

THE MEDIATING ROLE OF ORGANIZATIONAL CULTURE IN THE RELATIONSHIP BETWEEN TOTAL QUALITY MANAGEMENT AND IMPROVING ORGANIZATIONAL PERFORMANCE IN PRIVATE HOSPITALS IN YEMEN

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Abstract

The purpose of this paper is to determine the mediating role of Organizational Culture (OC) (organizational values, organizational beliefs and organizational expectations) in the relationship between Total Quality Management (TQM) (Top Management Commitment (TMC), Customer Focus (CF), Continuous Improvement (CI), Human Resource Focus (HRF), Information Technology (IT)) and improving Organizational Performance (OP) (efficiency, effectiveness and customer satisfaction) in private hospitals in Yemen. To achieve the objectives of the article, a quantitative approach was employed, utilizing both descriptive and analytical methods. The study population consisted of management levels such as Top management, Middle management and First-line management, Medical and Technical from private hospitals in the capital city, Yemen. A stratified random sampling was also taken, including 50% of the number of employees in each position. The questionnaires served as the primary tool for data collection. A total of (444) questionnaires were distributed, and (399) valid questionnaires (89.87%) response rate was collected for analysis. Data were analyzed using appropriate statistical methods within the (SPSS 26v) software, and Structural Equation Modeling (SEM) was applied using (Amos 21v). The article concluded a quantitative model was reached with matching indicators (good), demonstrating the indirect relationship between TQM and OP mediated partially by OC. The article presented a number of recommendations including the following: Top Management Commitment should pay more attention to improving TQM because of its ability to have an effective positive impact on organization performance levels. In order to maintain modern technology in all administrative, medical, and technical domains of work and to achieve efficient and effective performance, professionals in these fields must get ongoing training. An organization's strong management and medical culture contribute to higher performance levels. In order to improve performance, managers make connections between the culture and performance of their organizations.

Keywords: Organizational Culture, Total Quality Management, Organizational Performance.

INTRODUCTION

Organizational performance (OP) has been the most significant factor for all organizations, whether for profit or non-profit. Managers must understand which factors influence an organization's performance in order to fully capitalize on them and take appropriate action. Performance is the common denominator for all management and staff activities (Balout, 2005:41). Performance expresses employee satisfaction in administrative organizations in general and service organizations in particular. Public and private entities' development of OP is crucial for global economic and cultural growth. Reliability and quality of work build trust. However, poor performance, ineffective management techniques, resource waste, and conflicting authority contribute to weak competitiveness in these institutions (Farajallah, 2012, 2; (Al-Hayek, 2016, 9)

One of the most crucial industries for every nation and a key metric used to gauge global development rates is the health sector. Among the services provided by humans, health care ranks among the most vital (Al Bakri, 2005). Therefore, the senior management and staff of all healthcare organizations, including private hospitals, should be primarily focused on enhancing the performance of these facilities and the services they offer.

Nowadays, academics and researchers are paying more and more attention to total quality management (TQM), particularly in the discipline of strategic management. TQM as a practice strives for ongoing improvement in quality and, consequently, in the organization's performance. In the globalized economy, quality is seen as one of the factors that influences an organization's performance (Jaca & Psomas, 2015). A worldwide objective, the implementation of complete quality in the healthcare industry, is becoming more and more applicable with each passing year. The lives and health of citizens and their families are directly impacted by the services offered by basic health care.

Furthermore, quality is essential for success in a society where competition is the primary driver and where numerous changes are occurring in a variety of spheres, including political, social, environmental, health, and economic.

The OC articulates a shared set of values, beliefs, and perceptions that create attitudes, impressions, and behaviors that make up the fundamental guidelines for employees' performance in organizations based on the principles of effectiveness, efficiency, and customer satisfaction—elements that promote high performance. The concept of "culture" has grown in significance within businesses as it influences trends and the advancement or regression of their performance level.

Additionally, OC is very important to the administrative organization at all levels and in all operations. Through the development of values, attitudes, behaviors, and contemporary standards that work on developing organizational performance, it helps to create the right organizational climate that works to improve and develop performance in an appropriate and effective manner, helping to achieve individual, collective, and organizational goals.

