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ORGANIZATIONAL CULTURE DYNAMICS DURING CRISIS: KEY ENABLERS AND BARRIERS IN HOSPITAL CONTEXT

Meika Kurnia Puji Rahayu

Master of Management, Universitas Muhammadiyah Yogyakarta, Indonesia
email: meika_kurnia@umy.ac.id

ABSTRACT

This qualitative study aims to ascertain employees' comprehension of the new organizational culture and the facilitating and obstructive variables in its implementation within a hospital in Indonesia. The research background indicates that there was a need to shift the foundational principles and assumptions guiding organizational operations from innovation and competition to safety and resilience as a result of the catastrophe that transpired. This study examines two research questions: (1) To what extent do employees understand the company culture? (2) What are the facilitating and obstructive variables in the changing of organizational culture? The research design employs qualitative phenomenology using a case study approach. The data gathering methods employed in this study included (1) semi-structured interviews, (2) unstructured observations, and (3) documentation. Data analysis encompasses data reduction, data presentation, and data verification (formulating conclusions). The study's results reveal that certain staff remain uninformed about the new organizational culture within the institution. In addition, a contributing aspect to the implementation of organizational culture is the crisis (pandemic) itself. Elevated anxiety, augmented workload, inadequate communication, and absence of norms hinder the establishment of organizational culture. This study's findings suggest two recommendations, (1) there is a necessity for enhanced socialization of the new organizational culture, encompassing all work units, (2) the hospital must develop instruments, such standard operating procedures, posters, and organizational culture manuals, to aid in the internalization and execution of the new organizational culture.

Keywords: transformation, culture, support-factors, barriers

INTRODUCTION

Organizational culture transformation is one of the most crucial challenges for healthcare institutions, especially when facing a crisis. Organizational culture is a strategic part of the company's competitive advantage. It is a shared- values system regarding how to perceive, think, and respond to both internal and external environments (Schein, 1996). Among the many factors that determine the success of the organization and form a positive business reputation of the company, the organizational culture is one of the most important (Mokhtarifar, Zandi, & Nazarian, 2024; Zarnadze, & Kasradze, 2020). Organizational culture serves as a distinctive identity and the connector between the organization and its members.

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Moreover, it provides a precise standard of what employees should do or behave (Akpa, Asikhia, & Nneji, 2021; Kinicki and Fugate, 2017). Thus, organizational culture should not be viewed as a legacy of the past but as a strategic tool to achieve company goals (Akpamah, Ivan-Sarfo, & Matkó, 2021).

Hospitals, as public service organizations, are not only required to provide clinical services but also to maintain a work culture that is adaptive, collaborative, and responsive to environmental changes. Crises, such as the COVID-19 pandemic, financial pressures, changes in government regulations, and technological dynamics—force organizations to rapidly adjust their values, norms, and work patterns (Cameron & Quinn, 2011; Dębski, Cieciora, Pietrzak, & Bołkunow, 2020). In the hospital context, cultural transformation goes beyond procedural changes to encompass professional identity, patient safety, leadership, and service quality. The value and maturity of the organization, its resistance to crises and emergencies, and the potential for getting out of difficult situations is directly related to the degree of development of the organizational culture (Zarnadze, & Kasradze, 2020).

In Indonesia, hospitals face increased complexity demands for national and international accreditation, competition among private hospitals, and heightened public expectations post-pandemic. PKU ABC Hospital, one of the public hospitals in Yogyakarta, is experiencing similar dynamics. The global health crisis has driven major changes in service systems, workflows, safety culture, and even internal communication models. However, to date, little research has delved deeply into how these enabling and inhibiting factors operate in real-world settings at the hospital level, particularly from the perspectives of employees and leaders.

Most literature on organizational culture change in the healthcare sector still focuses on quantitative models or survey-based evaluations (Kramer, Page, & Klemic, 2022). However, cultural transformation is highly contextual and influenced by subjective experiences, local values, power structures, and informal dynamics between units. Furthermore, recent research shows that the process of cultural change is often non-linear, full of negotiation, and influenced by everyday work practices that are difficult to capture with quantitative measurement tools (Denison & Mishra, 1995). This is where qualitative research becomes important.

