

A Study on OCTAPACE Culture and Its Impact on Healthcare Employees

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Abstract- OCTAPACE culture among healthcare employees. The original investigation examines how openness, confrontation, trust, authenticity, proaction, autonomy, collaboration, and experimentation are perceived in healthcare institutions and whether selected dimensions influence employee involvement in organizational goals. The source study uses 63 questionnaire responses and applies descriptive statistics, percentage analysis, chi-square tests, correlation analysis, and regression analysis. The condensed paper shows that innovation, developmental support from seniors, teamwork, preventive action, and information sharing are relatively strong cultural signals, whereas autonomy, direct problem confrontation, free discussion across hierarchy, and organizational-goal involvement appear weaker. The inferential results indicate that OCTAPACE dimensions are interdependent and that free discussion between seniors and subordinates is the strongest predictor of employee involvement in organizational goals. The overall conclusion is that healthcare organizations can strengthen participation and workplace climate by improving hierarchical communication, balancing autonomy with accountability, and developing the OCTAPACE dimensions as a connected system rather than as isolated practices.

Keywords- OCTAPACE culture; healthcare employees; organizational culture; communication; teamwork; autonomy; innovation; employee involvement.

I. INTRODUCTION

Organizational culture shapes how employees interact, solve problems, share information, and respond to institutional goals. In healthcare settings these processes are especially important because hospitals and clinics function through tightly linked professional roles, high-stakes decisions, and continuous coordination under pressure. The uploaded source manuscript argues that employee performance and workplace climate are influenced not only by technical skill or formal structure but also by the values and expectations that govern day-to-day relationships.

Healthcare institutions require trust, teamwork, ethical consistency, and timely communication. When these cultural elements are weak, employees may feel excluded, unsupported, or unable to raise concerns.

When they are strong, institutions are more likely to support learning, collaboration, and quality service delivery. The source paper therefore studies culture as a practical organizational force rather than as an abstract background concept.

To analyse culture in a structured way, the study adopts the OCTAPACE model: openness, confrontation, trust, authenticity, proaction, autonomy, collaboration, and experimentation. These dimensions are relevant to healthcare because they cover both interpersonal and managerial conditions. Openness concerns whether people can share ideas and feelings; confrontation concerns whether problems are faced directly; trust concerns mutual confidence and respect; authenticity concerns alignment between feeling and behaviour; proaction concerns preventive action;

autonomy concerns responsible freedom in work; collaboration concerns teamwork and support; and experimentation concerns creative problem-solving and acceptance of new ideas.

The source manuscript also notes that healthcare institutions are not culturally uniform. Public and private

settings may differ in administrative flexibility, workload, supervision style, and resource context. Even within one institution, staff may experience culture unevenly across units or supervisory relationships. This makes an employee-perception study especially valuable because it shows which dimensions are felt more strongly and which remain weaker in practical workplace life.

A. Problem Statement and Study Gap

The study responds to a recurring problem in healthcare management research. Many institutions aim to improve morale, collaboration, and service quality, yet employees still report weak communication, limited involvement in decisions, and uneven support from management. At the same time, a large share of healthcare literature studies job satisfaction, retention, leadership support, or safety culture separately. Fewer studies place these issues inside one integrated organizational-culture framework.

The source manuscript therefore identifies two research gaps. First, OCTAPACE has been applied less often to healthcare employees than to other organizational settings. Second, there is insufficient evidence on how OCTAPACE dimensions operate together and which of them matter most for employee participation in organizational goals. The study addresses this gap by combining descriptive and inferential analysis around a coherent culture model.

B. Objectives of the Condensed Paper

This short version has a practical and a scholarly purpose. Practically, it converts a lengthy student research paper into a shorter conference-style document using the same template family as the previously produced IEEE paper. Scholarly, it retains the source study's central question: how do healthcare employees perceive OCTAPACE culture, and which cultural dimensions are most closely associated with involvement in organizational goals?



Fig. 1. Conceptual representation of the eight OCTAPACE dimensions used in the study.

