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<p style="text-align: center;"><b>ÖRGÜT KÜLTÜRÜ VE EKİP ETKİLİLİĞİ ARASINDAKİ İLİŞKİNİN İNCELENMESİ: BİR AĞIZ VE DIŞ SAĞLIĞI MERKEZİNDE UYGULAMA</b></p> <p style="text-align: center;">◆◆◆</p> <p style="text-align: center;"><b>EXAMINING THE RELATIONSHIP BETWEEN ORGANIZATIONAL CULTURE AND TEAM EFFECTIVENESS: AN APPLICATION IN AN ORAL AND DENTAL HEALTH CENTER</b></p>		
<b>Atıf/ to Cite (APA):</b> Çıraklı, Ü., Özmen, S. Numanoğlu Tekin, R. Şahin, Ö.N. (2025). Examining the relationship between organizational culture and team effectiveness: An application in an oral and dental health center. <i>Journal of Healthcare Management and Leadership (JOHMAL)</i> , 1(1), 22-35.  <b>DOI:</b> <a href="https://doi.org/10.35345/johmal.1764393">https://doi.org/10.35345/johmal.1764393</a>		<p style="text-align: center;"><b>Ümit ÇIRAKLI<sup>1</sup></b>  <b>Sümeyye ÖZMEN<sup>2</sup></b>  <b>Rukiye NUMANOĞLU TEKİN<sup>3</sup></b>  <b>Ömer Nasuhi ŞAHİN<sup>4</sup></b></p>

## ÖZ

Bu çalışmanın amacı hastane ekiplerinin örgütsel kültür algısı ve etkililik düzeylerini ölçmek, sağlık ekiplerinin örgütsel kültür algısı ve ekip etkililiği düzeylerinin sosyo-demografik özelliklere göre farklılaşıp farklılaşmadığını ortaya koymak ve örgütsel kültür ile ekip etkililiği arasındaki ilişkiyi ortaya koymaktır. Araştırmanın evrenini Türkiye'de Yozgat ilinde bulunan bir ağız ve diş sağlığı merkezindeki çalışanlar oluşturmaktadır. Çalışmanın örnekleminde, kolayda örnekleme yöntemi kullanılarak araştırmaya gönüllü olarak katılmayı kabul eden tüm sağlık çalışanlarına ulaşılmaya çalışılmıştır. Çalışmaya katılmayı kabul eden 152 sağlık çalışanı ile yürütülmüştür. Çalışmada kullanılan anket üç bölümden oluşmaktadır. Birinci bölümde katılımcıların sosyo-demografik özellikleri, çalışma özellikleri ve sağlık durumlarına ilişkin ifadeler yer almaktadır. İkinci bölümde "Ekip Etkinliği Ölçeği", üçüncü bölümde ise "Rekabetçi Değerler Yaklaşımına Dayalı Örgütsel Kültür Tipolojisi" yer almaktadır. Yapılan analiz sonucunda genel sağlık ve ruhsal sağlıklarının kötü durumda olduğunu belirten katılımcıların oranının (%8,6) ve %15,1) oldukça düşük olduğu ortaya çıkmıştır. Bu nedenle, hastane sağlık çalışanları hem ruhsal hem de genel sağlık düzeyleri açısından iyi olarak değerlendirilebilir. Öte yandan, bu çalışmada ekip etkililiği ve örgütsel kültür algıları yüksekti. Ayrıca örgüt kültürünün alt boyutlarından olan klan kültürü ve hiyerarşi kültürünün ekip etkililiğini anlamlı şekilde yordadığı bulunmuştur.

**Anahtar Kelimeler:** Örgüt kültürü, Ekip etkililiği, Sağlık profesyonelleri, Ekipler, Sağlık ekipleri.

## ABSTRACT

This study aims to measure the organizational culture perception and effectiveness levels of hospital teams, to investigate whether the organizational culture perception and team effectiveness levels of healthcare teams differ according to socio-demographic characteristics, and to examine the relationship between organizational culture and team effectiveness. The research population consisted of the staff at an oral and dental health center in Yozgat City, Türkiye. An attempt was made to reach all healthcare professionals who voluntarily accepted participation in the research using the convenience sampling method. The study was conducted with 152 healthcare professionals who agreed to participate in the study. The questionnaire used in the study consists of three parts. The first part includes statements regarding the participants' socio-demographics, working characteristics, and health status. The second part includes the "Team Effectiveness Scale", and the third includes the "Competitive Values Approach Based Organizational Culture Typology". As a result of the analysis, it was revealed that the rate of participants who stated that their general health and mental health were in poor condition (8.6% and 15.1%,

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respectively) was relatively low. Therefore, hospital healthcare workers can be considered to have good mental and general health levels. On the other hand, team effectiveness and organizational culture perceptions were high in this study. Moreover, it was found that clan culture and hierarchy culture, which are sub-dimensions of organizational culture, significantly predict team effectiveness.