Serpa (2016) defines healthcare OC as the collective collection of norms, values, and beliefs that shape how workers feel, think, and act in the workplace. Consequently, organizational beliefs, organizational values, and organizational expectations will be the researcher's primary areas of concentration.

Based on the foregoing, this paper investigates the mediating role of organizational culture in the relationship between Total Quality Management (TQM) and improving organizational performance in private hospitals in Yemen

LITERATURE REVIEW

Total Quality Management (TQM)

In today's competitive business world, quality is critical. For many years, firms have focused on the quality of their performance in order to maintain a competitive advantage. Various initiatives to improve the quality of performance and services have evolved over time. At the turn of the twentieth century, the emphasis was on observation. (Dale, 1999). Some authors (Deming (1982), Kano (1984), Ishikawa (1985), Juran and Gryna (1980)) defined quality as a philosophy with dimensions that

can be summarized as 'doing things right' for competitiveness and profitability. It is a comprehensive term that includes two distinct concepts of quality: consistency and suitability for purpose. The two concepts are combined to form quality as perfection within the context of quality culture. Quality means many things to different individuals and varies by sector (Dale, 1999). Quality is included in this definition because TQM is the peak of a hierarchy of quality definitions: Quality: means consistently exceeding customers' expectations. Total quality: achieving high quality at a reasonable cost.

The goal of TQM is to achieve total quality through everyone's participation. TQM, according to Kanji (2007), is "the way of life of an organization committed to customer satisfaction through continuous improvement." This style of life differs from one organization to the next and from one country to the next, but it shares certain fundamental concepts that can be followed to grow market share, profits, and reduce costs. Therefore, this study will adopt on the dimensions that were included in the previous studies of (Idriss et al. ,2022; Al-Hajji ,2022; Khrais ,2021; Adhiambo ,2020; Al-Mashdli ,2019; Sabella et al., 2015; and Alamri et al., 2014) which can be identified as follows: (top management commitment, customer focus, continuous improvement, human resource focus, and information technology).

Organizational Performance (OP):

Cascio (2006) defines performance as "the degree of achievement of the mission at work that builds up an employee job." Different researchers have different perspectives on performance. The term performance was commonly used by researchers to represent the range of measurements of transactional efficiency and input & output efficiency (Stannack, 1996). According to Barney (1991), performance is a continuous process that is a source of contention among organizational experts.

According to Cascio (2001), Kaplan and Norton (2001) and Daft (2000), the organizational performance is the organization's capacity to achieve its goals effectively and efficiently using resources. Similarly, Daft (2000) and Richardo (2001) stated that organizational performance is defined as attaining organizational goals and objectives. According to Richardo (2001), the organization's success is demonstrated by a high return on equity, which is made possible by the construction of a solid employee performance management system. Therefore, this study will adopt on the dimensions that were included in the previous studies of (Idriss et al., 202; Khrais ,2021; Evangeline ,2021; Adhiambo ,2020; Al-Mashdli ,2019; and Hunt et al. ,2012) which can be identified as follows: (efficiency, effectiveness and customer satisfaction).

Organizational Culture (OC):

Culture is an arrangement of various characteristics that express an organization and distinguish the firm from others (Forehand and von Gilmer, 1964). According to Hofstede (1980), culture is the collective thinking of minds that distinguishes members of one group from members of another. According to Schein (1990), culture is a set of various values and practices that can be considered for guiding to success. Culture, according to Kotter and Heskett (1992), is a fairly established set of beliefs, behaviors, and values that society contains in general. In simple terms, culture is the knowledge, explanations, values, beliefs, communication, and behaviors of a large group of individuals at the same time and location (Kotter, et al., 1992; Schein, 1990; Hofstede, 1980 and Forehand, et al.,1964).

Consultants and researchers have promoted "culture surveys" and claimed that they can improve organizational performance by assisting organizations in creating specific types of cultures, but these claims are frequently based on a very different definition of culture (Denison, 1990; Sackman and Bertelsman, 2006). Therefore, this study will adopt on the dimensions that were included in the previous studies of (Mohamed ,2018; Alnusur, 2012; and Barakat, 2007) which can be identified as follows: (organizational believes, organizational values and organizational expectations).

