

ISSN: 2617-6548

URL: www.ijirss.com



The impact of globalization on organizational culture: Perspectives of administrative employees in Jordanian public university hospitals

Seif N. Athamneh

Department of Public Administration, Faculty of Business Yarmouk University, Jordan.

(Email: Seif.athamneh@yu.edu.jo)

Abstract

This study explores the impact of globalization, represented through multicultural environments, on the organizational culture of Jordanian public university hospitals. It specifically investigates administrative staff perceptions of how globalization influences change management, goal achievement, teamwork coordination, customer orientation, and cultural cohesion. A quantitative research approach was used, employing a structured questionnaire distributed to administrative personnel at two major public university hospitals. The instrument integrated items adapted from established multicultural and organizational culture assessment tools, using a five-point Likert scale. Data from 80 respondents were analyzed using descriptive statistics, t-tests, ANOVA, correlation, and regression analysis to examine relationships and differences across demographic variables. The findings reveal a moderately effective multicultural environment influenced by globalization, with mixed perceptions across cultural dimensions. While globalization has positively contributed to adaptability to change and enhanced teamwork coordination, challenges remain in aligning hospital goals with global standards and fostering inclusive communication. Customer orientation and cultural strength were rated moderately, indicating partial integration of global healthcare values. Regression analysis showed a significant relationship between multicultural communication and effective teamwork, whereas interactions among different cultures were negatively associated with teamwork coordination. Globalization exerts a complex and uneven influence on organizational culture within Jordanian university hospitals. Although institutions are becoming more responsive to global healthcare trends, significant gaps remain in strategic alignment, cultural integration, and inclusive practices. The study emphasizes the importance of addressing communication barriers, resistance to change, and diversity management to realize the full benefits of globalization. The study highlights the need for cross-cultural training, leadership development, and inclusive change management strategies. Strengthening communication frameworks and aligning organizational goals with global healthcare standards are critical for building resilient, patient-centered hospital cultures. Insights from this research can inform hospital administrators and policymakers in developing targeted interventions for sustainable globalization integration in healthcare settings.

Keywords: Change management, Globalization, Jordan, Multicultural environment, Organizational culture, Teamwork, University hospitals.

DOI: 10.53894/iiirss.v8i4.7906

Funding: This study received no specific financial support.

History: Received: 8 April 2025 / Revised: 12 May 2025 / Accepted: 13 May 2025 / Published: 19 June 2025

Copyright: © 2025 by the author. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (https://creativecommons.org/licenses/by/4.0/).

Competing Interests: The author declares that there are no conflicts of interests regarding the publication of this paper.

Transparency: The author confirms that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

Publisher: Innovative Research Publishing

1. Introduction

Globalization has significantly reshaped healthcare systems, fostering the cross-border exchange of medical knowledge, innovations, and standardized healthcare practices. The integration of global trends has influenced organizational cultures, requiring institutions to adapt to new technologies, regulatory frameworks, and multicultural workforce dynamics [1]. While globalization has facilitated improvements in healthcare quality, efficiency, and knowledge dissemination, it has also introduced challenges related to cultural integration, communication, and operational standardization. These challenges require healthcare establishments to be adaptive and to have a flexible organizational culture.

Jordanian public university hospitals, as key providers of medical services, education, and research, are at the forefront of these global shifts. Understanding how globalization affects their organizational culture is crucial for policy and management decisions. Existing literature highlights the transformative role of globalization in healthcare; yet, gaps remain in understanding its direct impact on organizational culture in Jordanian university hospitals. This study employs a quantitative research design to assess globalization's effect on organizational culture by examining administrative staff perceptions in key areas: adaptability to change, goal setting and achievement, teamwork coordination, customer orientation, and cultural cohesion. By identifying strengths and gaps in cultural adaptation, the study informs strategies to enhance organizational resilience and efficiency in the face of global healthcare challenges.

The study addresses the following research questions:

- 1. How does globalization influence change management within Jordanian public university hospitals?
- 2. What impact does globalization have on goal setting and achievement?
- 3. How does globalization affect teamwork coordination in these hospitals?
- 4. In what ways does globalization influence customer orientation?
- 5. What are the effects of globalization on the cultural strength?

The overall objectives of the study are as follows, and addressed through this research:

- To assess how globalization influences, change management practices in Jordanian public university hospitals.
- To examine the impact of globalization on goal-setting and achievement.
- To evaluate the effect of globalization on teamwork coordination.
- To analyse the influence of globalization on customer orientation.
- To determine how globalization affects cultural strength within Jordanian university hospitals.

2. Literature Review

2.1. Overview of Globalization in Healthcare

Globalization, broadly defined as the increased interconnectedness and interdependence of people, institutions, and systems, has had profound implications for healthcare delivery, policy, and management [1]. The global integration of healthcare systems has enabled the rapid dissemination of medical knowledge and innovations, leading to improvements in treatment methodologies and healthcare efficiency [2, 3] the expansion of telemedicine and digital health solutions, particularly in regions with limited healthcare access [4] and enhanced international collaboration in medical research, accelerating the development of new treatments and interventions [5].

However, globalization has also introduced significant challenges, particularly in developing and transitioning healthcare systems. Huntington [6] highlights concerns regarding the unequal distribution of healthcare resources, where high-income countries disproportionately benefit from global advancements, while low- and middle-income countries struggle with workforce shortages and technology gaps. Additionally, issues such as medical tourism, intellectual property disputes, and regulatory misalignment present ethical and operational challenges [7].

In the Middle East, and particularly in Jordan, globalization has led to greater integration with international healthcare standards; yet, local institutions face challenges in balancing global healthcare trends with domestic needs and cultural considerations [4]. This raises critical questions about how Jordanian hospitals adapt to international influences while preserving their cultural and operational identity.