**Keywords:** Organizational Culture, Team effectiveness, Healthcare professionals, Teams, Healthcare teams.

## 1. INTRODUCTION

Culture is a phenomenon that holds an important place in organizations as well as various areas of life (Alvesson, 1990). Since organizations are considered open systems, their organizational culture plays a crucial role in adapting to change and innovation (Erdem, 2007). Organizational culture can also lead the organization to its goals or, conversely, away from them. Since the health sector is a field with high labor intensity and functional dependency in service delivery, organizational culture becomes a more effective concept. Organizational culture serves several functions, including conveying organizational values to recruits, contributing to organizational continuity, motivating and guiding the workforce, and enriching working life by making it more meaningful (Tanyeri, 2000). Additionally, effective planning and management of manpower in hospitals can be achieved with the right type of organizational culture. For this reason, an organizational culture that directs the attitudes and behaviors of health workers towards the goals of health institutions will benefit health institution management (Karahana, 2008). A team is a structure that includes members from different professional groups, as well as members from various organizations. At the same time, it is a structure that can change continuously in response to changing goals and issues (D'Antoni, 2006). Almost all of the work in health institutions is done by teams (McCleary, 1998). The division of labor among healthcare professionals is evidence that healthcare services cannot be provided by a single professional (Leggat, 2007). In this case, it is clear that healthcare is a multidisciplinary structure and that the provision of health services can occur through the work of teams (Gonzales, 2010). For this reason, the effective functioning of teams is a fundamental element in the delivery of health services (Leggat, 2007). The majority of clinical and managerial interventions depend to some extent on the effective functioning of teams. For example, as the technology involved in patient care increases, the need for teams of professional workers to coordinate their work also tends to increase. The implementation of quality improvement methods, such as "continuous quality improvement," depends to a significant extent on having well-performing teams (McCleary, 1998). Due to the nature of health services, functional interdependence is extremely high, and working as a team is essential. Service delivery is based on the successful performance of employees who work independently of each other, rather than relying on individual heroism. Health personnel can accomplish tasks that they cannot overcome alone with teamwork and cooperation (Rosengarten, 2019). For this reason, forming effective teams in healthcare institutions is crucial. For example, involving patients and their families in the care process and ensuring coordination between different specialties cannot be realized without a team approach (Salas & Rosen, 2013). The other variable in the study, organizational culture, is important in terms of ensuring social interaction as the team has a common purpose, respect, and belief. Otherwise, teamwork can be compromised if team members prioritize their own agendas or adopt values that diverge from the organization's goals (Moore et al., 2015; Rosengarten, 2019). In the literature, it is emphasized that organizational culture is a potential moderating factor of team relationships (Mathieu et al., 2019). For these reasons, this study aimed to measure the organizational culture perception and effectiveness levels of hospital teams, to investigate whether the organizational culture perception and team effectiveness levels of healthcare teams differ according to socio-demographic characteristics, and to examine the relationship between organizational culture and team effectiveness.

## 2. LITERATURE REVIEW

### 2.1. The Concept of Organizational Culture

It is known that the concept of culture is related to more than one scientific discipline and the subject is of interest to many disciplines. In this respect, culture, which is a complex concept, has been an

important field of study for many researchers since the 1980s (Alvesson, 1990). Geertz (1973), who contributed to the concept of culture from an interpretive perspective, states that culture emerged to reveal the distinction between humans and animals. It is seen that the concept of culture has changed over time to conceptualize human species while having a natural continuity. The phenomenon of culture means that humans have developed different sociological structures to give meaning to the nature around them (Pettigrew, 1979). Geertz (1973) defines the phenomenon of culture as a set of meanings that have survived from the past to the present and are embodied in symbols, a set of concepts that human beings have inherited from their ancestors and that they express through symbols such as communicating, sustaining their lives, increasing their knowledge about life and developing attitudes about life (Geertz, 1973; Morgan, 1986).

The phenomenon of organisational culture contributes to understanding the symbolic values of the organisation. In the deeper layers of organisational culture, a collection of fundamental values and norms exists that helps employees give meaning to the organisational environment and shape their behaviours (Pettigrew, 1979; Schein, 1990; Ouchi & Wilkins, 1985; Hofstede, 1984; Bakan et al., 2004; Şişman, 2007). It can also be claimed that organizational culture acts as a mortar that binds employees together. From another perspective, it is also possible to argue that organizational culture is a theme that unites, gives meaning, and directs, much like the personality that people possess, hidden in the deep places of the organization (Yağmurlu, 1997). Schein made a broad definition of “organizational culture” with a summarizing understanding of the definitions made so far as follows (Schein, 1985):

“Organizational culture is a network of shared basic assumptions, invented, developed, or discovered, that have been learned and validated by the members of a given organization in order to solve the problems encountered in the process of internal integration and external adaptation, and therefore effective enough to be passed on to new members as a correct way of perceiving, thinking and feeling about problems.” Smircich (1983), a researcher a different perspective on organizational culture than the researchers mentioned above, begins his study on the phenomenon of culture with a question that concerns organizations and culture: “Does the organization have a culture or is it itself a culture?”. Smircich states that culture for organizations has been studied from two perspectives: as a “variable” or as a “root metaphor”. Smircich’s (1983) observation is that the majority of studies at that time included one of these two forms. On the other hand, according to Smircich, these two different perspectives allow the inference that there are many ways of dealing with culture (Smircich, 1983).

