which reflect societal norms and are often implicit or even unconscious and are therefore difficult to challenge (Lewis & Taylor 2004). According to Schneider, Ehrhart, and Macey (2013), organisational culture is the shared basic assumptions, values, and beliefs that symbolize a workplace and are picked up and taught to newcomers. The culture of an organization can have many positive or negative effects including employee morale, commitment, productivity, physical health, and emotional wellbeing (Cameron & Quinn, 2006). Each organization has their own benefits and policies for employees, which can describe the overall organisational culture. Some example policies are maternity leave, vacation and sick days, as well as flex hours, and telecommuting. Culture starts to affect an organization and the employees based on the overall goals, values, and leadership style of supervisors and managers.

A strong work-life balance is when people feel that their lives are being fulfilled inside and outside of work. This means that there is minimal conflict between work and home, low turnover and absenteeism, and overall satisfaction

(Rife & Hall, 2015). A strong work-life balance allows people to spend time with their family and friends while still succeeding in their career. When someone spends too much time at work and not enough time doing things they enjoy, unnecessary stress increases (Golder & Wiens-Tuers, 2005), and overall life satisfaction will decrease, leading to poor health, lower productivity, and lower performance (O'Driscoll, Poelmans, Spector, Kalliath, Allen, Cooper, & Sanchez, 2003).

Research has shown that worklife balance is created through a strong organisational support system, which develops through organisational culture (Rife & Hall, 2015). The culture of an organisation is extremely important for everyone involved and for the success of the organisation. The culture determines the leadership styles and the roles of upper management, which affects individuals' work-life balance. The management of an organisation can determine whether or not employees take advantage of the policies which are available to them, or if employees work overtime, after hours, and on weekends.

Despite the fact that there are apparent indications of various imbalances with respect to organisational cultures and worklife balance in healthcare workers in Ghana, these indications are not well defined by evidence. In fact, no work on the subject as it relates to the Tema General Hospital has been sighted. In order to effectively fight any problem of this imbalances, the nature of organisational culture within the organisation and its influence on worklife balance must be taken into consideration. This study, therefore, seeks to examine the influence of

organisational culture on worklife balance among healthcare professionals at the Tema General Hospital.

Statement of the Problem

Experienced employees have displayed reduced levels of stress by developing coping mechanisms or better work and home strategies (Hedden, 2005). Beginning health sector employees, on the other hand, are at an increased risk for attrition than their more experienced counterparts (McClain, 2005; Hancock, 2008; Thomas & Kiley, 1994 in Wolf, 2002), leaving the health sector before they develop proper culture or coping mechanisms to deal with the heavy workload and stress involved in the healthcare sector. Without an increase in planning time to address the excessive time demands of health-related issues, improving on the nature of organisational culture may be the next best strategy for increasing job satisfaction, improving instructional quality, reducing stress, and increasing retention in the field. Effective organisational culture and cutting back on overtime or excessive working hours have been suggested for all employees as a means to cope with job-related stress (LeRoux, 2009).

Work-life balance is an important topic in both professional business practice and academic research. Work-life balance (WLB) has become a popular research area in different fields such as sociology (e.g. Allan, Loudoun & Peetz, 2007), psychology (e.g. Greenhaus, 2008; Frone, 2000), human resource management (e.g. Grady, McCarthy, Darcy & Kirrane, 2008; McDonald, Pini & Bradley, 2007), organization studies (e.g. Kelly, Kossek, Hammer, Durham, Bray, Chermack, Murphy & Kaskubar, 2008), and gender studies (e.g. Sullivan &

Smithson, 2007; Hill, 2005; Sullivan & Lewis, 2001). The majority of research on the correlation between work and family life refers to WLB and organisation policies, WLB and organisation culture, WLB and HR management, WLB and work commitment, WLB and absenteeism, WLB and gender equality, WLB and family life, and many more (Casper, Eby, Bordeaux, Lockwood & Lambert, 2007).

There are a number of studies examining WLB and workers wellbeing. These studies however looked at the lump organisational culture and its influence on some work life balance policies neglecting the fact that, organisational culture had four dimensions mainly, clan, hierarchical, adhocracy and market cultures (Sullivan & Lewis, 2001). However, it ignores other important aspects such as the dimension of organisational culture and the work life balance policy to adopt in order to improve on the livelihood of the employee and the family. It is expedient to know which dimension of organisational culture influences what and the extent to which it affects the various work life balance policies in the healthcare sector. This study therefore considers the dimensions of organisational culture (i.e. clan, hierarchical, adhocracy and market culture) and how it influences worklife balance policies (flexible working arrangements, leave arrangements, dependent care assistance and wellness and personal development) of healthcare professionals of Tema General Hospital in Tema, Ghana.

Purpose of the Study

This study aimed at analysing the influence of organisational culture on the work life balance of healthcare professionals of Tema General Hospital in Tema, Ghana.

Research Objectives

The objectives of the study are to investigate the influence of organizational culture on work life balance. As such, organizational culture shall be measured using clan, adhocracy, hierarchical and market cultures. Also, work life balance will be measured using flexible working arrangement, leave arrangements, dependent care assistant and wellness and personal development.

1. investigate the influence of organisational culture on flexible working arrangement
2. examine the influence of organisational culture on leave arrangement.
3. assess the influence of organisational culture on dependent care assistant.
4. determine the influence of organisational culture on wellness and personal development.

Research Questions

1. What is the impact of organisational culture on flexible working arrangement?
2. What is the influence of organisational culture on leave arrangement?
3. What is the impact of organisational culture on dependent care assistant?
4. To what extent does organisational culture influence wellness and personal development?

Research Hypotheses

Hypotheses were formulated as follows based on the objectives of the study:

H1: there is a significant relationship between clan culture and flexible working arrangement.

H2: there is a significant relationship between adhocracy culture and flexible working arrangement.

H3: there is a significant relationship between hierarchical culture and flexible working arrangement.

H4: there is a significant relationship between market culture and flexible working arrangement.

H5: there is a significant relationship between clan culture and leave arrangement.

H6: there is a significant relationship between adhocracy culture and leave arrangement.

H7: there is a significant relationship between hierarchical culture and leave arrangement.

H8: there is a significant relationship between market culture and leave arrangement.

H9: there is a significant relationship between clan culture and dependent care assistant.

H10: there is a significant relationship between adhocracy culture and dependent care assistant.

H11: there is a significant relationship between hierarchical culture and dependent care assistant.

H12: there is a significant relationship between market culture and dependent care assistant.

H13: there is a significant relationship between clan culture and wellness and personal development.

H14: there is a significant relationship between adhocracy culture and wellness and personal development.

H15: there is a significant relationship between hierarchical culture and wellness and personal development.

H16: there is a significant relationship between market culture and wellness and personal development.

Significance of the Study

The study has extensively thrown light on organisational culture as an effective mechanism to implementing a balance with employee work life. Despite the enormous organisational culture strategies that have been suggested by researchers, but yet still fails to mitigate the problems of work imbalances. This study therefore would be an advantage to several streams of individuals and organisations who are affected with challenges notwithstanding adapting to various organisational culture dimensions especially at the Tema General Hospital.

The importance of the study is indicated in solving the problem of cultural diversities at the Tema General Hospital by clarifying the importance of organisational culture while implementing the strategies to help improve the work life balance of their employees and the latest strategies provided by experts. In addition, to highlight the reality of organisational culture dimensions and the most cases concerned with work life balance. The study provides assistance to the officials in the Tema General Hospital and other sectors to develop their interest in organisational culture dimensions and its influence on work life balance especially within the healthcare sectors.

Furthermore, this study is a tool for academics and researchers in this field and an important reference for all who wish to use it to improve their organisational culture dimensions efficiently and effectively in relation to implementing the work life balance and the right organisational culture dimension.

Delimitations of the Study

The study covered the influence of organisational culture on the work life balance of healthcare professionals of Tema General Hospital in Tema, Ghana. The study specifically focuses on examining the organisational culture dimensions among the healthcare professionals at the Tema General Hospital and work life balance. In terms of content, there is countless number of issues that could have been looked at in terms of work life balance policies and organisational culture dimensions. However, this study delimited itself to how organisational culture dimensions and worklife balance policies contribute to the development of healthcare professionals at the Tema General Hospital in Ghana by way of instigating into the concept of organisational culture, dimensions of organisational culture, concept of worklife balance, worklife balance policies and how to mitigate work life imbalances.

Limitations to the Study

This research encountered several problems especially gathering appropriate data for the analysis. Generally, apathy was the major problem since some of the respondents failed to answer the questionnaire. The respondents might not have disclosed their actual opinions on certain issues related to the hospital which could be confidential in nature. Therefore, bias in their responses was

possible. Also, this study researched the influence of organisational culture on work life balance of healthcare professionals at the Tema General Hospital with the views from sampled respondents, which is a small representation of all the employees in the healthcare sector. This may limit the inferences that can be drawn from this study as their views may not be applied to all the employees in the healthcare hospitals in Ghana.

Finally, with hindsight, a mixed method (that is, both qualitative and quantitative methods) could have been adopted with interviews conducted, which would have provided an in-depth understanding of issues. Besides, using the qualitative method would have added to the weight of materials relating to organisational culture and work life balance. Although this would have proved extremely time consuming, an interview with the others in higher positions, like the senior employees, would also have been useful. This would have helped to understand the rationale behind the elements of organisational culture and work life balance and know the links between these elements and employees' performance and how they could be improved.

Organisation of the Study

The study was made up of five chapters. Chapter one looked at the background of the study, statement of the problem, research objectives, research questions and significance of the study, limitations, scope of the study and organisation of the study. Chapter two reviewed the literature available on organisational culture and work life balance. It investigated organisational culture dimensions and their influence on work life balance policies using literature from

books and other studies relating to the topic. Chapter three described the methodology that would be used in the study: this included the population size, sample size and sampling techniques as well as methods of data collection and data analysis. Chapter four presented the data analysis and the findings based on research objectives. Chapter five provided an interpretation of the results based on the findings and provided recommendations for further studies to be conducted.

Chapter Summary

This chapter has introduced the background of the study to which formed the basis of the constructs of the study. Organisations in their quest to survive the competitive nature in today's business must increase their activities towards success by ensuring that their employees are of the right standing, through a strong organisational culture. Organisations must therefore cultivate culture and pass it on to new staff. As such, the problem was developed to reveal the pressing issues underpinning the study. Moreover, the issues regarding the limitations encountered were outlined as such and the ways through which they were overcome to aid in the success of the study.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The theoretical, conceptual, and empirical literature review for the study on organisational culture and work-life balance was covered in Chapter 2. The four typologies of organisational culture (Clan, Adhocracy, Market, and Hierarchy) were discussed, as well as the notion of organisational culture and its degrees. The relevance of organisational culture as well as the determinants of organisational culture were investigated. Work-life balance was investigated, as well as work-life balance policies (flexible work arrangements, leave arrangements, dependent care support, and wellness and personal development). Finally, in this chapter, researchers examined prior studies on the subject and developed a conceptual framework to assist the research.

Theory Underpinning the Study

The Job Demands-Resources (JD-R) Model

The JD-R model (Schermerhorn, 2016; Demerouti et al., 2001) is based on the idea that, while each occupation has its own unique work characteristics linked with job stress or burnout, these qualities can nevertheless be modeled in two broad categories: job demands and job resources. Job demands are those parts of a job that involve continuous physical and/or psychological (cognitive and emotional) effort and, as a result, are linked with physiological and/or psychological expenses. High job pressure, role overload, emotional expectations, and bad working circumstances are all examples.

Job resources are those characteristics of a job that are (1) useful in accomplishing work goals; (2) minimize job demands and related physiological and psychological costs; or (3) encourage personal growth and development. Resources can be found at the organisational level (e.g., salary, career opportunities, job security), interpersonal and social relations (e.g., supervisor and coworker support, team climate), work organization (e.g., role clarity, participation in decision making), and task level (e.g., role clarity, participation in decision making) (e.g., performance feedback, skill variety, task significance, task identity, autonomy). In general, job demands and resources are adversely linked, because job demands such as high work pressure and emotionally taxing client contacts may prevent job resources from being mobilized (Schermerhorn, 2016). High job resources, such as social support and feedback, may also help to lessen job demands.

Working qualities may elicit two psychologically distinct processes, according to a second premise in the JD-R model. Demanding elements of work (i.e., work overload) lead to continual overwork and, in the long term, weariness in the initial step (Houtman, Bongers, Smulders & Kompier, 1994; Rollinson, 2015; White; 2012). This means that if people grow fatigued as a result of environmental demands, they will be unable to function adequately since their energetic resources would be depleted.

In the JD-R model's second step, a shortage of job resources prevents real goal achievement, resulting in failure and frustration (Schermerhorn, 2016). When employees have resources (such as coworker assistance or the opportunity to manage one's own work), they usually go above and beyond to achieve their

objectives (Fox & Bartholomae, 2000). When organizations do not offer or reward workers with job resources, the long-term result is disengagement from work, diminished motivation, and commitment (Schermerhorn, 2016), removing one of the key mechanisms by which the organization supports extra-role performance. (Fox & Bartholomae, 2000).

Conceptual Review

The concept of organisational culture

Employees need a healthy work environment and a good work-life balance, therefore organisational culture is crucial. The founder of an organization determines its culture; nevertheless, as the organization expands, subcultures emerge, and supervisors shift, the culture will evolve. Because culture evolves through time, it is critical to assess and adjust their culture in order to build a better company. To modify an organization's culture, it must first be thoroughly evaluated. Organisational culture may be assessed in a variety of ways. When assessing an organization's culture, Schein (2010) utilized a modernist method, examining it on three levels: artifacts, proclaimed ideas and ideals, and the basic underlying assumptions. An organization may determine what others think of the workplace, what the general values are, and what the workers think of the workplace using these three levels of analyzing culture (Schneider et al., 2013). An organization's entire culture may be assessed using these three levels of culture, and adjustments can be made depending on these levels. Those whose main beliefs, values, assumptions, and artifacts are purely success driven, increasing profit, and producing results are generally more supportive of a strong work-life balance than

those whose main beliefs, values, assumptions, and artifacts are purely success driven, increasing profit, and producing results.

In addition to evaluating artifacts, professed beliefs and values, and fundamental underlying assumptions, four leadership styles may be utilized to assess culture. Hierarchy, market, clan, and adhocracy are examples of diverse leadership cultures. These leadership styles make up the competing values framework, which aids in determining the sort of leadership style that impacts an organization's overall culture (Cameron & Quinn, 2006). A leader who emphasizes a regulated work environment with rules, specialized tasks, and centralized decisions leads the hierarchical culture. In general, several layers and levels of management and leadership strive to establish formal norms and regulations, as well as long-term organisational goals of stability. The hierarchical leadership style is controlling, with the leader serving as a coordinator, monitor, and organizer in most cases. In a hierarchical leadership style, the basic notion of effectiveness is to have control and be efficient (Schneider et al., 2013).

A market culture is the next sort of leadership style. This is an aspirational culture, with continual rivalry and a desire to develop a product. In general, this leadership style is goal-oriented, with profit as the primary objective (Fox & Bartholomae, 2000). The external environment, rather than the internal personnel, drives the company in this culture. Leaders are typically harsh and have high expectations of their staff, as well as being hard-drivers and competitive. Employees are actively attempting to provide the finest product and please their management, thus reputation and success are two of the most essential values.

The clan culture fosters a spirit of cooperation. Leaders are typically facilitators, team builders, and mentors who provide assistance as needed. These companies are more family-oriented, with a strong emphasis on collaboration (Cameron & Quinn, 2006). Employees usually have a lot in common, and executives are viewed as father figures or mentors. Clan cultures are generally bound together through loyalty and tradition, as well as an emphasis on collaboration and awarding as a group (Fox & Bartholomae, 2000). In general, a clan culture is one that thinks that human growth and involvement will lead to the most successful and effective groups.

Finally, the adhocracy culture is one that encourages people to be creative and inventive in the workplace. Leaders are often inventors, entrepreneurs, and visionaries (Cameron & Quinn, 2006). New resources are created via the application of creativity and adaptability. Adhocracy cultures, in general, do not utilize organisational charts since they must continuously change and adapt to new possibilities as they occur. Because projects are always changing, workers are allocated and reassigned as project leaders based on the project's needs and the employees' competence (Dasanayaka & Mahakalanda, 2008). Overall, leaders are risk takers and innovators who support personal initiative, independence, and creativity.

Characteristics of organisational culture

According to Dasanayaka and Mahakalanda (2008), maximizing employees' values is a rational asset that necessitates a culture that encourages local involvement in both individual and organisational learning, new knowledge

development, and willingness to share with others. According to Schien (1992), organisational culture and its features are far more significant today than they were in the past.

Shared assumptions

Shared assumptions are frequently unchallenged and taken for granted (Schein, 1992). Individuals take for granted but consider to be true widely held, intrinsic, distinctive, and deeply entrenched beliefs that govern their thoughts, attitudes, and emotions about things and how those things operate (Brown, 1995; Parker & Bradley, 2000; Hellriegel et al., 2004; Martin, 2005). Workers find, intend, or build common assumptions via experience, according to Smith (2003), and these shared assumptions are viewed as valid by future employees because they think they have been effective in the past. Schein's (1992) concept of corporate culture is supported by Smith's reasoning. Corporate culture can emerge either unintentionally or deliberately, as seen by the talks on common assumptions. It evolves when companies learn to cope with risks and opportunities, as well as strengths and weaknesses, in their internal and external contexts throughout the course of their operations. This demonstrates that the strength of a culture is determined by the methods for learning and the degree to which individuals share the same underlying assumptions.

