

UNDERSTANDING EMPLOYEE PERFORMANCE: POLICY, CULTURE, AND JOB SATISFACTION IN HOSPITALS

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Abstract: This study examines how policy implementation and organizational culture shape employee performance through job satisfaction in a Type C hospital in Central Java. It contributes to the literature by clarifying how policy execution and cultural mechanisms jointly translate into performance outcomes via everyday satisfaction processes in healthcare settings. Using a qualitative design, data were collected from six informants across service units and analyzed through thematic techniques. Findings indicate that clear and consistently communicated policies enhance task clarity and motivation, whereas poorly socialized changes generate uncertainty and workload strain. A collaborative culture reinforces positive behaviors and organizational attachment, while job satisfaction emerges from interpersonal relations, recognition, facilities, and balanced workloads. These dynamics position satisfaction as a central mediating mechanism linking structural and cultural factors to performance. The findings imply that hospitals should strengthen policy socialization, recognition systems, and collaborative culture to sustain employee performance.

Keywords: Policy Implementation; Organizational Culture; Employee Performance; Job Satisfaction; Hospital

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INTRODUCTION

Hospitals are public service organizations with a high level of work complexity, particularly in human resource management to ensure the quality of healthcare services. Employee performance is a key element in achieving organizational goals and sustaining service quality (Wibowo, 2020). In the context of a Type C hospital, limited facilities, accreditation demands, and changes in policies and standard operating procedures (SOPs) require employees to continually adapt to the intense work dynamics.

Policy implementation in hospitals is not only related to formal compliance, but also to how these policies are understood and interpreted by employees in their daily work practices. Robbins and Judge (2022) emphasized that employee perceptions of organizational policies influence work behavior and outcomes. In practice, policies are often interpreted differently by employees, depending on the work context, professional experience, and available organizational support (Handoko, 2021).

In addition to policies, organizational culture forms a framework of values and norms that guide employee behavior, interactions, and work practices. Schein (2021) views organizational culture as a system of shared meanings that influences how organizational members respond to work demands. Various studies in the healthcare sector show that a supportive and collaborative organizational culture contributes to increased job satisfaction, loyalty, and service quality (Chaanine, 2025; Hoxha et al., 2024; Rafi'i et al., 2025). A positive work culture also helps healthcare workers manage work stress and maintain professional commitment (Georgousopoulou et al., 2025; Soetomo et al., 2025).

Within this dynamic, job satisfaction is understood as a subjective experience that reflects how employees assess their work and organizational environment. Herzberg (2020) explains that job satisfaction is related to intrinsic factors such as work meaning, recognition, and responsibility, in addition to extrinsic factors. Studies in the healthcare context indicate that healthcare workers' job satisfaction is influenced by the organizational environment, work relationships, and structural support (Maharani et al., 2019; Mesfin et al., 2020). Job satisfaction plays a crucial role in shaping employee motivation, commitment, and performance practices (Luthans, 2020; Mangkunegara, 2021).

While various previous studies have examined the relationship between policies, organizational culture, job satisfaction, and employee performance—primarily through quantitative approaches (Ardiyansah & Mon, 2023; Rifai & Susanti, 2021)—there remains limited in-depth understanding of how employees interpret policies and organizational culture and how these meanings shape their experiences of job satisfaction and performance practices, particularly in the context of type C hospitals in Indonesia. A qualitative approach is necessary to capture the interpretive processes and subjective experiences of employees that are not fully captured through statistical measurements (Creswell & Poth, 2018).

Based on this background, the study investigates how employees at Hospital X construct meaning around policy implementation and organizational culture in their daily practices, and how these interpretations shape job satisfaction and performance. The analysis centers on how policy is enacted at the operational level, how organizational culture is experienced and negotiated, and how both dimensions converge to produce satisfaction that manifests in observable work behaviors. This study advances organizational behavior research in healthcare by moving beyond static variable relationships toward a processual account of how policy and culture are translated into performance through lived experience. It positions job satisfaction not merely as an outcome, but as an interpretive mechanism linking structural and cultural conditions to behavioral expressions. Practically, the findings offer a grounded basis for hospital management to design policies and cultivate cultures that align more closely with employee realities, thereby strengthening sustainable performance.