Empirical Finding

Several studies have been conducted in different countries and contexts focusing on the impact of TQM on OP or on the relationship between TQM and OP. Results have shown that TQM has a significant role on performance. However, some findings have shown that only some dimensions of TQM are positively correlated with organizational performance (Idriss et al., 2022; Adhiambo, 2020; Alamri et al., 2014 Jaafreh, 2013; and Rashwan, n.d.).

Different studies have also investigated how the OC influences OP in different countries and contexts such as banking, public sector hospitals, education etc. (Imran et al., 2021; Khalaf, 2015; Acar et al.,2014; Alnusur,2012; Hunt et al., 2012; Kaluarachchi,2010). While these studies have generally shown a positive relationship between OC and OP, they have only demonstrated significant effects of some dimensions of OC on improving performance.

Other studies have also investigated how the TQM play a role in OP through OC in different countries and contexts such as banking, Manufacturing Firms, Public Institutions, Sample of Factories etc. (Al-Nur,2022; Abdulrahman,2018; Al-Swidi & Mahmood,2012; Jabnoun et al. ,2005).

In the Yemeni context, very few studies have focused on the role of TQM on OP and in sectors other than the health sector. (AL-Hajji, 2022; Khrais,2021; Al-Mashdli,2019). However, only one study has been found to relate to private hospitals that aimed at investigating the impact of OC on job performance through administrative empowerment (Ali, 2018).

For more, several studies have investigated either the relationship between TQM and OP or the relationship between OC and OP, most of these studies were conducted in different countries and the majority relate to other sectors than the health sector such as banking, industry, telecommunication, electricity, IT, education...etc.

In conclusion, the results of the previous studies denote that TQM is not the only responsible variable for improving OP, but the prevailing OC also plays a role in affecting the quality management and performance. Such results, as well as the absence of an in-depth study of the relationship between TQM and performance and any other variables responsible for the relationship between TQM and OP in the Yemeni health sector in general and the private hospitals in particular, motivate the researcher to explore the extent to which OC is responsible for the relationship between TQM and OP. Therefore, the current study seeks to fill the research gap by examining the mediating role of organizational culture in the relationship between TQM and Improving organizational performance in private hospitals in Sana'a capital municipality, Yemen.

RESEARCH METHODOLOGY

Hypothesis

In the dimension of expectations and values, a study (Abdullrahman, 2018) looked at the existence of a partial mediating relationship between institutional performance (quality—productivity) and total quality management (top management's commitment to total quality—focus on customers). We discover that organizational culture seeks to provide a range of options that assist in obtaining the desired outcomes through the most efficient methods feasible. It is at this point that the significance of senior management's dedication to total quality becomes evident in attaining the efficacy and efficiency of institutional performance.

Organizational culture is introduced as an intermediary variable in the study (Al-Nur, 2022) because it mediates the relationship between total quality management and institutional performance and has an impact on the relationship between total quality and institutional performance. In the values dimension, full mediation was found to support the hypothesis, whereas partial mediation was found in the expectations dimension and belief dimension.

According to Al-Swidi and Mahmood's 2012 study, organizational culture (OC) has a negative moderating effect on the relationship between total quality management (TQM) and organizational performance.

As a result, the study hypothesized that:

- H:** There is a statistically significant role of OC as a mediating variable in the relationship of TQM (TMC, CF, CI, HRF and IT) with improving OP in private hospitals in Yemen. This hypothesis verifies through the following sub-Hypothesis:
 - Ha:** There is a statistically significant role of OC as a mediating variable in the relationship of the TMC of TQM with improving OP.
 - Hb:** There is a statistically significant role of OC as a mediating variable in the relationship of the CF of TQM with improving OP.
 - Hc:** There is a statistically significant role of OC as a mediating variable in the relationship of the CI of TQM with improving OP.
 - Hd:** There is a statistically significant role of OC as a mediating variable in the relationship of the HRF of TQM with improving OP.
 - He:** There is a statistically significant role of OC as a mediating variable in the relationship of the IT of TQM with improving OP.

Analytical methodology and sampling

The purpose of this paper is verifying the mediating role of organizational culture on the relationship between TQM and improving organizational performance in private hospitals in Yemen. With a focus on the interaction between exogenous and endogenous variables. This study is considered descriptive analytical because it considers the mediating role of OC between TQM and improving OP in private hospitals. The targeted respondents are the employees who are working in private hospitals in Sana'a which are three hospitals.

