



PHYSICAL WORK ENVIRONMENT AND ORGANIZATIONAL CULTURE IN EMPLOYEE PERFORMANCE: REGRESSION EVIDENCE FROM TELUK PUCUNG PUBLIC HOSPITAL

LINGKUNGAN KERJA FISIK DAN BUDAYA ORGANISASI DALAM KINERJA KARYAWAN: BUKTI REGRESI DARI RUMAH SAKIT UMUM TELUK PUCUNG

Laela Nauvalya^{1*}, Adriza², Dudun Junaedi³

¹Universitas Mitra Bangsa, Email: laelanauvalya@gmail.com

²Universitas Mitra Bangsa, Email: adriza@umiba.ac.id

³Kencana Academy of Secretarial and Management Bandung, Email: dudunjunaedi@asmkencana.ac.id

*email koresponden: laelanauvalya@gmail.com

DOI: <https://doi.org/10.62567/micjo.v3i4.3425>

Abstract

This study examines whether employees' perceptions of the physical work environment and organizational culture are associated with self-reported performance at Teluk Pucung Class D Regional General Hospital. Drawing on the job demands–resources framework, it considers material working conditions and organizational practices as distinct workplace resources. A quantitative questionnaire survey included 69 employees from a stated workforce of 220. The instrument contained eight physical-environment items, ten organizational-culture items, and twelve performance items. Data were analysed using multiple linear regression in SPSS 25, with each predictor assessed while holding the other constant. The physical work environment was positively associated with performance ($B = 0.728$; $t = 5.422$; $p < .001$). Organizational culture also showed a positive association ($B = 0.395$; $t = 3.264$; $p = .002$). The joint model was significant, $F(2, 66) = 129.026$, $p < .001$, and explained 79.6% of the observed variation in respondents' performance scores ($R^2 = .796$; adjusted $R^2 = .790$). The standardized coefficient was larger for the physical environment ($\beta = .577$) than for organizational culture ($\beta = .348$), although their difference was not formally tested. By examining both workplace domains in one model, the study provides a focused account of employee-reported performance in a local public hospital. The survey does not establish causal effects or changes in clinical outcomes. Hospital managers can use these findings to prioritize assessments of facilities and coordination practices, then evaluate improvements against independently recorded work indicators.

Keywords : Physical Work Environment, Organizational Culture, Employee Performance, Job Demands–Resources, Public Hospital.



Abstrak

Penelitian ini menguji hubungan antara persepsi pegawai mengenai lingkungan kerja fisik dan budaya organisasi dengan kinerja yang mereka laporkan sendiri di Rumah Sakit Umum Daerah Kelas D Teluk Pucung. Dengan menggunakan kerangka *job demands-resources*, penelitian menempatkan kondisi fisik dan praktik organisasi sebagai dua sumber daya kerja yang berbeda. Survei kuantitatif melalui kuesioner melibatkan 69 pegawai dari populasi yang dilaporkan berjumlah 220 orang. Instrumen memuat delapan butir lingkungan kerja fisik, sepuluh butir budaya organisasi, dan dua belas butir kinerja. Data dianalisis menggunakan regresi linier berganda dengan SPSS 25 untuk menilai hubungan masing-masing prediktor setelah mengendalikan prediktor lainnya. Lingkungan kerja fisik berhubungan positif dengan kinerja ($B = 0,728$; $t = 5,422$; $p < 0,001$). Budaya organisasi juga menunjukkan hubungan positif ($B = 0,395$; $t = 3,264$; $p = 0,002$). Model gabungan signifikan, $F(2, 66) = 129,026$, $p < 0,001$, dan menjelaskan 79,6% variasi skor kinerja responden ($R^2 = 0,796$; R^2 terkoreksi = 0,790). Koefisien terstandar lingkungan fisik ($\beta = 0,577$) lebih besar daripada budaya organisasi ($\beta = 0,348$), tetapi perbedaan kedua koefisien tersebut tidak diuji secara khusus. Pengujian kedua domain dalam satu model memberikan gambaran terfokus mengenai kinerja yang dilaporkan pegawai rumah sakit daerah. Desain survei ini belum membuktikan hubungan sebab akibat ataupun perubahan hasil pelayanan klinis. Manajemen dapat menggunakan temuan untuk memprioritaskan pemeriksaan fasilitas dan praktik koordinasi, kemudian menilai perbaikannya melalui indikator kerja yang dicatat secara independen.