II. THEORETICAL AND LITERATURE BACKGROUND

The source manuscript builds its theoretical base on organizational culture theory and the OCTAPACE model. Organizational culture theory suggests that institutions are shaped by shared norms, values, and expected behaviours. In healthcare this is particularly consequential because the work environment influences staff morale, coordination, emotional well-being, and the reliability of patient-facing services. The OCTAPACE model provides a more specific value-based lens that translates general culture theory into observable organizational conditions.

The reviewed literature summarized in the source file repeatedly links healthcare culture with job satisfaction and work environment quality. Mannion and Davies present culture as a decisive factor in healthcare quality improvement, while more recent systematic and empirical studies cited in the source document show that communication, leadership support, teamwork, emotional climate, and recognition influence provider satisfaction and retention. These studies strengthen the rationale for examining a culture framework that explicitly includes openness, trust, authenticity, and collaboration.

Another body of literature in the source text focuses on nursing work environments, stress, and supportive leadership. The review notes that poor communication, weak support, and rigid managerial practices can contribute to burnout and dissatisfaction, whereas participative and developmental cultures strengthen employee well-being. OCTAPACE is useful in this context because it captures not only structural aspects such as autonomy and problem-solving but also

relational aspects such as trust, moral support, and honest interaction.

The source manuscript also draws from research on patient safety culture and organizational change. These studies show that teamwork, reporting climate, non-punitive communication, and change readiness are all affected by deeper cultural patterns. Openness and confrontation are relevant to speaking up about problems. Collaboration matters for care coordination. Experimentation matters for improvement and adaptive learning. Proaction matters because preventive action is often more valuable than reactive correction in clinical environments.

Further studies summarized in the source document connect organizational support, communication ability, trust among colleagues, and emotional intelligence with healthcare job satisfaction. This wider evidence base reinforces the idea that employee outcomes are interdependent. Culture affects whether staff feel secure enough to share concerns, confident enough to participate in improvement, and supported enough to stay committed to organizational goals. The present study therefore does not treat OCTAPACE as eight isolated values; instead, it examines whether these dimensions operate as an interconnected system.

Finally, the literature review justifies the dependent focus used in the source analysis. Involvement in organizational goals is not simply a motivational trait of individuals. It is shaped by how employees are treated, how much discretion they have, whether teamwork is encouraged, and whether seniors allow free discussion. For a healthcare institution, this is strategically important because goal involvement influences not only internal morale but also the institution's ability to align staff action with quality, safety, and service expectations.

III. RESEARCH METHODOLOGY

The original study adopts a quantitative, descriptive, and analytical cross-sectional design based on primary survey data from healthcare employees. A structured questionnaire was used to collect the data. The source manuscript states that the dataset contains 63 valid responses. Convenience sampling was employed because participants were selected according to accessibility, availability, and willingness to respond. This makes the study exploratory rather than fully

generalizable, but it remains suitable for examining perception patterns in a practical organizational context.

The questionnaire captures multiple OCTAPACE-related statements, including free interaction among employees, direct problem confrontation, moral support to colleagues, consistency between feelings and behaviour, preventive action before problems arise, permission for independent action, encouragement of teamwork, innovative problem-solving, genuine sharing of information and feelings, taking a fresh look at work, developmental support from seniors, appreciation of help from others, free discussion between seniors and subordinates, involvement in organizational goals, and the value placed on thinking and doing new things.

Responses are measured on five-point scales. Some items use a strongly-disagree to strongly-agree format, while others use intensity labels such as very low to very high. The source paper organizes these items as operational indicators of the OCTAPACE framework and uses them to assess broader employee perceptions relating to support, communication, teamwork, innovation, and participation in organizational aims.

The source analysis applies descriptive statistics, percentage analysis, chi-square tests, correlation analysis, and multiple regression. Descriptive statistics summarize the central tendency and dispersion of each item. Percentage analysis shows the distribution of responses and highlights dominant positive, neutral, or negative perceptions. Chi-square tests assess whether certain perception categories move together. Correlation analysis captures the direction and strength of relationships among variables. Regression analysis is then used to determine which selected cultural dimensions best predict employee involvement in organizational goals.