Upon examining the organizational culture literature, it becomes apparent that various typologies exist (Handy, 1994, 1995; Kono & Clegg, 1998; Hofstede, 1980, 1993). The reasons for the production of different typologies in the literature may be that culture is viewed from various disciplines or that scientists want to emphasize different aspects of the subject due to the numerous dimensions and facets of the cultural phenomenon. For example, while Hofstede (1980) and some scholars with his point of view construct culture types on the problematic of culture dimensions and whether culture dimensions are different according to countries, scholars such as Schein (1983) and Smircich (1983) can be expressed as scholars who examine the issue of culture from the perspective of anthropology, although they have different perspectives. One key point to understand is that each type of organizational culture will be evaluated in relation to the organization itself. In other words, there is no such thing as a “good culture” or a “bad culture.” There are “appropriate” or “inappropriate” cultures or mixtures of cultures, depending on the conditions that organizations have.

Cameron and Quinn (2006) evaluate organizational cultures in the context of both organic and mechanical processes, as well as internal and external protection elements. In this respect, according to Cameron and Quinn, the organizational culture typologies are as follows: 1. Clan, 2. Hierarchy, 3. Adhocracy, and 4. Market Culture. All of these typologies are likely to coexist, but some will be more pressing than others.

## 2.2. The Concept of Team Effectiveness

Katzenbach and Smith (1993) define team as: “A team is a small group of people with complementary skills who are committed to a common goal, performance objectives, and approach for which they are jointly responsible.”

Mohrman et al. (1995), team: “A group of individuals who come together to provide services or produce products for which they are jointly responsible. Team members share goals and have shared responsibility for achieving them. Team members are interdependent in achieving goals and influence outcomes through their interactions with one another. Since the team has joint responsibility for the results, it is the responsibility of each member to integrate the work with other members” (as cited in Borrill et al., 2001). Cohen and Bailey (1997) define a team as a group of individuals who are interdependent in their tasks, share responsibility for outcomes, perceive themselves as a cohesive unit, a social system within a larger social system, and are recognized as such by others, while managing their relationships within organizational boundaries.

Çıraklı (2012) defines health teams as “a group of individuals from different disciplines, consisting of professionals with complementary skills, who share a common goal such as the patient’s well-being and have interdependence between tasks”.

The key element used to measure and evaluate teams is effectiveness (Scott & Pollock, 2006). If organizations commit financial, time, and human resources to developing teams, they need to have a clear understanding of what constitutes team effectiveness. There are many definitions of team effectiveness. Cohen, Ledford, and Spreitzer (1996) define work team effectiveness as both high performance and the quality of working life for the worker. Schwarz (1994) lists three critical requirements for effective groups. First, an effective group delivers outputs that meet or exceed the organization’s standards. Second, the processes used to accomplish the work allow members to work together effectively on current projects and subsequent efforts. Ultimately, the collective experience of the group must meet the needs of its members.

Tannenbaum, Salas, and Cannon-Bowers (1996) define team effectiveness as a combination of the team’s performance in terms of output and its ability to develop and renew itself. The authors list some prerequisites for team success. First, there must be a logical reason for using a team. Teams are only suitable for some situations. If a task is better suited for individual work, there is no need for a team. Second, management must show that it supports the team. Third, the team must have the necessary resources to complete the tasks. Finally, the team's needs must be accurately diagnosed.

Çıraklı et al. (2015) state that effective teamwork has the following benefits in health services:

- Reducing hospitalization times and costs,
- Enhanced service delivery,
- Improved patient satisfaction,
- Employee satisfaction,
- Employee motivation and collaboration,
- Innovation.

### 3. MATERIAL AND METHOD

The population of the research consisted of the staff working at an oral and dental health center in Yozgat, Türkiye. An attempt was made to reach the study sample by all healthcare professionals who voluntarily accepted participation in the research, using the convenience sampling method, as the total number of staff is approximately 200. The study was conducted with 152 healthcare professionals who agreed to participate in the research. Ethical approval was obtained from the Yozgat Bozok University Ethics Committee, with decision number 14 dated 21 October 2020.

The questionnaire used in the study consists of three parts. The first part includes statements regarding the socio-demographic characteristics, working conditions, and health status of the participants. The second part includes the “Team Effectiveness Scale,” which consists of five dimensions and a total of 40 questions, introduced by Çıraklı (2012). The five dimensions in the Team Effectiveness Scale consist of Direction, Leadership, Team Atmosphere, Structural Content, and Team Processes. Çıraklı (2012) reported a Cronbach’s Alpha coefficient of 0.96 for the scale.