2.2. Organizational Culture in Healthcare Institutions

In healthcare organizations, organizational culture comprises shared beliefs, values, and behaviors that affect how employees interact with each other and perform their jobs. This culture significantly impacts how healthcare services are delivered, changing everything from how patients are cared for to administrative processes. Organizational culture in

healthcare is defined as the shared values, beliefs, and practices that shape institutional behavior and decision-making Schein [8]. Hofstede et al. [7] and Schein [8] asserts that organizational culture is the "collective programming of the mind that distinguishes the members of one group or category of people from others." This means that healthcare workers share the same values and ways of doing things.

Schein [8] and Labonté et al. [9] well-known model of organizational culture, identifies three levels of organizational culture:

- Artifacts: Tangible elements such as hospital infrastructure, patient care protocols, and formal policies.
- Espoused Values: Institutional mission statements, leadership principles, and strategic priorities.
- Underlying Assumptions: Implicit beliefs that guide decision-making, professional interactions, and institutional norms

A strong organizational culture in healthcare is associated with improved patient outcomes, enhanced teamwork, and higher staff satisfaction. Conversely, weak or misaligned cultures contribute to inefficiencies, resistance to change, and communication breakdowns [9]. For example, more coordinated patient care can come from healthcare professionals working in an environment that values open communication and teamwork. Poor communication, medical mistakes, and significant employee turnover are all symptoms of a toxic work environment. Understanding and changing organizational culture is essential in healthcare to make environments good for patients and healthcare workers' health. Attaining a high level of service, adjusting to changes in healthcare delivery, and following rules correctly all require it.

2.3. Impact of Globalization on Organizational Culture

Globalization has significantly altered leadership, communication, change management, and teamwork in healthcare organizations [10]. Specifically, it has led to new change management strategies that emphasize adaptability and responsiveness to global health policies [11] multicultural teamwork and cross-border collaboration, necessitating greater intercultural competence and communication skills [12] advancements in telemedicine and digital health, transforming how healthcare institutions interact with patients and stakeholders globally [13] and a shift toward transformational leadership styles, where leaders manage diverse teams and integrate global healthcare innovations [14].

Despite these advancements, existing research has not fully examined how globalization reshapes the internal organizational culture of university hospitals in the Middle East. This study seeks to fill this gap by investigating how globalization impacts teamwork, leadership, customer orientation, and cultural cohesion in Jordanian public university hospitals.

2.4. Globalization and Its Challenges in Jordanian Healthcare

Both the potential and threats that globalization poses impact Jordan's healthcare system's cultural and operational environment. Jordanian healthcare facilities are taking a proactive approach to change management due to the integration of global health standards. Some examples of these shifts include embracing new technology, modernizing clinical practices, and conforming to healthcare regulations worldwide. Jordan's healthcare institutions are having to keep up with new medical professionals with foreign training and different patient groups [15]. This means they must find a way to balance keeping traditional practices and adopting a more global view of healthcare. Adding methods that might seem strange initially to the local medical community requires a lot of understanding and compassion, especially during societal change. Owing to international cooperation, Jordanian healthcare providers have also participated in global research, exchange programs, and shared learning initiatives. Through these collaborations, Jordanian medical professionals have opportunities to learn innovative ways of care and return to their home country with new information and skills that can help improve healthcare services [16].

Research in Jordanian healthcare organizations has recently focused on how organizational culture affects staff dynamics and patient care. According to the research, there is a high regard for senior medical personnel and a clear chain of command. The broader cultural norm in Jordan places a premium on authority and expertise, which reflects that [14]. University hospitals have a mixture of clan and hierarchical cultures because of their dual role as educational institutions and healthcare facilities. Quinn and Spreitzer [16]; Berrio [17] and Bonvillian and Nowlin [18] state that medical students and residents gain a lot from the care and mentoring prevalent in clan cultures, whereas hierarchical cultures offer more structured clinical pathways and processes for decision-making. The effects of globalization on these types of institutions have received little academic attention. Research on the specific ways in which global healthcare regulations and the influx of overseas medical students have altered company culture is scant. Newer generations of healthcare workers educated under a globalized curriculum may have cultural perspectives distinct from those of their ancestors, making the transgenerational dynamic of culture an especially pertinent aspect of globalization [19].

Jordan's healthcare system is recognized for its medical education excellence and specialized services [14]. However, globalization has introduced both opportunities and challenges, including the need for cultural adaptability, as hospitals accommodate a more diverse workforce and international patient base; integration with global research networks, enabling knowledge exchange but also raising concerns about aligning international and local healthcare standards [16] managing organizational change, particularly in balancing traditional medical practices with international healthcare frameworks.

While previous studies highlight Jordan's progress in global healthcare integration, they do not sufficiently address how organizational culture adapts to these external influences. This study aims to bridge this research gap by providing empirical evidence on globalization's impact on Jordanian university hospitals and offering strategic recommendations for cultural adaptation and institutional resilience.

3. Methodology

3.1. Research Design

The study utilized a quantitative research design to examine the impact of multicultural environments on organizational culture within Jordanian public university hospitals. A questionnaire was employed to collect data from administrators within the selected university hospitals.

3.1.1. Questionnaire Construction and Administration

The study used a questionnaire tool to assess the impact of a multicultural work environment on organizational culture within the Jordanian University Hospitals. The target population for the study was administrators and management personnel. Although there have been many survey tools to study the impact of globalization on organizations and people, many focus on political and economic landscapes and not so much on people and workplace experiences. Therefore, the study used a combination of questions adapted from various indices that measure globalization, as well as the Organizational Culture Questionnaire [20].

The questionnaire was divided into three parts: Section A collected the demographic information of the participants, Section B focused on assessing the influences of the multicultural environment, and Section C concentrated on evaluating the organizational culture within multicultural environments. Section A consisted of twenty-one questions measuring the following items as constructs for assessing the multicultural environment as a proxy for globalization:

- 1. Interaction among different cultures (4 items)
- 2. Communication and Networking (3 items)
- 3. Management of Cultural Diversity (7 items)
- 4. Effectiveness of Culturally Diverse environments (7 items)

These items measure several aspects of operations, communications, and organizational performance.