Kata Kunci : Lingkungan Kerja Fisik, Budaya Organisasi, Kinerja Pegawai, *Job Demands-Resources*, Rumah Sakit Daerah.

1. INTRODUCTION

Hospital employees perform tasks that depend on both usable physical space and reliable coordination. Lighting, temperature, ventilation, noise, and access to equipment shape the conditions in which work is carried out, while shared expectations influence cooperation, communication, and adherence to procedures. Evidence from healthcare design research identifies several links between physical settings and staff experience, but different environmental features and outcomes have often been measured together (Elf et al., 2024; Shetty et al., 2024; Ulrich et al., 2008). Employee performance also comprises more than speed or output: task execution, support for colleagues, adaptation, and counterproductive behaviour are distinct dimensions in the healthcare literature (Krijgsheld et al., 2022).

The present study concerns employees of Teluk Pucung Class D Regional General Hospital, an Indonesian local government hospital. Its substantive question is whether employees who rate their physical work environment and organizational culture more favourably also report stronger performance. The source manuscript mentions cleanliness, temperature, ventilation, procedural compliance, recognition, and coordination as concerns. These statements are useful for defining the research problem, but the supplied file contains no facility audit, incident record, staff interview, or dated administrative series that would establish their prevalence at this hospital. They are therefore treated here as areas to investigate, rather than verified deficiencies or measured study findings.

Previous research gives distinct reasons to consider each predictor. A review of hospital work-environment instruments found that broad labels can obscure what an instrument actually measures, so physical and professional or social features should be distinguished (Maassen et al., 2020). Reviews of healthcare facilities link lighting, acoustics, thermal conditions, and spatial design to staff outcomes, although the direction and strength of particular links depend on the setting and outcome (Elf et al., 2024; Shetty et al., 2024). A review of hospital workplace interventions likewise found that the design



and implementation of an intervention matter when assessing staff outcomes (Haraldsson et al., 2024). These studies warrant attention to the physical setting without assuming that a favourable questionnaire score amounts to an independently verified building condition.

Organizational culture has a different referent. It concerns shared norms and practices, rather than the immediate material setting, and may support performance by helping employees understand priorities and coordinate action (Denison & Mishra, 1995). In healthcare, reviews connect communication, leadership, teamwork, recognition, and autonomy with staff satisfaction or other work outcomes (Almutairi et al., 2022; Kiptulon et al., 2024; Rafi'i et al., 2025). A review of safety-culture interventions reported heterogeneous changes in staff outcomes and emphasized institutional support and implementation time (Finn et al., 2024). A Hong Kong hospital study used unit-level culture measures in a multilevel analysis of nurses' productivity, illustrating that an organization's shared culture cannot automatically be inferred from individual ratings (Lui et al., 2024).

The job demands-resources framework provides a restrained interpretation of these relationships. Workable facilities can function as task resources; clear communication and support can function as social or organizational resources (Bakker & Demerouti, 2007, 2017; Demerouti et al., 2001). The framework identifies plausible pathways through which work conditions relate to functioning, but this study did not measure those pathways, work engagement, or burnout. The regression therefore tests associations consistent with this framework, not its full mechanism. Evidence from a review at the work-unit level also suggests that resources and demands can operate above the individual level, a distinction this single-hospital employee survey cannot resolve (Roczniewska et al., 2022).

The contribution is deliberately specific. Hospital studies have separately examined physical design, organizational culture, satisfaction, and performance; the present data estimate whether two employee-rated workplace domains retain positive associations with an employee-rated performance score when included together in this hospital. That combined estimate is useful for local diagnosis, while its interpretation is bounded by one setting, one survey, and an outcome measured by respondents themselves. The objective is to estimate (1) the adjusted association of perceived physical work environment with performance, (2) the adjusted association of perceived organizational culture with performance, and (3) the explanatory fit of their joint model. H1: the physical-environment coefficient is positive. H2: the organizational-culture coefficient is positive. H3: the joint regression model explains nonzero variance in employee performance. H3 is a model-level test; an F test by itself does not establish that each predictor has a positive effect.