Shared values

In their study, Deal and Kenndy (1982) found that values are at the center of institutional culture. Shared values, according to Sathe (1983), improve organisational identification and connection. Hofstede (1999) went on to say that

cultural values are individuals' wide-ranging preferences for some states of affairs over others, and that these cultural values are about what is clean and unclean, logical and irrational, moral and immoral, good and evil.

Furthermore, Hellriegel and Slocum (2007) claimed that cultural values change from one organization to the next. Some company cultures place a high value on technology, innovation, and employee well-being, while others place a higher value on profits. For example, according to a research by Tellis, Prabhu, and Chandy (2009), Apple is the most admired business because of its value-driven leadership. They pointed out that late Steve Jobs, Apple's then-CEO, instilled and reinforced ideals like innovation and excellence in the company's operations. He led by example, as seen by the company's employees' dedication.

Shared socialization and norms

In a research, Hiellriegal et al. (2004) defined socialization as the systematic process through which new members of a company are introduced to its culture. Norms, on the other hand, are typical patterns of behavior among group members that form a part of the organization's culture and are shared by all employees (Martin, 2005). As a result, inside an organization, norms are viewed as standards, proper attitudes, and behaviors. At UCC, for example, cheating in the test room or receiving unlawful help in the exam is against the institution's policy. Orientation and matriculation rituals expose staff and students to the institution's cultural standards, which they must observe in order to be accepted.

Shared symbols, language, narratives and practices

Greenberg and Baron (2003) define a symbol as an item that may be utilized to convey an underlying meaning independent of its environment. As a result, organizations frequently rely on symbols as the most fundamental and visible means of conveying their culture. Symbols are thus depicted through words and actions that get their meaning from social interaction (Hofstede, 1994).

According to Hellriegel et al. (2004), language is a common system of vocal sounds, textual signs, and gestures that workers utilize to express specific meanings. Language also refers to the university's communication channels, which include the University Bulletin, which is published monthly, the university gazette, which is published quarterly, and the university calendar, which is published annually, all of which contain information deemed appropriate for notification to all university members. They also function as official communication organs, containing narratives, values, and other information.

In addition, narratives are based on the organization's history and focus on a single, cohesive event. Individuals create stories to help others comprehend circumstances and occurrences, as well as to demonstrate expertise and insight into how the organization operates (Brown, 1995). Brown went on to say that narratives are significant markers of cultural values and beliefs, official and informal norms and processes, the penalties of breaking the rules, and social categories and status.

Taboos, rights, and ceremonies are examples of shared practices. Taboos are prohibited behaviors inside an organization. Rites and ceremonies are complex, formal activities meant to elicit strong emotions from employees, such as formal prize-giving gatherings for employees who have met high service standards

(Hellriegel et al., 2004). Rights and ceremonies such as matriculation, congregation, granting of special honorary degrees, investiture, anniversary celebrations, and send-off parties for retirees are examples of shared customs at the hospital. In summary, according to Martins and Terblanche (2003), organisational culture interacts with these aspects in order to accomplish organisational objectives, organisational image, management and leadership styles, and inter-relationships in the company.

According to Van der Steen's (2010) empirical study on the origins of shared views and corporate culture, companies have an intrinsic propensity to establish homogeneity in terms of common beliefs and values. The research went on to say that this uniformity is created by two methods. To begin with, individuals want to collaborate with those who share their ideas, since others will make the best judgments. Second, employees who work for the same company share their experiences, which leads to similar beliefs. The significance of these findings stems in part from the fact that shared ideas and values are seen as a critical component of corporate culture. In other words, an organization's culture, which is made up of values, assumptions, and external influences, defines the tactics, structures, and processes that are required to survive in a particular industry (Mahrokian et al., 2010). This remark is in line with Martins and Teblanche's (2003) point of view. It's vital to identify the environment in which an organization's culture arises in addition to defining the aspects of organisational culture.

Organisational climate

In other words, an organization's culture, which is comprised of values, assumptions, and external influences, determines the strategies, structures, and procedures necessary to succeed in a certain industry (Mahrokian et al., 2010). This statement is consistent with Martins and Teblance's (2003) viewpoint. In addition to identifying the characteristics of corporate culture, it's critical to define the context in which they emerge.

Climate versus culture

Since the widespread development of organisational culture in the 1980s, there have been several disputes over the theoretical ambiguity surrounding climate and culture studies in the workplace. According to some experts, culture appears to be more than a synonym for climate (Moran & Volkwein, 1992; schneider, 1985). Others believe that the two ideas are substantively comparable, with only methodological variations (Denison, 1984; Hofstede et al. 1990).

Types of organisational culture

For the study, the competitive values framework (CVF) was used. This is due to the fact that it views higher educational institutions as communities with varying levels of clan, adhocracy, market, and hierarchical culture (Lunenburg, 2011).

The Clan Culture

Clan culture is characterized as a family-type within the company that encourages collaboration and involvement in group operations (Beytekn, Yalçinkaya, Doan, & Karakoç, 2010). Managers in a clan culture are team builders,

development facilitators, and mentors. According to Rashaq, Adaramaja, and Kayode (2016), the clan culture paradigm spawns a strong emotional commitment to organisational standards. Clan culture's primary assumptions are that pleased and dedicated employees are the basis of organisational performance, therefore team management within the clan culture seeks to foster effective and seamless collaboration in order to produce positive outcomes.

A space for clan culture, according to Cameron and Quinn (2006), offers an encouraging and inviting climate in organizations. Furthermore, every firm has mechanisms in place to promote harmony among employees, employees and management, employees and the business, and lastly, the company and its customers. The clan culture is built on the Competitive Value Framework's internal and integrative paradigm. Working as a team, employee full participation in corporate activities, employee capacity development, and human environment are all characteristics of clan culture. According to Cameron and Quinn (2006), the clan culture is a pathway to employee engagement, involvement, and trust, all of which contribute to the organization's success. Elton Mayo's school of thinking, which is founded on management ideas, is reflected in the clan culture. According to Olum's (2004) assessment of management theories, creating informal communities, a good working environment, employee involvement, and teamwork are all linked to higher productivity.

Communication is vital in this culture, according to Albayrak & Albayrak (2014). Clan culture is built on a family system in which parents and employees are considered as children. Instability in the community is caused by a family's lack of

efficient communication. Good communication in the workplace contributes to employer and employee happiness because it helps managers to convey their vision to employees, resolve internal conflicts, and discuss employee problems. Clan and market culture ideals are virtually same, but the beneficiary is different since the clan connection concentrates on workers while the market culture focuses on consumers.

Adhocracy Culture

Adhocracy culture is a type of organisational culture that allows individuals to grow as long as their growth is in line with the organization's aims. In an adhocracy culture, authority tends to move from task to task team, individual to individual, depending on the problem that is being handled at the moment, according to Beytekn, Yalçinkaya, Doan, and Karakoç (2010).

Because the core term is ad hoc, Cameron and Quinn (2006) claimed that this culture may be interpreted to imply the temporal method a thing functions. The business environment necessitates the market's flexibility and informality. For example, the construction industry has evolved from a technology to a corporate sector throughout the years. This may be accomplished by attending construction universities across the world. Business and legal studies were formerly used as part of training approaches.

According to Worrall (2012), this culture is the cornerstone of organisational change because of its ability to adapt to the external world. This does not imply that the firm would make any additional sacrifices in order to get a competitive advantage. According to Cameron et al. (2006), the effectiveness of

adhocracy is demonstrated in the demand for innovation in organizations. Because business management methods and other environmental notions pervade the sector, it should simply be referred to as a construction firm.

Market Culture

Market culture, according to Beytekn et al., (2010), is a form of culture that emphasizes the efficacy of goal-achieving, and its major concern is with the outside community, which includes regulators, unions, contractors, licensees, suppliers, and customers. A market, according to Beytekn et al., (2010), emphasizes meritocracy, outcomes, effort and goal achievement, and doing things well. Managers in a market culture establish high expectations, so rivalry is sparked and members are bonded by a desire to succeed. In their study, Pushnykh and Chemeris (2006) argue that success is measured by increased productivity, the capacity to fulfill consumers' expectations, high productivity, and a significant rise in market share.

This culture's market does not necessitate the notion of a registered market in our minds. The organization's guiding philosophy is to maximize benefit while lowering manufacturing costs. In other words, it is set up to work effectively in a business. In this age of aggressive industry, a company's capacity to flourish in industry on a long-term basis determines its success. Albayrak & Albayrak (2014) reaffirmed that, because the company is focused on its competitive product, the primary focus should be on customers. Corporations may struggle to achieve their strategic goals if they don't have clients, and commercial competition may increase.

The Organization's dedication to its clients is the foundation of the company's business culture and competitiveness.

Hierarchical culture

A hierarchical culture, according to Schein (2011), is an organisational paradigm based on clearly defined corporate levels and hierarchies. The significance of the things is ranked here. In a hierarchical culture, duties and functions are harmonized in a generally stable setting. Because operations are organized, employees can maintain consistency in their goods and services, and they have more control. When the task to be done is well recognized and time is not considered as a key aspect, hierarchical cultures perform best (Beytekn et al., 2010). There is a well-defined, formal, and organized work environment marked by adherence to correctness, order, bureaucracy, authority, efficiency, and doing things correctly.

When the concept of hierarchy is applied to an organization, it becomes the focus of rigid structure perception. Owners, senior managers, middle level managers, and pure employees are the different types of personnel in an organization. This categorization automates the formation of power in an organization in order to track WHAT, WHEN, and HOW to accomplish the organization's objectives. These systems, according to Cameron and Quinn (2006), increase dependability, continuity, performance, and organisational predictability. When an entity's rules, reporting orders, and authority are well-defined, the process or product does not differ or differs very little from one another. This improves internal consistency and the company's ability to deliver consistent goods or

services. In addition, new hires may rapidly learn how to operate inside the company.

Each typology's level of intensity has a distinct influence on employee commitment (Pushnykh & Chemeris, 2006). The OCAI is built on the foundation of these four forms of culture. This instrument has been proven to reliably predict organisational success in over a thousand businesses. It consists of six questions, each with four possible responses that correlate to the four civilizations described above. Based on the four major cultural types, the OCAI assists the organization in determining its prevailing orientation.

Multiple cultures

When we talk about organisational culture, we often presume that it is a unitary or monolithic culture that penetrates the whole company. We have defined culture as a system of 'shared meanings,' therefore such a premise is unsustainable. Then, it's very conceivable that various units within an organization create subcultures that are either neutral or even antagonistic to the dominant culture (Martin & Siehl, 1983).

In most organizations, Lawrence and Lorsch (1967) discovered diverse subcultures within various activities such as engineering, marketing, R&D, and production. In a study of two hospital radiology departments, Barley ('83) discovered subcultures among the computer-trained technicians and sonographers. In their research of a community mental health center, Schwartzman et al. (1988) identified two cultures: one of the community Board members, who are responsible for administration, and another of the paraprofessional staff, who are responsible

for treating clients. In an insurance firm, Smircic (1983) discovered two distinct subcultures: a 'inside' group of long-serving employees and a 'outside' group of expert employees.

However, the many subcultures that exist inside an organization do not always have a detrimental influence on the organization's assumptions. If they do undermine the fundamental assumptions on which the organization is founded, management leaders will have to have significant control over the degree of assumptions held by the organization's members.

Strong culture

Some organizations have 'strong' cultures, while others have 'weak' cultures. A strong culture is defined as one in which the same patterns of beliefs are held throughout the organization (Saffold, 1988). The basic principles of an organization's culture are widely shared and deeply held in a strong culture. The stronger the culture, the more members accept the fundamental principles and the greater their devotion to those ideals. On suitable moments, such fundamental beliefs are represented through decisions and behaviors. Two primary variables influence the degree of sharedness: "orientation" through training programs and "rewards" (Pareek, 1991).

The reward system determines the level of "intensity." When members of an organization realize that they will be rewarded for performing or acting in accordance with the organization's stated core principles, their desire to do so grows (Luthans, 1989). Also, a 'weak' culture may exist in which fundamental assumptions or beliefs are not generally held across an organization, but vary from

person to person or unit to unit (Glaser, 1983; Riley, 1983). Organization-driven assumptions, on the other hand, must be broadly held throughout the strata of an organization's members in order for it to be effective.

Work-life Balance

Because of its broad definition, scholars have defined work-life balance in a variety of ways. Early study on work-life balance as it relates to studies on women who have various responsibilities led to the diversity of definitions. The notion of work-life balance originally appeared in the 1930s, with Kellogg's being the first company to adopt it (Lockwood, 2003). In general, it is concerned with offering an inclusive range of work alternatives within the confines of companies, allowing employees to select what is best for them.

According to Yadav and Rani (2015), a balanced life is one in which effort is made to preserve equilibrium in the domains of intellect, emotion, physical, spiritual, and mental prominence. The neglect of one or more of the mentioned areas may have an impact on the overall quality. Because these life domains are seen to be interconnected, a lack of knowledge and control of any of them can lead to an imbalance in an individual's life (Shobitha & Sudarsan, 2014). Job-life balance, according to Clark (2000), is the measure by which people are proportionally busy and fulfilled in their work and family duties. Work-life balance is concerned with balancing personal aspirations or ambitions with realistic goals that do not clash with family duties (Parsons, 2002). It should not be interpreted as implying a proportionate balance or an equal amount of time for work and personal pursuits (Ranjan & Prasad, 2013). It's all about controlling work patterns to achieve

contentment at home and at work, and it allows companies to allow workers to balance work and non-work obligations and desires.

Work-life balance may also be defined as a degree of contented engagement in numerous roles in one's life; it can also be viewed as a "fit" between various life responsibilities (Dev & Manoj, 2017). Organisational policies and practices aiming at creating a complimentary link between work and life are included in work life balance efforts. The policies serve as the foundation for the practices that promote employee autonomy and flexibility. Flexi-time, compressed hours, job sharing, child care, self-rostering, and teleworking are examples of such activities. According to Lois & Greg (2017), work-life balance may be a health indicator for people and businesses. Work-life balance is a predictor of favorable organisational outcomes such as lower turnover, higher work satisfaction, lower job stress, higher morale, and higher productivity (Lockwood, 2003).

Integrating work and life is advantageous not just to workers, but also to the business, because the employee's health is safeguarded, resulting in greater production across the board (Türker, 2017). Suhendro (2018) discovered that there is a link between work-life balance and employee motivation, particularly in the public sector. Work-life balance has been described in a variety of ways by various writers, thus there is no consensus on what it means. Employers working constructively with their workers to put in place arrangements that take into account the needs of the business as well as the non-work parts of employees' life, according to Barrera (2007). This definition clearly states that both the employer and the employee share responsibilities for attaining balance. However, other writers

interpret it in such a manner that the employee bears the burden of attaining balance, for example, Kirchmeyer (2000:80) described it as “achieving gratifying experiences in all life domains, which necessitates well-distributed personal resources such as energy, time, and commitment across domains.”

“The amount to which an individual is involved in and equally satisfied with his or her job role and family role,” according to Greenhaus, Collins, and Shaw (2003:513).

The Concept of Work Life Balance

The notion of work-life balance has been around for millennia, and research in the work-family area date back to 1949. (MacDermid, 2004 as cited in Bardoel et al., 2008). The notion was mostly centered on working moms in the 1960s and early 1970s (Lewis, Gambles, & Rapoport, 2007). In the 1970s and 1980s, there was a lot of progress in the field, which helped us understand how job and family interact (Bardoel et al., 2008). In the 1980s, the conversation began to broaden to include men, organizations, and communities, and some forward-thinking businesses began introducing work-life balance efforts (Kossek, Lewis, & Hammer, 2010). Increasingly research focused on topics such as stress and burnout contributing to work-family conflict in the 80s and 90s (Lewis et al., 2007).

Throughout the 1990s and 2000s, it became widely acknowledged that the notion of work-life balance is essential to most people (Bardoel et al., 2008), but since it is such a broad issue, there is a lot of dispute. Work-life balance has grown into the topic it is today as a result of a changing society in which work has become more demanding of both sexes and leisure time has become scarce, raising demands

in both domains and producing chronic work-life imbalance (Dallimore & Mickel, 2006; Families and Work Institute, 2008b; Lewis et al., 2007). Women's employment rates have risen while men's rates have stayed steady, resulting in less time available outside of work. According to workplace data in the United States, 55 percent of employees believe they do not have enough personal time, and 65 percent believe they do not have enough time for their families (Families and Work Institute, 2008b). As a result, words like "time famine" and "time pressure" are being used to characterize the present shortage of time (Lewis et al., 2007).