Therefore, the researcher, for the purpose of achieving the objectives of the study, will draw up a proportional stratified random sample that includes 50% of the number of employees in each job (stratum) that is a total of (444) employees representing the three hospitals, which means that there is a proportionality between the number of each job (stratum) and between the number of employees in the job they represent in each hospital. Table (1) shows the number of members of the proportional stratified random sample according to the jobs they occupy in each of the three hospitals.

Table (1): A Proportional Stratified Random Sample of the Employees in Private Hospitals

No	Name of Hospitals	Top Management	Middle Management	First-Line Management	Doctors	Nurses	Laboratories	Anesthetics Technical	Operational Technical	Radiographers	Maintenance of Medical Devices	Total
1	University of Science and Technology Hospital	16	20	50	50	150	30	10	15	15	5	361
		8	10	25	25	75	15	5	8	8	3	182
2	Modern European Hospital	5	6	26	16	120	13	9	11	11	3	220
		3	3	13	8	60	7	5	6	6	2	113
3	Azal Hospital	6	16	30	45	140	17	10	12	15	4	295
		3	8	15	23	70	9	5	6	8	2	149
Total		27	42	106	111	410	60	29	38	41	12	876
Sample Size		14	21	53	56	205	31	15	20	22	7	444

Source: human resources and quality management in hospitals (2022)

RESULTS

Descriptive Statistics

According to Respondent profile, firstly gender, the majority of private hospitals employees were males with total number of (258) out of (399) accounting for approximately (64.7%), while the rest were female with only (35.3%).

Secondly age, the most common age of the respondents was between 20 to 30 years, accounting for (52.4%) of the participants. This was followed by respondents aged over 50 years, which represented (1.8%) of the sample.

Thirdly qualification, the highest Qualification was in holders of bachelor degrees, accounting for (51.4%) of the individuals, while the lowest educational level was in secondary school certificates were (3.8%).

Fourthly job tittle, the majority of private hospitals employees were the Technical (65.2%), while the lowest was the Doctor (11%).

Lastly, Number of Years of Service in Health Sector, (48.4%) of the respondents have served between 3 to 7 years which was the majority of survey respondents, while the employees' server between 13 to 17 years (11.8%) and 18 years and over (10.3%) was the lowest.

The findings illustrated that the in the table (2) below.

Table (2): Demographic characteristics of the respondents

Variables Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	258	64.7	64.7	64.7
Female	141	35.3	35.3	100
Total	399	100	100	
Age				
20 to 30 years	209	52.4	52.4	52.4
31 to 40 years	132	33.1	33.1	85.5
41 to 50 years	51	12.8	12.8	98.2
over 50 years	7	1.8	1.8	100
Total	399	100	100	
Qualification				
Secondary	15	3.8	3.8	3.8
Post-Secondary Diploma	71	17.8	17.8	21.6
Bachelor's	205	51.4	51.4	72.9
Master's	77	19.3	19.3	92.2
PhD (Board)	31	7.8	7.9	100
Total	399	100	100	
Job Title				
Doctor	44	11	11	11
Technical	260	65.2	65.2	76.2
Administrative	95	23.8	23.8	100
Total	399	100	100	
Number of Years of Service in Health Sector				
3 to 7 years	193	48.4	48.4	48.4
8 to 12 years	118	29.6	29.6	77.9
13 to 17 years	47	11.8	11.8	89.7
18 years and over	41	10.3	10.3	100
Total	399	100	100	

Reliability and validity of the scale

Reliability of instruments concerns the degree to which a particular instrument gives similar results over a number of repeated trials (Mugenda & Mugenda, 2003). In order to test the reliability of the questionnaire, Cronbach's Alpha test for reliability was used (Otieno, 2017) in (SPSS 26V).

If the value of the alpha coefficient is less than 60% the reliability of the questionnaire list is weak, while if it's between 60% to 70% the credibility is considered acceptable, and if the alpha value is between 70% to 80% the study instrument is considered good, while if the value is more than 80% the reliability is high (Al-Hajji,2022).