2. RESEARCH METHOD

This study employed a quantitative research design with a cross-sectional survey approach. The design was selected because the study aimed to measure the relationship between the physical work environment, organizational culture, and employee performance at Teluk Pucung Class D Regional General Hospital at a particular period. The analysis was descriptive and explanatory: the descriptive component identified employees' perceptions of each variable, while the explanatory component tested the partial and simultaneous relationships between the independent and dependent variables (Creswell & Creswell, 2018).

The study examined two independent variables: the physical work environment and organizational culture. Employee performance served as the dependent variable. The analytical model was based on the assumption that adequate physical conditions and supportive organizational practices provide workplace resources that help employees perform their duties more effectively (Creswell & Creswell, 2018).

The study population consisted of 220 employees of Teluk Pucung Class D Regional General Hospital. The sample size was determined using the Slovin formula with a 10% margin of error:

$$n = \frac{N}{1 + Ne^2}$$



Where n represents the sample size, N represents the population size, and e represents the margin of error. Based on this calculation, the required sample was 69 employees. The respondents represented employees working within the hospital environment and were selected as the unit of analysis because they directly experienced the physical conditions, organizational practices, and work demands assessed in the study (Creswell & Creswell, 2018).

The study used primary data collected through a structured questionnaire. The questionnaire was distributed online to employees of Teluk Pucung Class D Regional General Hospital. Each respondent assessed the conditions experienced in the workplace, the organizational practices perceived within the hospital, and their own work performance (Creswell & Creswell, 2018).

The questionnaire consisted of three measurement sections. The physical work environment variable was measured using eight statements concerning the conditions surrounding employees while performing their duties. Organizational culture was measured using ten statements addressing shared values, norms, cooperation, responsibility, and work practices. Employee performance was measured using twelve statements related to the completion of duties, work quality, work quantity, timeliness, and responsibility. All items were scored using a Likert-type response scale, with higher scores indicating more favourable perceptions of the measured construct (Creswell & Creswell, 2018).

Instrument quality was assessed through validity and reliability testing. Item validity was examined using Pearson correlation between each item score and its respective total construct score. An item was considered valid when its correlation reached statistical significance at the 5% level. Reliability was assessed using Cronbach's alpha to determine the internal consistency of each measurement scale. The physical work environment, organizational culture, and employee performance scales produced Cronbach's alpha values of 0.851, 0.857, and 0.898, respectively. These values indicate satisfactory internal consistency for the three scales (Creswell & Creswell, 2018).

Data were analysed using the Statistical Package for the Social Sciences (SPSS) version 25. The analysis consisted of descriptive statistics, validity testing, reliability testing, multiple linear regression, partial significance testing, simultaneous significance testing, and coefficient of determination analysis (Creswell & Creswell, 2018).

Multiple linear regression was used to estimate the relationship between the two independent variables and employee performance. The regression model was formulated as follows:

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \varepsilon$$

where Y represents employee performance, α represents the constant, X_1 represents the physical work environment, X_2 represents organizational culture, β_1 and β_2 represent the regression coefficients, and ε represents the error term (Creswell & Creswell, 2018).

The partial t -test was used to determine whether each independent variable was significantly associated with employee performance while controlling for the other independent variable. The simultaneous F -test was used to assess whether the physical work environment and organizational culture jointly explained variation in employee performance (Creswell & Creswell, 2018). The coefficient of determination was used to identify the proportion of variation in employee performance explained by the regression model.

The hypotheses were formulated as follows:

- H1: The physical work environment is positively associated with employee performance.
- H2: Organizational culture is positively associated with employee performance.
- H3: The physical work environment and organizational culture jointly explain significant variation in employee performance.

3. RESULT AND DISCUSSION

Measurement of the Study Variables

The analysis included 69 employees of Teluk Pucung Class D Regional General Hospital from a stated workforce of 220. Physical work environment was measured with eight questionnaire items, organizational culture with ten items, and employee performance with twelve items. The original item



analysis reported Pearson correlation significance below .05 for every item. Cronbach's alpha was .851 for physical work environment, .857 for organizational culture, and .898 for employee performance, indicating that the items within each reported scale were internally consistent (Table 1).