For a long time, society has been moving away from the traditional male breadwinner model of work (Brough, Holt, Bauld, Biggs, & Ryan, 2008), and dual-earner households (Families and Work Institute, 2008b) have become the norm, in which both partners work and contribute to family responsibilities (Greenhouse et al. as cited in Eby, Casper, Lockwood, Bordeaux, & Brinley, 2005; Families and Work Institute, 2008b). Young women and men desire employment with the same amount of responsibility, according to the National Study of the Changing Workforce (2008b), and males contribute more to family and home duties. Younger employees are increasingly demanding more flexible working conditions and are more conscious of not overcommitting themselves and attaining work-life balance (Lingard & Francis, 2004b). The number of single parents working has also increased (Families and Work Institute, 2008b). The need for senior care has increased as the population has aged (Drucker, 2001; Patrickson and Hartmann, 1998 as cited in De Cieri, Holmes, Abbott, & Pettit, 2005).

Furthermore, increased labor intensity has raised workplace demands (McPherson & Reed, 2007). Workplace and personal demands are at an all-time high as a result of these cultural developments (Bardoel, Simon, Kosmas, & Phyllis, 1999). It's worth noting that, while much work-life research focuses on difficulties related to being overworked, work-life imbalance can also result from a lack of employment (McPherson & Reed, 2007). Everyone's ideal work-life balance is different, based on their circumstances, personality, desires, and life stage (McPherson & Reed, 2007). "The sense of effectively addressing the numerous and frequently conflicting demands of work and [non-work] tasks underpins an individual's feeling of balance" (Thorntwaite, 2004, p. 168). Work "shouldn't entirely squeeze out other things that matter to individuals, such time with family, involvement in community events, voluntary work, personal development, leisure and recreation," Work-life balance is a complex issue that may be handled on several levels (De Bruin & Dupuis, 2004).

Some feel it is a personal issue; others believe it is a duty for organizations to handle; still others believe it should be addressed and/or controlled by government; and yet more believe it requires a shift in cultural standards (Dallimore & Mickel, 2006; Kossek et al., 2010; Lewis et al., 2007).

Work Life Imbalance

The reasons, impacts, and solutions to attaining the proper work-life balance for individuals, organizations, and society are complex, interconnected, and still unknown. There has been a lot of study done on the causes and consequences of a poor work-life balance. Brough, O'Driscoll, & Kalliath (2005) proposed the

spillover hypothesis, which states that a person's sentiments and experiences in one area of life flow over into, or impact, other areas of life. Work-family or work-life conflict is a study of negative spillover from work to non-work life. Work-family or work-life facilitation, on the other hand, is concerned with positive spillover between the two, a subject that has received far less investigation.

Work-life (or work-family) conflict is characterized as "a type of inner role conflict in which the role constraints from work and other life domains... are mutually incompatible in certain respects, and engagement in one role is made more difficult by participation in the other" (Greenhaus & Beutell, 1985 as cited in De Cieri et al., 2005). Work-life conflict may spread in both directions, according to new studies on both work-to-family and work-to-family conflict (Eby et al., 2005). High-pressure work, inflexible and unpredictable work schedules, weekend work, self-employment, disproportionate rewards at work, abusive supervision, long working hours, and highly demanding work are all linked to an increase in work-to-family conflict (work having a negative impact on life outside of work) (Eby et al., 2005).

These issues can also lead to burnout, which is defined as "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment" (Eby et al., 2005), which is defined as "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment" (Eby et al., 2005). (Maslach et al. 2001 as cited in Lingard, Yip, Rowlinson, & Kvan, 2007, p. 345). When looking at work-life conflict from the opposite side, research reveals that family-to-work conflict is caused by family stresses and obligations such as having

dependents, relational issues, high family demands, and a lack of family support (Eby et al., 2005).

Work-life conflict has far-reaching consequences for individuals, organizations, and communities. Work-life conflict has been related to mental and physical health issues such as anxiety, sadness, low life satisfaction, drug misuse, hypertension, and excessive stress levels (Brough et al., 2005; Eby et al., 2005). Work-life conflict has also been linked to lower work and family life quality, as well as burnout (Eby et al., 2005). Work-life conflict has been related to lower job and career satisfaction, higher desire to resign or search for a new job, and poor job performance at the organisational level (Eby et al., 2005). Working long hours has significant societal consequences.

Employees in the construction sector, for example, who work long hours and weekends report marital troubles, as well as a lack of relaxation, social life, and time for their children (Townsend, Bailey, Brown, Bradley, & Lingard, 2006a). A lack of work-life balance is linked to a drop in social and community participation (Brough et al., 2008). Because of the wide-ranging impacts of work-life imbalance, it is suggested that the problem be addressed not just on an individual level, but also at an organisational and social level in order to achieve the required transitions toward more sustainable employment practices (Brough et al., 2008). Governments, businesses, and people may all play a role in helping employees achieve a better work-life balance.

Certain workplace characteristics, such as a supportive organisational culture, work-life balance initiatives, supportive supervisors, supervisors with

similar work-life structures, a sense of community and control at work, flexibility, and career advancement opportunities, have all been linked to reduced work-life conflict, according to research (Eby et al., 2005).

Work Life Balance Policies

Work intensification, an increase in women working, dual earner and single parent families, men taking on more responsibilities at home, and an increase in elderly care demands due to an ageing population (Drucker, 2001; Patrickson & Hartmann, 1998 as cited in De Cieri et al., 2005) combined with fewer non-working hours means employees across the board need and expect more flextime (Kossek et al., 2010). “Across decades, lifestyles, and family configurations, more people desire to work in new ways” (Kossek et al., 2010, p. 8). Employers have begun to develop work-life balance programs in response.

Companies may provide work-life balance programs as a perk to assist employees achieve a better work-life balance. Work-life balance efforts are also known as work-life benefits, work-life policies, strategies, programs, and practices (De Bruin & Dupuis, 2004). (De Cieri et al., 2005). All work-life balance programs should “ideally be founded on rationales of mutually benefitting the well-being and effectiveness of employers, as well as workers on and off the workplace, including their families,” according to the report (Kossek et al., 2010, p. 4). Work-life balance efforts may be divided into several categories. Work-life balance is divided into four areas by Frone (2003, as referenced in Smith & Gardner, 2007): flexible work arrangements, leave arrangements, dependent care support, and general services.

Flexible Work Arrangements

The notion of flexible arrangement can be interpreted in a variety of ways. Flexible work arrangements are defined in this thesis as the sort of flexibility that an employee has in terms of deciding where, when, and how to accomplish their job duties. In this thesis, the sort of flexibility I'm referring to with flexible work arrangements is flexibility in favor of the employee, not necessarily the employer's flexibility in making decisions about the employee. In this view, flexible work arrangements are for and mainly about the employees' capacity to exert control over their job duties, including where, when, and how they are completed. The notion of flexible work arrangements is lauded in today's workplaces, yet it may come with certain hazards, since it has been suggested that it might harm an individual's well-being (Allvin et. al, 2006).

A countrywide research in Sweden, Arbetsmiljöverket (2007), showed that workers with less decision-making authority were more likely to be unwell for lengthy periods of time (Theorell, 2007). The study conducted by Arbetsmiljöverket concluded that a lack of task control and decision-making power increases the risk of physical and psychological disease (Theorell, 2007). However, the findings of other research are contradictory. When the demands are severe or dispersed, the ability to exert control over your work may be a stressor rather than a coping technique (Allvin et. al, 2006).

Despite its flaws, such as the possibility of flexible work arrangements exacerbating stress, flexible work life is praised in modern organizations, and as a result, I find it interesting to investigate the relationship between flexible work

arrangements and stress, and see if there is a true correlation between flexible work arrangements and stress. If a correlation is found, I'll look into whether it's positive or negative. The implications of deregulating employee control might not be entirely good.

The risk is that deregulation will replace management's prior rigorous supervision with a lack of support, resulting in increased levels of stress for employees (Allvin et. al., 2006; Isaksson & Bellaagh 1999). Flexible work arrangements may make it more difficult for employees to manage their work schedules in an ideal way, ensuring that they do not have an excessive burden. One possible effect of having a high workload is that employees' well-being may suffer much more than it would if work arrangements were managed and constrained by management (Allvin et. al 2006). The need for more flexible work arrangements is a result of societal developments such as globalisation, increasing corporate competitiveness, and advancements in information technology. As a result of these developments, society has become relatively limitless (Chandra, 2012).

The borders between work and private life have dissolved, which is one way in which society is moving toward being increasingly limitless. This expands an individual's ability to operate from a distance, or off-site, such as working from home. This new, limitless style of working is marked by a more personalized approach to work arrangements (Allvin et. al 2006). This indicates that the individual's ability to exert control over their own work environment and change the work arrangement grows. It also implies that the person has a greater degree of

personal responsibility for the planning and execution of job duties (Allvin et. al 2006).

The impact of flexible work arrangements on employee happiness is a bit hazy. Some research have discovered a link between flexible work arrangements and happiness (e.g., Anderson et al., 2002). However, this isn't true in every study. Epstein & Kalleberg (2004) found a negative link between flexible work arrangements and employee well-being, even though their study did not focus on stress levels specifically. The reason I wanted to investigate the link between flexible work arrangements and stress levels is that modern organizations today appear to share a common interest in flexible work arrangements, as evidenced by the fact that demand for flexible work arrangements is constantly increasing, and another reason is that it is generally considered positive for both employers and employees to adapt a flexible work arrangement (Theorell, 2003). Employee well-being is also something I'd like to research, which is why I'm interested in seeing if there's a link between stress levels and flexible work arrangements.

Leave Arrangements

Leave refers to the amount of hours or days that employees of a company are allowed to be away from work without facing any consequences. The company pays for this time, and employees are free to use it for whatever reason they like. It allows employees to relieve job-related stress and strike a balance between work and non-work activities. This type of work-life balance enables employees to complete extracurricular activities such as continuing education, attending to personal companies, and attending to poor health. This helps to develop a symbiotic

relationship between work and non-work pursuits. This policy available to employees exist in different forms.

After a term of qualifying service or employment with a particular firm, entitled leave for workers' relaxation might be compensated (Obiageli, Uzochukwu, & Ngozi, 2015). Employees can move away from work-related stress and focus on personal interests while on yearly leave. This enables individuals to fulfill their basic requirements and, as a result, achieve a sense of equilibrium. Parental leave is a legal authorization provided to employees who provide child care. Working women are entitled to twelve weeks of maternity leave (LFS, 2015), although the benefits are often more generous, with maternity leave being completely compensated. This eliminates the need for nursing moms to work while caring for their newborn. As a result, it assists them in finding a balance with their present life focus, which is caring for the new born. Sick leave is time off from work to deal with health issues while still being paid. Staff can take study leave if they are enrolled in an approved course. Carer's leave allows an employee to respond to the needs of a sick or injured immediate family member or to assist in a family crisis. This is deducted from the balance of an employee's personal leave.

Dependent Care Assistance

These are provisions made accessible to employees in order for them to properly care for others who rely on them. This differs from leave arrangements in that it is designed to meet the requirements of dependents and is not restricted to leave policies. Child care arrangements in which caretakers are allowed flexible time even after parental leave are examples of this. In the university setting,

employees are granted half a day following their maternal leave to allow them to properly care for their children. Employees can also take advantage of paid family and medical leave, which is defined as a formally sanctioned leave of absence from work to care for dependents or personal health concerns (Olumuyiwa, Akinrole & Oludayo, 2015). Some institutions also provide creche services to its employees, allowing mothers to leave their children in their care while they attend to them on a regular basis.

Wellness and Personal Development

These are services that help workers achieve a better work-life balance. Employee Assistance Activities (EAP), recreational programs, discounted gym membership, reimbursing seminar and conference costs, free health care, and other benefits are available. Employee Assistance Programs (EAPs) are a type of employee benefit that assists employees with personal and work-related issues that may have an impact on their job performance, health, and mental well-being. They are provided to assist employee well-being in the workplace and in their personal lives, as well as to improve work-life balance. These include seminars on time management, how to handle work imbalance, and how to efficiently manage workload, among other topics. Also, recreational programs are also provided to enhance work life balance such as fun games, end of year dinners, socialization trips and many more.

Conceptual Framework

This framework has been taken from the theoretical principles of the research in which the study seeks to communicate to literature. The influence of organisational culture and work life balance has been illustrated below.

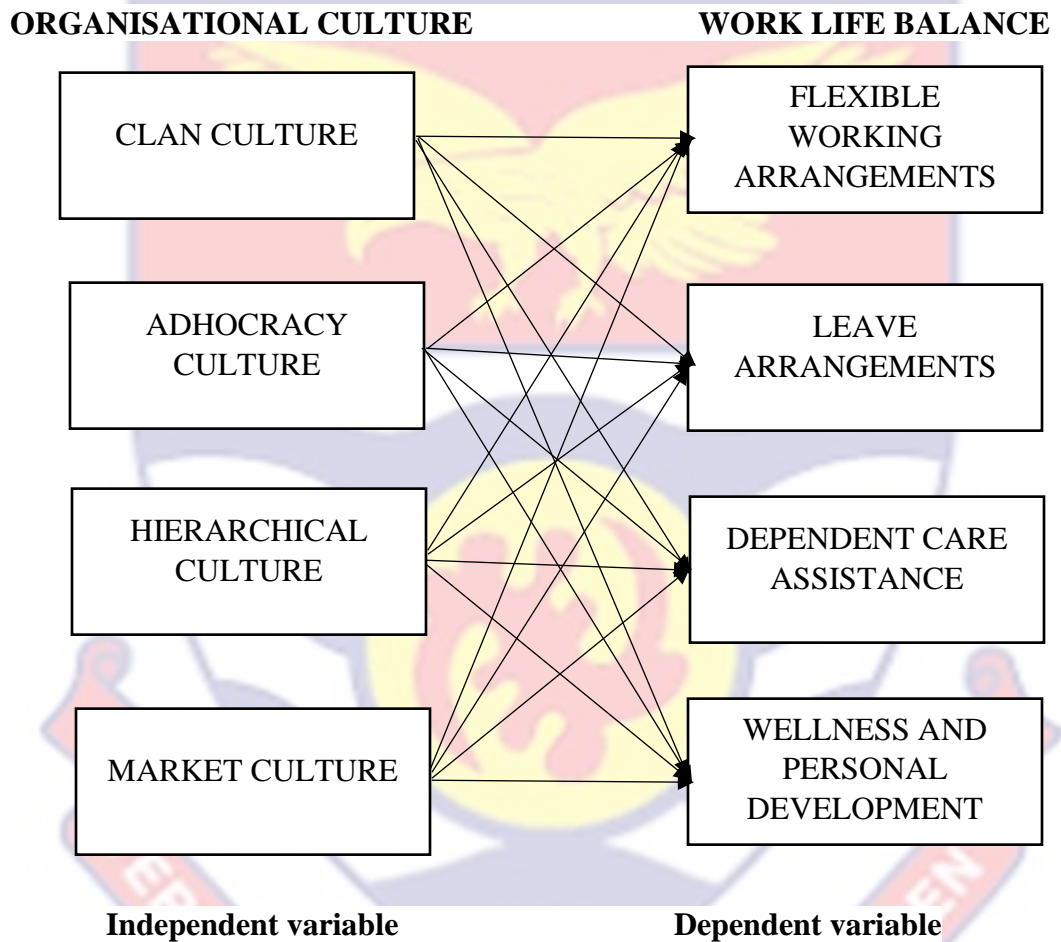


Figure 1: Conceptual Framework

Source: Author’s Construct, (2021)

Chapter Summary

This chapter has reviewed the literature based on the objectives and research questions. This literature was reviewed under the following sub-headings. The first section explored the theoretical models underpinning the study and these theories

included: Maslow theory and Alderfer ERG theory. The second section also examined concepts such as Organisational culture; Organisational culture dimensions; concept of Work life balance as well as the work life balance policies. Finally, the last section focused on empirical literature of the relationship between time management behaviours and work life balance with a conceptual framework within the context and scope of the study also discussed.



CHAPTER THREE

RESEARCH METHODS

Introduction

The objective of this study was to assess the influence of organisational culture on work life balance among healthcare professionals at the Tema General Hospital. This chapter discusses the research methods including research design, study area, population, sampling procedure, data collection instruments and procedures, and data processing and analysis.

Research Approach

Sekaran and Bougie (2016) postulated that, the epistemological underpinning of a quantitative motif holds that there exist definable and quantifiable social facts. The study therefore employed the quantitative research approach based on the nature of the study purpose under consideration, specific objectives, hypotheses and the nature of the primary data to be collected and analysed. Creswell (2014) asserted that quantitative approach deals with explaining phenomena by collecting numerical data that are analysed using mathematically based methods (in particular statistics).

This approach typically begins with data collection based on a hypothesis or theory and it is followed with application of descriptive or inferential statistics (Tashakkori & Teddlie, 2010). Quantitative methods are frequently described as deductive in nature, in the sense that inferences from tests of statistical hypotheses lead to general inferences about characteristics of a population. Quantitative methods are also frequently characterized as assuming that there is a single “truth”

that exists, independent of human perception (Lincoln, Lynham & Guba, 2011). It was also found that the findings from quantitative research can be predictive, explanatory, and confirming (Williams, 2007 as cited in Bernard & Bernard, 2012).