Table (3) displays the Cronbach's Alpha coefficient for each of the variables and dimensions that were assessed.

Table (3): Summary Statistics of Reliability Analysis

Constructs	Cronbach's Alpha
Organizational Performance	0.968
Total Quality Management	0.989
Organizational Culture	0.971

As explained above in table (3), the result of Cronbach's Alpha is ranged between 0.912 and 0.989 which are within the recommended value of reliability, according to (Al-Hajji,2022).

Additionally, the study used correlation coefficients between dimensions and variables, and between each item of the questionnaire and its variable. For more, the following table (4) shows the results of the correlation coefficients between dimensions and variables.

Table (4): Correlation Coefficients between Dimensions and Variables

Correlation of TQM						
	TMC	CF	CI	HRF	IT	TQM
TMC	1	.859**	.832**	.756**	.726**	.917**
CF	.859**	1	.844**	.767**	.753**	.924**
CI	.832**	.844**	1	.777**	.794**	.935**
HRF	.756**	.767**	.777**	1	.786**	.896**
IT	.726**	.753**	.794**	.786**	1	.885**
TQM	.917**	.924**	.935**	.896**	.885**	1
Correlation of OP						
	Efficiency	Effectiveness	Customer satisfaction	OP		
Efficiency	1	.818**	.788**	.943**		
Effectiveness	.818**	1	.682**	.896**		
Customer satisfaction	.788**	.682**	1	.911**		
OP	.943**	.896**	.911**	1		
Correlation of OP						
	Organizational Values	Organizational Beliefs	Organizational Expectations	OC		
Organizational Values	1	.878**	.824**	.942**		
Organizational Beliefs	.878**	1	.873**	.963**		
Organizational Expectations	.824**	.873**	1	.949**		
OC	.942**	.963**	.949**	1		

** . Correlation is significant at the 0.01 level (2-tailed).

The above table (4) shows that the correlation values between dimensions and variables were at high values, and all the correlation coefficients of each dimension with its variable are statistically significant at the level of significance (0.005). This indicates that there is an internal consistency of the study tool and its validity to measure what it was prepared for.

Correlation analysis

To determine the alternative to the seven - point Likert Scale (lower and upper limit) used in the tool, the range was calculated through the following:

Range = the difference between the highest value and the lowest value = (7-1 = 6).

Then divide the range by the number of alternatives to get the length of the category = (6 ÷ 7 = 0.86).

After that, this value (0.86) is added to the lowest value in the scale (the correct one) to determine the upper limit for this category (Idriss, et al. 2022) Thus, the length of the categories became as shown in the following table (5).

Table (5): Criterion Used in the Study

Alternative Value	Arithmetic Mean	Category	Degree of Agreement
1	1 - 1.85	Strongly Disagree	Weak**
2	1.86 - 2.71	Disagree	Weak*
3	2.72 - 3.57	Somewhat Disagree	Weak
4	3.58 - 4.43	Neutral	Middle
5	4.44 – 5.2	Somewhat Agree	High
6	5.3 - 6.15	Agree	High*
7	6.16 - 7	Strongly Agree	High**

After determining the arithmetic mean for this category and adjusting the length of the categories accordingly, Table (6) presents the result of Correlation analysis.

Table (6): The Result of Correlation analysis

Dimensions of study	Mean	Std. Deviation	Ranking	Degree of Agreement
TMC	5.4	1.3	2	High
CF	5.3	1.3	3	High
CI	5.3	1.3	4	High
HRF	5.1	1.4	5	High
IT	5.5	1.3	1	High
Total TQM	5.3	1.2		High
Efficiency	5.3	1.3	2	High
Effectiveness	5.6	1.23	1	High
Customer Satisfactions	4.9	1.5	3	High
Total OP	5.2	1.2		High
Organizational Values	5.3	1.2	1	High
Organizational Beliefs	5.03	1.3	2	High
Organizational Expectations	5.0	1.5	3	High
Total OC	5.11	1.3		High

From the table (6) above, all Variables and dimensions had high means.