The third part includes the “Competitive Values Approach Based Organizational Culture Typology” scale, consisting of 24 questions and four dimensions. In the scale developed by Cameron and Quinn (2006), they evaluated organizational cultures on a plane consisting of organic and mechanical processes, internal protection, and external protection elements, and in this context, they classified organizational types as Clan, Hierarchy, Adhocracy, and Market (Market) Culture. Studies conducted by Cameron and Freeman (1991), Quinn and Spreitzer (1991), and Zammuto and Krakower (1991) show the validity of the scale. In Turkey, it is stated that the content validity of the scale adapted into Turkish by Çalışır (2008) was checked by two experts (Aktaş & Şimşek, 2014). Additionally, Acar (2013) examined the structural validity of the scale using exploratory factor analysis. The scale used in our study was translated into Turkish by us.

In organisations where a clan-type culture is dominant, leaders are perceived as father figures, and teamwork, a sense of unity, and organisational participation are of great importance within this structure. In clan-type organisations where communication between employees is developed, employees are encouraged to improve themselves and integrate with the organisation (Şişman, 2007; Murat & Açıkgoz, 2007; Çıraklı et al., 2017). While the organisation operates with flexible working procedures, employees demonstrate loyalty and commitment to the organisation and to their colleagues (Schimoeller, 2006; Erdem, 2007). On the other hand, organisations with a dominant clan-type organisational culture are more attentive and sensitive in their customer relations due to their flexible internal structure, solid internal communication, and emphasis on the human element (Berrio, 2003).

Organizations with a dominant hierarchy culture are characterized by highly formalized structures that operate within a framework of strict rules and procedures. In this structure, leaders’ coordination and organization skills come to the fore (Şişman, 2007; Berrio, 2003).

Adhocracy typology aims to create an entrepreneurial, innovative, and creative organizational structure (Berrio, 2003). The main emphasis in adhocratic organizations is on creativity, risk-taking, and quick solutions (Schimoeller, 2006; Murat & Açıkgoz, 2007; Şişman, 2007).

Market culture is a type of organizational culture that is more common in organizations that face tough competition. These organizations walk with a market-oriented and result-oriented approach. On the other hand, competitive activities and achieving predictable goals are of great importance in this structure (Şişman, 2007; Schimoeller, 2006). The criteria for success here are high market share and deep market penetration. Such organizations also attach importance to stability and control (Berrio, 2003). The measure of an employee’s value is the value they add to the organization. On the other hand, the dominant value that holds such an organization together and forms the basis of its culture is “winning”. As long as winning is achieved, the system will function and the organization will be able to maintain its productivity and competitiveness. The statements in the scales were measured on a 5-point Likert scale (1 = Strongly disagree, 2 = Disagree, 3 = Somewhat agree, 4 = Agree, 5 = Strongly agree).

Cronbach’s Alpha coefficient was used to analyze the reliability of the scales. Cronbach’s Alpha coefficient was calculated as 0.986 for the Team Effectiveness Scale and 0.979 for the Organizational Culture Scale (Table 1). As a result of the statistical analysis, it was determined that the scale scores did not exhibit a normal distribution (Shapiro-Wilk Test,  $p < 0.05$ ). Therefore, the Mann-Whitney U Test was used to compare the averages between paired groups, and the Kruskal-Wallis Test was used to compare the averages between more than two groups.

**Table 1.** Reliability Values and Subscale Score Averages for the Scale Subscales

<b>Team Effectiveness Scale</b>	<b>Cronbach's Alpha</b>	<b>Average</b>	<b>SS</b>	<b>Min.</b>	<b>Max.</b>
Direction	0,954	30,64	7,86	8	40
Leadership	0,959	31,20	7,53	8	40
Team atmosphere	0,959	30,45	7,86	8	40
Structural content	0,907	29,91	7,04	8	40
Team processes	0,931	29,92	7,16	8	40
Total	0,986	152,42	35,67	40	200
<b>Competitive Values Approach Based Organizational Culture Typology Scale</b>	<b>Cronbach's Alpha</b>	<b>Average</b>	<b>SS</b>	<b>Min.</b>	<b>Max.</b>
Clan	0,912	23,53	5,46	6	30
Hierarchy	0,909	23,38	5,66	6	30
Adhocracy	0,927	23,67	5,49	6	30
Market	0,926	23,57	5,54	6	30
Total	0,979	94,14	21,65	24	120

#### 4. RESULTS

A total of 152 people participated in the study, 41.4% of the participants were between the ages of 30-39 and the average age was 35.5 years (SD: 8.12 years). The distribution of participants by gender was equal, with 36.8% having a high school education or less. Additionally, 37.5% worked in support services, 40.8% had been working in the relevant unit for 1-4 years, 73.7% were married, and 59.9% worked during the day (Table 2).