THEORETICAL REVIEW

This research is grounded in a qualitative paradigm that views organizational reality as a social construct formed through the experiences, interpretations, and interactions of its actors. Therefore, policy implementation, organizational culture, job satisfaction, and employee

performance are not positioned as independent or dependent variables, but rather as intertwined phenomena within the daily work processes of hospitals (Creswell & Poth, 2018).

Policy implementation in organizations is understood as a social process that involves translating policy meaning into work practices. Robbins and Judge (2022) emphasize that policies are never neutral but are always agreed upon by individuals based on their experiences, values, and organizational context. In a hospital environment, the complexity of services, work pressures, and resource constraints often create an imbalance between formal policies and operational realities. Therefore, the primary focus is not simply the existence of policies, but how they are interpreted, negotiated, and implemented by employees (Handoko, 2021).

Organizational culture serves as a framework of shared meaning that shapes how employees understand policies, interact with colleagues, and carry out their professional roles. Schein (2021) views organizational culture as a pattern of shared, learned basic assumptions taught to new members as the “correct” way to think and act. In the healthcare context, organizational culture has a direct impact on service quality, patient safety, and the well-being of healthcare workers (Hoxha et al., 2024; Rafi'i et al., 2025). Previous research has shown that a supportive and collaborative culture creates a work climate that allows employees to feel valued and supported, which influences how they evaluate their work experiences (Chaanine, 2025; Georgousopoulou et al., 2025).

Job satisfaction in this study is not treated as a mediating variable in a statistical sense, but rather as an employee's subjective experience arising from the interaction between organizational policies, work culture, and daily working conditions. Luthans (2020) defines job satisfaction as an individual's emotional evaluation of their work, while Herzberg (2020) emphasizes the role of motivational factors such as recognition, responsibility, and achievement. In the hospital context, employee job satisfaction is often related to workload, professional relationships, role clarity, and organizational support (Maharani et al., 2019; Mesfin et al., 2020). Thus, job satisfaction is understood as a reflection of the meaning employees attach to their work experiences, rather than a linear causal mechanism.

Employee performance, from a qualitative perspective, is manifested as work practices manifested in employee behavior, attitudes, and actual contributions to organizational goals. Mangkunegara (2021) and Wibowo (2020) emphasize that performance is determined not only by individual abilities but also by the organizational context that shapes motivation and work commitment. Several studies in the healthcare sector have shown that perceptions of organizational culture and job satisfaction shape how healthcare workers perform their duties, collaborate, and maintain service quality (Soetomo et al., 2025; Rifai & Susanti, 2021; Ardiyansah & Mon, 2023).

Based on this framework, this qualitative research does not aim to test causal relationships or mediation models, but rather to explore the processes and dynamics of how hospital employees interpret the implementation of policies and organizational culture, and how these meanings shape their experiences of job satisfaction and their performance practices. With this approach, this research is expected to provide a generative theoretical contribution, enriching our understanding of the dynamics of organizational behavior in type C hospitals, particularly within the context of the Indonesian healthcare system, which is difficult to capture through a purely quantitative approach (Creswell & Poth, 2018).

RESEARCH METHOD

This study used a qualitative approach with a phenomenological design to explore in-depth employee experiences and perceptions related to policy implementation, organizational culture, and job satisfaction at Hospital X. The phenomenological approach was chosen because it allowed researchers to understand the subjective meanings behind informants' work experiences, in line with phenomenological analysis guidelines that emphasize bracketing and identifying important aspects of experiences through a process of horizontalization (Creswell, 2018). However, it should be noted that phenomenological procedures cannot be applied strictly due to time constraints and the field context.