Ethically, the study treats participation as voluntary and uses the responses for academic analysis only. The source manuscript states that confidentiality and anonymity were maintained and that data were interpreted objectively. These features matter because studies of organizational culture rely on employee candour, which is difficult to obtain without trust in the research process itself.

Table I. Condensed summary of the study methodology

Component	Details
Research design	Quantitative, descriptive, analytical, and cross-sectional survey design.
Sample	63 healthcare employees responding to a structured questionnaire.
Sampling	Convenience sampling based on accessibility and willingness.
Framework	OCTAPACE model plus employee-involvement and support-related outcomes.
Instrument	Likert-style questionnaire with culture, support, communication, and innovation items.
Statistical tools	Descriptive analysis, percentage analysis, chi-square, correlation, and regression.
Ethical safeguards	Voluntary participation, confidentiality, anonymity, and academic use of data.

IV. DATA ANALYSIS AND INTERPRETATION

A. Descriptive Statistics

The descriptive profile reported in the source manuscript shows that OCTAPACE culture is present in a mixed rather than uniform form. The two highest mean scores are “thinking and doing new things valued” (4.46) and “seniors encourage own development” (4.37). These high means suggest that respondents clearly recognize a developmental and innovation-supportive element in their institutions. In practical terms, employees believe that new ideas are valued and that seniors encourage subordinates to think about their development.

A second cluster of moderate-to-positive means includes teamwork and team spirit encouraged (3.48), genuine sharing of information and feelings (3.43),

innovative problem-solving (3.41), and preventive actions before problems (3.38). These dimensions indicate that collaboration, information exchange, and proactive behaviour are visible in the workplace, though not at the same strength as the top two innovation-and-development items.

The weakest means appear in free discussion between seniors and subordinates (2.10), employees taking a fresh look at work (2.16), employees facing problems directly (2.24), employees allowed independent action (2.46), and employees involved in organizational goals (2.51). These items identify the most important culture gaps in the sample. The lower scores suggest that open dialogue across hierarchy, discretion in work, direct confrontation of issues, and deeper participation in institutional aims are less stable features of the organizational environment.

The spread of responses is also informative. Standard deviations reported in the source file are generally moderate to high, which implies that employees do not experience the culture in the same way. This variation is plausible in healthcare settings, where unit-level conditions, role differences, and supervisory style can produce uneven cultural experiences inside the same institution.

Table II. Selected descriptive statistics from the source analysis

Item	Mean	Comment
Thinking and doing new things valued	4.46	
Seniors encourage own development	4.37	
Teamwork and team spirit encouraged	3.48	
Free discussion with seniors	2.10	
Independent action	2.46	
Employees involved in org goals	2.51	

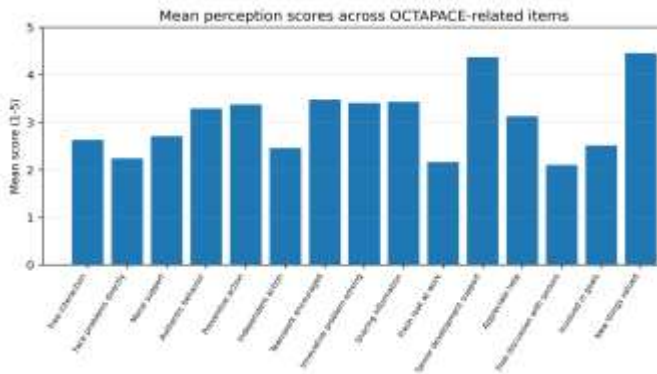


Fig. 2. Mean scores for the OCTAPACE-related items reported in the source manuscript.

B. Percentage Analysis

The percentage analysis in the source manuscript helps clarify how those means are formed. For free interaction among employees, 81.0% of respondents select either agree or strongly agree, indicating that peer-level interpersonal openness and mutual respect are widely felt. For employees facing problems directly, 71.4% register agreement or strong agreement, suggesting that confrontation as a cultural value is moderately present, though not as uniformly as free interaction.

