

PERCEPTION OF ORGANIZATIONAL CULTURE, EMPLOYEES' COMMITMENT AND CUSTOMERS' SATISFACTION IN PRIVATE AND PUBLIC ORGANIZATIONS

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Abstract

In this study an attempt has been made to assess if links do occur between organizational culture, employees' commitment and clients satisfaction. This triangular link is assessed in private and public sectors. Dimensions of culture studied were locus of control, other directedness, role-boundedness, androgyny, power-distance Tolerance, ambiguity tolerance, contextualism temporality, narcissism particularism and four Orientations, viz: Expressive, Conserving, Assertive, Expanding. Profiles of culture reveal that they affect two dynamic groups i.e. employees and Customers

After few years spent in the organization employees perceive themselves incorporated into organizational culture, this in turn leads to their stronger commitment to the organization, this leads to satisfaction in employees.

Consumers are precious for running of an organization prosperously, the day is not far when customers' satisfaction rating becomes the statutory disclosure standard for a public issue, equity, debt. hence organizational culture has direct/indirect impact on consumers/clients satisfaction.

In this study cultures prevailing in public and private sectors(Hospitals) were studied. T tests were calculated for perceived total culture(T culture), and fifteen dimensions of culture. There was no difference between private and public hospitals employees on their perception of organizational culture(t value=.04, insign.). On 15 dimensions t values for 7 dimensions revealed significant differences, for example :locus of control(-2.77sign.01 level), context sensitivity(2.02, sign.05level), narcissism(-3.22sign.01 level), individualistic orientation(5.84, sign.01 level), inner directedness(2.41sign.05 level), universal(2.09, sign.05 level) and androgyny(-2.58, sign.05 level).

Correlations revealed that there was no effect of perceived organizational culture on commitment but when 15 dimensions of culture were correlated with total commitment scores for all employees were significant for 7 dimensions.

Whether private or public enterprises, employees perform their jobs committedly disregarding organizational culture. Patients show that whatever the organizational culture, if they get services within reduced rates they will be satisfied. Implication is for private hospitals to give their best if they want satisfied employees and satisfied patients

Keywords: Organizational Culture, Commitment, Customers Satisfaction, Private/Public Enterprises.

Introduction

Organization exists for various purposes like earning profits, community welfare, providing comforts to people living in society, serving people, etc. The wheels of the organization are in the hands of employees. The organization can only survive when employees perceive themselves as part of organization. This is possible only if organization culture is perceived as a motivational force. The outcome of this perception will be more efficient employees and more comfort and satisfaction of the people living in the society where organization exists. In this study an attempt was made to assess if links do occur between organizational culture and employee commitment and clients satisfaction.

Organizational Culture

Schien (1985) defines culture as "a pattern of basic assumptions – invented, discovered or developed by a given group as it learns to cope with its problems of external adoption and internal integration that have worked well enough to be considered valid and therefore to be taught to new members as the correct way to perceive, think and feel in relation to those problems.

Kluckhorm and Strodtbeck (1961) proposed five orientations based on the meaning of human existence, meaning of human labour and endeavour, relationship of man and nature, time – orientation and relationship of man and fellow beings.

Quinn and McCrath (1985) have suggested four types of organizational culture : rational (market), developmental (adhocracy), consensus (clan) and hierarchical (hierarchy).

The various dimensions of culture were derived from six concerns.

1. Relationship with Nature:

Kluckhorn and Strodtbeck (1951) suggested this dimension. If nature is seen as dominating individual is seen as helpless, a fatalistic orientation may result. The opposite orientation scientism may result from the belief that man can manipulate and change nature.

2. Orientation to the Environment (Context) :

The environment may be seen as structured and unchanging, any ambiguity may be disturbing. On the other hand, people may enjoy ambiguity (ambiguity tolerance by Adorno and Frankl – Brinsurck 1983).

Another dimension relates to importance given to a context to understand the meaning of some phenomena, or ignoring of the context in search of clear universal meanings. The terms high context and low context cultures have been proposed (Hall, 1977).

3. Time Orientation :

This dimension has been proposed with an orientation to past, present and future. It may be seen as collection of discrete units or as a flowing phenomenon.

4. Orientation to Collectivities :

Individualism may result if individual is seen as more important than and independent of collectivities. Collectivism may result if collectivity is seen as subordinating individuals. Collectivities may be defined by their identities and persons belonging to them may have stronger identification with them. This is called particularist orientation contrasted with universalist orientation in which individuals do not have strong in group versus out – group feelings.