Informants were selected using a purposive sampling technique with the following criteria: (1) having worked at least two years at Hospital X, (2) understanding of service procedures and internal policies, and (3) willingness to provide information openly. Six informants were selected

from various service units to obtain a variety of perspectives. The justification for using purposive sampling was that the researcher needed respondents with direct experience with the phenomenon under study, in accordance with the principle of selecting knowledgeable informants in phenomenological studies.

Data were collected through in-depth semi-structured interviews and limited observations of the work environment to gain contextual understanding (See Appendix 1 for Interview Materials). The researcher attempted to bracket by noting initial assumptions before the interviews, but this process was not fully implemented as recommended in pure phenomenology. To strengthen the credibility of the data, triangulation was conducted in three aspects: (1) source triangulation through comparison of information between units; (2) method triangulation through a combination of interviews and observations; and (3) data triangulation by comparing findings with hospital policy documents. However, the details of the triangulation implementation were still limited because not all internal documents were accessible.

Data analysis was conducted following the interactive model of Miles and Huberman, which includes: (1) data reduction, namely highlighting important statements, organizing meaning units, and grouping initial themes; (2) data presentation, namely constructing a thematic matrix to map the relationship between policy implementation, organizational culture, and job satisfaction; and (3) drawing conclusions, namely interpreting patterns of findings based on the organizational context. These analytical steps were clarified through open and thematic coding, although the operational depth of the analysis was limited to identifying patterns without the use of digital coding tools. To achieve a thick description, the researchers described the work context, interactions between employees, and the dynamics of hospital policies. However, the quality of the descriptions still depended on the data obtained from the six informants.

RESULTS

This study follows the qualitative enquiry procedures by Miles et al. (2014). They are presented in Appendix 1 for procedure, process, and open-ended question as the interview protocol anchor. This study finds several recurring themes from the research procedure. They are presented in subsequent manner.

Employee Interpretations of Policy Implementation in Daily Work Practices

Employees at Hospital X interpret policy implementation not as a stable set of technical instructions, but as a fluid and contextual process. Policies are understood through direct experience in the field, especially when there is a mismatch between formal rules and operational conditions. Employee interpretations of policies are strongly influenced by clarity of communication, consistency of implementation, and the readiness of support systems. At a more abstract level, these findings indicate that policies function as a source of structural uncertainty that requires continuous interpretive work. Employees do not simply implement policies but adapt them to ensure work gets done. Thus, policy implementation is understood as a practice of negotiating meaning, where employees play an active role in "making policies work" in the realities of daily work.

Employee Experiences and Perceptions of Organizational Culture at Hospital X

The organizational culture at Hospital X is perceived as a mix of collective solidarity and structural hierarchy. On the one hand, close and collaborative working relationships create a sense of togetherness and emotional support, especially in the face of high work pressure. On the other hand, a strong hierarchical structure limits employee participation in decision-making. Conceptually, organizational culture serves as an interpretive framework that helps employees understand what is considered normal, acceptable, and possible within the organization. A collaborative culture enables employees to maintain psychological resilience, while hierarchy restricts the space for critical reflection. These findings suggest that culture does not merely strengthen or weaken performance, but rather guides how employees interpret and respond to organizational demands.

How Policy Implementation and Organizational Culture Shape Employee Job Satisfaction

Employees' experiences with policy implementation and organizational culture directly shape their job satisfaction, but not in a simple cause-and-effect pattern. Job satisfaction arises from employees' ability to maintain the professional and moral meaning of their work amidst structural pressures. At an analytical level, job satisfaction can be understood as an indicator of meaning balance, namely the balance between the intrinsic values of the healthcare profession and the organizational realities they face. When policies are perceived as inconsistent and organizational culture does not provide adequate support, this balance is disrupted. Conversely, a collaborative culture acts as a buffer mechanism that temporarily maintains job satisfaction despite increasing pressures.