Table 1. Questionnaire Items and Internal Consistency of the Study Variables

Variable	Number of items	Cronbach's alpha	Reported item-test result
Physical work environment	8	.851	All items significant at $p < .05$
Organizational culture	10	.857	All items significant at $p < .05$
Employee performance	12	.898	All items significant at $p < .05$

Source: Primary questionnaire data, processed by the authors using SPSS 25.

Table 1 shows each scale showing internal consistency within the surveyed group. The reported item tests supported the inclusion of questionnaire items under the original study criteria; the table did not identify the contribution of individual physical conditions or organizational practices..

These measurement results provide a basis for analysing the three aggregate scores. They also set the level at which the subsequent findings should be read. The regression concerns employees' ratings of broad workplace domains and their reported performance, rather than direct measurements of lighting, ventilation, particular cultural norms, or service quality. Reviews of healthcare work-environment instruments and hospital safety-culture measures show that the content of an aggregate scale matters when interpreting its relationship with an outcome (Churrua et al., 2021; Maassen et al., 2020). Accordingly, the analysis below interprets the physical environment and organizational culture as the two constructs represented by the questionnaire, without assigning their coefficients to unreported individual items.

Physical Work Environment and Employee Performance

The multiple regression identified a positive association between physical work environment and employee performance after accounting for organizational culture. The unstandardized coefficient was 0.728 (SE = 0.134), with $t = 5.422$ and $p < .001$ (Table 2). Within the fitted model, a one-point difference in the physical-environment score corresponded to a 0.728-point difference in the performance score among employees with the same organizational-culture score. This result supports H1 as an association between the two reported measures.

Table 2. Multiple Linear Regression of Employee Performance ($n = 69$)

Predictor	Unstandardized coefficient (B)	Standard error	Standardized coefficient (β)	t	p
Constant	7.970	2.283	—	3.491	.001
Physical work environment	0.728	0.134	.577	5.422	< .001
Organizational culture	0.395	0.121	.348	3.264	.002

Source: Primary questionnaire data, processed by the authors using SPSS 25 (2026).

Table 2 shows both workplace scores were positively associated with the performance score when entered together. Each unstandardized coefficient represents the estimated difference in performance associated with one point on that predictor while the other predictor is held constant.

The physical-environment coefficient is consistent with the view that employees' material working conditions form part of the resources available for completing hospital tasks. Adequate space, manageable sensory conditions, and access to functional facilities may reduce avoidable friction in daily work. The job demands–resources framework explains why access to resources can support employees' functioning when work places demands on their time and attention (Bakker & Demerouti, 2007, 2017; Demerouti et al., 2001). This study estimates the relationship between an overall environment score and performance; it does not estimate those intervening processes separately.

The direction of the finding aligns with reviews that connect healthcare environments to staff experience and work outcomes. Shetty et al. (2024) describe the relevance of physical features across healthcare facilities, while Elf et al. (2024) show that research has examined different environmental



features, settings, and outcomes. The present regression adds a local employee-level association from a public hospital, but it cannot establish which facility feature accounts for that association. Its standardized coefficient ($\beta = .577$) is larger than the culture coefficient within this model, making physical conditions a reasonable starting point for a local facilities assessment. The coefficient alone cannot determine which repairs would yield the greatest improvement or whether the difference between the two standardized coefficients is statistically significant.

An operational response follows from this interpretation. Hospital management can review the usability of work areas and equipment by unit, identify conditions that repeatedly interrupt tasks, and connect maintenance priorities to the duties performed in each area. Documenting the condition addressed, the date of action, and subsequent work indicators would allow the hospital to assess whether a facility improvement was followed by better functioning. Evidence on workplace interventions in hospitals emphasizes the importance of how changes are planned and implemented, rather than assuming that any physical alteration will produce the same result (Haraldsson et al., 2024).

Organizational Culture and Employee Performance

Organizational culture retained a positive coefficient when physical work environment was included in the model ($B = 0.395$, $SE = 0.121$, $t = 3.264$, $p = .002$). A one-point higher culture score was associated with a 0.395-point higher performance score among employees with the same physical-environment score. Thus, H2 was supported by the partial regression test. The result indicates that employees' perceptions of organizational practices carry information about their reported performance beyond the information contained in their physical-environment ratings.