5. Orientation to Sex Differences :

If biological differences between men and women are over – emphasized and social roles are divided according to gender, than masculinity results. If differences are not over emphasized in social allocation of roles we may have an orientation of femininity. Androgyny may occur as integration of characteristics usually attributed to the two sexes.

6. Orientation to Power :

Power is not distributed equally in a collectivity. However, there may be uneasiness about unequal distribution of power. Other collectivities may tolerate the differences in power. Hofstede (1980) calls this power distance.

After reviewing the six concerns of human beings an account is given of the dimension of culture :-

(1) Locus of Control: If most members in a culture feel helpless in relation to nature an orientation of fatalism or external locus of control may develop. In contrast the orientation of scientism holds that nature can be changed and adopted for better use of human society. Internal locus of control may develop.

(2) Ambiguity Tolerance: First studied by Adorno et al (1950), later by Hofstede (1980) who called it uncertainty avoidance. If members of a collectivity feel uncomfortable with ambiguity and try to structure situations to avoid it their tolerance for ambiguity is low or their uncertainty avoidance is high. Under ambiguity tolerance, situations that are unstructured, vague and unpredictable provide opportunities for using multiple approaches.

(3) Contextualism: In a high context culture, the meaning of events, phenomena and behaviour are interpreted in the context in which they occur. In a low context culture all events and behaviours are judged by one standard, attempt is made to evolve universal rules or explanations.

(4) Temporality: Culture may differ in their orientation to time. Past oriented cultures think and indulge in events of the past (usually glory) and are oblivious of present demands and future possibilities and problems. Present orientation called temporality here, is reflected in the importance given by members of a culture to the present. Such people get involved in immediate tasks, however, they may not ensure the endurance and continuity of these tasks. There is tendency for switching from one to another.

(5) Collectivism Vs. Individualism: According to Hofstede (1985) individualism stands for a preference for a loosely knit social framework in society where individuals are supposed to take care of themselves and their immediate family only. Its opposite collectivism stands for preference for a

tight knit social framework in which individuals can expect their relatives, clan or other in group to look after them in exchange for unquestioning loyalty.

(6) Narcissism: In a narcissistic culture, individuals are concerned about themselves as individuals, families or groups. They indulge in self seeking behaviour. Concern is narrow.

(7) Particularism Vs. Universalism: In a collectivity there are several groups whose identities are formed on some basis, : ethnic, religious, regional, caste, etc. If such groups have strong identities resulting in an in – group / out – group feeling, the orientation is particularistic. This is the opposite of universalist orientation in which the group do not have insular and strong identities. In a particularist culture an individual feels secure in his own in – group and tends to make the in – group stronger in comparison with out – groups (Sinha 1982).

(8) Other directedness Vs Inner directedness: In inner directedness behaviour is directed by internal standards. In an other directed culture a person is guided by the accepted standards of conduct of a collectivity. Confrontation is avoided for fear of losing face.

(9) Role – boundness: In some cultures role taken by an individual may be seen as primary, and the individual may be bound by it. The individual is prepared to undergo inconvenience in order to fulfill his role obligation (as a father, son, executive, etc.)

(10) Androgyny: Different qualities have been attributed to the two sexes. Men are attributed toughness, competition, aggression, perseverance, achievement, assertiveness. Women are seen as having qualities like compassion, empathy, harmony, collaboration.

If the society emphasizes the differences between the two sex roles, and allocates social roles according to such differences, it would expect men to work in areas of achievement and physical activities and women to work in areas requiring female virtues (nursing, housekeeping, etc.). This is a sexist orientation .e.g: Western Culture. In contrast if there is less differentiation between sex roles and social roles are not allocated according to differences in sex; an orientation called feminism

may develop. E.g Indian, Indonesian culture In such societies, the qualities that are attributed to men and women are both valued and integrated. Such culture is called androgynous. In androgynous cultures impersonal trust is highly valued. Harmony and friendship are seen as desirable, there is high concern for the weak and the underdog. Mahatma Gandhi represents this orientation well.

