

Organizational Culture and Job Performance in Nursing Human Capital: A Management Proposal from New Public Management

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Abstract

This scientific article aims to design a management action plan oriented towards strengthening organizational culture and optimizing job performance in the nursing staff of the Central Hospital of San Cristóbal, Táchira State. Grounded in New Public Management and Organizational Development Theory, the study followed a quantitative approach within a positivist paradigm, field design, descriptive-projective level, and Feasible Project modality. The population consisted of 601 nursing professionals, from which a proportional stratified random sample of 120 subjects across four work shifts was selected. Data collection utilized a survey technique with a 19-item dichotomous (Yes/No) questionnaire, validated by expert judgment and showing a Kuder-Richardson (KR-20) reliability coefficient of 0.84. Diagnostic findings revealed a predominantly young workforce (62.5% under 40 years) alongside critical structural bottlenecks: 78.3% perceived autocratic leadership styles, 82.5% reported deficient formal communication channels, 85.0% cited lack of recognition and incentives, and 71.7% stated that organizational friction compromises patient care quality. The feasibility study confirmed technical, institutional, legal, and financial viability. The article concludes with a strategic management proposal structured around transformational leadership, assertive communication, recognition systems, and intergenerational clinical mentorship.

Keywords: Organizational Culture, Job Performance, Nursing Human Capital, Public Hospital Management, Organizational Development.

I. INTRODUCTION

In the contemporary international context, public sector institutions face growing demands for efficiency, transparency, and humanization in service delivery. New Public Management (NPM) proposes a paradigmatic transition from rigid, normative bureaucratic models toward results-oriented management frameworks focused on the strategic development of human capital and the continuous refinement of organizational processes. In healthcare systems, this premise is critical: care quality does not depend exclusively on physical infrastructure or technological equipment, but fundamentally on commitment, relational climate, shared values, and job performance of clinical teams.

Nursing staff represent the operational backbone of hospital centers, maintaining direct and uninterrupted interaction with users. However, in Latin America and markedly in Venezuela, public health centers operate

under highly complex scenarios characterized by budgetary constraints, work overload, and administrative rigidity. This dynamic tends to mechanize care delivery and deteriorate organizational culture, generating fragmented perspectives between institutional management and front-line personnel.

The Central Hospital of San Cristóbal, as a tertiary reference center in Táchira State and the Andean region, reflects these structural tensions. Through systematic observation of hospital dynamics, critical bottlenecks were identified regarding vertical management styles, communication barriers, low professional recognition, and resistance to organizational change. If unaddressed scientifically, consequences point toward increased burnout, turnover, demotivation, and eventual deterioration of quality and patient safety. Faced with this reality, the research posed the central question: How does a management proposal grounded in Organizational Development strengthen organizational culture and

optimize job performance among nursing staff at the Central Hospital of San Cristóbal?

To answer this question, the research established:

➤ *General Objective:*

Design a management action plan oriented toward strengthening organizational culture and optimizing job performance among nursing human capital at the Central Hospital of San Cristóbal.

➤ *Specific Objectives:*

- Diagnose elements of organizational culture (leadership, communication, motivation, values, and norms).
- Identify staff perceptions regarding job performance and care quality.
- Determine the technical, institutional, legal, and financial feasibility of the proposal.
- Design a management action plan based on organizational development strategies to strengthen organizational culture and performance efficiency in nursing staff at the Central Hospital of San Cristóbal.

II. THEORETICAL AND REGULATORY FRAMEWORK

The research is grounded in Organizational Development (OD) Theory, which conceives the institution as a dynamic, interrelated system where transforming beliefs, attitudes, and values constitutes the ideal path for adaptation and efficacy. The study adopts Edgar Schein's perspective (1988, 2004), defining organizational culture as a pattern of basic assumptions learned by a group as it solves problems of external adaptation and internal integration. Furthermore, cultural dimensions from Robbins and Judge (2013) and Bateman (2004) are incorporated, positioning leadership, assertive communication, shared values, and work climate as direct determinants of professional performance.

Empirically, findings align with regional, national, and international antecedents. Velazco (2023) and Chacón (2023) in the Táchira hospital context demonstrated that rigid supervisory models generate operational disconnection, urging adaptive, integrative leadership styles. Nationally, Silva (2023), Gómez (2023), and Pérez (2021) validated the feasibility of participatory management plans to eradicate bureaucratic isolation in public health. Internationally, Rivera and Rodríguez (2024, Colombia), Rengifo (2023, Peru), and Macías (2022, Ecuador) confirmed highly significant correlations between transformational talent management, cultural cohesion, and clinical performance in nursing.

The Venezuelan legal framework provides legitimacy and backing to the study: the Constitution of the Bolivarian Republic of Venezuela (Arts. 83, 84, and 87) establishes health as a social right and dignifies labor; the Organic Labor Law (LOTTT, Arts. 1, 20, and 56) guarantees healthy work environments; LOPCYMAT (Arts. 1, 10, and 53) protects worker health and safety; the Law for Public Administration (LOAP, Arts. 1 and 6) mandates efficiency; the Law for the Practice of Nursing (2005) regulates clinical practice; and the Plan de la Patria 2019-2025 supports public health system strengthening.

III. METHODOLOGY

The study adhered to a quantitative positivist paradigm with a non-experimental, cross-sectional field design at a descriptive-projective level, framed within the Feasible Project modality. The research was conducted in three continuous phases: I) Diagnostic Phase; II) Feasibility Study Phase; and III) Management Proposal Design Phase.