Research Design

A research design according to Joubert and Ehrlich (2007), is a structured methodology followed by a researcher to answer a research question. It is a detailed outline of how the research would be conducted. It entails ways of data collection, the instruments employed, and how they are used and the means of analyzing the collected data. The researcher adopted for this study an exploratory and descriptive survey designs. The study had a broader purpose of explore the relationship between types of employee participation and organisational commitment types among the study population. The study was based on the descriptive survey design because it allows for the gathering of opinions, beliefs, or perceptions about a current issue from a large group of people (Lodico, Spaulding & Voegtler, 2006).

The main thrust of survey design was to collect appropriate data which work as a base for getting results and drawing conclusion. Bartels (1997), opines that, in descriptive surveys, the events or conditions either exist or have occurred and the researcher merely selects the relevant variables for the analysis of the relationships and reports the way things are. The research design was therefore suitable for the study because data was collected through questionnaire, to answer the research questions concerning the organisational culture and work life balance. Frankel and Wallen (2000) indicate that, there are some difficulties involved in the use of survey design. They give the following as some of the difficulties; to ensure the questions

are very clear and not deceptive, getting respondent to honestly and thoughtfully answer the questions as well as getting sufficient number of the questionnaires completed and returned to enable meaningful analysis to be made.

They added that, in spite of these disadvantages, descriptive survey helps researchers to observe, describe and record situations as they occur naturally. Based on this, descriptive survey design was seen as the most appropriate for the study. Quantitative research approach was also adopted. Quantitative research relies on the principle of verifiability making it possible to establish the cause-and-effect relationship.

Study Unit

The Tema General Hospital was established in the year 1954 and was constructed to provide health services for workers who constructed the Tema Harbour. It was later handed over to the government for public use. Communities benefiting from its services include Nungua, Sakumono, Tema and Dangme West. The hospital is situated in Tema Metropolitan Assembly and occupies a unique status within the framework of Health Care Delivery in the country. The hospital serves the population of Nungua, Sakumono, Tema and Dangme West and its surrounding environs. It is the only government health institution overseeing the work of both private and quasi-Government Hospitals in the Tema Metro. Furthermore, it is the leading institution providing vasectomy service in the Sub-Metro and has staff strength of 126 as shown in Table 1.

The Hospital is managed by an in-house Core Management Committee (CMC) headed by the Medical Superintendent who coordinates all the medical

activities in the Hospital and reports directly to the Regional Director of Health Services at the Regional Health Administration through the Tema Metropolitan Director of health Services. He is supported by the Deputy Director of Nursing Services, who is generally concerned with matters affecting the health professionals, patients, and the wards. The Senior Health Services Administrator is responsible for general administration and support services management. The Pharmacist deals with medicine issues and the Accountant advises the Medical Superintendent on Financial Matters. These officers assist the Medical Superintendent in the day-to-day administration of the Hospital.

La General Hospital provides 24-hour Out-Patient Department (OPD), In-Patient and Emergency Services. Maternal Health Services are Integrated and made accessible to all women in the sub-metro within the context of Primary Health Care.

Population

According to Khawaja (2005), a research setting or population is the place for conducting the research which is the natural setting. The researcher strived to maintain the environment for the respondents as natural as possible. The population of this study refers to the class of institutions that falls under Public Health Sector. These institutions play invaluable role in the economic well-being of its members and the general public as a whole and the selected hospital was the Tema General Hospital in the greater Accra region. The total number of professional healthcare workers in the various departments sum totaled 126 as shown in the table below.

Table 1: Staff Strength of Tema General Hospital

Staff	Number
Clinicians	20
Health professionals	60
Paramedics	16
Administrative	30
Total	126

Source: Tema General Hospital (June, 2020)

Sampling Procedure

From the point of Israel (1992), there are several approaches that can be used in determining the sample size. These include using census for small populations, imitating a sample size of similar studies, using published tables, and applying formulas to calculate the sample size. In the context of this study, a census was used because of the relatively small number of population size. In view of this, a sample size of one hundred and twenty-six (126) was used which was made up of employees from the various sectors as indicated in Table 1.

The advantages of a census are that although cost consideration makes this impossible for large populations, it is attractive for small populations (e.g., 200 or less). A census eliminates sampling error and provides data on all the individuals in the population. This means that all employees have the same opportunity to participate. Some employees may still choose not to participate, but at least the opportunity to do so is presented and no one person or group can feel left out. In addition, some costs such as questionnaire and developing the sampling frame are

“fixed,” that is, they will be the same for samples of 50 or 200 and census tends to enhance feelings of security surrounding the accuracy of the results (Parker, 2011).

Finally, virtually the entire population would have to be sampled in small populations to achieve a desirable level of precision. This implies that while the administration of sample surveys is more complicated, a census survey is easier to administer because it includes all persons. To this end, results from a census survey can be used to “drill down” into the organisational structure and highlight departmental results, and because all employees participate, there is a greater chance of obtaining responses that are representative of all sub-groups within the organisational structure. Thus, the volume of surveys that need to be distributed may increase with a census survey but figuring out who receives a survey is clear – everyone (Kraut, 1996).

Data Collection Instruments

The data for this study was generated from both primary and secondary sources. The main primary data collection method used in this study was a questionnaire and that of the secondary data was obtained using a documentary review. The documentary review on existing documents on organisational culture and work life balance policies were analyzed to identify gaps that could be bridged by the study or evidence that could support or contradict the findings. The data were collected using a self-administered questionnaire with structured questions derived from multiple sources. The use of the questionnaire survey approach was driven by the study objectives, the type of data to be collected, and the availability of time for the study (Ogah, 2013). This method was considered appropriate for this research

because the variables studied were those that could not have been observed but could only be obtained by finding the respondent's views, opinions, and feelings (Ogah, 2013). Also, the instrument had the advantage of saving time since the respondent had to only tick from predetermined ideas in their views.

Further, many respondents could fill the questionnaire without the presence of the researcher. Filling the questionnaire without the presence of the researcher afforded the respondents the opportunity to objectively answer the questions without fear of being victimized. Consequently, in-depth and reliable data were generated in a short time from many respondents. This survey method was used for all respondents selected for this study.

The questionnaire was a composite survey comprised of: demographic questions, questions to measure organisational culture (clan, adhocracy, hierarchical and market cultures) and work life balance, the variables of the concept (flexible working arrangement, leave arrangement, dependent care assistance and wellness and personal development. A Likert-scale response with the continuum: strongly disagree, disagree, neither agree nor disagree, agree, strongly agree were used.

Validity

Validity in research simply means the extent to which instruments (questionnaires or structured interview schedules) measure what they intend to measure. In other words, validity means to what extent that the selected tool measures the intended research objectives (Bowling, 2009).

In the context of this study, several strategies were undertaken to validate and refine the content of the questionnaire. To address the face validity, the researcher read the questionnaires and the appropriate corrections were made before it was given to the healthcare professionals of Tema General Hospital. Peer review was also of immense importance.

Content validity was further enhanced by asking experienced experts in the field to go through the questionnaire before it was administered to the respondents. All efforts and views of experts were taken to consideration as to either to add or drop certain items from the questionnaire. Many items of domains and sub-domains were manipulated and reconstructed with minor language and adjustments to enhance clarity, and to be assured that the instrument is entirely applicable.

Pre-Test

Validity and reliability indicate how best the instrument used in the study best measures the parameters it is meant to measure, and it is the measure of accuracy in terms of results attained in the study (Cook & Campbell, 1979). In this study, a pre-test of the research questionnaire was done at the La General Hospital in the greater Accra region. This healthcare institution was selected for the pre-testing because it has similar structure employees like the one at the Tema General Hospital. This process was aimed at testing the accuracy and strength of the questionnaire in eliciting data needed for the study. In other words, this was to help in assessing the clarity of our questions to the respondents and to elicit their understanding regarding answering questions. Questionnaires were administered

and after receiving them back, it was realized that the questionnaires did not need any significant changes.

Reliability

With regards to reliability, it can be seen as the extent to which the application of a scale produces consistent results if repeated measures are taken (Kent, 2007). It is achieved when keeping results at a consistent level despite changing of time and place (Bowling, 2009). Internal consistency: internal consistency comprises testing the homogeneity that assesses the extent to which personal items are inter-correlated, and the extent to which they correlate with overall scale findings and this can be performed by using Cronbach's alpha test (Hertzog, 2008). In terms of observation, reliability of observations refers to the same inferences or activities of intra-observation (one observation at different time) and inter-observation reliability (more than one observer) (Hertzog, 2008).

The Cronbach's coefficient alpha (α) was used in this study to determine the reliability of items in the questionnaire. The value of Cronbach's alpha ranged from 0 to 1. It is worthy to note that, the closer the value of α to 1, the better its reliability.

Data Collection Procedures

The researcher requested consent from the Directorate of Human Resource, La General Hospital. Further, an introductory letter from the Department of Management of the School of Business at the University of Cape Coast was obtained. Thereafter, permission sought from the faculty was considered in the study. Respondents were given the full assurance that the study was for academic purposes and that their responses would be treated with the utmost confidentiality.

The researcher administered the questionnaire to the respondents and the same was completed by the respondents and returned to the researcher at the spot and were subsequently checked for any missing information.

Data Processing and Analysis

After four weeks, 126 questionnaires were retrieved, moreover, all were used in the study. Response rate therefore 100%, which is an acceptable rate according to (Mugenda & Mugenda, 2003; Kuria, 2017) response rate of 50% is adequate, 60% is good, while over 70% is very good. The 126 questionnaires were later assigned numerical values (coded) and keyed into SPSS. SPSS was used in analysing demographic variable, while analyses of the objectives of the study were done using Partial Least Square-Structural Equation Modelling (PLS-SEM). Presentation and discussion of the findings were done after following acceptable assessment criteria of the measurement and structural models of the PLS-SEM.

In PLS-SEM, the assessment of the measurement model is done based on assumptions that, the model meets certain criteria comprising factor loadings, construct reliability and validity, convergent validity and discriminant validity. The factor loadings also called indicator or item loadings define how well the various indicators of a construct are able to measure that constructs of a given study. According to Henseler, Ringle and Sinkovics (2009), indicators of a construct are able to measure that construct well when loadings of each item is greater than or equal to 0.70. This means that, factors that load below the accepted threshold of the 0.70 should be removed. Hair, Hult, Ringle and Sarstedt (2014) argue that, indicator

loadings < 0.70 may be retained in so far as the inclusion of such factors will not lead to an overwhelming increase in the overall reliability of the model.

In respect of construct reliability and validity, which explain how accurate the constructs are supposed to measure really measure in a given study setting, the Cronbach's Alpha (CA), rho A and composite reliability (CR) values were used for the assessment. As a rule of thumb, CA or the rho A values ≥ 0.70 are regarded acceptable to determine the reliability of a study's constructs (Hair et al., 2014). However, Ringle, Sarstedt and Straub (2012) claimed that, the CA and the rho A are not sufficient enough to explain how the indicators satisfactorily measure the constructs because the CA rather places priority on the factors according to their individual reliability and is subtle to the number of items used for a construct. This is likely to underestimate the internal consistency reliability. In light of this weakness, it is suggested that the CR should be reported in circumstances where both CA and the rho A produce values < 0.70 (Hair et al., 2014; Ringle et al., 2012; Bagozzi & Yi, 1988). CR defines the extent to which all the factors put together sufficiently and satisfactorily measure the latent variable. The threshold acceptable and endorsed is values > 0.70 (Ringle et al., 2012; Bagozzi & Yi, 1988).

Furthermore, the convergent validity (CV) of the constructs was evaluated as part of assessing the measurement model. CV examines the extent to which each indicator of a construct positively correlates with other indicators of the same construct (Hair et al., 2014). CV is assessed using the Average Variance Extracted (AVE) in the PLS-SEM output. The cutoff point for satisfactory AVE is values ≥ 0.50 ; which means the construct is able to explain at least 50% of variance of its

indicators. Finally, the discriminant validity (DV) was also assessed based on the Fornell-Larcker Criterion and the Heterotrait-Monotrait Ratio (HTMT) criteria in this study. DV measures the extent to which each construct of a study is able to discriminate from other constructs. This means that the constructs used in the study must be distinct and unique from one another thereby precluding them from representing the same phenomenon (Hair et al., 2014). This measure is important as it checks multicollinearity among exogenous variables. For such issues of discriminant validity to be absent in a study, it has been well established that, the square root of a construct's AVE should be greater than the correlation of the construct with other constructs, when using the Fornell and Larcker's (1981) criterion. Secondly, the HTMT ratio which is an advanced measure of discriminant validity has a threshold of values ≤ 0.85 , $HTMT^{0.85}$ (Henseler et al., 2009; Ringle et al., 2012).

The structural model was measured by its correlation (path) coefficients (R), the coefficient of determination (R^2), effect size (f^2), the predictive relevance (Q^2) and the significance (P values) of the model. R measures the direction and strength of a relationship between a study's constructs. Cohen (1992) postulated that correlation values of ± 0.10 are weak, ± 0.30 are moderate and $\geq \pm 0.50$ are large. In the view of Hair et al. (2014:97), "a coefficient of determination (R^2) of 0.25, 0.5 and 0.75 is considered as weak, moderate and substantial respectively." The R^2 is a measure of the percentage variation in the dependent variable that is explained by the predictor variables in a study (Ringle et al., 2012).

In addition, effect size examines the impact the exogenous variable (s) exert on the endogenous variable. Based on Cohen's (1992) position, "effect size (f^2) of 0.02, 0.15 and 0.35 is seen as small, medium and large respectively." Furthermore, "a predictive relevance (Q^2) of 0.02, 0.15 and 0.35 is considered as small, medium and large respectively." Finally, a significant level of 5% or less is appropriate for a structural model. To buttress the significant levels, a t-statistic value at 5% probability should exceed 1.96 in order to be considered significant (Hair et al., 2014). Researchers advise that predictor variable (s) that has/have no significant relationship with dependent variable should be precluded from overall variability analysis (Henseler et al., 2009; Ringle et al., 2012).

Ethical Considerations

According to Awases (2006), ethics is mostly associated with morality and deals with issues of right and wrong among groups, society or communities. It is therefore important that everyone who is engaged in research be aware of the ethical concern (Rubin & Babbie, 2016). The researchers will employ every effort to avoid possible violation of ethical principles. Edginton et al. (2012) have identified the basic ethical consideration for research as; respondents being fully informed about the aims, methods and benefits of the research, granting voluntary consent and maintaining the right of withdrawal and also guaranteeing the participants of confidentiality.

There are two ethical issues that were taken into serious consideration for this research. The candidate took responsibility to secure the actual permission and interest of all those involved in the study. The candidate sought consent from the

respondents. There was commitment not to misuse any of the information collected to maintain certain moral responsibilities towards the participants. The candidate was also determined towards a duty to protect the rights of people as well as their privacy and sensitivity (Bryman, 2012). For this, the purpose of the study was explained to the respondents. The participants were ensured that their information would be used only for this study and not for any other purposes. The respondents' name and identity were anonymized. Besides, individual respondent was informed of the reason for the whole exercise and the tremendous benefit the institution would derive if the research was successfully conducted.