Job Satisfaction as Reflected in Employee Performance Practices

Job satisfaction is reflected in employee performance practices not primarily through quantitative indicators, but through how employees carry out their responsibilities, collaborate, and maintain quality service. When job satisfaction is maintained, employees demonstrate flexibility, initiative, and commitment to patients and coworkers. However, these findings also indicate that performance is maintained even when job satisfaction declines, primarily due to the encouragement of professional values and healthcare ethics. This indicates that performance in the healthcare sector is the result of normative commitment, not merely a reflection of positive psychological states. Thus, job satisfaction serves not as an absolute prerequisite for performance, but as a factor determining the long-term sustainability and quality of work practices.

DISCUSSION

The findings of this study indicate that policy implementation at Hospital X is not understood by employees solely as a set of formal rules, but rather as a practice that is continuously negotiated in the context of daily work. Employees interpret policies based on clarity of communication, the stability of support systems, and their alignment with operational realities. This broadens the view of policy implementation, which has often been understood normatively, by emphasizing that in the healthcare sector, policy effectiveness is largely determined by interpretative processes at the micro-organizational level. This finding explains why formally similar policies can result in different practices across units: policies are understood not as single instructions, but as sources of meaning interpreted situationally by employees. Thus, this study reframes policy implementation as a social process embedded in work experiences, rather than simply a matter of administrative compliance (Robbins & Judge, 2022; Handoko, 2021).

In this study, organizational culture serves not only as a contextual setting but also as an interpretive framework that helps employees understand and respond to policy pressures. A strong collaborative culture enables employees to support each other when policies are perceived as unrealistic or support systems are inadequate. However, at the same time, the dominant hierarchical structure limits space for reflection and innovation, so employees tend to passively adapt to change. This tension explains why organizational culture can be ambivalent: on the one hand, it strengthens psychological resilience, while on the other hand, it limits employee agency. These findings extend the literature on organizational culture in the healthcare sector (Hoxha et al., 2024; Rafi'i et al., 2025) by showing that culture does not always directly improve performance but rather acts as an interpretive mechanism that determines how structural pressures are interpreted and addressed.

Job satisfaction in the context of Hospital X emerged as an emotional experience shaped by the interaction between professional meaning and structural pressures. Intrinsic satisfaction derived from human values and the meaning of serving patients provides a powerful source of motivation, as also identified by Maharani et al. (2019). However, this study explains why this satisfaction is fragile: when work pressures increase and are not balanced by organizational recognition or support, professional meaning is no longer sufficient to maintain psychological well-being. Thus, these findings challenge the approach that separates intrinsic and extrinsic satisfaction, demonstrating that in the healthcare sector, the two are contextually interdependent (Herzberg, 2020; Mesfin et al., 2020). Job satisfaction is not simply the result of individual

evaluations, but a reflection of the extent to which an organization enables professional values to be realized sustainably.

The interaction between policy implementation, organizational culture, and job satisfaction in this study demonstrates a dynamic and adaptive pattern, rather than a linear relationship. When policies are perceived as unstable or burdensome, a collaborative culture serves as a compensatory mechanism that temporarily maintains job satisfaction and performance. However, when structural pressures exceed the culture's capacity to compensate, job satisfaction declines and performance is significantly impacted. These findings extend those of Ardiyansah and Mon (2023) and Rifai and Susanti (2021) by demonstrating that the relationship between job satisfaction and performance cannot be understood without considering how policies and culture are interpreted by employees in concrete situations.

Theoretically, this research contributes by shifting understanding from a static relationship model to a meaning-based, processual approach. Policy implementation is understood as an interpretive practice, organizational culture as a collective interpretive framework, and job satisfaction as an indicator of the balance between professional values and structural realities. Thus, employee performance does not emerge as a mechanical output, but as the result of a continuous process of meaning-making within a complex work environment. This approach emphasizes the value of qualitative research in uncovering dynamics not captured by traditional quantitative models and provides a conceptual foundation for developing a more contextualized theory of organizational behavior in the healthcare sector (Creswell & Poth, 2018).