The second part of the questionnaire measures organizational culture within the context of a multicultural environment. The questions were adapted from the Organizational Culture Assessment Questionnaire [20]

https://leadingandfollowing.com/documents/OCAQParticipantManual.pdf).

The 30-item Organizational Culture Assessment Questionnaire (OCAQ) evaluates five key dimensions of organizational culture: managing change, achieving goals, coordinating teamwork, customer orientation, and cultural strength.

- Managing Change: This dimension evaluates the organization's effectiveness in adapting to and managing change.
 Items focus on respondents' perceptions of success in handling change, flexibility, and the presence of supportive values. (6 items)
- Achieving Goals: This scale examines how well the organization defines, aligns, and achieves its goals. It also assesses the extent to which shared values support continuous improvement. (6 items)
- Coordinating Teamwork: This dimension measures the effectiveness of collaboration and the presence of values that support teamwork. (6 items)
- Customer Orientation: This scale assesses the organization's focus on meeting the needs of clients or customers. (6 items)
- Cultural Strength: This dimension evaluates the extent to which shared values and beliefs create a cohesive organizational culture. Items assess alignment, access to information, and decision-making processes. (6 items)

The questionnaire used a five-point Likert scale, where 1 is strongly disagree and 5 is strongly agree, to determine people's thoughts and feelings about how globalization, as measured by the multiculturalism dimensions, has changed different parts of hospitals' culture.

3.1.2. Scoring of dimensions

For each of the items measuring the perceptions on multiculturalism dimensions, the average was calculated for the following items:

- Interaction among different cultures
- Communication and Networking
- Management of Cultural Diversity
- Effectiveness of Culturally Diverse environments

The OCAQ measures five dimensions, and the sub-scale/dimension level scores can be measured in the following ways: getting an average for each construct or obtaining a sum for each construct. The values can range from a maximum of 30 (30-item questionnaire) to a minimum of 6, as each dimension has 6 items. This approach was also used for the 21-item questionnaire. The overall score can be assessed by obtaining a total of all the dimensions.

Scores can be interpreted in the following ways: higher scores indicate stronger alignment with a positive multicultural culture and a positive influence of global practices. Similarly, higher scores on the OCAQ also indicate a positive and stronger alignment of organizational culture to global practices with regard to adaptability and flexibility in handling change; clear goal alignment; strong collaboration and interpersonal skills; customer-facing and service attitude; conflict resolution; and a cohesive and unified organizational culture. The dimension-level analysis also included the overall assessment of organizational culture. The interpretation, as per example from Sashni and Rosenbach [20], summarizes the overall view of the organizational culture. For example, if the scores reflect as follows:

• *Managing Change:* Score = 25/30 (83%), *Achieving Goals:* Score = 20/30 (67%), *Coordinating Teamwork:* Score = 27/30 (90%), *Customer Orientation:* Score = 18/30 (60%), *Cultural Strength:* Score = 22/30 (73%)

These results can be interpreted as the organizational culture in this way: the organization shows strong adaptability and flexibility in managing diversity but could focus more on strengthening goal alignment and customer orientation.

3.1.3. Developing the Multicultural Environment Score

The Multicultural Environment Score provides a composite measure of how the four dimensions (Interaction of Different Cultures, Communication and Interactions, Management of Cultural Diversity, and Cultural Diversity and Performance) collectively represent the influence of globalization in the workplace. The multicultural dimensions (Interaction of Different Cultures, Communication and Interactions, Management of Cultural Diversity, and Cultural Diversity and Performance) are conceptually related and represent different aspects of a unified construct. Together, they define the broader concept of a multicultural environment that impacts organizational culture. Furthermore, the dimensions are interdependent; for example, effective communication and interaction depend on managing cultural diversity, which in turn influences performance. The Cronbach's alpha scores for the dimensions provide evidence of internal consistency and support their aggregation into a composite score, with an overall acceptable level of reliability and validity. A single composite score will provide a globalization proxy of multicultural environments, making for a better understanding of the whole than as isolated components. The composite score will provide better insights into the influence of globalization on organizational culture dimensions.

The interpretation of the scores can be as follows:

Table 1.The Interpretation of Multicultural Environment Scores.

Score Range	Interpretation
80–100% (4.0–5.0)	Highly Effective Multicultural Environment: The organization excels in leveraging diversity to
	foster collaboration, communication, and performance.
60-79% (3.0-3.9)	Moderately Effective Multicultural Environment: The organization benefits from diversity but
	faces some challenges, such as inconsistent communication or uneven performance alignment.
40-59% (2.0-2.9)	Limited Effectiveness: Diversity is present but not well-managed, leading to barriers in
	communication, collaboration, and organizational efficiency.
Below 40% (<2.0)	Ineffective Multicultural Environment: The organization struggles with leveraging diversity,
	resulting in conflicts, silos, or inefficiencies.

Source: Adapted from diversity and inclusion assessment frameworks commonly used in organizational behavior research and practice.

3.1.4. Participant Selection and Questionnaire Administration

The sample population for this study was administrative personnel working within two public university hospitals in the Jordanian health sector, XXXX University Hospital and XXXX University Hospital. Prior to administering the questionnaire, it was piloted to 20 participants to assess the questionnaire's quality regarding readability and clarity of the questions, and the questionnaire was improved based on the feedback from the pilot participants. The section that was most adapted was section A, since these questions were constructed by the researchers to assess perceptions of multicultural environments on communication, collaboration, management, and organizational performance.

A letter of consent to participate was sent to all administrators in the hospitals. The questionnaire was anonymized to ensure participant confidentiality, and participants were assured that any identifiers would be delinked and no personal information would be recorded on the questionnaire. Participants were provided written consent on the first page of the survey, and they could select consent in order to proceed with the questionnaire. The questionnaire was administered electronically via SurveyMonkey, and responses were downloaded after the survey period had ended. A total of 100 participants were provided with the questionnaire to complete, 50 per selected hospital.