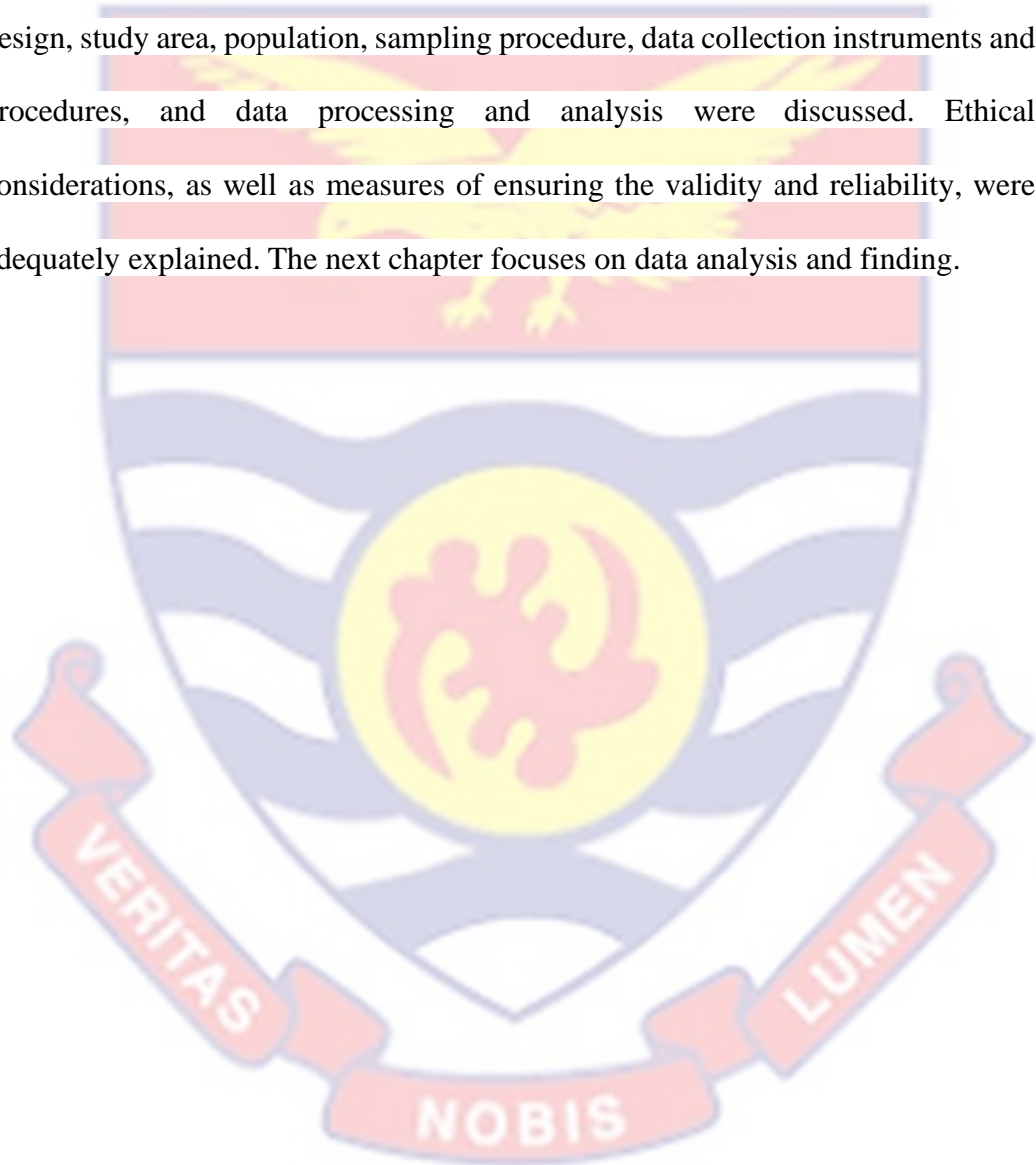
On the basis of this, it can be said that the candidate met the ethical rules set out by Bless and Higson Smith (2000). According to these authors, the main rules of data collection were: a) voluntary participation, (b) the right to privacy, (c) Freedom, (d) Anonymity and (e) Confidentiality. However, before carrying out all these rules, an introductory letter was obtained from the School of Business, College of Humanities and Legal studies of the University of Cape Coast to introduce the candidate to the healthcare hospital. To gather data from the sampled staff, permission was sought from the management of the Tema General Hospital. Respondents were encouraged to feel free and express their views as objectively as possible and that they have the liberty to choose whether to participate or not. They also had the option to withdraw their consent at any time and without any form of adverse consequences.

An organisational entry protocol was observed before the data were collected. In this case, in order not to interfere in their daily work schedules and

not to disrupt their works, as advised by the management of Tema General Hospital, the researcher visited the staff during the lunch breaks and collected the data.

Chapter Summary

This chapter gave details of the study design and methodology. The research design, study area, population, sampling procedure, data collection instruments and procedures, and data processing and analysis were discussed. Ethical considerations, as well as measures of ensuring the validity and reliability, were adequately explained. The next chapter focuses on data analysis and finding.



CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

In this study, the main research objective has been, “to examine the influence of organisational culture on the work life balance of healthcare professionals of Tema General Hospital in Tema, greater Accra region of Ghana.” Based on this main research objective, specific objectives were used to achieve the study goal. In line with these original research objectives and the method used, this chapter provides the findings and discussions which reflect on the core study specific objectives as outlined in Chapter one. The first section discussed the demographic features of the respondents. However, the second section, addresses the main specific research questions relating to the topic namely:

1. What is the influence of organisational culture on flexible working arrangement?
2. What is the influence of organisational culture on leave arrangement?
3. What is the influence of organisational culture on dependent care assistant?
4. What is the influence of organisational culture on wellness and personal development?

Descriptive Results for Socio-Demographic Characteristics

This section provides results on the nature of the respondents for this study. The demographic characteristics describe the nature of the healthcare professionals used as respondents for the study. The data was collected across various

biographical details. It describes the nature of the respondents of the study. The results are presented in Table 2.

Table 2: Demographic Characteristics for Respondents

		Frequency	Percent (%)
Gender	Male	73	57.9
	Female	53	42.1
		126	100.0
Age	18-25	22	17.4
	26-35	31	24.6
	36-45	34	27.0
	46-55	39	31.0
		126	100.0
Qualification	Diploma	20	15.9
	1 st Degree	45	35.7
	Professional	35	27.8
	2 nd Degree	26	20.6
		126	100.0
Staff Category	Clinicians	20	15.8
	Health professionals	60	47.7
	Paramedics	16	12.7
	Administrative	30	23.8
		126	100.0
Experience	1-5 years	21	16.7
	6-10 years	62	49.2

11-15 years	12	9.5
16 years and above	31	24.6
Total	126	100

Source: Author's Survey (2021)

Table 2 clearly illustrates that there were more male participants than their females' counterparts in this survey. More than half of the respondents (57.9%) were males while the remaining respondents, (that is 42.1%) were females. This implies that a lot of males are employed in the service which is not surprising considering the gender inequality in terms of employment in the country. On the age distribution of the respondents, it was found out that the majority of the respondents (39) are between the age of 46 and 55 years representing about (31.0%). This higher percentage of healthcare officers gives a positive impression that there are more adult staffs at the Tema General Hospital. This could mean that the service is of interest to the adults and for that matter attracting more people with potentials and ideas.

Again, the table shows that 24 respondents representing (27.0%) were between 36 to 45 years which implies that in the service, majority of the respondents are in their youthful age and that the institution can be thought of a lot of potentials in terms of development in the future. In addition, 31 of the respondents representing (24.6%) were between the ages 26 to 35 years followed by 22 respondents between the ages of 18 to 25 representing (17.4%) in the Tema General Hospital. This implies that relatively a low percentage number of employees are very young who may be given attention to gain more experience through learning.

With the highest professional qualification of the healthcare officers, it was also realized that 20 respondents representing (15.9%) had had diploma education. However, a large percentage number of the healthcare officers had first degree. With this category of healthcare officers, a total of 45 representing 35.7% were the first-degree holders. Also, with regards to professionals, 35 of them representing (27.8%) were found to be in this category. Finally, 26 healthcare officials (20.6%) had second degree education. From the table it is realized that most workers in the institution consider education as important to the growth of the country.

It can also be seen from the table that majority of respondents, that is, 60 representing (47.7%) of the sampled population were health professionals, 30 respondents representing 23.8% were administrative staff. Also, 20 respondents (15.8%) were clinicians at the Tema General Hospital whilst 16 respondents representing (12.7%) of the population were paramedics. In terms of the how long each employee has worked in the organisation, it was found that most of them had fell within 6 and 10 years. Within these years, 62 (49.2%) had worked within them, while 31 (24.6%) had worked for more than 16 years. This is followed by those who had worked within 1 and 5 years with a total number of 21 (16.7%). Lastly those who had worked between 11 and 15 years make up 12 (9.5%).

Findings of the Research Objectives

Research Objective one: Investigate the influence of Organisational Culture on Flexible Working Arrangement

The first objective sought to examine the influence of organisational culture on flexible work arrangement among healthcare professionals at the Tema General Hospital. Specifically, the objective looked at the influence of clan culture, adhocracy culture, hierarchical culture and market culture on flexible working arrangement. Per the objective, the study hypothesized that, H1: “there is a significant relationship between clan culture and flexible working arrangement”; H2: “there is a significant relationship between adhocracy culture and flexible working arrangement”, H3: “there is a significant relationship between hierarchical culture and flexible working arrangement” and H4: “there is a significant relationship between market culture and flexible working arrangement”

The findings of the objective were presented after assessment of the measurement model as shown in Figure 2, Tables 3, 4 and 5.

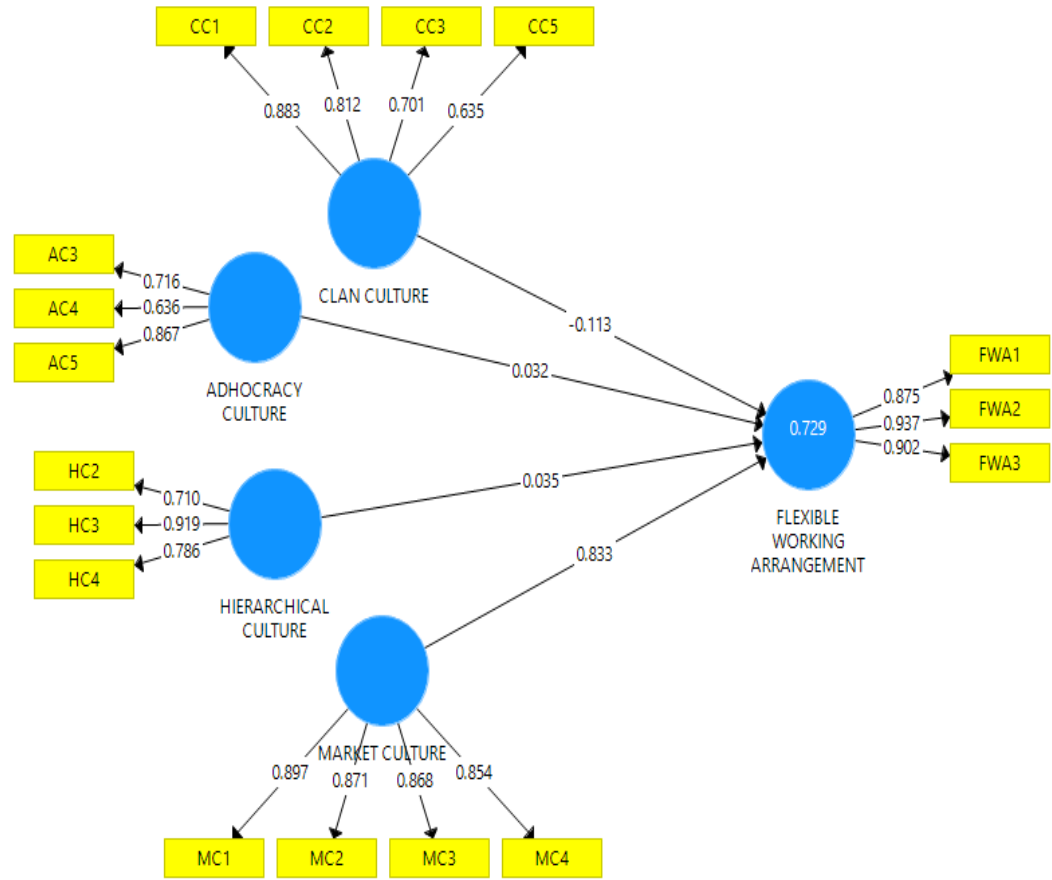


Figure 2: PLS-SEM Final Output Extracted

Source: Field Survey (2021)

Figure 2 above gives a good revelation about the performance of the indicators measuring the various constructs of the study. The loadings on each construct met the acceptable threshold for attaining indicator reliability except that, some indicators below the 0.60 cutoff point were retained in so far as the items did not increase the AVE. Specifically, loadings for that of Clan Culture (CC) were between 0.635 – 0.883, Adhocracy Culture (AC) were ranging between 0.636 – 0.867, Hierarchical Culture (HC) ranged from 0.710 – 0.919, Market Culture (MC), from 0.854 – 0.897 and Flexible Working Arrangement (FWA) ranged from 0.875- 0.937.

Table 3: Assessing Reliability and Validity

Construct	CA	rho A	CR	AVE
CC	0.769	0.875	0.846	0.583
AC	0.756	0.767	0.755	0.607
HC	0.731	0.760	0.849	0.655
MC	0.896	0.898	0.927	0.762
FWA	0.889	0.892	0.931	0.819

“Notes: Loadings between 0.4 and 0.7 are acceptable. >0.7 is high. CA > 0.7 is acceptable and high. CR should be 0.7 or higher. AVE should be 0.5 or higher.”

“CA – Cronbach’s alpha; CR – Composite reliability; AVE – Average Variance Extracted.”

Source: Field Survey, (2021)

Moreover, results from Table 3 shows that, the model passed reliability and validity problems. The CR was used as basis of assessing the internal consistency of the indicators due to the weaknesses of the Cronbach’s alpha (CA) and rho A. The CR captures how reliable the indicators put together are able to measure a construct. It is seen from the table that all the Composite reliability (CR) values met the acceptable threshold of > 0.70. Also, the Average Variance Extracted (AVE) of the various constructs were above the 0.50 threshold, which means that the model had no issues with internal consistency, convergent validity. In respect of how sound the independent constructs Clan Culture (CC), Adhocracy Culture (AC), Hierarchical Culture (HC) and Market Culture (MC) are distinct from one

another in predicting the dependent variable Flexible Working Arrangement (FWA), the Fornell-Larcker criterion and the Heterotrait-Monotrait Ratio (HTMT) ratio were used as presented in Table 4.

Table 4: Assessing Discriminant Validity

Fornell-Larcker Criterion					
	CC	AC	HC	MC	FWA
CC	0.764				
AC	0.164	0.746			
HC	0.121	0.374	0.810		
MC	-0.049	0.152	0.076	0.873	
FWA	-0.144	0.153	0.097	0.846	0.905
Heterotrait-Monotrait Ratio (HTMT)					
FWA	0.176	0.206	0.123	0.516	
CC		0.236	0.274	0.123	0.176
AC	0.236		0.613	0.225	0.206
HC	0.274	0.613		0.156	0.123
MC	0.123	0.225	0.156		0.516

“Notes: (a) Bold values are the square root of each construct’s AVE which is higher than their correlation with other constructs; (b). Bold values of HTMT less than 0.85.”

Source: Field Survey, (2021)

The results as captured in Table 4 shows that, the constructs were distinct from one another. Relying on the scores of the Heterotrait-Monotrait Ratio (HTMT) ratio which indicate superiority over the Fornell-Larcker in explaining discriminant validity, the scores were far below the acceptable level of ≤ 0.85 . By implication, the model was good for advanced analysis based on the fact that, the individual constructs were different from each other from measuring the same phenomenon.

Next is the presentation and interpretation of the findings based on the results of the structural model.

Table 5: Results of the Structural Model Examined

	Beta (R)	T Statistics	P Values	Decision rule	R²	f²	Q²
FWA					0.729		0.583
CC ->FWA	-0.113	1.262	0.677	Rejected		0.045	
AC ->FWA	0.032	0.417	0.207	Rejected		0.003	
HC->FWA	0.035	0.447	0.655	Rejected		0.004	
MC->FWA	0.833	24.101	0.000	Supported		2.489	

“Notes: The significance level of 5% is for critical t-value of 1.96 (2-tailed); R^2 of 0.75 is substantial, 0.50 is moderate and 0.25 is weak; Effect size of 0.02, 0.15 and 0.35 indicates small, medium and large effect respectively; Predictive relevance of 0.02, 0.15 and 0.35 indicates small, medium and large effect respectively.”

Source: Field Survey, (2021)

It is recalled that, this objective sought to analyze the influence of organisational culture on flexible working arrangement of healthcare professionals at the Tema General Hospital. After confirming that all the reliability and validity issues were absent based on the measurement model, the results of the objective were reported in Table 5. The results as captured in the table suggest that there is a significant positive relationship between Market Culture (MC) (MC: $R = 0.833$, $t = 24.101$, $P = 0.000$) and Flexible Working Arrangements (FWA) which confirms (Chung & Van der Lippe, 2018; Taşdelen-Karçkay & Bakalım, 2017) study finding that market culture influence work life balance. This means that, all things being equal, a unit increase in Market Culture (MC) will result in a significant corresponding increase in Flexible Working Arrangement (FWA) by 0.833. Thus, of all the four hypotheses, (H1, H2, and H3) were rejected since they had a p-value of more than 5%. The results further imply that about 72.9% of variation in Flexible Working Arrangement was accounted for by the variation in the Market Culture within an organization and its environment. Technically, the remaining 27.1% was due to errors or other factors not assessed in the study.

Regarding the effect sizes of the predictor variables, clan culture ($f^2 = 0.045$), adhocracy culture ($f^2 = 0.003$) and hierarchical culture ($f^2 = 0.004$) had small

effect on the R^2 value of flexible working arrangements while market culture ($f^2 = 2.489$) had a large effect on work life balance (flexible working arrangement). Findings is in line with findings of Lamane-Harim, Cegarra-Leiva and Sánchez-Vidal (2021), who reported that organisational culture had varied effect on the study variable depending on the nature within the environment. On overall, the four dimensions of organisational culture were able to predict ($Q^2 = 0.583$) of the dependent variable (flexible working arrangement) largely in the study that, healthcare professionals performance can be increased through the ensuring a competitive market culture within the environs of the organisation.

Research Objective two: To examine the influence of Organisational Culture on Leave Arrangement

The second objective of the study aim at assessing the influence of Organisational culture (CC, AC, HC, and MC) on Leave arrangements of healthcare professionals at the Tema General Hospital. Here, the study hypothesized that; H5: “there is a significant relationship between clan culture and leave arrangement”; H6: “there is a significant relationship between adhocracy culture and leave arrangement”; H7: “there is a significant relationship between hierarchical culture and leave arrangement” and H8: “there is a significant relationship between market culture and leave arrangement.” The findings were reported after assessing relevant indicators and assumptions for the model reliability and validity as well as discriminant validity issues. These checks were presented in Figure 3, Table 6 and 7.