PKU ABC Hospital is one of the leading hospitals under the auspices of the Muhammadiyah Central Leadership. PKU ABC Hospital officially began operating as a modern hospital in 2008, with a service concept that integrates Islamic values, professionalism, and Sharia-based healthcare principles. During the COVID-19 pandemic, PKU ABC Hospital served as one of the main referral hospitals in Yogyakarta, making significant contributions in treating COVID-19 patients, strengthening healthcare worker safety systems, and adapting crisis-based work systems. This period marked one of the greatest cultural transformations in the hospital's history.

PKU ABC Hospital has designed its organizational culture, namely "PRIMA Services". The primary purpose of implementing PRIMA Service culture is to manifest the *dakwah bilhaal*, a method of conveying Islamic teachings through concrete actions and deeds, not just verbal statements. This method aims to encourage people to do good and achieve happiness in this world and the hereafter by leading by direct example through concrete actions, such as helping the poor, empowering the economy, or other social activities. The principles of the PRIMA service culture are 1). Glorifying (treating customers with love and empathy), 2). Helping (assist sincerely), 3). Facilitating/ease (helps customers, so they do not get into trouble while getting service), 4). Exhilarating (makes customers remain optimistic about treatment, 5). Guidance (providing mentoring and guidance for customers; 6). Providing

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solutions (giving positive responses to customer complaints and problems, 7). Enlightening (presenting meaning in wisdom).

When the Covid-19 pandemic hit Indonesia, changes in work attitudes and behaviors were inevitable. This hospital was no exception. There was a need to shift the foundational principles and assumptions guiding organizational operations from innovation and competition to safety and resilience as a result of the catastrophe that transpired. Therefore, management formulated a new culture, namely SIGAP, which consists of the values of Smart, Islamic, Joyful, Enthusiastic, and Professional. This organizational culture change certainly needs to be evaluated, particularly to determine whether employees understand the hospital's new culture. Furthermore, it's also necessary to examine whether there are factors that support or hinder its implementation.

This study provides some novelties, including a comprehensive overview of the real-life experiences of healthcare workers, unit leaders, and management at hospital in navigating cultural change during a crisis. In addition, the findings enrich research on organizational culture in Indonesian hospitals, which is largely focused on quantitative surveys and has yet to address the narratives, emotional dynamics, and subjective meanings of employees' responses to change. Furthermore, there is a lack of case studies on religious-based hospitals. PKU Gamping hospital has specific spiritual values and organizational ethics (Islamic-based health services). Few studies have explored how religious values merge with cultural transformation in the context of a crisis. Research on organizational culture using the phenomenological method has begun to be carried out by many researchers (Agussalim, Siraj, & La Ode, 2017; Atmaja, 2021; Konecki, 2017; Musaddad, 2021). However, little is found in the context of Indonesia, especially the use of phenomenology provides a detailed explanation of how the organizational culture is implemented during pandemic Covid-19 in Indonesia.

This study examines two research questions: (1) To what extent do employees understand the company culture? (2) What are the facilitating and obstructive variables in the changing of organizational culture?

METHODS

Research Design

This study uses a qualitative phenomenological approach, a research design originating from philosophy and psychology wherein the investigator articulates the lived experiences of individuals regarding a phenomenon as recounted by the participants (Creswell, 2016). The approach enables the researchers to provide a detailed explanation of participants' experiences related to the phenomenon in a given situation.

The Case and Participants

PKU ABC Hospital, a private hospital under Muhammadiyah society (Persyarikatan Muhammadiyah), the largest modern Islamic organization, was selected as the case study. Sources of data in this study are the executive board or Badan Pelaksana Harian (BPH) (2 participants), Board of Directors/BoD (4 participants), and managers (9 participants). The total number of participants is 15. According to Englander (2012) one subject in a phenomenological study can be considered valid since the results of that study remain true for that individual as sample size, three is recommended. Subedi (2022) suggests between two and 10 participants are more than sufficient, while Cresswell (2016) suggests that 10 should be the upper limit. However, this study involved more than 10 participants since a greater number of subjects may give you a better appreciation of the variation of the phenomenon.