3.2. Data Analysis Methods

After the questionnaire deadline was met, the data were downloaded from SurveyMonkey, cleaned, coded, and prepared for analysis in the Statistical Package for the Social Sciences (SPSS) version 30 [19]. The quantitative data were coded for the respective variables that described the demographic profile of the participants.

Data were subjected to normality testing using the Kolmogorov-Smirnov and Shapiro-Wilk tests, which assisted in guiding the selection of appropriate statistical analyses. Descriptive statistics were performed to measure the frequencies and distribution of the variables. Only the variable item, Managing Change was normally distributed. The independent samples t-test was used to compare the differences based on gender, while the Mann-Whitney U test was used for the variables that were not normally distributed. The Kruskal-Wallis H test was used to compare differences by age, position, and level of experience for all the relevant dimensions of multiculturalism and organizational culture. The effect of the globalization dimension on organizational culture dimensions was ascertained using a generalized linear model. In addition, the Spearman rank correlation (Pearson correlation used where relevant) analysis was used to ascertain the relationship between the organizational culture dimensions. Statistical significance was accepted at p<0.05.

3.2.1. Reliability and Validity

To ensure the reliability and validity of the questionnaire, Cronbach's alpha was used to assess internal consistency across the items within each scale. Cronbach's alpha evaluates the degree to which the items in a scale measure the same underlying construct, with values above 0.70 typically indicating acceptable reliability. For this study, each subscale of the questionnaire—designed to measure dimensions such as managing change, achieving goals, and coordinating teamwork—was tested separately. High Cronbach's alpha values across these dimensions confirmed that the items were cohesive and consistently measured their respective constructs. Validity was addressed by designing the questionnaire based on established frameworks (OCAQ), ensuring alignment with the study's objectives and the theoretical constructs of organizational culture. Pre-testing and reviews further strengthened both the reliability and validity of the instrument.

3.3. Ethical Considerations

The questionnaire for this study was distributed following the approval of the Institutional Review Board at the Deanship of Scientific Research and Graduate Studies - XX University.

Permission to administer the questionnaire was also sought from hospital management. In addition, participants were provided with a written informed consent, detailing that their privacy would be protected and that responses would be anonymized, and no personal identifying information would be used. The respondents were informed of the purpose of the study, their voluntary participation, how much time they would spend providing information, and what would be done with the data collected.

4. Results

A total of 100 questionnaires were distributed; 80 of them were eligible and fully completed. The response rate was 80%, indicating good participation and a good sample size for the study.

4.1. Reliability and Validity

The internal consistency of the questionnaire constructs was high, above 0.7, which is an acceptable value for Cronbach's Alpha (Table 2). The exceptions were the scores for the Interaction of different cultures construct, 0.69, and the managing change construct, 0.65; however, these were not too far below the acceptable values. The overall questionnaire score was 0.82 for the multicultural dimension, a 21-item scale, and 0.72 for the organizational culture, a 30-item scale (Table 2).

Table 2.Reliability and Validity Assessment Using Cronbach's Alpha for Multicultural and Organizational Culture Dimensions.

Dimensions	Cronbach's alpha	Number of items
Multicultural Dimensions		
Interaction of different cultures	0.77	4
Communication and Interactions	0.69	3
Management of Cultural Diversity	0.80	7
Cultural Diversity and Performance	0.87	7
Organizational Culture Dimensions		
Managing Change	0.65	6
Achieving Goals	0.82	6
Coordinating Teamwork	0.71	6
Customer Orientation	0.79	6
Cultural Strength	0.77	6

4.2. Demographics

From the total of 80 participants in the study, 51.3 % were male, the largest age group was between 30-39, while there was an equal distribution of participants for the other age groups. Most of the were employed for between 0 and 10 years (Table 3). All participants were highly qualified, most having an undergraduate degree or diploma. The positions most represented were at the coordinator level, and the distributions of those in senior management and executive management levels were similar.

Table 3.

Demographic Characteristics of Administrative Staff Respondents (n = 80).

Variable		% (n)
Gender		
	Male	51.3%(41)
	Female	48.8%(39)
Age (yrs)		
	<30	21,25% (17)
	30-39	36,25% (29)
	40-49	21,25% (17)
	>50	21,25%(17)
Experience (yrs)		
	<5	28.8%(23)
	5-10 yrs	25.0%(20)
	11-14 yrs	21.3%(17)
	>15 yrs	25.0%(20)
Highest education		
	Diploma/High School	23.8%(19)
	Undergraduate	33.8%(27)
	Postgraduate	23.8%(19)
	Doctorate	18.8%(15)
Position		
	Coordinator/Assistant	30.0%(24)
	Manager	25.0%(20)
	Senior Manager	20.0%(16)
	Director	25.0%(20)
		. ,

4.3. Impact of Multicultural Environment on Workplace Culture

The below results measure the perception of the influence of multicultural environments, interactions, communication and network management process as well as organizational performance (Table 4). The data indicate mixed perceptions about the influence of a multicultural environment, with both positive and negative aspects highlighted. While there is acknowledgment of the potential benefits of cultural diversity, such as complementing strengths and fostering inclusion, significant challenges in communication, cultural tolerance, and the effectiveness of management strategies for diversity are evident.

Table 4. Summary of Perceptions on Multicultural Dimensions as a Proxy for Globalization.