A quick examination of the indicator loadings revealed that, loadings for each item of the various constructs met the relevant empirical standards except that some were retained due to their inability to lead to an increase in the overall reliability. The indicator loadings on each construct as shown in Figure 3 were; CC (0.612 – 0.841), AC (0.664 – 0.740), HC (0.615 – 0.868), MC (0.827 – 0.901) and LAR (0.640 – 0.892).

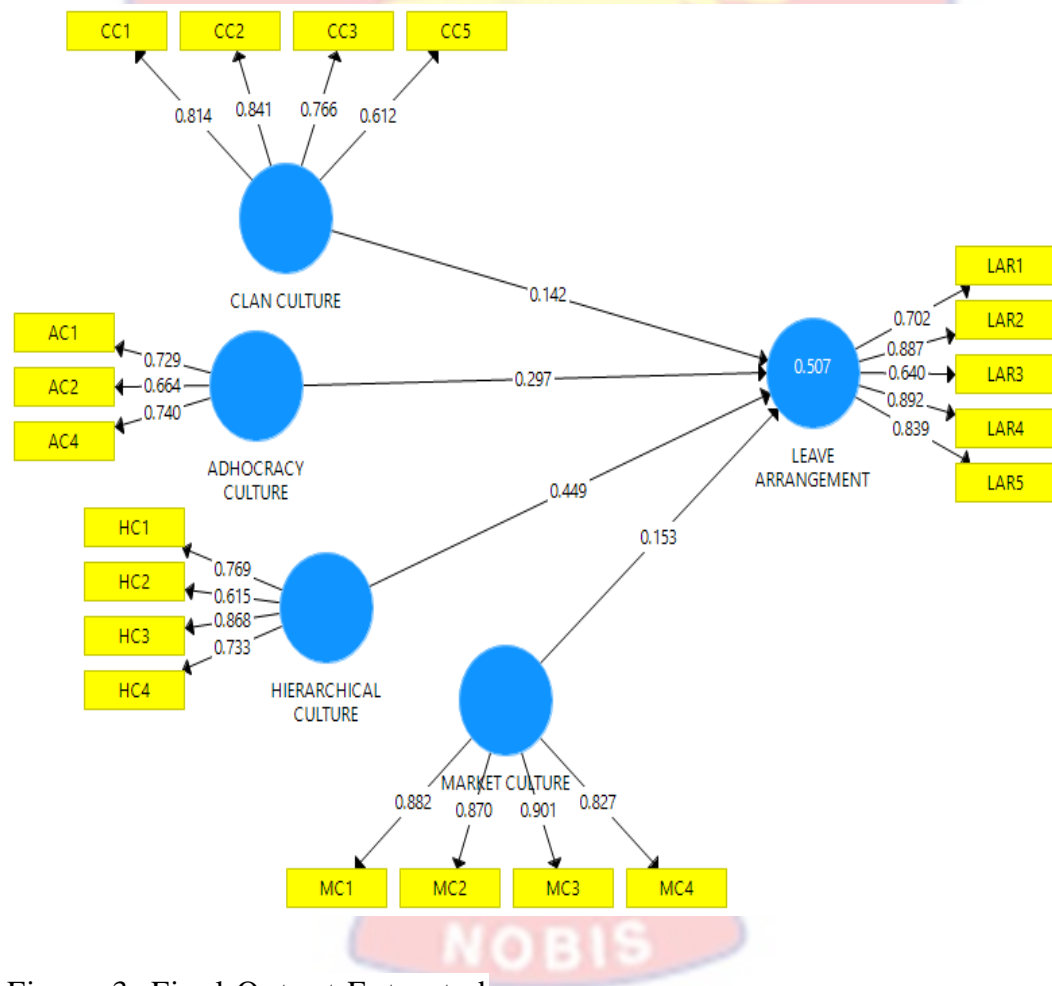


Figure 3: Final Output Extracted

Source: Field Survey, (2021)

Again, the constructs’ reliability and validity criteria were met following the observation of the results in Table 6.

Table 6: Assessing Reliability and Validity

“Notes: Loadings between 0.4 and 0.7 are acceptable. >0.7 is high. CA > 0.7 is

Construct	CA	rho A	CR	AVE
CC	0.769	0.798	0.847	0.583
AC	0.756	0.767	0.754	0.507
HC	0.752	0.784	0.837	0.565
MC	0.896	0.955	0.926	0.758
LAR	0.856	0.895	0.896	0.637

acceptable and high. CR should be 0.7 or higher. AVE should be 0.5 or higher.”

“CA – Cronbach’s alpha; CR – Composite reliability; AVE – Average Variance Extracted.”

Source: Field Survey, (2021)

The results from Table 7 provided clear indication that the model had no violation of issues of internal consistency, reliability and convergent validity. This is because the CR values were above the threshold of 0.70 and AVE also above the satisfactory value of 0.50 or high. By all standards, the model was fit for the researcher to proceed on reporting the key findings of the study.

Table 7: Assessing Discriminant Validity

Fornell-Larcker Criterion					
	CC	AC	HC	MC	LAR
CC	0.764				
AC	0.296	0.712			
HC	0.165	0.397	0.752		
MC	-0.025	0.118	0.084	0.870	
LAR	0.300	0.535	0.603	0.222	0.798
Heterotrait-Monotrait Ratio (HTMT)					
LAR	0.363	0.702	0.681	0.255	
CC		0.619	0.270	0.123	0.363
AC	0.619		0.513	0.191	0.702
HC	0.270	0.531		0.166	0.681
MC	0.123	0.191	0.166		0.255

“Notes: (a) Bold values are the square root of each construct’s AVE which is higher than their correlation with other constructs; (b). Bold values of HTMT less than 0.85.”

Source: Field Survey, (2021)

Finally, the discriminant validity (DV) of the study’s construct in respect of the objective two were seen as appropriate in this study. A careful examination of

the Heterotrait-Monotrait Ratio (HTMT) values confirmed the absents of the constructs representing the same phenomenon. All scores were well below the acceptable 0.85 criterial (the bold values). The results imply that, no issues of discriminant validity were present in this model. The table presented results of the main findings of the objective two.

Table 8: Results of the Structural Model Examined

	Beta (R)	T Statistics	P Values	Decision rule	R²	f²	Q²
LAR					0.507		0.302
CC ->LAR	0.142	1.660	0.000	Supported		0.037	
AC ->LAR	0.297	3.918	0.097	Rejected		0.139	
HC->LAR	0.449	6.589	0.000	Supported		0.343	
MC->LAR	0.153	2.097	0.037	Supported		0.046	

“Notes: The significance level of 5% is for critical t-value of 1.96 (2-tailed); R² of 0.75 is substantial, 0.50 is moderate and 0.25 is weak; Effect size of 0.02, 0.15 and 0.35 indicates small, medium and large effect respectively; Predictive relevance of 0.02, 0.15 and 0.35 indicates small, medium and large effect respectively.”

Source: Field Survey, (2021)

According to the results in Table 8 Clan Culture (CC) (R = 0.142, t= 1.1660, P = 0.000, Hierarchical Culture (HC) (R = 0.449, t= 6.589, P <0.000) and Market Culture (MC) (R = 0.153, t= 2.097, P = 0.037) had significant positive relationship with Leave Arrangement (LAR). This supports Oyewobi, Oke, Adeneye and Jimoh

(2019), who asserted that the right organisational culture within various organisations within the educational sector influences the work life balance of various employees (Leave Arrangement) at a high level. The findings showed that significant values (p- values) of the Clan Culture (CC), Hierarchical Culture (HC) and Market Culture (MC) were below the 5% significant level. This was further confirmed by the values of the t-statistics of the three constructs which were also above the 1.96 end point. Therefore, H5, H7 and H8 supported the researcher's assertion. However, H6 was rejected which signified that, there is no significant relationship between Adhocracy Culture and Leave arrangements among health professionals at the Tema General Hospital.

The results further suggest that Organisational Culture synergically, account for approximately 50.7% of variation ($R^2 = 0.507$) of changes in the Leave Arrangements of healthcare professionals at the Tema General Hospital. The values of the f^2 indicate that Clan Culture (CC= 0.037), Hierarchical Culture (HC= 0.343) and Market Culture (MC= 0.046) had small effect on the R^2 value of Work Life balance (Leave Arrangement) while the Q^2 value (0.302) also portrayed a moderate predictive relevance of the Organisational culture typologies Leave Arrangement.

Research Objective three: To assess the influence of Organisational Culture on Dependent Care Assistant

This section sought to analyse the third objective of the study, which sought to assess the influence of Organisational Culture (CC, AC, HC and MC) on Dependent Care Assistant (DCA) of healthcare professionals at the Tema General Hospital. Based on the objective of the study, four hypotheses were tested comprising; H9: “there is a significant relationship between clan culture and dependent care assistant”; H10: “there is a significant relationship between adhocracy culture and dependent care assistant”; H11: “there is a significant relationship between hierarchical culture and dependent care assistant” and H12: “there is a significant relationship between market culture and dependent care assistant.” Assessment of the measurement model used in the objective was done hitherto the interpretation of the findings.

Basically, Figure 4 shown that item loadings for each construct were qualified to be included in measuring study’s constructs. This is because, loadings were within the rule of thumb of values greater than or equal to 0.70 or below provided those loadings below the standard do not inflate the AVE. In view of the foregoing, indicator loadings from 0.60 were retained.

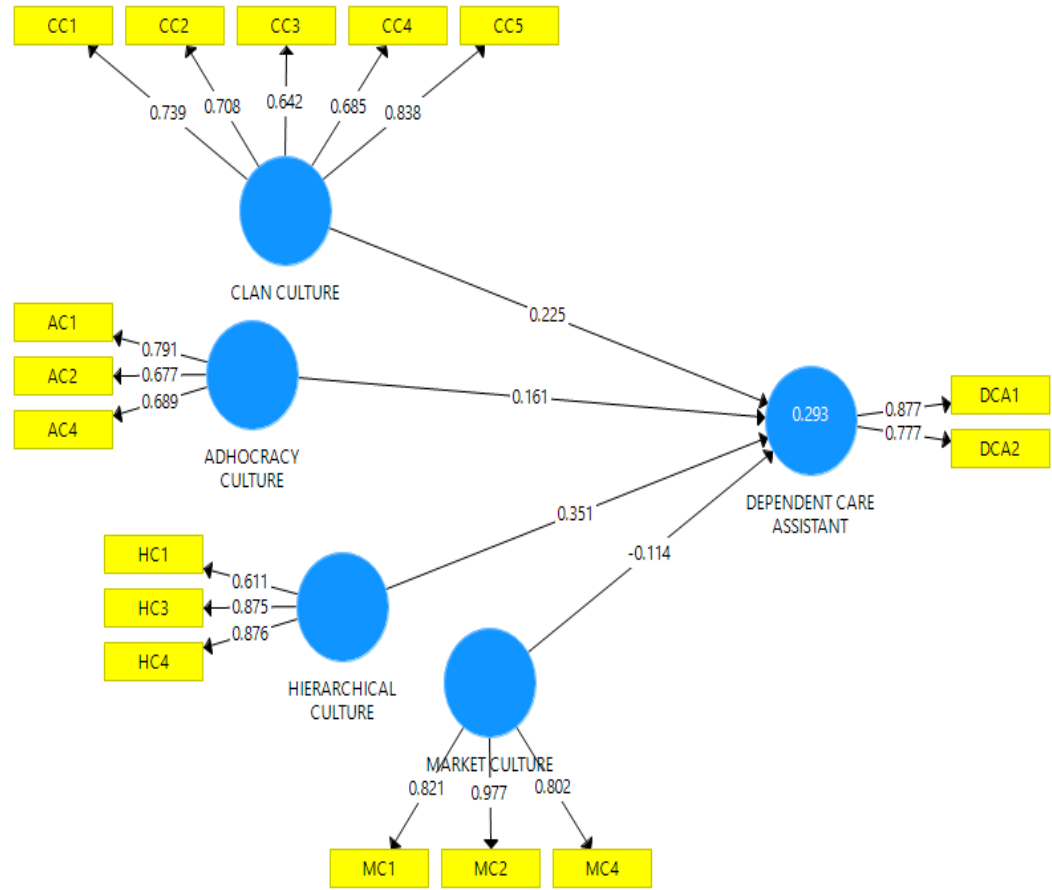


Figure 4: Output of the Final Model Extracted

Source: Field Survey, (2021)

Figure 4 above gives a good revelation about the performance of the indicators measuring the various constructs of the study. The loadings on each construct met the acceptable threshold for attaining indicator reliability except that, some indicators below the 0.70 cutoff point were retained in so far as the items did not increase the AVE. Specifically, loadings for that of Clan Culture (CC) were between 0.642 – 0.838, Adhocracy Culture (AC) were ranging between 0.677 – 0.791, Hierarchical Culture (HC) ranged from 0.611 – 0.876, Market Culture (MC) ranged from 0.802 – 0.977 and Dependent Care Assistant (DCA), from 0.777 – 0.877.

Table 9: Assessing Reliability and Validity

Construct	CA	rho A	CR	AVE
CC	0.782	0.779	0.846	0.526
AC	0.711	0.729	0.763	0.519
HC	0.715	0.799	0.836	0.635
MC	0.870	1.965	0.903	0.758
DCA	0.756	0.795	0.814	0.687

“Notes: Loadings between 0.4 and 0.7 are acceptable. >0.7 is high. CA > 0.7 is acceptable and high. CR should be 0.7 or higher. AVE should be 0.5 or higher.”

“CA – Cronbach’s alpha; CR – Composite reliability; AVE – Average Variance Extracted.”

Source: Field Survey, (2021)

Moreover, results from Table 9 shows that, the model passed reliability and validity problems. The CR was used as basis of assessing the internal consistency of the indicators due to the weaknesses of the Cronbach’s alpha (CA) and rho A. The CR captures how reliable the indicators put together are able to measure a construct. It is seen from the table that all the Composite reliability (CR) values met the acceptable threshold of > 0.70. Also, the Average Variance Extracted (AVE) of the various constructs were above the 0.50 threshold, which means that the model had no issues with internal consistency, convergent validity. In respect of how sound the independent constructs Clan Culture (CC), Adhocracy Culture

(AC), Hierarchical Culture (HC) and Market Culture (MC) are distinct from one another in predicting the dependent variable Dependent Care Assistant, the Fornell-Larcker criterion and the Heterotrait-Monotrait Ratio (HTMT) ratio were used as presented in Table 10.

Table 10: Assessing Discriminant Validity

Fornell-Larcker Criterion					
	CC	AC	HC	MC	DCA
CC	0.725				
AC	0.379	0.721			
HC	0.083	0.399	0.797		
MC	-0.066	0.055	0.090	0.870	
DCA	0.323	0.381	0.424	-0.088	0.829
Heterotrait-Monotrait Ratio (HTMT)					
DCA	0.435	0.607	0.640	0.231	
CC		0.701	0.274	0.155	0.435
AC	0.701		0.544	0.150	0.607
HC	0.274	0.544		0.134	0.640
MC	0.155	0.150	0.134		0.231

“Notes: (a) Bold values are the square root of each construct’s AVE which is higher than their correlation with other constructs; (b). Bold values of HTMT less than 0.85.”

Source: Field Survey, (2021)

The results as captured in Table 10 shows that, the constructs were distinct from one another. Relying on the scores of the Heterotrait-Monotrait Ratio (HTMT) ratio which indicate superiority over the Fornell-Larcker in explaining discriminant validity, the scores were far below the acceptable level of ≤ 0.85 . By implication, the model was good for advanced analysis based on the fact that, the individual constructs were different from each other from measuring the same phenomenon.

The table below is the presentation and interpretation of the findings based on the results of the structural model.

Table 11: Results of the Structural Model Examined

	Beta (R)	T Statistics	P Values	Decision rule	R²	f²	Q²
DCA					0.293		0.132
CC ->DCA	0.225	2.383	0.152	Rejected		0.061	
AC ->DCA	0.161	1.434	0.018	Supported		0.026	
HC->DCA	0.351	3.930	0.000	Supported		0.145	
MC->DCA	-0.114	0.925	0.0355	Rejected		0.018	

“Notes: The significance level of 5% is for critical t-value of 1.96 (2-tailed); R² of 0.75 is substantial, 0.50 is moderate and 0.25 is weak; Effect size of 0.02, 0.15 and 0.35 indicates small, medium and large effect respectively; Predictive relevance of 0.02, 0.15 and 0.35 indicates small, medium and large effect respectively.”

Source: Field Survey, (2021)

It is recalled that, this objective sought to analyze the influence of Organisational Culture on Dependent Care Assistant of healthcare professionals in the Tema General Hospital. After confirming that all the reliability and validity issues were absent based on the measurement model, the results of the objective were reported in Table 11. The results as captured in the table suggest that there is a significant positive relationship between Organisational culture (AC: R = 0.161, t= 4.434, P =0.018; and HC: R = 0.351, t = 3.930, P < 0.000) and Dependent Care Assistant which confirms Mannion and Davies (2018), study finding that Organisational Culture influences Work life balance. This means that, all things being equal, a unit increase in Adhocracy Culture (AC) and Hierarchical Culture (HC) will result in a significant corresponding increase in Dependent Care Assistant by 0.161 and 0.351 respectively. Thus, two hypotheses (H10 and H11) supported the researcher’s claim. The results further imply that about 29.3% of variation in Dependent Care Assistant was accounted for by the variation in Organisational culture constructs, this supports findings by Erthal and Marques (2018), who found that work life balance affect time management. Technically, the remaining 70.7% was due to errors or other factors not assessed in the study.