CONCLUSION AND FURTHER STUDY

This study provides a contextual understanding of how employees at Hospital X, a type C hospital in Central Java, interpret policy implementation, organizational culture, and job satisfaction in their daily work practices. The findings indicate that these three aspects are interconnected in employee experiences and shape how they carry out their professional roles and responsibilities. However, this relationship is understood as an interpretive and subjective experience, not a cause-and-effect relationship that can be directly generalized.

Specifically, policy implementation is perceived by employees as a factor influencing work clarity and procedural certainty, especially when policies are consistently communicated and supported by adequate facilities. Conversely, poorly communicated policy changes tend to be interpreted as a source of uncertainty and additional burden. Organizational culture, particularly the values of solidarity and cooperation, is perceived by employees as a source of psychological support that helps them cope with work pressures. Job satisfaction emerges as a reflection of the extent to which employees are able to maintain professional meaning and service values amidst the structural demands of the organization. These findings align with previous literature emphasizing the importance of the work environment and organizational support for the well-being of healthcare workers (Maharani et al., 2019; Mesfin et al., 2020; Rafi'i et al., 2025), but are not intended to constitute causal evidence.

Theoretically, this study contributes by enriching the understanding of organizational behavior in the healthcare sector through a qualitative approach. This study demonstrates that policy implementation and organizational culture function not only as formal structures or work contexts, but also as meaning-making frameworks that influence how employees perceive their job satisfaction and performance practices. Rather than affirming the role of job satisfaction as a statistical mediator, the findings indicate that job satisfaction functions as an interpretive mechanism reflecting the balance between professional values and organizational realities. Thus, the primary contribution of this study lies in uncovering the processes and meanings underlying the relationship between policies, organizational culture, and employee work practices in the healthcare context.

Practically, the results of this study can serve as a reflection for the management of Hospital X in understanding how policies and work culture are perceived by employees. Efforts to improve the clarity of policy communication, provide adequate operational support, and foster a collaborative culture have the potential to create a more positive work experience for employees. However, these implications are not intended as definitive causal recommendations, but rather as considerations based on the employee meanings revealed in this study.

This study has several limitations that need to be considered when interpreting the results. First, the study used a qualitative approach with a limited number of informants, namely six individuals from several service units. Therefore, the findings cannot be generalized to the entire population of healthcare workers at Hospital X or other type C hospitals. Second, the data relies on the subjective perceptions of informants, so the possibility of experience bias, social bias, or bias due to the desire to provide positive answers cannot be completely avoided. Third, the study focused on a single hospital, so the context of organizational culture, policy implementation, and job satisfaction may differ in other institutions with different managerial structures and operational dynamics. Fourth, the study did not assess employee performance quantitatively, so the relationships between variables can only be explained interpretively, not statistically. Despite these limitations, the research results still provide in-depth insights, but they need to be supplemented by further studies using mixed methods or comparative designs.

Further research is recommended to expand the study context by involving different types of hospitals or regions to compare employee meaning patterns. A mixed-methods approach or longitudinal study could also be used to complement these qualitative findings and explore how policy dynamics, organizational culture, and job satisfaction evolve over time. Future research could also explore the role of other factors—such as leadership style or organizational support as part of the interpretive process that shapes employee work experiences in the healthcare sector.

ETHICAL DISCLOSURE

This research was conducted in accordance with the ethical principles of qualitative research, including maintaining the confidentiality of informants' identities, obtaining voluntary consent for participation, and ensuring that all information provided was used solely for academic purposes. All informants were provided with an explanation of the research objectives, benefits, and their right to discontinue participation at any time without consequence. The data collected was anonymized to avoid potential identity tracing, particularly because the study was conducted at a single hospital with a limited number of informants. Therefore, this research process was conducted ethically and in accordance with social research standards.