Firstly, the TQM had High mean with a value of (5.3) and standard deviation had (1.2). The dimensions of this variables come as follow, TMC ranked second, highest degree of agreement from the sample member's point of view with mean was (5.3) and standard deviation was (1.3), CF ranked third, highest degree of agreement from the sample member's point of view with mean was (5.3) and standard deviation was (1.3), CI ranked fourth, highest degree of agreement from the sample member's point of view with mean was (5.3) and standard deviation was (1.3), HRF ranked fifth, somewhat highest degree of agreement from the sample member's point of view with mean was (5.1) and standard deviation was (1.4) and IT ranked first, highest degree of agreement from the sample member's point of view with mean was (5.5) and standard deviation was (1.3).

The conclusion, all dimensions of quality were agreed upon to a high degree by the sample members, and this indicates the attention of the hospitals under study in the importance of TQM.

Firstly, this result partially agreed with the study (Idriss et al.,2022), study (Arqawi and Ziad, 2020), study (Kagiri and Njung, 2020), (Badr and Al-Madhoun, 2017), study (AbdulWahab, 2017), and study (Shakot,2015). While disagreed with the study (Hawari, 2014), (Darwish, 2017).

Secondly, OP was high with the mean was (5.2) and standard deviation was (1.2). The dimensions of this variables come as follow Efficiency ranked second, highest degree of agreement from the sample member's point of view with mean was (5.3) and standard deviation was (1.3), Effectiveness ranked first, highest degree of agreement from the sample member's point of view with mean was (5.6) and standard deviation was (1.2) and Customer Satisfactions ranked third, somewhat high degree of agreement from the sample member's point of view with mean was (4.9) and standard deviation was (1.5).

From the above, the conclusion that all dimensions of performance were agreed upon to a high degree by the sample members in private hospitals except Customer Satisfactions was somewhat high, and this indicates that hospitals under study are striving to improve their performance and provide the necessary requirements to reach customer satisfaction. This result partially agreed with the study (Idriss et al., 2022), (Abdulrahman, 2018), (Ben Odeh and Ayoub, 2017), (Badr and Al-Madhoun, 2017).

Lastly, OC was Somewhat high, the mean was (5.1) and standard deviation was (1.3). The dimensions of this variables come as follow, Organizational Values ranked first, highest degree of agreement from the sample member's point of view with mean was (5.3) and standard deviation was (1.2), Organizational Beliefs ranked second Somewhat highest degree of agreement from the sample member's point of view with mean was (5.0) and standard deviation was (1.3) and Organizational Expectations ranked third Somewhat highest degree of agreement from the sample member's point of view with mean was (5.0) and standard deviation was (1.4).

Testing the validity of the hypothesis:

The hypothesis (H) state that there is a statistically significant role of OC as a mediating variable in the relationship of TQM (TMC, CF, CI, HRF and IT) with improving OP with in private hospitals in Yemen. This hypothesis has five sub-Hypothesis which are:

- Ha:** There is a statistically significant role of OC as a mediates variable in the relationship of the TMC of TQM with improving OP.
- Hb:** There is a statistically significant role of OC as a mediating variable in the relationship of the CF of TQM with improving OP.
- Hc:** There is a statistically significant role of OC as a mediating variable in the relationship of the CI of TQM with improving OP.
- Hd:** There is a statistically significant role of OC as a mediating variable in the relationship of the HRF of TQM with improving OP.
- He:** There is a statistically significant role of OC as a mediating variable in the relationship of the IT of TQM with improving OP.

To verify the validity of the hypothesis, a structural model was made for mediating role of OC and the relationship between TQM and OP.

Figure 1 and tables 7,8 explains that:

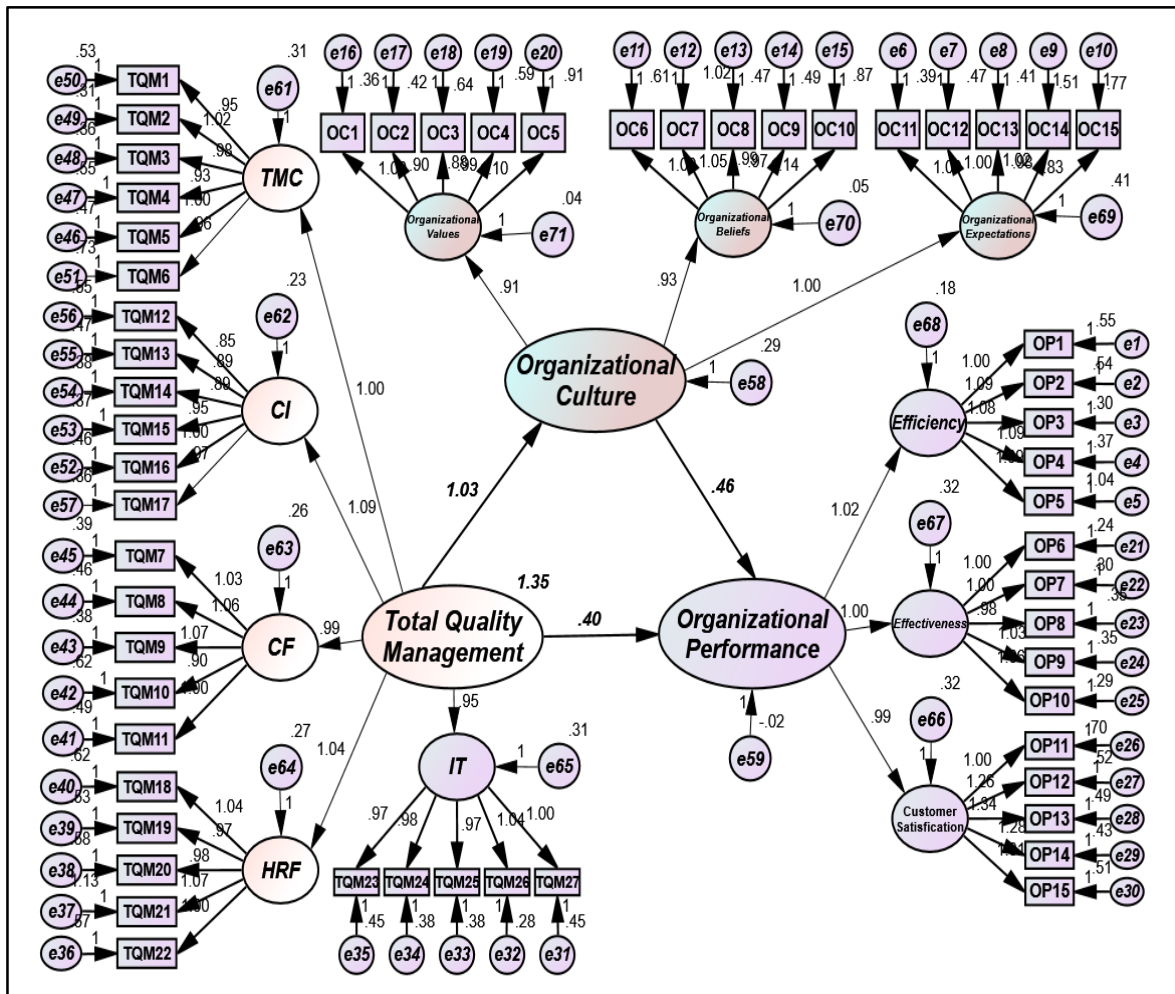


Figure (1): The Mediating Mode of OC between TQM and OP

Table (7): Results of Model Fit for Mediating Model of OC between TQM and OP

Model Quality Testing Indicator	Level of Acceptable	Level of Excellent	Value
X / Degree of freedom (CMIN/DF)	< 5	< 2	3.718
Root Mean Square Error of Approximation (RMSEA)	0.05 to 0.08	≤ 0.05	0.083
Goodness of Fit Index (GFI)	Between (0,1)	≥ 0.90	0.597
Adjusted Goodness of Fit Index (AGFI)	Between (0,1)	≥ 0.80	0.564
Comparative Fit Index (CFI)	Between (0,1)	≥ 0.90	0.863
Normed Fit Index (NFI)	Between (0,1)	≥ 0.90	0.822
Incremental Fit Index (IFI)	Between (0,1)	≥ 0.90	0.863
Tucker-Lewis Index (TLI)	Between (0,1)	≥ 0.90	0.857

Table (8): Pathways Testing the Mediating Model of OC between TQM and OP

Result	P	C.R.	S.E.	Estimate B	Variables	Path	Variables
Sig.	***	17.969	0.057	1.032	TQM	<---	OC
Sig.	***	8.131	0.049	0.401	TQM	<---	OP
Sig.	***	10.191	0.045	0.459	OC	<---	OP

(***) It means a statistical function at a significance level less than (0.001).