Regarding the effect sizes of the predictor variables, Clan Culture ($f^2 = 0.061$), Adhocracy Culture ($f^2 = 0.026$), Hierarchical Culture ($f^2 = 0.145$) and Market Culture ($f^2 = 0.018$) had small effect on the R^2 value of Dependent Care Assistance. Findings is in line with findings of Curry, Brault, Linnander, McNatt, Brewster, Cherlin and Bradley (2018), who reported that organisational culture have varied effect on a study variable depending on the pressing circumstances and the nature of organisational and business dealings. On overall, the four dimensions of organisational culture were able to predict ($Q^2 = 0.132$) of the dependent variable moderately in the study, that healthcare professionals performance can be increased through the right type of organisational culture with Dependent Care Assistant policies (Work life balance).

Research Objective four: To determine the influence of Organisational Culture on Wellness and Personal Development

This section sought to analyse the final objective of the study, which assesses the influence of Organisational Culture (CC, AC, HC and MC) on Wellness and Personal Development (WPD) of healthcare professionals at the Tema General Hospital. Based on the objective of the study, four hypotheses were tested comprising; H13: “there is a significant relationship between clan culture and wellness and personal development”; H14: “there is a significant relationship between adhocracy culture and wellness and personal development”; H15: “there is a significant relationship between hierarchical culture and wellness and personal development and H16: “there is a significant relationship between market culture

and wellness and personal development.” Assessment of the measurement model used in the objective was done hitherto the interpretation of the findings.

Basically, Figure 5 shown that item loadings for each construct were qualified to be included in measuring study’s constructs. This is because, loadings were within the rule of thumb of values greater than or equal to 0.70 or below provided those loadings below the standard do not inflate the AVE. In view of the foregoing, indicator loadings from 0.60 were retained.

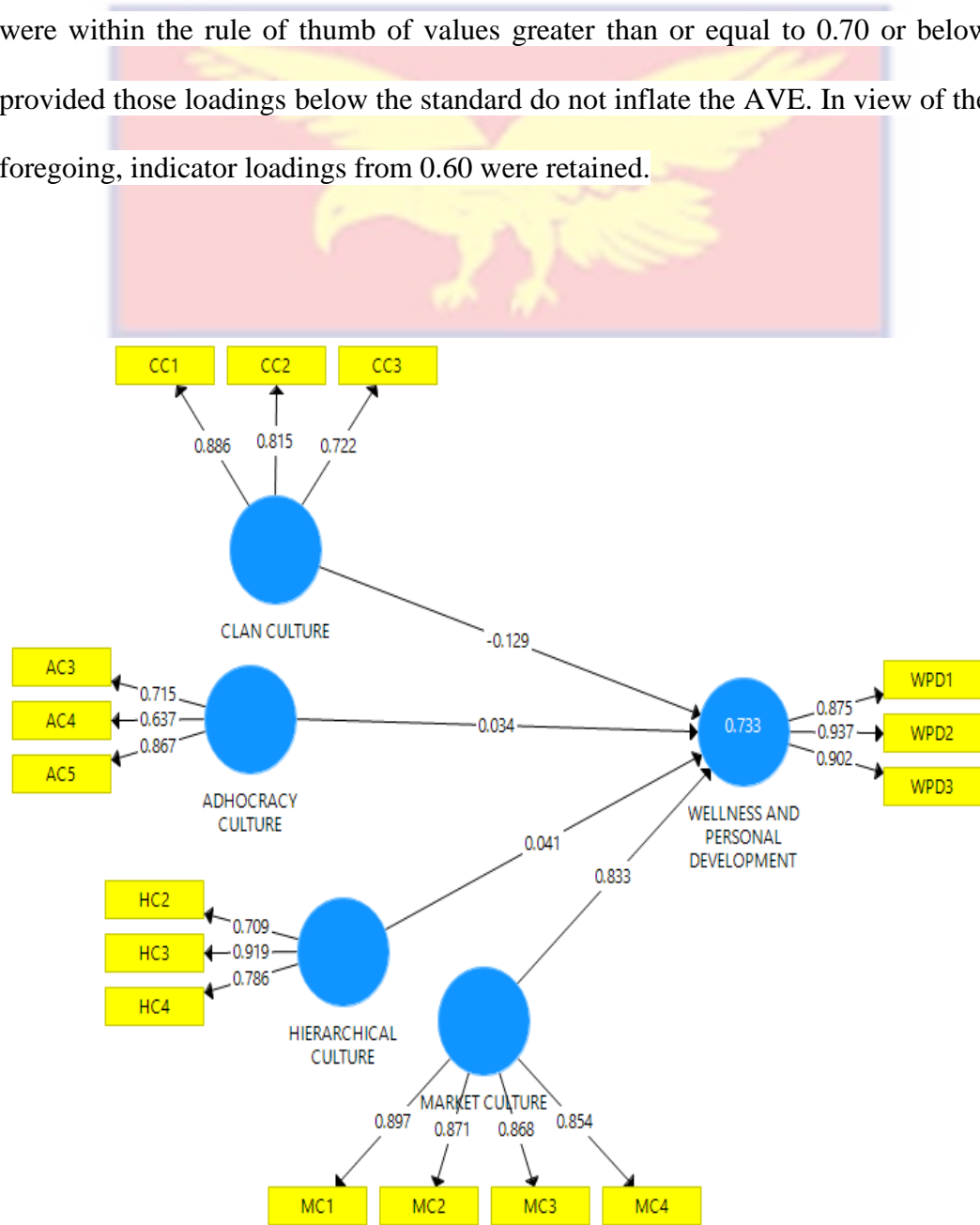


Figure 5: Output of the Final Model Extracted

Source: Field Survey, (2021)

Again, the constructs’ reliability and validity criteria were met following the observation of the results in Table 12.

Table 12: Assessing Reliability and Validity

Construct	CA	rho A	CR	AVE
CC	0.745	0.822	0.851	0.657
AC	0.741	0.783	0.787	0.557
HC	0.731	0.760	0.849	0.655
MC	0.896	0.898	0.903	0.762
WPD	0.889	0.892	0.931	0.819

“Notes: Loadings between 0.4 and 0.7 are acceptable. >0.7 is high. CA > 0.7 is acceptable and high. CR should be 0.7 or higher. AVE should be 0.5 or higher.”

“CA – Cronbach’s alpha; CR – Composite reliability; AVE – Average Variance Extracted.”

Source: Field Survey, (2021)

The results from Table 12 provided clear indication that the model had no violation of issues of internal consistency, reliability and convergent validity. This is because the CR values were above the threshold of 0.70 and AVE also above the satisfactory value of 0.50 or high. By all standards, the model was fit for the researcher to proceed on reporting the key findings of the study.

Table 13: Assessing Discriminant Validity

Fornell-Larcker Criterion					
	CC	AC	HC	MC	WPD
CC	0.810				
AC	0.172	0.746			
HC	0.159	0.375	0.810		
MC	-0.040	0.152	0.076	0.873	
WPD	-0.150	0.153	0.097	0.846	0.905
Heterotrait-Monotrait Ratio (HTMT)					
WPD	0.193	0.206	0.123	0.596	
CC		0.259	0.253	0.110	0.193
AC	0.259		0.613	0.225	0.206
HC	0.253	0.613		0.156	0.123
MC	0.110	0.225	0.156		0.596

“Notes: (a) Bold values are the square root of each construct’s AVE which is higher than their correlation with other constructs; (b). Bold values of HTMT less than 0.85.”

Source: Field Survey, (2021)

Finally, the Discriminant Validity (DV) of the study’s construct in respect of the objective four were seen as appropriate in this study. A careful examination

of the Heterotrait-Monotrait Ratio (HTMT) values confirmed the absents of the constructs representing the same phenomenon. All scores were well below the acceptable 0.85 criterial (the bold values). The results imply that, no issues of discriminant validity were present in this model. The Table below presented results of the main findings of the objective four.

Table 14: Results of the Structural Model Examined

	Beta (R)	T Statistics	P Values	Decision rule	R²	f²	Q²
WPD					0.733		0.586
CC ->WPD	-0.129	4.649	0.100	Rejected		0.059	
AC ->WPD	0.034	0.417	0.677	Rejected		0.003	
HC->WPD	0.041	0.503	0.615	Rejected		0.005	
MC->WPD	0.833	23.512	0.000	Supported		2.522	

“Notes: The significance level of 5% is for critical t-value of 1.96 (2-tailed); R² of 0.75 is substantial, 0.50 is moderate and 0.25 is weak; Effect size of 0.02, 0.15 and 0.35 indicates small, medium and large effect respectively; Predictive relevance of 0.02, 0.15 and 0.35 indicates small, medium and large effect respectively.”

Source: Field Survey, (2021)

According to the results in Table 14, Market Culture (R = 0.833, t= 23.512, P = 0.000) had significant positive relationship with Wellness and Personal Development whiles Clan Culture (R = -0.129, t= 4.649, P = 0.100), Adhocracy Culture (R = 0.034, t= 0.417, P = 0.677) and Hierarchical Culture (R = 0.041, t=

0.503, $P = 0.615$) had no significant relationship with Wellness and Personal Development. The findings show that significant values (p - values) of Market Culture (MC) was below the 5% significant level. This was further confirmed by the values of the t -statistics of the construct which was also above the 1.96 end point. However, Clan Culture (CC), Adhocracy Culture (AC) and Hierarchical Culture (HC) failed to support the hypothesis and did not have a significant relationship with Wellness and Personal Development (values of both P and t -statistic failed to meet criteria). This also contradicts results by (Zafarullah & Pertti, 2017), who found that Clan Culture, Adhocracy Culture and Hierarchical Culture had a stronger influence compared to Market Culture. This contradictory result can be attributed to the difference in population and contexts of the study. Therefore, H16 was supported while H13, H14 and H15 failed to support the researcher's assertion and hence were rejected.

The results further suggest that Organisational culture synergically, account for approximately 73.3% of variation ($R^2 = 0.733$) of changes in Wellness and Personal Development of healthcare professionals at the Tema General Hospital. The values of the f^2 indicate that Clan Culture (CC), Adhocracy Culture (AC) and Hierarchical Culture (HC) had small effect on the R^2 value of Wellness and personal Development while f^2 Market Culture had a large effect on Wellness and Personal Development. Also, the Q^2 value also portrayed a large predictive relevance of the Organisational Culture dimensions on Work Life Balance (Wellness and Personal Development).

Chapter Summary

The discussion of this chapter had focused on the influence of organisational culture on the work life balance of healthcare professionals of Tema General Hospital in Tema, Ghana. Accordingly, this chapter had provided the findings and discussions which reflect on the core study objectives. The first section discussed the demographic features of those respondents which centred on sex, education, age, staff ranking and experience. Moreover, the second section addressed the specific research objectives relating to the topic namely: investigate the influence of organisational culture on flexible working arrangement, examine the influence of organisational culture on leave arrangement, to assess the influence of organisational culture on dependent care assistant, and to determine the influence of organisational culture on wellness and personal development.

The goals of these four specific objectives were achieved with the first objective demonstrating that the Market Culture of all the four dimensions had influence on flexible working arrangements. With regards to the second objectives relating to the influence of organisational culture on leave arrangement, the study found that, Clan Culture, Hierarchical Culture and Market Culture had influence on healthcare professionals Leave Arrangements. With the third objective on organisational culture influence on dependent care assistant, it was found that Adhocracy Culture and Hierarchical Culture had a significant effect on Dependent Care Assistant. The final objective sought to discover the influence of organisational culture on wellness and personal development. It was found that, only Market Culture had a significant positive influence on wellness and personal

development. Finally, through the use of the Smart PLS 3 (Structural Equation Model), the levels as to which defines the greatest degree of influence on the various types of organisational culture was Market Culture. Also, in terms of policies of Work Life Balance, the healthcare professionals had the perceptions that Flexible Working Arrangements was the best in terms of ensuring their wellbeing, followed by Wellness and Personal Development, then Dependent Care Assistance and Leave Arrangements.



CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter presents a summary of the findings that emerged from the study and data analysis. It draws conclusions and makes recommendations on how best they can sustain and promote conducive organisational cultures through effective work life balance policies. Finally, the suggestion for future research is also highlighted.

Summary of the Study

This study aimed at analysing the influence of organisational culture on the work life balance of healthcare professionals of Tema General Hospital in Tema, Ghana. There were four main specific objectives, which the study aimed to achieve and these included to:

1. investigate the influence of organisational culture on flexible working arrangement
2. examine the influence of organisational culture on leave arrangement
3. assess the influence of organisational culture on dependent care assistant
4. determine the influence of organisational culture on wellness and personal development.

The study was based on the views of 126 staff from the study area. A self-administered questionnaire was the main research instrument. The questionnaire contained several questions (items) and was subdivided into subscales. Self-

administered questionnaires were distributed to 126 healthcare professionals, and all 126 were returned, well filled and included in the study. SPSS and PLS-SEM were used to analyze the data on which summary will be done on the findings. Conclusion was done based on the gathered information, with recommendations aimed at improving organisational culture and work life balance among healthcare professionals and for future research.

Key Findings

The results from the survey were analysed with the help of the Statistical Package for the Social Sciences (SPSS 26.0 version) software. The major findings as they related to the specific objectives of the study had been summarized as follows. The first research objective sought to investigate the influence of organisational culture on flexible working arrangement among healthcare professionals at the Tema General Hospital. The results of the PLS analysis indicated that there is a significant positive relationship between Market Culture (MC) and Flexible Working Arrangements (FWA). Thus, of all the four hypotheses, (H1, H2, and H3) were rejected since they had a p-value of more than 5%. The results further revealed that about 72.9% of variation in Flexible Working Arrangement was accounted for by the variation in the Market Culture within an organization and its environment.

The second objective of the study was to examine the influence of organisational culture on leave arrangement among healthcare professionals at the Tema General Hospital. With this, PLS SEM analysis was run to determine the effect, the extent as well as the significance of the effect of Organisational culture

on Leave Arrangement. It was found that, Clan Culture (CC), Hierarchical Culture (HC) and Market Culture (MC) had significant positive relationship with Leave Arrangement (LAR). The findings showed that significant values (p- values) of the Clan Culture (CC), Hierarchical Culture (HC) and Market Culture (MC) were below the 5% significant level. It was further revealed, H₆ was rejected which signified that, there is no significant relationship between Adhocracy Culture and Leave arrangements among health professionals at the Tema General Hospital.

Moreover, the third research objective sought to assess the influence of organisational culture on dependent care assistant of healthcare professionals at the Tema General Hospital. The study found out that there was a significant relationship between Adhocracy Culture (AC) and Hierarchical Culture (HC) on Dependent Care Assistant (DCA). The results further revealed that about 29.3% of variation in Dependent Care Assistant was accounted for by the variation in Adhocracy Culture (AC) and Hierarchical Culture (HC). However, there was no significant relationship between Clan Culture (HC) and Market Culture (MC) on Dependent Care Assistant and hence, H₉ and H₁₂ were rejected.

Finally, the fourth research objective sought to assesses the influence of Organisational Culture on Wellness and Personal Development of healthcare professionals at the Tema General Hospital. The study found out that there was a significant relationship between Market Culture (MC) and Wellness and Personal Development (WPD). It was further revealed that, Clan Culture, Adhocracy Culture and Hierarchical Culture had no significant relationship with Wellness and Personal Development. Hence, depicting that Clan Culture (CC), Adhocracy Culture (AC)

and Hierarchical Culture (HC) failed to support the hypothesis and did not have a significant relationship with Wellness and Personal Development (values of both P and t-statistic failed to meet criteria). The results further revealed that Organisational culture synergically, account for approximately 73.3% of variation ($R^2 = 0.733$) of changes in Wellness and Personal Development of healthcare professionals at the Tema General Hospital.

Conclusions

The aim of this study was to examine the influence of Organisational Culture on the work life balance of healthcare professionals of Tema General Hospital in Tema, Ghana. Organisational Culture dimensions were put into Clan Culture (CC), Adhocracy Culture (AC), Hierarchical Culture (HC) and Market Culture (MC). Also, Work Life Balance policies, the researcher categorized these policies into Flexible Working Arrangements (FWA), Leave Arrangements (LAR), Dependent Care Assistant (DCA) and Wellness and Personal Development (WPD). The first research objective was to examine the influence of organisational culture on flexible work arrangement among healthcare professionals at the Tema General Hospital. The findings led to the conclusion that there was a positive and significant relationship between Market Culture (MC) and Flexible Working Arrangement (FWA). This implied that, all things being equal, a unit increase in Market Culture (MC) will result in a significant corresponding increase in Flexible Working Arrangement (FWA) by 0.833. It was also concluded that the most effective form of organisational culture within the University of Cape Coast is to establish a

conducive market culture within the institution to create an environment to ensure the wellbeing of its employees.