The distribution for independent action is more mixed. The largest response category is neutral (41.3%), while the combined positive share is lower than for free interaction or direct problem handling. This indicates hesitation or inconsistency in how autonomy is experienced. Some employees feel trusted to act independently, but many remain uncertain. Such a pattern is consistent with healthcare environments where authority is shared unevenly or where discretion depends heavily on role and supervision.

Teamwork and team spirit receive mostly positive responses, reinforcing the descriptive result that collaboration is a relative strength of the sample. The source document also shows that employee involvement in organizational goals attracts a largely positive frequency distribution, yet its lower mean and later inferential results imply that this involvement is not deeply embedded across the whole sample. In other words, many employees indicate some involvement, but the intensity and consistency of that involvement are not uniformly strong.

The innovation-related distributions show a predominantly moderate-to-high pattern. Nearly half of respondents place innovative problem-solving in the high or very high range, but a sizeable moderate

category remains. This means that innovation exists as a visible institutional value, yet it is not equally activated for all employees. The broader picture is therefore one of partial strength: interaction and teamwork are more secure than autonomy and hierarchical participation.

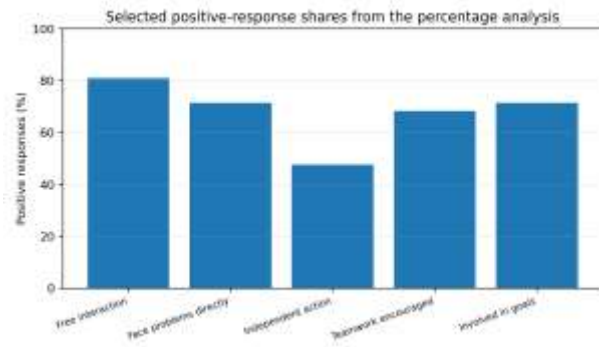


Fig. 3. Selected positive-response shares summarized from the source percentage tables.

C. Chi-Square Analysis

Three chi-square analyses in the source manuscript are especially informative. The first examines free interaction among employees and free discussion between seniors and subordinates. The result is statistically significant, indicating that organizations with better peer-level openness also tend to show stronger vertical communication. This suggests that communication climate is systemic: open interaction at one level is associated with open interaction across hierarchy as well.

The second chi-square test links employees being allowed independent action with employees trying innovative problem-solving. The result is also statistically significant. This supports a practical interpretation of autonomy in healthcare settings: when employees are given room to act, they are more likely to report innovative problem-solving behaviour. Innovation, therefore, is not just a matter of organizational rhetoric; it is connected to whether people feel authorized to exercise judgment.

The third chi-square result links teamwork and team spirit with offering moral support to colleagues. This relationship is again statistically significant and conceptually intuitive. Where teamwork is encouraged, employees are more likely to support one another psychologically and professionally. For healthcare organizations, this is important because moral support can reduce strain and improve resilience under demanding conditions.

D. Correlation Analysis

The correlation matrix reported in the source file shows several positive and significant relationships among OCTAPACE-related dimensions. Free interaction among employees is positively associated with direct problem confrontation, teamwork and team spirit, free discussion with seniors, and employee involvement in organizational goals. Employees allowed independent action are positively associated with direct confrontation, teamwork, and genuine sharing of information and feelings. These correlations show that participation, openness, autonomy, and collaboration tend to reinforce one another.

A particularly important result is the positive association between free discussion between seniors and subordinates and employee involvement in organizational goals. The source manuscript interprets this as evidence that hierarchical communication plays a key role in whether staff feel connected to institutional mission and direction. In addition, innovative problem-solving is positively associated with senior encouragement for development and with the value placed on thinking and doing new things, showing that innovation is strongest in a climate that combines support and recognition.

Taken together, the chi-square and correlation findings strengthen the core argument of the study: OCTAPACE dimensions do not operate independently. They form an interconnected culture system in which communication, autonomy, support, and innovation each influence how the others are experienced.