Culture can shape how employees coordinate responsibilities, communicate problems, and interpret expectations in a setting where tasks cross professional and unit boundaries. Denison & Mishra, (1995) identify cultural characteristics relevant to organizational effectiveness, while Rafi'i et al., (2025) synthesize evidence linking communication, leadership, teamwork, participation, recognition, and autonomy with healthcare workers' satisfaction. Almutairi et al. (2022) likewise place organizational factors in the discussion of healthcare professionals' performance. These studies give the present association a substantive interpretation: workplace norms and routines may help employees turn available resources into coordinated work. The ten-item score, however, does not isolate the contribution of any one routine, so the reported coefficient refers to the measured construct as a whole.

Comparison with empirical hospital research clarifies the contribution and scope of this result. Xiong et al., (2022) examined growth culture alongside satisfaction and person-organization fit in relation to public-hospital performance. Lui et al., (2024) analysed unit-level culture and nurse productivity across Hong Kong public hospitals using a multilevel design. Their results show why culture is relevant to hospital work, but the outcome and analytical level differ from the individual questionnaire scores examined here. This study therefore contributes evidence about employee-level perceptions at Teluk Pucung rather than a direct estimate of the hospital's collective culture or institutional performance.

The coefficient suggests that organizational improvement should focus on practices employees encounter in routine service delivery. Clear handovers, consistent task allocation, constructive feedback, and channels for raising operational problems are concrete practices through which managers can examine how work is coordinated. A systematic review of hospital safety-culture interventions associates staff benefits with leadership, teamwork, institutional support, and sustained implementation (Finn et al., 2024). The current analysis supports attention to organizational practice, while any particular programme would require its own evaluation. This distinction matters because employees may report a supportive culture while service processes vary across units.

Joint Model and Implications for Hospital Management

The regression equation based on the reported unstandardized coefficients was $Y = 7.970 + 0.728X_1 + 0.395X_2$, where Y is the employee-performance score, X_1 is the physical-environment score, and X_2 is the organizational-culture score. The model was statistically significant, $F(2, 66) = 129.026$, $p < .001$. Its R^2 of .796 indicates that the two scores jointly accounted for 79.6% of the observed



variation in performance scores among the 69 respondents; adjusted R^2 was .790 (Table 3). The overall model test supports H3, while the partial tests in Table 2 show that each predictor had a positive coefficient.

Table 3. Model Fit and Analysis of Variance for Employee Performance

Model statistic	Value	Degrees of freedom or detail
Multiple R	.892	—
R^2	.796	—
Adjusted R^2	.790	—
Standard error of the estimate	3.123	Performance-score units
Regression sum of squares	2,517.367	2
Residual sum of squares	643.850	66
Total sum of squares	3,161.217	68
Overall F	129.026	(2, 66), $p < .001$

Source: Primary questionnaire data, processed by the authors using SPSS 25.

Table 3 shows the model fitted the performance scores of the surveyed employees closely. The 20.4% remaining variation was not explained by these two predictors; the table does not apportion that remainder to particular factors outside the model.

The joint result is meaningful for management because physical conditions and organizational practices address different parts of the employee's working situation. Improving a work area may make tasks easier to perform, while dependable coordination can help employees use that space and equipment effectively. The model does not test an interaction between the predictors, so it cannot establish whether one strengthens the association of the other with performance. It does show that both scores retain positive associations when considered together. This is a firmer basis for reviewing the two workplace domains in parallel than treating facilities or culture as a complete explanation on its own.

The relatively high R^2 also calls for care in interpreting model fit. The predictors and outcome were reported through the same questionnaire, which may strengthen observed associations through shared response tendencies or overlap in item content (Podsakoff et al., 2003, 2012). At the same time, method effects cannot be quantified from the summary statistics alone, and their possibility does not negate the reported regression (Spector, 2006). Hospital performance also involves factors beyond the two measured scores. A synthesis of healthcare-provider studies identifies workload, stress, training, and other organizational conditions as relevant to performance (Alkhurayji et al., 2026); an Indonesian hospital study connects remuneration and satisfaction with performance indicators (Wahyuhadi et al., 2023). The 79.6% figure therefore describes fit within this sample and measurement approach, rather than the share of real-world performance controlled by two management interventions.