Dimensions	Minimum	Maximum	Mean±SD
Interaction of different cultures	1.5	4.3	2.99±0.7
Communication and Interactions	1.3	4.3	3.05±0.8
Management of Cultural Diversity	1.7	4.1	3.06±0.6
Cultural Diversity and Performance	1.9	4	3.02±0.5

^{*}Note: Higher mean scores indicate more positive perceptions of multicultural influence

4.3.1. Perceptions of Interactions Among Different Cultures

When asked whether they are effective and productive when working in multicultural groups, over half (58%) of respondents agree that multicultural environments complement their strengths and weaknesses, indicating a recognition of the value diverse teams bring. However, nearly half (47.6%) acknowledge that a lack of cultural diversity awareness affects relationships, highlighting self-awareness of potential challenges. In addition, key identified challenges included 48.9% of participants who perceive interactions in multicultural groups as ineffective, signaling difficulty in collaborative settings; and 41.3% who disagree that cultural tolerance exists among employees, revealing significant barriers to harmonious working relationships.

4.3.2. Perceptions on Communication and Interactions

When asked about their communication and interaction with other cultures, nearly half (47.6%) believe they communicate effectively with colleagues from different cultures, and 42% believe cultural stereotypes hinder relationships, showing that biases persist and negatively affect workplace dynamics. However, 33.8% believe that understanding cultural differences improves customer and stakeholder relations, which is notable.

 3.10 ± 0.6

4.3.3. Perceptions of Management of Cultural Diversity

When asked whether the hospital has policies to manage cultural diversity, a large majority responded positively, with 44.1% feeling that hospital management fosters a culture supporting unique differences, and 41.3% believing policies for managing cultural diversity exist. In addition, 42.5% indicate that opportunities for growth are not limited by cultural differences, and 46.3% feel their cultural values are supported by the hospital. In contrast to this, nearly half (47.5%) feel their culture is not recognized, reducing their sense of belonging; and 46.3% perceive barriers, such as communication and opportunities influenced by cultural differences, which challenge inclusivity.

4.3.4. Perceptions on Effectiveness of Culturally Diverse Environments

The participants were asked a series of questions relating to the impact of the multicultural environment on their performance. Some respondents (44.3%) recognize that diversity challenges their job functions in ways that might foster growth and adaptation, while for some, responses indicate neutral-to-positive views on whether cultural diversity can enhance creativity, performance, and skills retention. On the negative side, nearly half (48.8%) disagree that the hospital has articulated how cultural diversity contributes to efficiency, showing a disconnect between diversity and operational goals. In addition, responses were divided on whether cultural diversity management improves overall performance or innovation, reflecting ambivalence or lack of clear evidence.

4.3.5. Impact of Globalization on Organizational Culture Practices

The findings reveal mixed perceptions about the influence of globalization, as reflected in its impact on managing change, achieving goals, teamwork coordination, customer orientation, and cultural strength within the hospital (Table 5). While some participants recognize the positive effects of globalization, such as enhanced strategic goals and improved collaboration, a significant portion expresses dissatisfaction, citing limited alignment with global practices, ineffective diversity management, and inadequate communication and support systems.

Table 5.Summary of Organizational Culture Dimension Scores Based on OCAQ Framework

Dimensions	Minimum	Maximum	Mean±SD
Managing Change	1.7	4.2	3.02±0.53
Achieving Goals	1.4	4.8	3.03±0.7
Coordinating Teamwork	1.5	4.2	2.98±0.5
Customer Orientation	1.7	4.3	3.06±0.5

4.3.6. Perceptions of globalization on Managing Change

Cultural Strength

While some employees see globalization as a driver for change, there is a significant perception of inadequate mechanisms to support and guide staff through these transitions. Many employees feel underprepared for or disconnected from globally driven transformations. Flexibility and adaptability to change are perceived as lacking by 37.5% of respondents, though 40.1% acknowledge improvements due to globalization. Over half (52.5%) feel the hospital struggles with managing uncertainty in a globalized context, and only 43.8% feel supported during periods of change, indicating gaps in training and communication.

4.3.7. Perceptions of globalization on Achieving Goals

There is a divide in perceptions regarding whether globalization has clarified and aligned organizational goals. While many acknowledge the positive influence of globalization on strategic objectives, others feel disconnected from the goal-setting processes and rewards for performance. Almost half (45.1%) believe globalization has enhanced the hospital's ability to meet strategic objectives, yet 41.3% feel organizational goals are not well articulated or aligned with global practices. Employee motivation to meet international standards is relatively balanced, with 42.6% agreeing and 40% disagreeing. With regard to the fairness of measuring and rewarding employees based on goal achievement, this is seen ambiguously, with equal numbers agreeing and disagreeing.

4.3.8. Perceptions of globalization on Coordinating Teamwork

Globalization has influenced teamwork positively at a managerial level, but these benefits are not uniformly felt. Barriers such as limited collaboration encouragement and unclear strategies hinder broader teamwork improvements. The impact of globalization on teamwork is contested, with 41.3% agreeing that teamwork has improved, but 37.5% disagreeing. In addition, almost half (47.5%) perceive a lack of encouragement for collaboration and knowledge sharing influenced by global trends. Managers appear to be adapting better, with 46.3% agreeing that they work collaboratively due to globalization, although a notable 32.5% disagree.

4.3.9. Perceptions of globalization on Customer Orientation

Globalization's impact on customer orientation is ambiguous. While many recognize improvements in patient satisfaction and care standards, others feel the hospital has not fully embraced globalization's potential to enhance customer-oriented practices. There is an even split in perceptions about whether policies and procedures are customer-focused and whether globalization has improved service delivery. Nearly half (45.1%) agree that globalization has enhanced patient care

and satisfaction, but a sizable portion (31.3%) disagrees. Furthermore, empowerment to address patient needs and adherence to global standards are contested, with 40.1% agreeing and 42.5% disagreeing.

4.3.10. Perceptions of globalization on Cultural Strength

Globalization has moderately strengthened cultural values, particularly in decision-making and recognizing diversity. However, issues like inconsistent morale improvements and integration challenges suggest room for growth. Globalization is seen as a positive force in promoting the value of diverse strengths (44.1%) and shifting decision-making to fact-based approaches (50%). However, exposure to global practices has not uniformly improved workplace morale (38.8% agree vs. 36.3% disagree). The integration of global and local values is recognized by 43.8%, but 37.5% feel it remains insufficient.