**Table 2.** Distribution of Participants According to Socio-Demographic Characteristics

	<b>n</b>	<b>%</b>		<b>n</b>	<b>%</b>
<b>Age</b>			<b>Marital Status</b>		
20-29 years old	37	24,3	Married	112	73,7
30-39 years	63	41,4	Single	32	21,1
40 and above	52	34,2	Other	8	5,3
<b>Gender</b>			<b>Mode of Operation</b>		
Woman	76	50,0	Daytime	91	59,9
Male	76	50,0	Shift	61	40,1
<b>Education</b>			<b>Working Time in the Unit</b>		
High school and below	56	36,8	1-4 years	62	40,
Associate degree	27	17,8	5-9 years	45	29,6
Bachelor	41	27,0	10-14 years	29	19,1
Postgraduate	28	18,4	15 years and over	16	10,5
<b>Profession</b>					
Physician	26	17,1			
Nurse	10	6,6			
Health Technician	30	19,7			
Administrative/data preparation	29	19,1			
Support services	57	37,5			

When the health status of the participants was evaluated, it was found that general health status and mental health status were generally evaluated as good; only 0.7% evaluated general health status as very poor and 7.9% as poor, and only 3.3% evaluated mental health status as very poor and 11.8% as poor (Table 3).

**Table 3.** Distribution of Participants According to Their Assessment of Their Health Status

	Very bad	Bad	Good.	Very good	Perfect
General Health Status	0,7	7,9	50,7	24,3	16,4
Mental Health Status	3,3	11,8	45,4	21,7	17,8

From the results of Mann-Whitney U and Kruskal Wallis tests (Table 4-5), it was revealed that the leadership sub-dimension, structural content sub-dimension, and total scale score varied according to the level of education, and the structural content and team processes sub-dimension scores varied according to profession, showing statistically significant differences ( $p < 0.05$ ). No statistically significant difference was found between the type of work and working time and the scale sub-dimensions and total scale score ( $p > 0.05$ ).

**Table 4.** Distribution of Team Effectiveness Scale's Subscale Scores According to Some Variables

	Direction		Leadership		Team atmosphere		Structural content		Team processes		Total	
	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS
<b>Gender</b>												
Woman	28,9	8,3	29,6	7,9	28,5	8,2	27,9	7,2	28,2	7,5	143,6	37,6
Male	32,4	7,0	32,8	6,8	32,4	7,1	31,9	6,4	31,7	6,4	161,2	31,5
	Z= -2,737 p=,006		Z= -2,533 p=,011		Z= -3,093 p=,002		Z= -3,727 p=,000		Z= -3,101 p=,002		Z= -3,168 p=,002	
<b>Mode of operation</b>												
Day shift	30,6	7,9	31,4	7,5	30,6	8,1	30,4	7,0	30,2	7,3	153,2	36,1
Shift	30,7	7,8	30,9	7,6	30,2	7,6	29,1	7,1	29,5	7,0	151,2	35,3
	Z= -0,119 p=,906		Z= -0,381 p=,703		Z= -0,524 p=,600		Z= -1,279 p=,201		Z= -0,616 p=,538		Z= -0,598 p=,550	
<b>Age groups</b>												
20-29 years old	26,3	8,3	27,2	8,5	26,1	8,8	26,4	7,5	26,6	8,4	132,6	40,1
30-39 years	31,4	7,8	31,9	7,3	31,1	7,5	30,3	6,7	30,1	6,5	155,5	33,6
40 and above	32,8	6,3	33,2	6,0	32,8	6,3	32,0	6,2	32,1	6,2	162,8	29,1
	$\chi^2 = 15,443$ p=,000		$\chi^2 = 14,311$ p=,001		$\chi^2 = 14,175$ p=,001		$\chi^2 = 15,244$ p=,000		$\chi^2 = 10,814$ p=,004		$\chi^2 = 16,065$ p=,000	
<b>Education level</b>												
High school and below	31,6	7,9	32,3	7,3	31,4	7,7	31,5	7,0	31,2	7,1	157,9	35,2
Associate degree	32,4	8,3	32,2	9,2	32,1	8,5	30,6	8,0	30,5	7,3	157,8	39,8
Bachelor	28,2	8,5	28,7	7,9	27,9	8,5	27,5	7,5	28,5	7,8	140,8	38,2
Postgraduate	30,8	5,6	31,8	4,5	30,6	5,6	29,7	4,4	28,8	5,9	153,2	24,7
	$\chi^2 = 7,156$ p=,067		$\chi^2 = 9,247$ p=,026		$\chi^2 = 7,302$ p=,063		$\chi^2 = 10,791$ p=,013		$\chi^2 = 5,629$ p=,131		$\chi^2 = 8,539$ p=,036	
<b>Working time</b>												
Under 7 years	29,7	8,3	30,4	7,9	29,5	8,5	29,0	7,6	29,2	7,7	147,8	38,4
7 years and above	32,0	7,0	32,4	6,9	31,9	6,6	31,3	5,9	31,0	6,2	159,2	30,4
	Z= -1,543 p=,123		Z= -1,403 p=,161		Z= -1,464 p=,143		Z= -1,803 p=,071		Z= -1,272 p=,203		Z= -1,785 p=,074	
<b>Profession</b>												
Health Worker	29,8	7,8	30,6	7,2	29,4	8,0	28,7	6,6	28,6	7,3	147,7	35,5
Administrative Staff	31,3	7,9	31,7	7,8	31,3	7,7	30,8	7,3	31,0	6,9	156,0	35,6
	Z= -1,369 p=,171		Z= -0,917 p=,359		Z= -1,616 p=,106		Z= -2,367 p=,018		Z= -2,197 p=,028		Z= -1,701 p=,089	