(11) Power – distance Tolerance: Hofstede (1980) studied this dimension and defined power distance as the extent to which the members of a society accept that power in institutions and organizations are distributed unequally. People in large power distance societies accept a hierarchical order in which every body has a place which needs no further justification. People in small power distance societies live for power equalization and demand justification for power inequalities.

(12) Use of Power: Power can be used to strengthen oneself or to make an impact on others and strengthen

Four Orientations may result:

In Expressive culture learning from others is highly valued. There is emphasis on verbal expression and aesthetics.

In Conserving culture emphasis is on conservation of traditions, discipline and conformity are stressed.

In an Assertive culture emphasis is given to competition and achieving results.

In Expanding culture emphasis is on creation of organizations and institutions to consolidate and sustain gains and achievements in the culture.

The various dimensions of culture exist in all organizations whether they are business organizations or service organizations or social organizations, whether they are public sectors, private sectors or joint ventures.

Various organizations have evolved their own cultures based on the various dimensions given above. They affect the working of the organizations, i. e., their communication processes, leadership styles, job designs, etc.

Profiles of the culture reveal that they affect two dynamic groups which are intensively linked with them, i. e., employees and customers.

Employee Commitment:

Employees play an important role in the organizations. Once a culture is in place there are practices within the organization that act to maintain it by giving employees a set of similar experiences. The selection process, performance evaluation criteria, training and career development activities and promotion procedures, ensure that those hired fit in with the culture, reward those who support it and penalize those who challenge it (Robbins, 1999).

After a few years spent in the organization it is assumed that employees will perceive themselves incorporated into organizational culture and may develop strong belief about their organizational culture. This in turn may lead to their stronger commitment to the organization. This commitment may lead to satisfaction on the part of employees.

An organizational commitment is defined as (1) a strong desire to remain a member of a particular organization (2) A willingness to exert high levels of effort on behalf of the organization and (3) a definite belief in, and acceptance of the values and goals of the organization (Luthans, 1995).

There is growing support for a three component model (Meyer & Allen). They are :

(1) Affective Commitment - involves the employees emotional attachment to, identification with and involvement in the organization.

(2) Continuance Commitment – involves commitment based on the costs that the employee associates with leaving organization.

(3) Normative Commitment – involves the employees feelings of obligation to stay with the organization.

Recent researchers (Meyer & Allen, Luthans, 1995) have revealed that organizations with more satisfied and committed employees tend's to be more effective than organizations with less satisfied and committed employees. Can one satisfy one's employees by giving a good professional working environment ? This study has attempted to answer this question. An attempt was made over here to assess impact of organizational culture on employees organizational commitment.

Consumers / Patients Satisfaction :

The day is not far when customers satisfaction rating becomes a statutory disclosure standard for a public issue, equity or debt.

Factors that influence consumers behaviour are cultural (e.g., culture, sub – culture, social class) social (i.e. Reference Groups, family, roles, statuses) personal (i.e. Age, Life Cycle Stage, Occupation, Income, Life Style, Personality) psychological (i.e., Motivation, Perception, Learning, Belief and Attitudes). Consumers are previous for the running of an organization prosperously, hence organizational culture has direct / indirect impact on the consumers/ customers / clients satisfaction. In this study an attempt is being made to assess whether organizational culture influences its popularity and demand of its products / services in the market.

Public and Private Enterprises :

Public Enterprises: Means state ownership in operation of industrial, agricultural, financial and commercial undertakings (A. H. Hanson Public Enterprises and Economic Development).

Objectives of Public Enterprises according to BFP Survey are :-

(1) To help in the rapid economic growth and industrialization of the country and create the necessary infrastructure for economic development.

(2) To create employment opportunities.

(3) To promote balanced regular development.

Private Sector: In a mixed economy, the private sector, too has an important role to play. The private sector is dominant in most of the consumer goods industries. It plays an important role in a number of capital goods industries too. In a number of important industries it functions side by side with the public sector.

Difference Between Public and Private Enterprises: (Shukla. 2000)

1. Main Objectives: Main objective of public enterprises is services and improving public welfare. Private organizations main aim is maximizing profit and minimizing costs

2. Nature of Industries : Public sectors are owners of industries which require very much finance and involve greater risk. Private industries owners

invest less finance and bear less risk and require lesser gestation period.

3. Performance Criteria : Performance criteria in private industries is measured by their productivity and contribution to profit. Public enterprises measure performance criteria on the basis of the employees contribution to exchequer, best performance, etc.