4.4. Overall Impact of Globalization on Organizational Culture Based on the Provided Scores and Their Implications Using the Organizational Culture Assessment Questionnaire (OCAQ) Framework

The overall scores for the organizational culture dimensions indicate a moderate impact of globalization on organizational culture within the hospital. While there are areas of relative strength, such as Customer Orientation and Cultural Strength, the lower scores for Achieving Goals highlight challenges in goal alignment and performance (Table 5). The results suggest room for improvement in fully leveraging globalization's benefits.

Table 6.Overall Scores for Organizational Culture Dimensions Based on OCAQ Framework.

Dimension	Minimum	Maximum	Mean±SD	% (score/30)
Managing Change	10	25	18.13±1.2	60
Achieving Goals	7	24	15.16±3.3	51
Coordinating Teamwork	9	25	17.9±3.2	60
Customer Orientation	10	26	18.36±3.2	61
Cultural Strength	12	25	18.58±3.3	62

The scores ranged on the moderate to low end of the performance spectrum as per the Organizational Culture Assessment Questionnaire (OCAQ) framework [21]. Overall, the organizational culture is moderately impacted by globalization within the hospital. For managing change, a 60% score indicates that the hospital demonstrates moderate flexibility and adaptability to changes influenced by globalization. The score reflects that while there is some capacity to manage change effectively, issues such as resistance to change and poor communication during transitions persist for a significant portion of employees.

The Achieving Goals dimension scored the lowest, which indicates significant challenges in aligning organizational goals with global practices. Employees perceive unclear objectives and misaligned strategies, which may hinder motivation and achievement (Table 6, Table 4). The Coordinating Teamwork 60% score reflects that there is moderate levels of collaboration and teamwork within the hospital, but that there are indications of persistent silos and communication challenges as reflected in the responses of participants (Table 4, 5 and 6). Both the Customer Orientation and Cultural Strength dimensions scored 61% and ^2% respectively, a moderate score reflecting the hospital's strong focus on meeting patient needs and servicing patients adequately using global standards; as well as a clear cohesive culture of shared values and beliefs, which makes the environment more cohesive (Table 4, 5 and 6).

4.5. Linking Globalization (Multicultural Environments) to Organizational Culture Dimensions

The measured dimensions of multicultural environments were associated with organizational culture dimensions using a correlation analysis. Only Cultural Strength was strongly correlated with Customer Orientation, suggesting that the more culturally cohesive the hospital is, the more supportive it is to patients (Table 7). No significant association was found between the dimensions of the multicultural environment.

Table 7.Spearman Correlation Between Organizational Culture Dimensions and Multicultural Environment Scores.

	Statistic	Managing	Achieving	Coordinating	Customer	Cultural
Variable	(Spearman)	Change	Goals	Teamwork	orientation	strength
Managing Change	rho	1	-0.039	-0.067	0.052	-0.012
	P	•	0.731	0.558	0.646	0.918
Achieving Goals	rho	-0.039	1	-0.196	-0.016	0.148
	P	0.731	•	0.082	0.887	0.19
Coordinating Teamwork	rho	-0.067	-0.196	1	0.129	0.014
	P	0.558	0.082		0.254	0.901
Customer orientation	rho	0.052	-0.016	0.129	1	.258*
	P	0.646	0.887	0.254	•	0.021
Cultural strength	rho	-0.012	0.148	0.014	.258*	1
	P	0.918	0.19	0.901	0.021	

4.6. Differences in the Perceptions of the Impact of Multicultural Environment Dimensions

When comparing the differences in the perception of the impact of multicultural dimensions, no significant differences were found based on gender (Figure 1). The exception was found for the perception of the effectiveness of a culturally diverse environment, where females showed a slightly higher perception that culturally diverse environments are more effective (Mann-Whitney U = 601.5; Z = -1.913 P < 0.05), Figure 1.

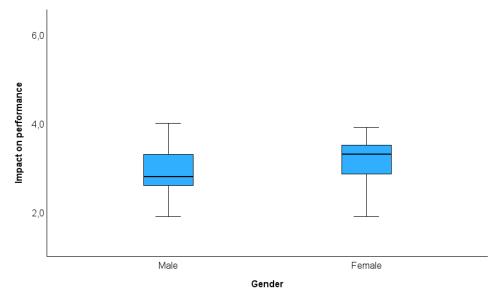


Figure 1.Gender-Based Differences in Perceived Effectiveness of Culturally Diverse Work Environments.

Box plot displaying the median, range, and interquartile distribution of responses by gender. Females reported a statistically higher perception of the effectiveness of the multicultural environment (Mann–Whitney U = 601.5; Z = -1.913; p < 0.05).

Box plot showing the differences in the perception of the effectiveness of culturally diverse environments based on gender (median, min, and max).

Similarly, no significant differences were found across the multicultural dimensions when comparing across years of experience (Figure 2), with the exception of the perception of the effectiveness of a culturally diverse environment, where those who had 5-10 years of experience in the hospital perceived a multicultural environment to be more effective and to improve performance (Figure 2).

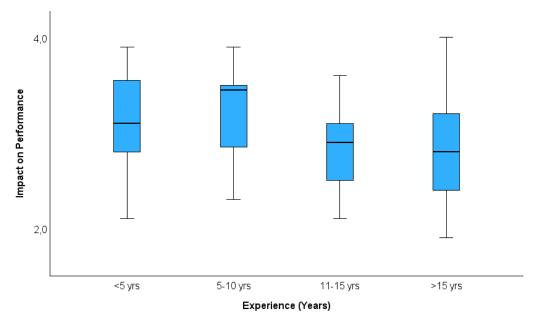


Figure 2.Perceptions of Multicultural Environment Effectiveness by Years of Experience.

Boxplot illustrating differences in perceived effectiveness of culturally diverse environments among employees with varying lengths of service. Staff with 5–10 years of experience reported significantly higher effectiveness compared to other groups. No significant differences were found for the multicultural dimensions based on the position of the participants.