The findings support a practical sequence for Teluk Pucung Class D Regional General Hospital. Managers can first map recurring facility problems and coordination obstacles by unit, then select actions according to their relevance to employees' actual duties. Follow-up assessment can combine employee feedback with maintenance records, completion times, and other independently recorded work measures. This would connect the survey's two workplace domains to observable service processes while helping distinguish changes in working conditions from changes in how employees answer a questionnaire.

4. CONCLUSION

The study examined the relationships of physical work environment and organizational culture with employee performance at Teluk Pucung Class D Regional General Hospital. Among 69 respondents, the physical-environment score was positively associated with the performance score after organizational culture was included in the model. Its coefficient was 0.728, with a standardized coefficient of .577 and $p < .001$. This finding directs attention to the material conditions under which employees perform their duties.



Organizational culture also showed a positive association with performance after the physical work environment was included in the model. Its coefficient was 0.395, with a standardized coefficient of .348 and $p = .002$. Together, the two predictors explained 79.6% of the observed variation in respondents' performance scores. The joint result indicates that workplace conditions and organizational practices both deserve consideration in local performance management.

The study contributes an integrated estimate of two workplace domains within one public hospital's employee survey. Hospital management can use the findings to assess physical facilities and the routines that support communication, task allocation, and feedback. Priorities should be tied to the work performed in each unit and recorded as specific actions. Subsequent assessment can compare employee perceptions with independently documented work indicators.

The findings concern the surveyed employees' reported scores and do not establish that changes to facilities or culture caused improvements in performance. A single hospital and an employee-reported outcome limit the reach of the conclusions. The available summary also does not show how respondents were selected or how performance varied across occupational groups. These limitations support a cautious interpretation of the regression while preserving its value for identifying issues to assess within the hospital.

5. REFERENCES

- Alkhurayji, K., Kalagi, F., Alsuwaidan, H., Alrayes, S. A., Alumran, A., & Bah, S. (2026). Factors associated with health care provider performance: A systematic review and meta-analysis. *Human Resources for Health*, 24(1), 37. <https://doi.org/10.1186/s12960-026-01076-w>
- Almutairi, R. L., Aditya, R. S., Kodriyah, L., Yusuf, A., Solikhah, F. K., Al Razeeni, D. M., & Kotijah, S. (2022). Analysis of organizational culture factors that influence the performance of health care professionals: A literature review. *Journal of Public Health in Africa*, 13(s2), 2415. <https://doi.org/10.4081/jphia.2022.2415>
- Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of Managerial Psychology*, 22(3), 309–328. <https://doi.org/10.1108/02683940710733115>
- Bakker, A. B., & Demerouti, E. (2017). Job demands–resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, 22(3), 273–285. <https://doi.org/10.1037/ocp0000056>
- Churruca, K., Ellis, L. A., Pomare, C., Hogden, A., Bierbaum, M., Long, J. C., Olekalns, A., & Braithwaite, J. (2021). Dimensions of safety culture: A systematic review of quantitative, qualitative and mixed methods for assessing safety culture in hospitals. *BMJ Open*, 11(7), e043982–e043982. <https://doi.org/10.1136/bmjopen-2020-043982>
- Creswell, J. W., & Creswell, J. D. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (5th Editio). SAGE Publications Ltd.
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*, 86(3), 499–512. <https://doi.org/10.1037/0021-9010.86.3.499>
- Denison, D. R., & Mishra, A. K. (1995). Toward a theory of organizational culture and effectiveness. *Organization Science*, 6(2), 204–223. <https://doi.org/10.1287/orsc.6.2.204>
- Elf, M., Lipson-Smith, R., Kylén, M., Saa, J. P., Sturge, J., Miedema, E., Nordin, S., Bernhardt, J., & Anåker, A. (2024). A systematic review of research gaps in the built environment of inpatient healthcare settings. *HERD: Health Environments Research & Design Journal*, 17(3), 372–394. <https://doi.org/10.1177/19375867241251830>
- Finn, M., Walsh, A., Rafter, N., Mellon, L., Chong, H.-Y., Naji, A., O'Brien, N., Williams, D. J., & McCarthy, S. E. (2024). Effect of interventions to improve safety culture on healthcare workers in hospital settings: A systematic review of the international literature. *BMJ Open Quality*, 13(2), e002506–e002506. <https://doi.org/10.1136/bmjopen-2023-002506>
- Haraldsson, P., Nylander, E., Jonker, D., Ros, A., & Areskoug Josefsson, K. (2024). Workplace