➤ *Population and Sample*

The target population comprised N = 601 nursing professionals at the Central Hospital of San Cristóbal across four shifts. A representative probabilistic sample of 20% (n = 120) was calculated using proportional stratified random sampling per shift using the formula: $n_i = (n / N) * N_i$, where n = 120, N = 601, and N_i represents the subpopulation of each shift. Stratification ensured equitable representation: Morning (n1 = 44; 36.7%), Afternoon (n2 = 27; 22.5%), Night A (n3 = 24; 20.0%), and Night B (n4 = 25; 20.8%).

➤ *Techniques and Instrument*

In the diagnostic phase, a survey technique was applied using a 19-item structured dichotomous questionnaire (Yes=1, No=0), aligned with the variable operationalization matrix (Organizational Culture and Job Performance). Content validity was established through judgment by three (3) experts (methodologist, public management specialist, and master in nursing management).

➤ *Reliability*

A pilot study was conducted with 15 nurses of homogeneous characteristics excluded from the final sample. Internal consistency was determined using the Kuder-Richardson formula (KR-20): $KR20 = [k / (k - 1)] * [1 - (\Sigma(p * q) / \sigma^2)]$, where k = 19 items, $\Sigma(p * q) = 2.83$, and $\sigma^2 = 13.58$. Substituting values yielded $KR20 = 0.84$, confirming high standardized reliability.

IV. RESULTS AND DISCUSSION

➤ *Sociodemographic Characterization*

The age analysis of the sample reflected a marked youthful concentration among nursing staff:

Table 1 Sociodemographic Characterization

Age Range	Absolute Frequency (f)	Percentage (%)
20-30 years	45	37.50%
31-40 years	30	25.00%
41-50 years	26	21.67%
51 years or more	19	15.83%
Total	120	100%

As shown in Table 1, 62.5% of the workforce is under 40 years old. This highlights operational dynamism and technological adaptability, while posing a managerial

challenge regarding talent retention and formal mentorship from the 15.83% senior workforce to preserve institutional memory.

➤ *Diagnosis of Organizational Culture and Job Performance*

Table 2 Diagnosis of Organizational Culture and Job Performance

Dimension / Indicator	Evaluated Item	Yes (f / %)	No (f / %)
Leadership / Management Style	1. Perceives a participative and accessible leadership style from superiors.	26 (21.7%)	94 (78.3%)
Leadership / Managerial Support	2. Feels support from management during clinical contingencies or decisions.	31 (25.8%)	89 (74.2%)
Communication / Formal Channels	4. Institutional information flows in an opportunistic and assertive manner.	21 (17.5%)	99 (82.5%)
Motivation / Recognition	8. Incentive and recognition systems exist for professional effort.	18 (15.0%)	102 (85.0%)
Values / Sense of Belonging	11. Maintains high commitment and identity with the hospital's mission.	104 (86.7%)	16 (13.3%)
Performance / Care Quality Impact	18. Considers that work climate tension negatively impacts care quality.	86 (71.7%)	34 (28.3%)

Findings reveal a severe gap between professional vocation and managerial conditions. While 86.7% express strong institutional commitment, 78.3% report authoritarian leadership, 82.5% perceive communication failures, and 85.0% cite an absence of recognition. Consequently, 71.7% state that climate tension restricts efficiency and care humanization.

➤ *Feasibility Analysis*

- Technical Feasibility: Qualified staff, teaching facilities, and institutional educational resources are available.
- Institutional Feasibility: Openness exists from department heads to enhance motivation and restructure communication flows.
- Legal Feasibility: Grounded in Articles 83 and 87 of the CRBV, LOTT, LOPCYMAT, and LOAP.
- Financial Feasibility: Optimizes existing resources via internal workshops and inter-hospital mentorships without requiring unachievable budgets.

V. MANAGEMENT PROPOSAL: STRATEGIC ACTION PLAN

➤ *Vision:*

Consolidate the Nursing Department of the Central Hospital of San Cristóbal as a model of healthcare excellence supported by a participative, humanized, and high-performance culture.

➤ *Strategic Intervention Axes:*

- Axis 1: Transformational Leadership and Executive Training: Workshops for supervisors on assertive communication, emotional intelligence, and change management.
- Axis 2: Optimization of Communication Channels: Implementation of inter-shift technical tables and horizontal communication bulletins to eliminate bureaucratic isolation.
- Axis 3: Recognition System and Emotional Salary: Institutional incentives program highlighting professional merit and flexible scheduling coordination.
- Axis 4: Intergenerational Mentorship Program: Formal connection between senior nursing staff and young nurses (20–30 age bracket) to transfer clinical knowledge and reinforce shared values.

VI. CONCLUSIONS AND RECOMMENDATIONS

➤ *Conclusions:*

- Diagnosed a strong professional commitment alongside critical managerial bottlenecks including autocratic leadership, poor communication, and lack of incentives.
- Adverse work climate limits healthcare quality, highlighting the urgent need to transition from rigid bureaucracy toward New Public Management.

- Demonstrated full technical, legal, institutional, and financial viability for implementing the strategic action plan.

➤ *Recommendations:*

- Approve and implement the Strategic Management Action Plan through Hospital Directives and Nursing Coordination.
- Institutionalize permanent bidirectional communication channels and inter-shift worktables.
- Establish management indicators to evaluate intervention impacts on hospital culture biannually.

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