4.7. Differences in the Perceptions of the Impact of Globalization on Organizational Culture

Overall, the Multicultural Environment Score was 3.02±0.31, suggesting a moderately effective Multicultural Environment where the organization benefits from diversity but faces some challenges, such as inconsistent communication or uneven performance alignment.

The regression analysis evaluated the influence of the Multicultural Environment Score, Gender, Experience (Years), and Position on the five organizational culture dimensions. The Multicultural Environment Score, Gender, Experience, and Position collectively do not explain the hospital's ability to adapt to and manage change (F = 0.942, p = 0.444), Achieve Goals (F = 0.163, p = 0.957), Coordinate Teamwork (F = 1.058, p = 0.384p = 0.384p = 0.384), Customer Orientation (F = 0.188, p = 0.944). Other unmeasured factors may have a stronger influence. However, there was a marginal influence on Cultural Strength (F = 2.251, p = 0.072), even though this was not statistically significant.

On reviewing the influence of individual multicultural Environment dimensions, the regression model was only significant for Coordinating Teamwork as predicted by Gender, Interactions, Communication and Interactions, Management of Cultural Diversity, and Effectiveness of Culturally Diverse Environments. The model was statistically significant (F(5, 74) = 2.913, p=0.019), explaining 17% of the variance in Coordinating Teamwork.

Gender, Communication and Networking had a statistically significant positive effect on teamwork, while Interaction of different cultures had a significant negative effect on teamwork (Table 8). Management of cultural diversity and Perceptions of effectiveness in a multicultural environment are not significantly related to teamwork coordination (Table 8).

Table 8.Regression Analysis Predicting Teamwork Coordination from Multicultural Environment Dimensions and Gender.

Variables	β	t	P
(Constant)		4.344	<.001
Gender	0.227	2.046	0.044
Interactions among different cultures	-0.269	-2.486	0.015
Communication and Networking	0.254	2.349	0.022
Management of diverse cultures	-0.054	-0.51	0.612
Effectiveness of diverse cultures	0.093	0.855	0.395

5. Discussion

The findings of this study demonstrate that globalization has had a multifaceted impact on the organizational culture of Jordanian public university hospitals. The results indicate significant improvements in adaptability to change, particularly in response to global healthcare trends, policy shifts, and technological advancements. Hospitals are increasingly integrating international best practices, allowing for enhanced goal-setting strategies and teamwork coordination. These shifts suggest that Jordanian university hospitals are progressively aligning with global healthcare standards, improving their ability to provide high-quality services in an evolving healthcare landscape. However, the study also highlights persistent challenges, particularly in customer orientation and cultural cohesion. Despite globalization's positive effects on hospital operations, patient-centered care models remain inconsistently implemented.

The findings suggest that while hospitals are adapting to global healthcare frameworks, localized cultural and institutional norms continue to influence service delivery and workplace interactions [3, 21]. This reflects the broader challenge of balancing global healthcare standards with local operational realities. Additionally, workforce diversity and multicultural integration remain areas of concern. The study reveals that globalization has encouraged greater collaboration among healthcare professionals; however, communication barriers, cultural misunderstandings, and resistance to change hinder seamless teamwork. This indicates that while hospital administrators recognize the importance of global integration [1, 4, 5] the practical implementation of intercultural collaboration strategies remains incomplete. Statistical analyses show variations in how globalization impacts different employee groups, underscoring the complexity of cultural transformation within institutions. For example, while some employees perceive globalization as an enabler of professional growth and collaboration, others report difficulties in adapting to globalized work environments, particularly regarding policy alignment and diversity management. These findings suggest the need for a structured approach to organizational culture transformation, ensuring that the benefits of globalization are equally distributed across all levels of the workforce.

Globalization and multiculturalism have had a nuanced impact on the organizational culture of Jordanian university hospitals. While these influences bring opportunities for skill-sharing, inclusivity, and improved patient care, challenges related to communication, goal alignment, and strategic integration persist. Addressing these gaps can enable hospitals to fully leverage the benefits of a globalized and multicultural environment.

5.1. Recommendations

5.1.1. Strengthening Cross-Cultural Training and Communication Strategies

- Implement regular intercultural competency training to enhance understanding of diverse workplace dynamics.
- Develop clear communication frameworks to mitigate language barriers and improve collaboration among multicultural teams.
- Promote mentorship programs and knowledge-sharing initiatives to foster inclusive professional relationships.

5.1.2. Enhance Change Management Strategies

Establish structured policies to guide hospitals through globalization-induced transitions.

- Improve employee engagement in decision-making processes, ensuring that changes align with both global standards and local workforce expectations.
- Provide ongoing professional development programs to prepare employees for global healthcare trends and evolving workplace demands.

5.1.3. Align Patient Care with Global Best Practices

- Develop comprehensive customer orientation strategies to ensure consistent patient-centered care across all departments.
- Integrate internationally recognized healthcare models while maintaining sensitivity to local patient expectations and cultural norms.
- Conduct regular patient feedback assessments to identify gaps in service delivery and refine hospital strategies accordingly.

5.1.4. Improve Leadership and Policy Frameworks

- Encourage transformational leadership that prioritizes flexibility, inclusivity, and global engagement.
- Establish policies that promote diversity and equity, ensuring that globalization does not create disparities within the workforce.
- Develop institutional guidelines that balance international accreditation requirements with national healthcare priorities.

5.1.5. Foster a More Inclusive and Adaptive Organizational Culture

- Promote a culture of collaboration, where diverse professional backgrounds are leveraged as strengths rather than
 obstacles.
- Encourage interdepartmental and international exchanges to facilitate knowledge transfer and innovation.
- Implement monitoring and evaluation mechanisms to assess how globalization affects institutional performance and make necessary adjustments.