It was determined that the total score and sub-dimension scores of the organizational culture educational level were significantly different ( $p < 0.05$ ). No statistically significant difference was found between the type of work, working time, occupation, and scale sub-dimensions and scale total score ( $p > 0.05$ ).

**Table 5.** Distribution of Organizational Culture Scale's Subscale Scores According to Some Variables

Gender	Clan		Hierarchy		Adhocracy		Market		Total	
	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS
Woman	22,3	5,9	21,9	6,0	22,4	5,9	22,5	5,7	89,1	22,9
Male	24,8	4,7	24,8	4,9	25,0	4,8	24,7	5,2	99,2	19,1
	Z= -2,638 p= ,008		Z= -3,149 p= ,002		Z= -2,993 p= ,003		Z= -2,782 p= ,005		Z= -2,983 p= ,003	
Mode of operation	Clan		Hierarchy		Adhocracy		Market		Total	
	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS
Day Shift	23,7	5,4	23,7	5,6	23,9	5,4	23,7	5,5	95,0	21,4
Shift	23,3	5,6	22,9	5,7	23,4	5,6	23,4	5,7	92,8	22,2
	Z= -0,470 p= ,639		Z= -1,100 p= ,272		Z= -0,673 p= ,501		Z= -0,357 p= ,721		Z= -0,688 p= ,491	
Age groups	Clan		Hierarchy		Adhocracy		Market		Total	
	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS
20-29 years old	20,5	6,4	20,1	6,2	20,4	6,5	20,1	6,3	81,0	24,9
30-39 years	24,0	4,8	23,9	5,1	24,2	4,7	24,1	4,8	96,1	18,8
40 and above	25,1	4,6	25,2	5,0	25,4	4,6	25,4	4,7	101,2	18,5
	$\chi^2 = 15,240$ p=,000		$\chi^2 = 17,882$ p=,000		$\chi^2 = 18,189$ p=,000		$\chi^2 = 20,792$ p=,000		$\chi^2 = 19,857$ p=,000	
Education level	Clan		Hierarchy		Adhocracy		Market		Total	
	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS
High school and below	24,0	5,2	24,1	5,4	24,6	5,0	24,2	5,3	96,9	20,2
Associate degree	24,6	6,2	24,9	6,5	24,6	6,3	24,8	6,4	98,9	24,9
Bachelor	21,6	6,0	21,2	6,0	21,5	6,0	21,6	5,9	86,0	23,6
Postgraduate	24,3	3,5	23,6	4,0	24,1	4,2	24,0	3,9	96,1	15,1
	$\chi^2 = 8,565$ p=,036		$\chi^2 = 12,032$ p=,007		$\chi^2 = 10,993$ p=,012		$\chi^2 = 9,566$ p=,023		$\chi^2 = 10,594$ p=,014	
Working time	Clan		Hierarchy		Adhocracy		Market		Total	
	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS
Under 7 years	23,0	5,9	22,9	5,9	23,2	5,8	23,1	5,9	92,2	23,2
7 years and above	24,3	4,6	24,1	5,2	24,3	4,9	24,2	4,9	96,9	19,0
	Z= -1,208 p= ,227		Z= -1,117 p= ,264		Z= -0,957 p= ,338		Z= -0,903 p= ,366		Z= -1,018 p= ,308	
Profession	Clan		Hierarchy		Adhocracy		Market		Total	
	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS	$\bar{X}$	SS
Health Worker	23,2	5,6	22,8	5,7	23,0	5,9	23,1	5,8	92,1	22,6
Administrative Staff	23,8	5,3	23,8	5,6	24,2	5,2	23,9	5,4	95,8	21,0
	Z= -0,604 p= ,546		Z= -1,341 p= ,180		Z= -1,134 p= ,257		Z= -0,842 p= ,400		Z= -0,948 p= ,343	

Linear Regression analysis was performed to determine the effect of organizational culture on team effectiveness. Before the analysis, logarithmic transformation of the dependent (team effectiveness scale scores) and independent (organizational culture scale scores) variables, which did not show normal distribution, was made and after ensuring that they showed normal distribution, the relationship between organizational culture and team effectiveness was first results of the correlation analysis, it was determined that there was a very strong and positive relationship between organizational culture and team effectiveness (Pearson Correlation Coefficient: 0,927,  $p = ,000$ ).