Table III. Selected inferential results retained from the source manuscript

Analysis	Variables	Statistic	Interpretation
Chi-square	Free interaction x free discussion	chi2=65.175, p<0.001	Peer openness and vertical discussion move together.
Chi-square	Independent action x innovative problem-solving	chi2=58.063, p<0.001	Autonomy is linked with innovation.

Chi-square	Teamwork x moral support	chi2=63.337, p<0.001	Collaboration and support reinforce each other.
Correlation	Free discussion x involvement in goals	r=0.459, p<0.01	Hierarchical communication supports participation.
Correlation	Innovation x senior development support	r=0.541, p<0.01	Developmental support strengthens innovation.

E. Regression Analysis

The strongest inferential result in the source manuscript comes from the regression model predicting employee involvement in organizational goals. The predictors entered are free interaction among employees, employees allowed independent action, teamwork and team spirit encouraged, genuine sharing of information and feelings, and free discussion between seniors and subordinates. The model is statistically significant with $R = 0.566$, $R^2 = 0.321$, adjusted $R^2 = 0.261$, and $F = 5.387$ ($p < 0.001$). This means that the selected culture variables jointly explain about one-third of the variation in employee involvement.

Among all predictors, free discussion between seniors and subordinates has the largest and only statistically significant standardized coefficient ($\beta = 0.347$, $p = 0.009$). Free interaction among employees has a positive effect that comes close to significance, while the independent contributions of autonomy, teamwork, and genuine sharing are not statistically significant once all predictors are entered together. This does not mean those variables are unimportant. Rather, it suggests that their effects may overlap with or flow through the broader communication climate.

The source interpretation is especially useful for practice. Communication across hierarchy emerges as the clearest channel through which organizational culture becomes translated into employee participation in institutional goals. In healthcare settings, where formal authority structures are strong, open senior-subordinate dialogue appears to be the most strategic leverage point for deeper engagement.

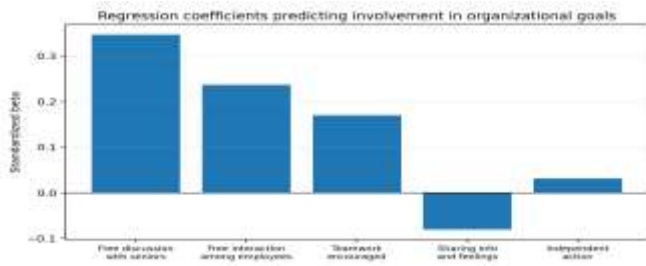


Fig. 4. Standardized regression coefficients reported for predictors of involvement in organizational goals.

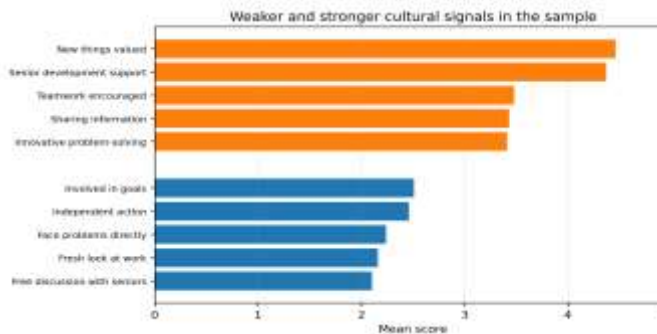


Fig. 5. Comparison of weaker and stronger cultural signals using the reported means.

V. DISCUSSION

The condensed findings show that OCTAPACE culture exists in the sampled healthcare institutions but in an uneven pattern. Developmental support, innovation, teamwork, and information sharing are comparatively stronger. By contrast, autonomy, direct problem confrontation, and especially free hierarchical discussion are weaker. This means employees recognize positive cultural intentions in their institutions, yet not all of those intentions are translated into empowering or participative day-to-day experience.

This imbalance is analytically important. A hospital or clinic can value new ideas and still remain cautious in allowing independent action. It can encourage teamwork and still have weak upward voice. It can support development and yet not involve employees deeply in organizational direction. The source manuscript captures this complexity well, and the inferential results help explain why it matters: the stronger culture dimensions are positively related to other valuable outcomes, but communication across hierarchy is the factor that most clearly converts these cultural conditions into participation in goals.