6. Limitations and Future Research Directions

Despite its valuable insights, this study has some limitations. The focus on administrative staff may skew perceptions, as clinical staff also play a critical role in healthcare delivery. Additionally, the sample size, while adequate, limits the generalizability of findings across all Jordanian university hospitals. Future research should include a more diverse participant pool across various hospital hierarchy levels and expand the sample size to provide a broader perspective.

The study focused primarily on administrative staff, excluding clinical professionals such as doctors and nurses. Future research should incorporate a broader sample of healthcare practitioners to provide a more comprehensive perspective on globalization's impact. There may be challenges with generalizability, which may impact the interpretation of these results. The study was conducted in two Jordanian public university hospitals, which may limit the generalizability of findings to other healthcare institutions in the region. Expanding the study to include private hospitals and non-university medical institutions would enhance the applicability of the results.

The reliance on a quantitative research design and Likert-scale questionnaire may have oversimplified the complexities of organizational culture. Future studies should employ mixed-methods approaches, incorporating qualitative interviews to capture in-depth employee experiences and nuanced perceptions of globalization.

There could also be some influence of response bias as the survey relied on self-reported data. There is a possibility of social desirability bias, where respondents provided answers they perceived as favorable rather than fully accurate reflections of their experiences. Incorporating longitudinal studies and observational methods could mitigate this limitation. Despite these limitations, the data presented met the objectives of the study, highlighting the impact of globalization on healthcare in Jordan.

7. Conclusion

The study underscores both the advancements and challenges brought by globalization to Jordanian university hospitals. This study highlights the transformative yet complex impact of globalization on the organizational culture of Jordanian public university hospitals. While globalization has enhanced adaptability, teamwork coordination, and goal achievement, challenges remain in fully integrating global healthcare models, improving patient-centered care, and fostering cultural cohesion. The findings underscore the need for targeted interventions in leadership, change management, cross-cultural communication, and diversity policies.

Future research should explore how globalization's impact evolves over time, incorporating perspectives from healthcare practitioners, policymakers, and patients. By fostering a balanced approach that integrates global best practices with local cultural and institutional realities, Jordanian public university hospitals can navigate globalization effectively while maintaining service excellence and organizational sustainability.

References

- [1] T. Forster, A. E. Kentikelenis, T. H. Stubbs, and L. P. King, "Globalization and health equity: The impact of structural adjustment programs on developing countries," *Social Science & Medicine*, vol. 267, p. 112496, 2020. https://doi.org/10.1016/j.socscimed.2019.112496
- [2] R. Robertson, Globalization: Social theory and global culture. London: Sage, 1992.
- [3] J. Gleick, Faster: The acceleration of just about everything. New York: Little, Brown, 1999.
- [4] K. Lee, Globalization and health: An introduction. London: Palgrave Macmillan, 2003.
- [5] F. Fukuyama, *The end of history and the last man*. London: Hamish Hamilton, 1993.
- [6] S. P. Huntington, The clash of civilizations and the remaking of world order. New York: Free Press, 2002.
- [7] G. Hofstede, G. Hofstede, and M. Minkov, *Cultures and organizations: Software of the mind*, 3rd ed. New York: McGraw-Hill, 2010.
- [8] E. H. Schein, Organizational culture and leadership, 4th ed. San Francisco, CA: Jossey-Bass, 2006.
- [9] R. Labonté, K. Mohindra, and T. Schrecker, "The growing impact of globalization for health and public health practice," *Annual Review of Public Health*, vol. 32, no. 1, pp. 263-283, 2011. https://doi.org/10.1146/annurev-publhealth-031210-101225
- [10] Joint Commission Resources Inc, Benchmarking in health care. Oakbrook Terrace, IL: Joint Commission Resources, 2012.
- [11] T. Kumra, Y.-J. Hsu, T. L. Cheng, J. A. Marsteller, M. McGuire, and L. A. Cooper, "The association between organizational cultural competence and teamwork climate in a network of primary care practices," *Health Care Management Review*, vol. 45, no. 2, pp. 106-116, 2020.
- [12] A. Haleem, M. Javaid, R. P. Singh, and R. Suman, "Telemedicine for healthcare: Capabilities, features, barriers, and applications," *Sensors International*, vol. 2, p. 100117, 2021. https://doi.org/10.1016/j.sintl.2021.100117
- [13] I. Burton, A philosophy of transformational leadership may be the optimal approach for enhanced outcomes in healthcare and physiotherapy settings: A narrative review. London: Routledge, 2021.
- [14] M. Khetam, "Syrian refugees cost Kingdom \$2.5 billion a year report. The Jordan Times," Retrieved: https://www.jordantimes.com/news/local/syrian-refugees-cost-kingdom-25-billion-year-%E2%80%94-report, 2016.
- [15] World Health Organization, Rapid hospital readiness checklist: Interim guidance. Geneva, Switzerland: World Health Organization, 2020.
- [16] R. E. Quinn and G. M. Spreitzer, "The psychometrics of the competing values culture instrument and an analysis of the impact of organizational culture on quality of life," *Research in Organizational Change and Development*, vol. 5, pp. 115–142, 1991.
- [17] A. A. Berrio, "An organizational culture assessment using the competing values framework: A profile of Ohio State university extension," *Journal of Extension*, vol. 41, no. 2, pp. 1–8, 2003.
- [18] G. Bonvillian and W. A. Nowlin, "Cultural awareness: An essential element of doing business abroad," *Business Horizons*, vol. 37, pp. 44-44, 1994.
- [19] IBM, SPSS software. Armonk, NY: IBM Corporation, 2024.
- [20] L. T. B. Jackson and F. J. R. Van De Vijver, "Multiculturalism in the workplace: Model and test," *Journal of Human Resource Management*, vol. 16, p. a908, 2018. https://doi.org/10.4102/sajhrm.v16i0.908
- [21] M. Sashkin and W. E. Rosenbach, *Organizational culture assessment questionnaire: Participant manual*. Seattle, WA: Leading and Following, 2013.