The second objective of the study was to assess the influence of Organisational Culture on Leave Arrangements among healthcare professionals at the Tema General Hospital. Based on the findings, it can be concluded that there was a positive and significant relationship between Clan Culture, Hierarchical Culture and Market Culture and Leave Arrangements. The results further led to a conclusion that organisational culture plays an important role in the work life balance (leave arrangement) of healthcare professionals at the Tema Regional Hospital. This is because, ensuring the right organisational culture within various organisations within the health sector influences the work life balance of various employees (Leave Arrangement) at a high level. This hence, increases the overall wellbeing of health workers therefore resulting in the enormous contribution of various employees to the performance of the health centers.

The third objective of the study was to assess the influence of Organisational Culture on Dependent Care Assistant of healthcare professionals at the Tema General Hospital. Results led to the conclusion that there was a positive significant relationship between Adhocracy Culture and Hierarchical Culture and Dependent Care Assistant. It was also concluded that, all things being equal, a unit increase in Adhocracy Culture (AC) and Hierarchical Culture (HC) will result in a significant corresponding increase in Dependent Care Assistant by 0.161 and 0.351 respectively in the organisation. It could also be concluded that, when the healthcare facility employs the mechanisms of Adhocracy Culture and Hierarchical

Culture as against a work life balance policy to curb employees wellbeing, It is best, they consider the dependent care assistant of all healthcare professional.

The final research objective was to determine the influence of Organisational Culture on Wellness and Personal Development of healthcare professionals at the Tema General Hospital. The findings led to the conclusion that there was a positive significant relationship between Market Culture and Wellness and Personal Development. Also, the study concluded that organisational culture dimensions (Clan Culture, Adhocracy Culture, Hierarchical Culture and Market Culture) combined within the Tema General Hospital were not found in the constructive organisational or institutional systems. Also, Clan Culture, Adhocracy Culture and Hierarchical Culture had no significant relationship with Wellness and Personal Development. It was also concluded that the adoption of all the four dimensions of Organisational Culture (Clan Culture, Adhocracy Culture, Hierarchical Culture and Market Culture) increases the Work Life Balance (Flexible Working Arrangement, Leave Arrangement, Dependent Care Assistant and Wellness and Personal Development) of healthcare professionals.

Recommendations

Based on the findings, it was obvious that the right work life balance policy with a more effective Organisational Culture within the organisation is a tool for necessitating employee improvement and organisational performance on a broader view. Thus, it is recommended that the management of the Tema General Hospital should adhere strictly to effective Organisational culture dimensions in employing work life balance policies in order to serve the interest of employees and further

improving on their level of satisfaction and performance in the healthcare professionals. Findings from the current study are important to both employees and employers in terms of a deeper understanding of Organisational Culture dimensions and its influence on Work Life Balance policies, which consequently affects organisations' productivity and performance.

It is recommended that, management must create a favorable condition for healthcare professionals in relation to the right work life balance policies and as to which organisational culture dimension would best address certain negative influences on employee performance and dissatisfaction. Also, giving healthcare professionals the platform to be able to make recommendations, give opinions and suggestion on issues which affect them in relation to some of the needed work life balance policies and practices that may be beneficial from the perspective of the employee. Moreover, it is expedient of the management of the Tema General Hospital to organise training and seminars to groom employees as to when and how these organisational cultures are beneficial in meeting its associated work life balance policy for a greater influence.

Suggestions for future research

This study was based on quantitative analysis but in the near future, both qualitative and quantitative methods should be used and this will help employees to better describe the situation and also explain in detail the reason for the answers that have been uncovered using quantitative. Also, future research could be conducted to address one of the limitations outlined in this study. For example, this study only concentrated on healthcare professionals at the Tema General Hospital,

Tema, Ghana. This means the views of the employees could not be generalized. As a result, the future research could extend the investigation to different regions and to obtain a wider generalisation of the study.



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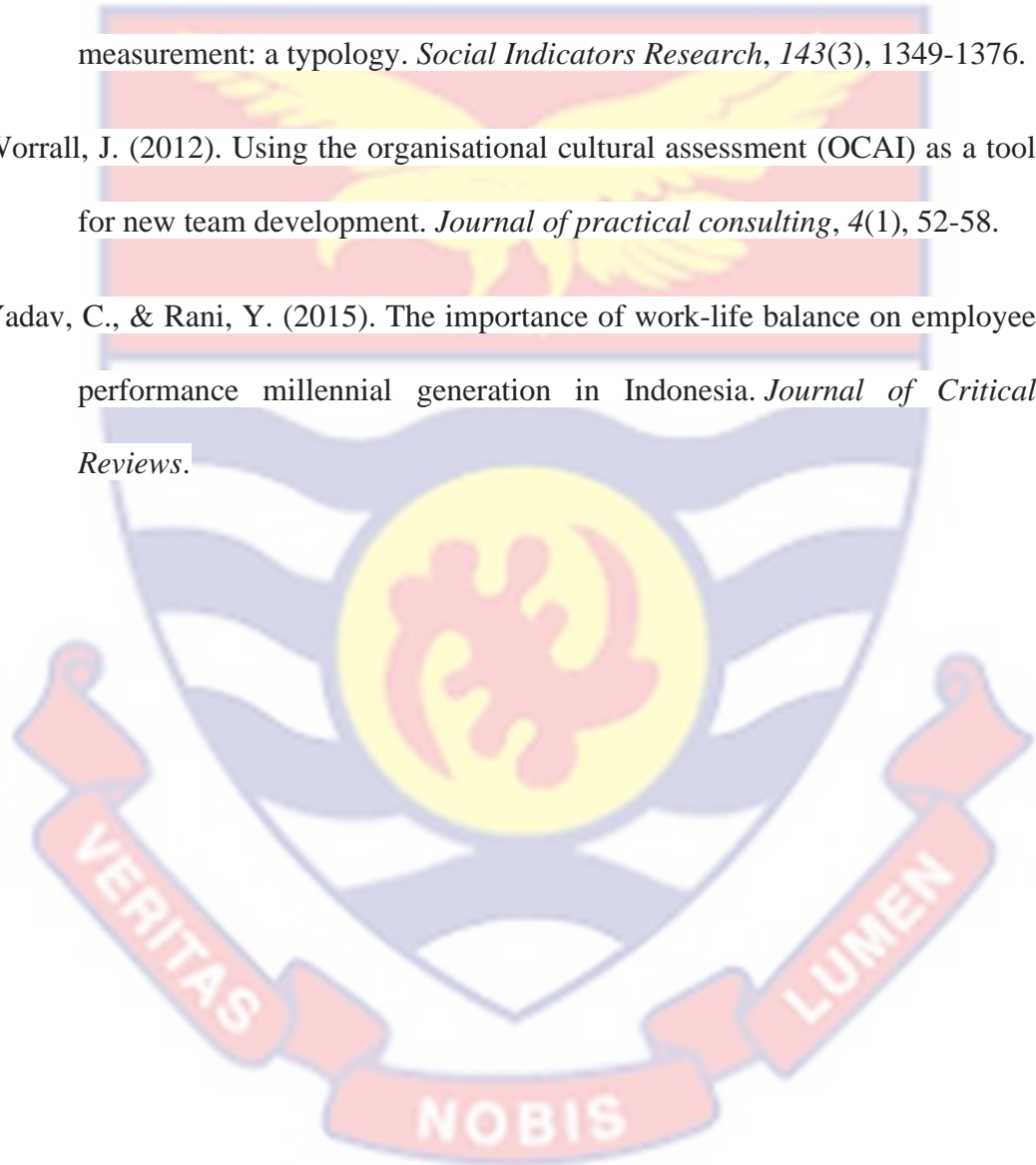
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APPENDICES
APPENDIX A: INTRODUCTORY LETTER

UNIVERSITY OF CAPE COAST
SCHOOL OF BUSINESS

DEPARTMENT OF MANAGEMENT

Telephone: 03321 32440/32444 Ext. 219/220
Direct: 03321 37870
Telegrams: University, Cape Coast
Telex: 2552, UCC, GH.

UNIVERSITY POST OFFICE
CAPE COAST, GHANA



Dear Sir/Madam,

INTRODUCTORY LETTER FOR ALICE MAKU TEYE

The bearer of this letter, Alice Maku TEYE is an MBA (Management) student of the Department of Management, School of Business. She is writing her dissertation on the topic: “ORGANISATIONAL CULTURE AND WORK LIFE BALANCE POLICIES AMONG HEALTHCARE PROFESSIONALS AT TEMA GENERAL HOSPITAL, TEMA-GHANA”.

We would be grateful if you could assist her with the filling of the questionnaires and any other information that she may need to complete her work.

We appreciate your co-operation.

Yours faithfully,

Signed

N.O.O.

HEAD

APPENDIX B: QUESTIONNAIRE

UNIVERSITY OF CAPE COAST

SCHOOL OF BUSINESS

DEPARTMENT OF MANAGEMENT

Dear Respondent,

I am a student of University of Cape Coast, offering Master of Business Administration (Management) programme at the School of Business, Department of Management. This questionnaire is designed to ascertain information for my research work on the topic: **“ORGANISATIONAL CULTURE AND WORK LIFE BALANCE POLICIES AMONG HEALTHCARE PROFESSIONALS AT TEMA GENERAL HOSPITAL, TEMA-GHANA”**. This research is in partial fulfilment of the requirement for the award of a Master of Business Administration Degree in Management at the University of Cape Coast.

All the answers you provide will be treated with the utmost confidentiality and for academic purpose only. Please feel free to answer the questions as candid as possible.

Thank you

Alice Maku Teye

SECTION A

SOCIO-DEMOGRAPHIC DATA OF RESPONDENTS

To answer a question, either tick [] or write short notes on the space provided where necessary.

1. Gender:

- a. Male []
- b. Female []

2. Age:

- a. 18-25 years []
- b. 26-35 years []
- c. 36-45 years []
- d. 46-55 years []

3. Level of Education:

- a. Diploma []
- b. 1st Degree []
- c. 2nd Degree []
- d. Professionals []

4. Staff category:

- a. Clinicians []
- b. Health professionals []
- c. Paramedics []
- d. Administrative []

5. Employees' Years of Work in the Organisation

- a. 1-5 years []
- b. 6-10 years []
- c. 11-15years []
- d. 16 years and above []

Section B – Organisational Culture Assessment Instrument

Thinking about Organisational Culture in general, read the statements below carefully and rate how much you personally agree or disagree with each statement.

Use a scale of 1-5 with where

1=Strongly Disagree, 2=Disagree, 3=Indifferent, 4= Agree, 5= Strongly Agree.

Statement	Likert Scale				
Clan Culture	1	2	3	4	5
Agreement is easily achieved even concerning hard problems in organization					
Competition between colleagues usually brings more harm than good					
It is not accepted to talk about people behind their back					
In group everyone must put maximum effort to achieve common goal					
Reward for success must go to department, because everyone put an effort					
Adhocracy Culture	1	2	3	4	5
Employees of any division have equal perspectives					
Information is available for everyone. One can get any needed information					
Projects are coordinated easily through all functional units					
New ideas must be applied immediately otherwise they become old and obsolete					
Most competent representative of group must make decisions even if formally he/she is not a leader of the group					

Statement	Likert Scale				
Hierarchy Culture	1	2	3	4	5
We have informal norms and rules which are to be followed by everyone					
Rules of the company must not be disobeyed even if employee thinks that he/she acts in favour of Company					
Instructions and regulations are needed to govern every process of work					
Organization must have strict hierarchy					
One needs to control spending of resources strictly, or total disorder will happen					
Market Culture	1	2	3	4	5
Customers' interests are never ignored in decision making of organization					
We constantly improve our methods of work to gain advantages over rivals					
During conflict everybody tries to solve it quickly and mutually profitable					
It is very important to feel market changes to react contemporarily					

SECTION C: WORK LIFE BALANCE POLICIES ASSESSMENT INSTRUMENT

Kindly indicate your *level of agreement* with each of the following statements by **ticking** the appropriate number on the scale.

1=Strongly Disagree, 2=Disagree, 3=Indifferent, 4= Agree, 5= Strongly Agree.

a. Flexible Working Arrangements

S/N		1	2	3	4	5
FWA1	Allowing for flexible work hours e.g starting and finishing half an hour earlier or later					
FWA2	Offering part time work options e.g approximately 25hrs/week					
FWA3	Introducing job sharing where one job is split between 2 people working fewer hours					
FWA4	Increasing flexibility in work location e.g working from home technology					

b. Leave Arrangements

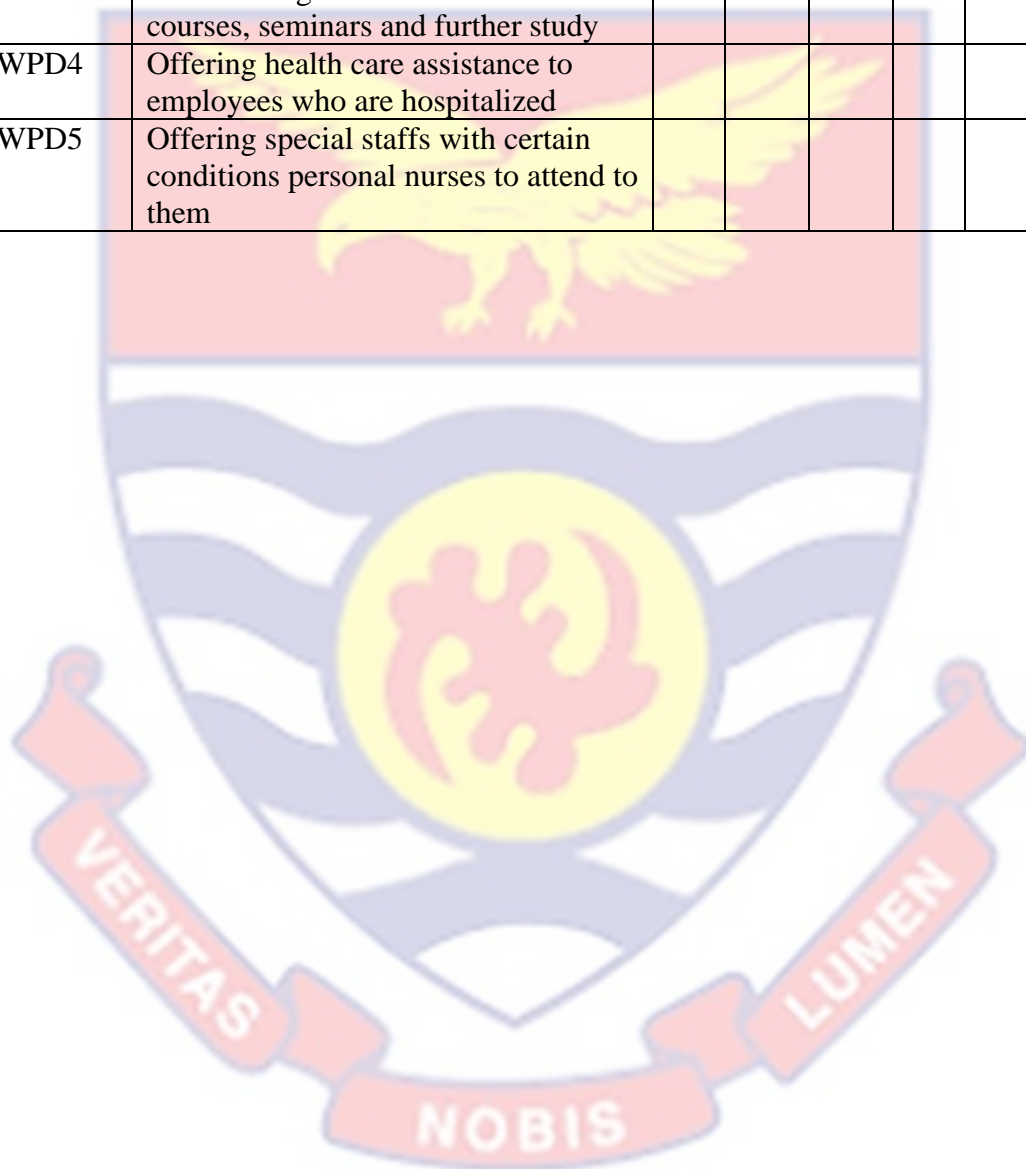
S/N		1	2	3	4	5
LAR1	Offering extended parental leave					
LAR2	Allowing for maternity leave					
LAR3	Allowing for study leave					
LAR4	Allowing for sabbatical leave					
LAR5	Ensuring senior administrative senior members take their annual leave					

c. Dependent Care Assistance

S/N		1	2	3	4	5
DAC1	Offering temporary part time work options during a family crisis					
DAC2	Providing scholarships for employee's children					
DAC3	Providing for elder care services to assist with care of elderly parents					
DAC4	Providing child care facilities					

d. Wellness and Personal development

S/N		1	2	3	4	5
WPD1	Offering a fitness programme e.g discounted gym membership					
WPD2	Providing a wellness programme e.g health checks					
WPD3	Reimbursing the costs of work-related courses, seminars and further study					
WPD4	Offering health care assistance to employees who are hospitalized					
WPD5	Offering special staffs with certain conditions personal nurses to attend to them					



THANK YOU