As a result of the linear regression analysis conducted to evaluate the effect of organizational culture on team effectiveness.

Y= Team Effectiveness Scale Score

X1i = Organizational Culture Scale Score; the simple linear regression formula is as follows;

$$“Y = \beta_0 + \beta_1 X_{1i} + \epsilon_i”$$

The explanatory coefficient of the model (R<sup>2</sup>) was calculated as 0.906. Accordingly, 90.6% of the change in team effectiveness scale score is explained by organizational culture (F=1439.495 p=0.000) and the regression model is as follows:

$$\log Y = 0.339 + 0.934 X_{1i}$$

Multiple linear regression analysis was conducted to investigate the impact of organizational culture sub-dimensions on team effectiveness. In the first analysis, it was determined that adhocracy and market sub-dimensions were statistically insignificant in the regression model (p > 0.05); therefore, these two variables were removed from the model, and a re-analysis was performed. The explanatory coefficient (R<sup>2</sup>) of the model was calculated to be 0.909. Accordingly, 90.9% of the change in team effectiveness scale score is explained by clan and hierarchy cultures (F= 740.037, p= 0.000), and the regression model is as follows:  $\log Y = 0.912 + 0.556 X_{1i} + 0.371 X_{2i}$

Y= Team Effectiveness Scale Score X1i = Clan Subscale Scale Score

X2i = Hierarchy Subscale Scale Score

According to the regression analysis results, the most important predictor of the change in team effectiveness is clan culture (Beta= 0.556) and the second most important predictor is hierarchy culture (Beta= 0.371).

## 5. DISCUSSIONS

In this study, the relationship between team effectiveness and the perception of organizational culture among healthcare professionals working in the service sector was examined. Studies on the relationship between these two variables have been published in the literature from the past to the present (Salas & Rosen, 2013; Denison & Mishra, 1995; Kim & Hong, 2004; Gregory et al., 2009). However, this study revealed different dimensions of organizational culture and team effectiveness using current scales that have not been widely used yet.

As a result of the analysis, it was revealed that the rate of participants who stated that their general health and mental health were in poor condition (8.6% and 15.1%, respectively) was quite low. Therefore, healthcare workers in the hospital can be considered to have good mental and general health levels. On the other hand, team effectiveness and organizational culture perceptions were found to be high in this study. Similarly, in the literature, Saygılı and Özer (2020) found that the attitudes of health personnel towards teamwork were high in the study conducted in Turkey.

When examining whether team effectiveness differed according to various sociodemographic variables, it was observed that it varied by gender, age, and educational status. In this study, it was found that individuals aged 40 years and over demonstrated higher team effectiveness than those under 40 years; men showed greater team effectiveness than women; and those with a high school education or lower had higher team effectiveness than those with university degrees.

In terms of the gender variable, although team effectiveness was found to be higher in males than in females in this study, Çıraklı (2012) found that team effectiveness did not differ according to gender. On the other hand, the age literature was supported. Similar to this study, a study conducted by Çıraklı (2012) found that total team effectiveness was highest among people aged 40 and over. It is thought that the difference in team effectiveness according to age group is due to the increase in working experience, knowledge gained from work, and the level of communication with people in the working environment, which improves with advancing age. This finding may be related to the acquisition of characteristics such as harmony with the team, establishing close and strong relationships, and acting maturely in the face of problems as experience increases. Saygılı and Özer (2020) also found that institutional communication increased in people over the age of 36 in their study on healthcare professionals. It was stated that team members with advanced age can access information about patients quickly, share it with the relevant team members, develop effective solutions to patient problems, and assist team members with insufficient experience.

It was revealed that the leadership sub-dimension, structural content sub-dimension, and total scale score differed statistically significantly according to the level of education. Additionally, the structural content and team processes sub-dimension scores differed statistically significantly according to occupation. It is seen that bachelor's degree graduates have the lowest level of team effectiveness in leadership and structural content sub-dimensions. In terms of occupation, other health professionals had lower scores in the structural content and team processes sub-dimensions compared to administrative staff. This finding is thought to be because personnel in the provision of health services feel a greater need for cooperation and harmony, and their relative perceptions are evaluated as low. In the total score and all sub-dimensions of the organizational culture scale, it was determined that men and associate degree graduates had higher scores. In the study conducted by Çıraklı et al. (2017), no statistically significant results were obtained in terms of organizational culture, regardless of gender and educational status. In this study, the total organizational culture scale score and all sub-dimension scores were found to be higher in people aged 40 and over compared to other age groups, while in the study conducted by Çıraklı et al. (2017), similar findings were found only in the clan and hierarchy sub-dimension for the same age group. Therefore, it was concluded that the perception of organizational culture increases with increasing age. Finally, in this study, no statistically significant differences were found between the type of work, working time, occupation, and scale sub-dimensions and scale total score. In this study, a strong and positive relationship was found between organizational culture and team effectiveness, consistent with the existing literature (Kim & Hong, 2004; Wu, Pang, & Tsai, 2010; Inceoglu, 2002; Denison, 1984). As organizational culture increases, team effectiveness also increases. Zincirkıran et al. (2015) also found a positive relationship between teamwork, organizational commitment, and organizational performance.