The findings also align with the literature reviewed in the source file. Studies on supportive leadership, emotional climate, trust, and patient-safety culture all

suggest that openness and collaboration matter most when they are backed by psychological safety and real channels for communication. In this light, the lower mean score for free discussion between seniors and subordinates is not a minor detail. It identifies the main bottleneck in transforming general positivity into committed employee involvement.

Another notable implication concerns autonomy and innovation. The chi-square test shows that independent action is associated with innovative problem-solving, yet the descriptive profile shows autonomy itself is relatively weak. This suggests a practical growth opportunity. If healthcare organizations want more experimentation and constructive initiative, they may need to widen responsible discretion rather than merely asking employees to be creative.

The broader message is that OCTAPACE should be managed as a system. Collaboration supports moral support. Autonomy supports innovation. Free interaction supports free discussion. Free discussion supports goal involvement. When organizations strengthen only one visible dimension while neglecting others, culture remains fragmented. When they improve communication, support, autonomy, and developmental encouragement together, employees are more likely to experience a coherent and participative workplace.

VI. MANAGERIAL IMPLICATIONS, LIMITATIONS, AND FUTURE RESEARCH

For managers and hospital administrators, the study suggests several practical priorities. The first is to strengthen structured discussion between seniors and subordinates. This can include regular feedback meetings, safer upward-reporting channels, non-punitive forums for suggestion sharing, and supervisory practices that reward thoughtful discussion rather than silence. Because hierarchical communication is the strongest predictor in the model, improvements here are likely to produce broad gains in employee engagement.

The second priority is to expand responsible autonomy. The weaker autonomy score and its positive link to innovative problem-solving show that employees may have more creative capacity than current structures allow them to exercise. Clearer delegation, participative planning, and bounded discretion in operational tasks can help transform employees from rule-followers into active contributors to organizational improvement.

The third priority is to preserve the stronger cultural dimensions already visible in the sample. Teamwork, developmental support, and valuing new ideas are assets. Leaders can build on them through mentoring systems, recognition for collaborative problem-solving, cross-functional improvement initiatives, and opportunities for shared learning across roles. Strengths of this kind provide a foundation on which weaker dimensions can be strengthened.

The study also has limitations that should be acknowledged. The sample size is modest and the sampling method is convenience-based, so the findings cannot be generalized to all healthcare institutions. The data are perception-based, which is appropriate for culture research but does not directly measure objective performance outcomes. In addition, the source file includes some category-coding irregularities in a few frequency tables, which means interpretation should stay tied to the overall pattern rather than to any single response label.

Future research can extend this work by using larger and more diverse samples, comparing public and private healthcare institutions more directly, and integrating employee-perception data with objective indicators such as retention, absenteeism, service quality, or patient-safety outcomes. Comparative studies could also test whether OCTAPACE dimensions operate differently across occupational groups such as nurses, doctors, technicians, and administrators.

VII. CONCLUSION

This condensed IEEE-style paper preserves the central contribution of the uploaded OCTAPACE manuscript while presenting it in the same short-paper format previously used for the earlier uploaded paper. The evidence shows that healthcare employees perceive a workplace culture in which innovation, developmental encouragement, teamwork, and information sharing are relatively stronger than autonomy, direct confrontation, hierarchical discussion, and deep involvement in organizational goals.

The inferential analyses confirm that OCTAPACE dimensions are interconnected. Open interaction, teamwork, autonomy, and support reinforce one another, and the regression model identifies free discussion between seniors and subordinates as the strongest predictor of employee involvement in

organizational goals. This is the key practical insight of the study: healthcare organizations that want stronger participation, healthier climate, and more balanced culture development should focus first on improving communication across hierarchy while also widening responsible autonomy and maintaining collaborative support structures.

OCTAPACE is therefore useful not merely as a descriptive label but as a practical managerial framework. It helps explain why some institutions feel supportive yet still fall short on participation, and it points directly to the dimensions that need strengthening if healthcare workplaces are to become more open, developmental, and employee-centred.

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