4. Secrecy: In public enterprises secrecy is observed in defence industries, otherwise there is no secrecy. In private organizations secrecy is maintained in a very staunch way.

5. Autonomy: Private industries managers have lot of freedom in running the industries while in public industries managers do not have much freedom.

6. Market Situation: Marketing strategies are different for private and public sectors.

7. Social Overhead: Role of private industries towards social welfare is less as compared to public enterprises. Who have to think of Employees welfare and customers welfare.

8. Flexibility: In private organizations rules regarding production, employment rejection suspen After assessing these differences between private and public sectors an attempt was made over here to observe whether public and private sectors differed in the organizational culture prevailing in their organizations as perceived by their employees.

In this study an attempt was made to assess organizational culture in hospitals (service organizations) which may be classified into government hospitals and private nursing homes and hospitals. Aim was to assess organizational culture prevailing in private and public hospitals as perceived by employees and assess how they affect employees commitment to organization and how satisfied their patients are.

Rational of the Study : Through observation it has been observed that organizations put in effort to please their customers / clients. Clients look for effective culture organization. In order to appear effective the organization has to keep its employees satisfied and develop their commitment to the organizations. At the same time it also tries to attract as many customers as possible and also tries to maintain them. This triangular relationship of give take satisfaction may survive effectively if organizational culture is appro-

priate for the purpose for which it is created.

Objective of the Study: An attempt is being made to make a comparative assessment of organizational culture of two types of hospitals viz. private and public hospitals and evaluate its impact on employees' organization commitment and patients satisfaction. . As mentioned by Shukla (2000) private organizations are concerned more about minimum expenditure and maximum profit while Public organizations are more concerned about public welfare hence they are economical but not very well managed as usually employees are slack and don't bother much about customers. They get placed permanently hence become a bit casual in their customers' dealings. Hence it is expected that they will be less committed than their counterparts in private organizations as their work has to be perfect if they want good pay hence they concentrate more on their work to get more and more incentives. .This applies to hospitals

Variables: Variables in this study are organizational culture, employees organizational commitment and patients satisfaction.

These two types of hospitals exist in all cities and are equally important for maintaining positive health of the society. An attempt will be made over here to chalk out the differences between private and public hospitals' organizational culture, and try to relate it to employees organizational culture, and try to relate it to employees organizational commitment and patient satisfaction.

Hypotheses

(1) Employees of private and public hospitals will perceive their organizational culture differently

(2) Perception of Organizational Culture in totality and it's dimensions will affect organizational commitment of employees.

(3) Patients of government hospitals will reveal lesser satisfaction with their hospitals as compared to patients of private hospitals.

Tools for the study: Following tools were used in the present study.

Organizational Survey questionnaire:

This tool was same as Organizational Survey questionnaire designed by Pareek 1991. It measures fifteen aspects of organizational culture like context sensitivity, future orientation, conserving, etc. These dimensions are measured through 36 items (Table – I)

for example dimension 1 is internal locus of control and it includes items 1, 12 and 23 of Organization Survey. Asterisk means that the scores of these items will be Reversed, i. e. if score is 1 it is 5. A respondent is required to rate items 1 to 33 on a 5 pt. Scale on how accurately he describe his department, unit, organizations. Each of the last three items (35 and 36) contains 4 alternatives, and the respondent is required to rank them (4 to 1) from most characteristic of the organization to least characteristic. The score for each item are totaled. Split half reliability for 152 managers was 73.

Table – 1 Dimensions and Cluster of items included in them

Dimensions		Items			
1.	Internal	1*	12	23*	
2.	Ambiguity tolerant		2	13*	24
3.	Context Sensitive		3*	14	25*
4.	Narcissistic (-)	4*	15	26*	
5.	Future Orientated		5*	16	27*
6.	Individualistic	6*	17*	28	
7.	Inner directed	7*	18*	29*	
8.	Universal		8*	19*	30
9.	Role bound		9*	20*	31
10.	Androgynous	10*	21	32	
11.	Power Parity	11* 22*	33		
12.	Expressive		34a	35d	36c
13.	Conserving		34b	35c	36a
14.	Assertive		34c	35b	36d
15.	Expanding		34d	35a	36b

* Items marked with an asterisk must be reversed while scoring.