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Data Collection Procedure and Analysis

Data collection techniques in this study are (1) semi-structured group interviews and (2) unstructured observations. The data analysis was compiled using a thematic approach based on Braun & Clarke (2021) concept. First, researchers familiarize themselves with the data. During this stage, the researchers reread the interview/observation transcripts, make initial notes, highlight interesting points, and understand the context and overall meaning of the data. Second, generate initial codes. Researchers assign labels or codes to sections of data relevant to the research question. The goal is to organize the data into meaningful units for easier analysis. Third, search for themes. Initial codes are then grouped based on larger patterns of meaning. Researchers draft themes and subthemes that represent patterns in the data. The goal is to develop an initial structure of themes based on the relationships between codes. Fourth, reviewing themes. At this stage, researchers evaluate whether the themes are consistent with the data, whether they are too broad or too narrow, or whether any themes need to be combined, broken down, or discarded. Researchers return to the transcripts several times to ensure that the themes truly emerge from the data. The goal is to ensure that themes have internal coherence and external differences between themes. Fifth, defining and naming themes. Researchers describe the essence of each theme, including its core meaning, how it answers the research questions, its boundaries, and the story the theme tells about the data. Then, researchers give the themes a clear and representative name. The goal is to provide a sharp, clear, and meaningful definition of the theme.

Triangulation

The researchers employed triangulation to augment the credibility of the data, analysis, and findings. This methodology is advantageous for assessing data consistency due to (1) the presence of diverse data sources (managers, employees) and (2) the utilization of several data gathering techniques (interviews and observations) (Patton, 2015). Involving multiple individuals in data analysis for a qualitative study mitigates researcher bias, hence enhancing the reliability and trustworthiness of the findings.

Legal and Ethical Considerations

In interview or observational studies, irrespective of the duration or frequency of interactions, the qualitative researcher bears legal and ethical obligations concerning the researcher-participant connection (Cresswell, 2016). The interviewers elucidate the limitations of confidentiality at the commencement of interview and furnish referral information (e.g., in instances of distress during interviews).

RESULTS AND DISCUSSION

The initial findings are the response to the first research question: To what extent do employees understand the company culture? The understanding of company culture among the employees was identified by asking the participants: ***Can you describe the organizational culture of PKU Gamping Hospital?***

1. Theme 1: Islamic Culture as a Foundation of Values

Most of the interviewees understood that the organizational culture of PKU ABC Hospital is heavily influenced by Muhammadiyah's identity as an institution based on Islamic values. Spiritual values are considered the source of norms, work ethics, and interactions between employees. The research findings indicate that the "SIGAP" organizational culture

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was not yet understood by participants. Some participants still mention the old work values that were applied before the SIGAP, such as 5S (*Senyum* or Smile, *Sapa* or Greet, *Salam* or Greetings, and *Sopan Santun* or Polite). There are even those who mix the organizational culture of PKU ABC Hospital with the basic value of Muhammadiyah's charitable efforts, namely sincerity.

"*I think the organizational culture at this hospital is sincere. This value must be the basis for the behavior of all parties, both medical and non-medical personnel. Ikhlas is consistent with the charitable foundation efforts of Muhammadiyah, the Quran surah Ar-Rahman verse 60: there is no reward for good but good (too)*" (M1).

2. Theme 2: Culture of Excellent Service

Some participants understood organizational culture as the hospital's strong commitment to shared service and patient safety. Terms such as "friendly," "quick (sigap)," and "responsive" frequently emerged from employee narratives.

"Service culture is the most emphasized. It must be friendly, fast, and remain professional." (M6)

"Patient safety has become a culture, not just a procedure." (M11)

This value is considered a strength because it is embedded in daily work routines.

3. Theme 3: Smart

The third theme identified was "smart". This value refers to the continuous development of services based on medical technology and the latest information technology. Participants believed that in this disruptive era, hospitals must incorporate smart values into all their services, namely technology-based services.

"One of our cultures is Smart. According to my understanding, it is working smartly supported by the use of technology so that work can be completed quickly and accurately" (M7).

"Smart!. It is works intelligently, for example reducing manual processes and replacing them with IT-based systems." (M9)

4. Theme 4: Islamic

The majority of participants identified the term "Islamic" as part of the organizational culture at PKU ABC Hospital. Interestingly, however, Islamic values have several different meanings. Researchers believe this difference is due to the different work environments. For example, in the nursing unit, Islamic values are understood as mutual assistance, while in the information systems unit, Islamic values are understood as honesty in using information systems and not misusing them.