Clan culture and hierarchy culture, which are sub-dimensions of organizational culture, significantly predict team effectiveness. Firstly, the change in team effectiveness is influenced by clan culture, followed by hierarchy culture. Similarly, previous studies in the literature have shown that organizational culture has an impact on effectiveness (Denison & Mishra, 1995; Gregory et al., 2009). Gregory et al. (2009) also found that employee attitudes mediate the direct effects of organizational culture on team effectiveness. Additionally, research in the literature suggests that leadership has a positive impact on team effectiveness (Talip, 2019; Shortell et al., 2004).

## 6. CONCLUSIONS AND IMPLICATIONS

It is of great importance for managers interested in ensuring patient and employee satisfaction in healthcare institutions to improve team effectiveness and organizational culture. A study of nurses in the literature found a negative relationship between team effectiveness and interpersonal conflict, as well as a positive relationship between team effectiveness and job satisfaction. Similarly, a positive relationship was found between teamwork and job satisfaction among healthcare professionals in Turkey (Bekmez & Karagözoğlu, 2021; Danişman, Taniş, & Gürsel, 2018). In addition, it is emphasized that team effectiveness will contribute to improving patient safety and quality care (Salas & Rosen, 2013); improving service delivery, reducing hospitalization times and costs, increasing patient and employee satisfaction, increasing employee motivation, cooperation, and innovative perspectives (Çıraklı, Çelik & Beylik, 2015). A well-functioning team makes fewer mistakes than an individual (Baker, Day, & Salas, 2006). Therefore, teamwork effectiveness has a significant effect on patient safety culture. On the other hand, it is noted that the health of the staff can be protected, and stress levels will decrease due to team effectiveness (King's Fund, 2007; Rosengarten, 2019). It is stated that organizational culture positively impacts patient satisfaction, which is a key determinant of perceived quality in healthcare services (Gregory et al., 2009).

It is emphasized that leadership is essential to enhance team effectiveness and foster a strong organizational culture (Salas & Rosen, 2013; Kim & Hong, 2004; Wu, Pang, & Tsai, 2010). The leader in the team should determine the organizational culture and prepare strategic plans (Kim & Hong, 2004); serve to integrate values among all members, ensure participation, and facilitate teamwork in harmony (Shortell et al., 2004). Since it has been found that teams with a physician as their leader perceive themselves as more effective, it is essential to ensure the participation of physicians in management (Shortell et al., 2004).

On the other hand, the literature emphasizes that the environment of trust, shared beliefs, values, perspectives, and thoughts within an organization has a significant impact on team effectiveness. Additionally, an organizational culture that supports innovation and team spirit can contribute to team effectiveness. Therefore, an organizational culture that fosters horizontal communication networks and increases interaction levels by creating an environment of trust and team spirit should be targeted.

Additionally, an organizational culture that supports total quality management also impacts team effectiveness. Teams play a key role in achieving quality efforts. Healthcare teams that have achieved effectiveness make more effort to improve the delivery of healthcare services. For these reasons, the results on the relationship between organizational culture and team effectiveness will contribute to increasing the level of quality. For organizations in the health sector to achieve the desired results in team effectiveness, it depends on the emphasis on creating an organizational culture. Organizational culture enhances the ability to act jointly and fosters a spirit of solidarity, reduces the number of mistakes, and enables the right target orientation. Healthcare managers should demonstrate leadership skills that prioritize their charismatic influence to gather their staff around a common goal. They should also organize various social activities to increase employee sympathy and loyalty, thereby fostering a positive organizational culture.

Healthcare managers who want to maximize quality level, job satisfaction, and patient and employee satisfaction need harmonious and effective teamwork. For health workers to be able to devote themselves fully to their work within the team, the sense of justice within the organization should be given the necessary importance. To remove obstacles to team effectiveness, the problems within the organization must first be identified and addressed. Ensuring professional solidarity and synergy within the team and achieving success as a result depends on satisfied employees. Through team effectiveness, it is possible to increase the skills and expertise of team members and to realize peer teaching. It is essential to keep in mind that team effectiveness is crucial in preventing medical errors, such as wrong-side surgery, which threaten patient safety and ultimately reduce mortality rates.

This study has some limitations. The data are based on the participants' subjective responses to the questionnaires. In addition, the findings of this study cannot be generalized nationwide, as it was conducted in only one oral and dental health center in one city. Therefore, the single-center and convenience sampling method limit generalizability.

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