Organizational Commitment:

It was measured by organizational commitment Questionnaire (Mowday 1979). This questionnaire will assess the attitude reflecting employees loyalty to their organization, it expresses their concern for the organization and its continued success and well being. This questionnaire was used to measure employees commitment to their organization. It includes fifteen statements which are rated on a five point scale, with scale point anchors leveled (1) strongly disagree (2) slightly disagree (3) neither agree nor disagree (4) slightly agree

(5) strongly agree, subjects have to check one of the five alternatives given. Score will include summated ratings on 15 items. These statements represent feelings that employees might have about organization for which they work.

Patient Satisfaction Questionnaire :

This questionnaire was constructed on the basis of patient satisfaction interview schedule (Timmappaya A, Pareek U, Agawal G.K., 1971). It contains twenty items. 1 to 5 items ask about general information about patients, e. g. where do you come from ? 6 – 20 items measure how patient perceive the conditions

of the hospitals for e.g. is the hospital clean? Each item was rated on a 3 point scale, i. e. 2 = Positive Score, 1 = Mild Dissatisfaction, 0 = Negative. Summated ratings gave a total satisfaction score of the patient.

Sample :

1. Forty employees of a government hospital (Grade I – IV) and forty employees of private hospital of Allahabad were included in data collection. Reasons for this comparison were differences observed between Government organizations and Private organizations with regards to their infrastructure and working environment (Shukla,2000). It is observed that who ever can afford go to private hospitals for treatment rather than public hospitals because of poor care and unhygienic environment in public hospitals.

As far as sample size is concerned only one hospital from each category was considered, and the number of employees in the private hospital was just fifty, hence the same number was taken from public hospital.

2. Forty patients from government hospital and forty patients from private hospital were included for data collection. Patients were less in private hospitals hence the number of patients from both public and private were determined by this aspect.

Data Collection :

Doctors, nurses, other administrative staff of both private and government hospitals were given organizational survey questionnaire to assess how they perceived the organizational culture. Next they were administered the Organizational Commitment Questionnaire to assess how much committed they were to their organizations. Patients from private and public hospitals were contacted and Patient Satisfaction Interview Schedule was administered on them. After data collection appropriate analysis was performed to assess perceived organizational culture, organizational commitment, and patients satisfaction for both public and private hospitals. It will provide with a comparative view of the two type of organizations.

Results

After the data was collected from eight employees (40 from private and 40 from public hospitals) on perceived organizational culture and their commitment towards their organization and eighty patients (40 from private and 40 from public hospitals) on the satisfaction with their hospital treatment towards them, it was analysed.

Employees Perceived Culture and Commitment

T tests were calculated for perceived total culture (T culture), and fifteen dimensions of organizational culture for employees of private and public hospitals employees. There was no difference between private and public hospitals employees on their perception of organization culture (Table II). When private and public hospitals employees were compared on fifteen dimensions of organizational culture, t value for 7 dimensions revealed significant difference between private and public hospitals staff. viz; namely internals, context sensitivity, narcissistic orientation, individualistic orientation, inter – directedness, universal and androgyny.

Table II

Comparison of Government and Private Hospitals Employees on various dimensions of perceived culture

Culture Dimensions (D)	Government (mean)	Private (mean)	T value
T culture	122.80	122.7	.04
D1 Internal	7.62	10.33	-2.77**
D2 Ambiguity Tolerance	9.15	8.92	.45
D3 Context Sensitivity	9.05	8.07	2.02*
D4 Narcissism	8.18	10.33	-3.22**
D5 Temporality	9.65	10.79	-1.96
D6 Individualism	7.63	4.46	5.84**
D7 Inner-directed	5.90	4.64	2.41*
D8 Universal	8.30	7.53	2.09*
D9 Role bound	9.52	8.74	1.67
D10 Androgyny	9.58	10.92	-2.58
D11 Power Parity	8.30	7.97	.65
D12 Expressive	8.30	8.41	-.24
D13 Conserving	6.63	6.33	.74
D14 Assertive	6.70	7.38	-1.86
D15 Expanding	8.40	7.84	1.37

Perceived organizational culture and commitment :

There was no effect of perceived organizational culture on total commitment. When the fifteen dimensions of culture were correlated with total commitment score for all the employees (private and public) correlations was significant for seven dimensions (Table III) viz: internal, ambiguity, tolerance, narcissism temporality, individualistic, inner -directedness and androgyny.