After asking the first questions, the researcher reminded the participants that PKU ABC Hospital had a new organizational culture called SIGAP, or Smart, Islamic, Joyful (Gembira), Enthusiastic (Antusias), and Professional. Few participants stated they had just heard about it, while a small number stated they had heard about it but did not know it was a new organizational culture. However, most participants gave answers indicating they already knew about it but had forgotten.

"Oh yeah, SIGAP is our organizational culture." Why did not that occur to me?" (M7)

"Oh, that's right, SIGAP, I remember." (M9)

Based on the results of the first research question interview, the researcher concluded that the organizational culture of PKU ABC Hospital, SIGAP, was not yet understood by all employees, including managers. Participants were not yet able to describe the organizational

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culture of PKU ABC Hospital correctly.

Enabler and Constraint Factors in Implementing the Organizational Culture

The second research question asked is "Can you describe, what are support factors and barriers to implement your organizational culture"?

Enablers/Support Factors

The study's results reveal that certain staff remain uninformed about the new organizational culture within the institution. In addition, a contributing aspect to the implementation of organizational culture is the crisis (pandemic) itself.

Constraints/Barriers

The results show that there are some constraints that potentially hinder the implementation of the organizational culture at PKU ABC Hospital.

1. Elevated anxiety

Increased anxiety is one of the most significant obstacles to implementing organizational culture, especially in crisis situations such as a pandemic, major structural changes, or unexpected workloads. When individuals experience high levels of anxiety—whether related to personal safety, job uncertainty, or fear of change—their capacity to absorb new values, norms, and ways of working is severely limited (Yurek, 2023).

When collective anxiety increases, the process of implementing culture is often hampered because employees are more busy managing internal pressures than following the organizational change agenda.

2. Augmented workload

An increased or excessive workload leaves employees without the physical, mental, or time capacity to internalize and implement new cultural values. Under heavy workloads, employees tend to focus on urgent core tasks, leaving cultural aspects such as empathetic communication, cross-unit collaboration, or adherence to new SOPs as secondary priorities.

Increased workloads also make employees perceive cultural change as an additional demand, rather than a support for their work, thus increasing employee resistance.

3. Inadequate communication

Inadequate communication—whether unclear, inconsistent, untimely, or not reaching all levels of the organization—is one of the most common factors inhibiting organizational culture (Bahrain, Sakrani, & Maidin, 2023). In the process of cultural change, employees need clarity of direction, an understanding of changing values, and consistent information regarding standards of behavior.

When communication is ineffective, several impacts arise, including misinterpretation of new cultural values, resulting in inconsistent implementation; uncertainty and confusion, especially if policies change rapidly; decreased trust in management due to misaligned messages; and hindered collaboration between units due to a lack of cross-structural information.

Inadequate communication causes organizational culture to fail to be internalized at the individual level, as employees lack a clear reference point for what needs to be done and why the change is necessary.

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4. Absence of norms

The absence of clear norms hinders cultural implementation because organizational culture is shaped not only by abstract values but also by observable rules, behavioural patterns, and operational standards. When norms are not well defined or enforced, employees lack a code of conduct to consistently follow.

The consequences of the absence of norms include inconsistent behavior across individuals and units, as everyone acts based on their own interpretations; organizational indecision, which creates cultural ambiguity; low accountability, as there are no established standards for measuring behavior; and the absence of role models, which makes cultural values invisible in concrete actions.

In times of crisis, the absence of norms exacerbates the situation because employees need certainty and firm standards. Without clear norms, culture cannot serve as a system of social control or an ethical guideline that guides the organization.

CONCLUSION

The results show that the crisis, including the pandemic Covid-19 is giving rise to any problems. During and after a crisis, organizations need to re-evaluate their organizational culture. The different demands of the post-pandemic era are driving factors in organizational culture change. Meanwhile, high anxiety, increased workload, ineffective communication, and lack of standards become obstacles in implementing organizational culture.

This study's findings suggest two recommendations, (1) there is a necessity for enhanced socialization of the new organizational culture, encompassing all work units, (2) the hospital must develop instruments, such standard operating procedures, posters, and organizational culture manuals, to aid in the internalization and execution of the new organizational culture

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