CONFLICT OF INTERESTS

The researcher declares that there are no conflicts of interest in this research. The entire data collection, analysis, and conclusion-drawing process were conducted independently without any pressure, influence, or vested interests from the hospital, institution, or other individuals. The researcher has no professional or financial relationships with any parties that could affect the objectivity of the research results. Therefore, the research findings are presented purely based on field data and scientific interpretation.

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Appendix 1. Data Reduction following Miles et al. (2014)

Key Theme	Sub Theme	Code	Informant Statement	Meaning
1. The Meaning of Policy Implementation by Employees	Policy Understanding	Work guidelines; quality standards	“It serves as a work guideline, but it changes frequently.” (Inf.1) — “Service quality control.” (Inf.2)	Employees understand policies as work standards, but rapid change demands a high degree of adaptation.
	Implementation Process	Digitalization; SOPs; coordination	“Digitalization makes things easier, as long as the system is stable.” (Inf.3) — “SOPs are clear, but sometimes change suddenly.” (Inf.4)	Implementation is heavily influenced by technological readiness, consistent SOPs, and coordination.
	Obstacles & Challenges	Unstable systems; differences between units;	“Policies are not synchronized between units.” (Inf.5) — “Difficult to implement in	Obstacles arise from mismatches between units and the characteristics of

		Emergency Room context	the fast-paced ER.” (Inf.6)	specific units, such as the Emergency Room.
2. Employee Perception of Organizational Culture	Work Culture Values	Family; cooperation; professionalism	“The culture is family-like and collaborative.” (Inf.1) — “It’s more hierarchical in my unit.” (Inf.2)	Organizational culture is a harmonious, hierarchical combination that shapes work interactions.
	Structure & Leadership	Hierarchy; bureaucracy; resistance to change	“Decisions are slow due to lengthy procedures.” (Inf.5) — “There’s resistance to new ideas.” (Inf.3)	Bureaucratic structures lead to resistance to change and slow innovation.
	Cultural Influences	Discipline; teamwork; rapid response	“We are disciplined because the SOPs are strict.” (Inf.4) — “Teamwork in the ER is fast.” (Inf.6)	Culture directly impacts work behavior, particularly discipline and responsiveness.
3. Employee Job Satisfaction	Sources of Satisfaction	Social support; success in helping patients	“The work environment is supportive.” (Inf.1) — “Successfully helping patients makes me happy.” (Inf.6)	Job satisfaction stems from social relationships and positive emotional experiences.
	Sources of Dissatisfaction	Insufficient facilities; incentives; workload	“Facilities are incomplete.” (Inf.2) — “Inter-unit tensions often arise.” (Inf.5)	Dissatisfaction is related to facilities, rewards, and inter-unit dynamics.
	Daily Working Conditions	Unstable technology; unit pressure; fast pace	“Digital systems sometimes have problems.” (Inf.3) — “The pressure in the ER is high.” (Inf.6)	Daily work conditions are dynamic and impact psychological well-being.
4. Dynamics of Policy–Culture–Satisfaction in Influencing Performance	Synergy of Three Aspects	Clear rules; teamwork; SOPs	“Performance improves when rules are clear and the team is united.” (Inf.1)	Performance improves when policies and culture are aligned and supported by job satisfaction.
	Effect on Productivity	Facilities; appreciation; motivation	“Productivity decreases when facilities are lacking.” (Inf.4) —	Productivity is influenced by facilities and job

		“If you are satisfied, you work more enthusiastically.” (Inf.5) “The ER is effective when safety policies and teamwork are aligned.” (Inf.6)	satisfaction levels. Performance is strongly influenced by dynamics.
Real Situation in the Field	Patient safety; Emergency Room rhythm; coordination		