Table III

Correlations of Cultural Dimensions with Total Commitment Score (Overall, Government & Private Hospitals)

Commitment (Total)

Dimensions	Overall	Government	Private
D1 Internals	.48 **	.24	.59 **
D2 Ambiguity Tolerance	.34 *	.32	.41 *
D3 Context Sensitivity	-.22	.03	-.27
D4 Narcissism	.34 *	.26	.27
D5 Temporality	.37 **	.07	.48 **
D6 Individualism	-.40 **	.05	-.58 **
D7 Inner – directed	-.51 **	-.40 *	-.56 **
D8 Universal	-.16	-.25	.01

When public and private hospitals employees were evaluated separately, in the case of public hospital employees only two dimensions correlated significantly with commitment viz. inter – directed and assertive dimensions.

In the private hospitals employees revealed significant correlations between seven dimensions and total commitment viz. internal, ambiguity tolerance, temporality, individualistic, inner – directedness, role bound and androgyny.

Correlation between duration of service and total commitment score for public and private hospital employees did not show any significant finding (Table IV) but when dimensions of perceived culture and commitment were correlated, on internal, inner – directedness both private and public hospital staff showed significant correlation. Next, on assertive dimension government hospitals showed significant correlation with commitment ($r = .39 **$) but for private hospital staff correlation was almost negligible ($r = .004$) i. e. duration of service did not bring any change in their assertiveness nor commitment. Otherwise among private hospital staff correlations were significant for ambiguity tolerance, temporality, individualism, role – bound and androgyny dimensions and total commitment.

Table IV

Correlations of Durations of Service & Commitment among Employees

	Overall	Government	Private
D1 Internals	.48 **	.23	.59 **
D2 Ambiguity Tolerance	.34 *	.31	.42 *
D3 Context Sensitivity	-.22	.03	-.28
D4 Narcissism	.34 *	.25	.27
D5 Temporality	.37 **	.07	.48
D6 Individualism	-.40 **	.05	-.59
D7 Inner directed	-.51 **	-.40 **	-.56 **
D8 Universal	-.16	-.25	.01
D9 Role bound	.09	-.10	.38 *
D10 Androgyny	.36	.17	.45 *
D11 Power Parity	-.05	-.10	.016
D12 Expressive	.06	-.11	.025
D13 Conserving	-.21	-.26	-.17
D14 Assertive	.20	.396 **	.0046
D15 Expanding	-.04	-.198	.13

Contd. ...27.

- * Significant at .05 level
- ** Significant at .01 level

Patients Satisfaction Results

When private hospital and public hospital patients were compared on their satisfaction with the services of the hospitals, a significant difference was found between them i. e. ($t=6.97^{**}$) government hospital patients were significantly more satisfied by the treatment given to them than private hospital patients (Table V).

Table V

Results of Patients Satisfaction in Private and Government Hospitals

Calculations	Public	Private
Mean	20.36	18.10
SD	2.98	1.94

t value = 3.97^{**}

To summate the results, there was no significant difference among employees of private and government hospitals in their perceived organization culture but on about 7 out of 15 culture dimensions there were significant differences between public and private hospitals employees. On the relationship between organization culture and commitment, there was no significant relationship but among 7 out of 15 dimensions all employees (private and public) showed significant

correlations. Next, in the case of government hospitals only two dimensions revealed significant relationship with commitment, while among private hospital only 7 dimensions revealed significant relationship with commitment. Duration of services of employees did not reveal significant correlations with commitment but on some dimensions duration of services did reveal significant correlation with commitment.

Discussion

After the results were analyzed the findings were interpreted one by one. There was no significant difference between employees of private and government hospitals on their perceived organizational culture. This finding may be interpreted in terms of Schein's (1984) view that organizational culture is the pattern of basic assumption taught to all organizational employees, old and new hence, whether they belong to government hospitals or private hospitals the total culture view inculcated in them stays equally in them.

Another interpretation for this insignificant finding may be unemployment problem in our cities. Persons in jobs are thankful to God for giving them jobs and try their best to retain them, hence gradually

perceive organizational missions, philosophy, goals, objectives, systems, technology, managerial practices and relationship in positive light (Sinha 1988) and gradually develop ingroup feelings towards their organizations whether they belong to private or government organizations.

Another interpretation for this finding may be the life and death situations existing in hospitals. Patients admitted in hospitals are usually severely ill, hence employees (doctors, nurses, ward boys, etc.) put their duties on the highest priority disregarding the aspects of private or public.