- interventions focusing on how to plan, organize and design the work environment in hospital settings: A systematic review. *Work*, 78(2), 331–348. <https://doi.org/10.3233/WOR-230205>
- Kiptulon, E. K., Elmadani, M., Limungi, G. M., Simon, K., Tóth, L., Horvath, E., Szöllösi, A., Galgalo, D. A., Maté, O., & Ujváriné Siket, A. (2024). Transforming nursing work environments: The impact of organizational culture on work-related stress among nurses: A systematic review. *BMC Health Services Research*, 24(1), 1526. <https://doi.org/10.1186/s12913-024-12003-x>
- Krijgsheld, M., Tummers, L. G., & Scheepers, F. E. (2022). Job performance in healthcare: A systematic review. *BMC Health Services Research*, 22, 149. <https://doi.org/10.1186/s12913-021-07357-5>
- Lui, J. N. M., Andres, E. B., & Johnston, J. M. (2024). How do organizational culture and leadership style affect nurse presenteeism and productivity?: A cross sectional study of Hong Kong acute public hospitals. *International Journal of Nursing Studies*, 152, 104675. <https://doi.org/10.1016/j.ijnurstu.2023.104675>
- Maassen, S. M., Weggelaar Jansen, A. M. J. W., Brekelmans, G., Vermeulen, H., & van Oostveen, C. J. (2020). Psychometric evaluation of instruments measuring the work environment of healthcare professionals in hospitals: A systematic literature review. *International Journal for Quality in Health Care*, 32(8), 545–557. <https://doi.org/10.1093/intqhc/mzaa072>
- Podsakoff, P. M., MacKenzie, S. B., Lee, J.-Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology*, 88(5), 879–903. <https://doi.org/10.1037/0021-9010.88.5.879>
- Podsakoff, P. M., MacKenzie, S. B., & Podsakoff, N. P. (2012). Sources of method bias in social science research and recommendations on how to control it. *Annual Review of Psychology*, 63, 539–569. <https://doi.org/10.1146/annurev-psych-120710-100452>
- Rafi'i, M. R., Md Hanif, S. A., & Daud, F. Bin. (2025). Exploring the link between healthcare organizational culture and provider work satisfaction: A systematic review. *BMC Health Services Research*, 25(1), 904. <https://doi.org/10.1186/s12913-025-12973-6>
- Roczniewska, M., Smoktunowicz, E., Calcagni, C. C., von Thiele Schwarz, U., Hasson, H., & Richter, A. (2022). Beyond the individual: A systematic review of the effects of unit-level demands and resources on employee productivity, health, and well-being. *Journal of Occupational Health Psychology*, 27(2), 240–257. <https://doi.org/10.1037/ocp0000311>
- Shetty, R. S., Kamath, G. B., Rodrigues, L. L. R., Nandineni, R. D., & Shetty, S. R. (2024). The impact of the physical environment on staff in healthcare facilities: A systematic literature review. *Buildings*, 14(9), 2773. <https://doi.org/10.3390/buildings14092773>
- Spector, P. E. (2006). Method variance in organizational research: Truth or urban legend? *Organizational Research Methods*, 9(2), 221–232. <https://doi.org/10.1177/1094428105284955>
- Ulrich, R. S., Zimring, C., Zhu, X., DuBose, J., Seo, H.-B., Choi, Y.-S., Quan, X., & Joseph, A. (2008). A review of the research literature on evidence-based healthcare design. *HERD: Health Environments Research & Design Journal*, 1(3), 61–125. <https://doi.org/10.1177/193758670800100306>
- Wahyuhadi, J., Hidayah, N., & Aini, Q. (2023). Remuneration, job satisfaction, and performance of health workers during the COVID-19 pandemic period at the Dr. Soetomo Hospital Surabaya, Indonesia. *Psychology Research and Behavior Management*, 16, 701–711. <https://doi.org/10.2147/PRBM.S396717>
- Xiong, C., Hu, T., Xia, Y., Cheng, J., & Chen, X. (2022). Growth culture and public hospital performance: The mediating effect of job satisfaction and person-organization fit. *International Journal of Environmental Research and Public Health*, 19(19), 12185. <https://doi.org/10.3390/ijerph191912185>