Next, the public and private hospital employees were compared on the fifteen dimensions of culture, t values of seven dimensions revealed significant differences.

Next, when correlations between total culture and total commitment were calculated, no significant correlation emerged between perceived total culture and total commitment score. This finding can be explained in the light of conceptualization emphasized by Super (1982). Work culture is defined as the importance attached to work, which is understood in terms of two levels of concepts viz. commitment and participation plus knowledge, which in turn leads to involvement. These components are the basic psychological components of affect, action and cognition. On the basis of these components Sinha (1990) devised the work cultures' role in a persons life. If it plays a pivotal role in their life than commitment will be high but if employees maximize their socio – personal gains without caring to realize organizational objectives than commitment will be low. The subjects in the two types of organizations represented in this study seem to be depicting the non – work culture.

When the cultural dimensions were correlated to commitment for all the employees, seven dimensions revealed significant correlations viz. internal, ambiguity, tolerance, narcissism, temporality, revealed significantly positive correlations while individualism and inner – directedness revealed significantly negative correlations.

In private hospitals also similar types of correlations

were observed among the same dimensions, on role – bound dimension also positive with commitment appeared.

On the relationship between duration of service and commitment there was no significant correlation between them, neither all employees nor public or private hospital employees revealed significant correlations between duration of service and commitment, only on some dimensions of culture like internal, ambiguity tolerance, narcissism, temporality, individualism, inner – directedness, androgyny, role – bond significant correlations were observed. This finding may be interpreted in the light of Hatch (1993) research which observed that during acculturation process behaviour norms are assumed to be central levers for becoming a member of the group on organization i.e. whether two years or ten years or more acculturation process starts as soon as an individual enters and organization, he learns to adopt the taught norms and values and gradually starts perceiving them as his own, and he himself is not aware of how gradually he becomes highly committed to his organization.

Next, hypothesis which was disproved in this study was patients satisfaction with the services provided to them by their hospitals. Government hospital patients revealed greater satisfaction with their hospital than private hospital patients. This finding may be interpreted on the basis of economic analysis. Patients of private hospitals paid more money for the service provided, hence their expectations were higher, while patients of government hospitals do not pay much money for their treatment, hence their expectations are less. Hence government hospitals patients felt that they were getting quite a lot in spite of spending very less money in comparison to private hospital patients. As has been observed in private hospitals, charges of every service provided is ten times more, e.g. if a bed in general ward of government hospital costs only Rs. 10 per day, in private hospital it will also cost Rs. 100/- other services also show high differences, hence private hospital patients feel tensed up all the time of what more will be charged next.

To summarize findings revealed no significant difference between private and government hospital employees nor significant correlation was observed between perceived organizational culture and commitment except for a few dimensions but patients did reveal significant difference in their satisfaction with the services of the hospitals, with government hospital leading to greater satisfaction than private hospitals.

Implications

These findings are not able to link perceived organizational culture with employees commitment in private and government hospitals whether private or public, employees perform their jobs with high commitment, disregarding organizational culture but patients findings show that whatever the organizational culture, if they get services performed within reduced rates they will be satisfied. Organizational cultures are similar in both the types of organizations, employees are equally committed, only some dimensions show significant differences. These findings have implication for private hospitals. Their cultural dimension do show some significant findings yet, they are not able to provided satisfactory services to their patients, their customers.

This point was clearly expressed in a two day workshop on Human Resource Management in Hospitals. This workshop was organized by Lucknow Nursing Homes Association on 3rd and 4th April, 2004, with the aim to improve the working in private hospitals. Most frequent complaints of private staff were being scolded and humiliated in public, not being empathetic towards the staff, owners taking all credit to themselves. The HR expert from the Indian Institute of Management, Lucknow said that hospitals work is team effort hence credit should be given to the team, just like cricket team. If praise for patient's satisfaction is given, then praise should be showered on the hospital staff, then the system can work. This realistic world view of private hospitals seems to reflect the findings of this study. The motivation for work, for contributing their best is absent in private hospitals hence less satisfied patients.

Government hospitals are doing service but the picture created by them about themselves is that they are indifferent, bureaucratic hospitals, and are in – hygienic. If they may improve on these aspects than private hospitals many stand nowhere in front of them in customers service.

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