It is clear from the figure (1) and tables (7,8) that:

All indicators of conformity quality came close to the acceptable value, and this suggests acceptance of the model of the relationship between OC and OP.

There is a positive effect between TQM on OP in private hospitals in Yemen, where the value of (*B*) reached (0.4), and the Critical Ratio (CR) shown in Table (8) reached a value of (8.1), which is a significant value at the significance level (***) This confirms that the effect is statistically significant.

There is a positive effect between TQM on OC in private hospitals, where the value of (*B*) reached (1.0), and the CR shown in Table (8) reached a value of (17.9), which is a significant value at the significance level (***) This confirms that the effect is statistically significant.

There is a positive effect between OC on OP in private hospitals, where the value of (*B*) reached (0.5), and the CR shown in Table (9) reached a value of (10.2), which is a significant value at the significance level (***) This confirms that the effect is statistically significant.

To find out the direct and indirect influence between TQM, OP and the OC, path analysis (Amos 21v) program was used. Figure (2) and table (9) illustrate this:

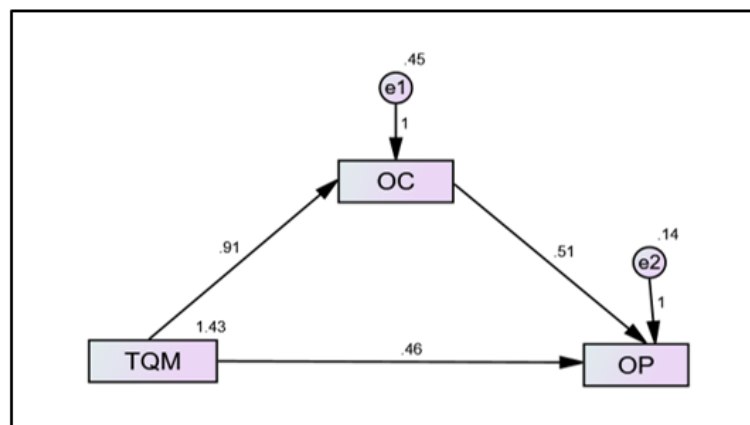


Figure (2): Path Analysis Testing of the Role of TQM on OP Mediating of OC

Table (9): Results of the Effects (Direct and Indirect) of TQM on OP Mediating of OC Using Path Analysis

Total Effects	Indirect Effects	Direct Effects	Variables	Variables
0.91	0	0.91	OC	TQM
0.93	0.466	0.464	OP	TQM
0.512	0	0.512	OP	OC

It is clear from table (9) that there is a significant effect of TQM on OP in private hospitals, where the effect increased from (0.5) to (0.93), meaning that the effect increased by (0.5) due to the indirect effect of TQM on OP mediated by OC. This result agreed with a study (Abdulrahman, 2018), (Al-Swidi and Mahmood, 2012). From what was previously explained in the figures (1 & 2) and tables (7, 8, 9), a quantitative model was reached with matching indicators (good), which expresses the indirect relationship between OP and TQM through partial mediation of OC. This confirms that the effect is statistically significant, and the hypothesis H is accepted. The moderating effect of OC on the TQM and OP as a study (Al-Swidi and Mahmood, 2012).

CONCLUSION AND RECOMMENDATIONS

To confirm that organizational culture plays a mediating role in the relationship between Total Quality Management and enhancing organizational performance in private hospitals, begin by thoroughly reviewing the body of research on TQM, OP, and OC that has already been done. List the frameworks and earlier research that looked at the mediating role of OC in the link between TQM and OP. This will assist you in determining any research gaps that may exist and in understanding the present state of knowledge. Provide a conceptual framework that exemplifies the suggested connections between OC, OP, and TQM. The mediating function of OC in the interaction between TQM and OP ought to be emphasized in the framework. Think about utilizing well-known theoretical models to inform the study's conceptual framework, such as structural equation modeling (SEM). Create study hypotheses that outline the anticipated connections between TQM, OP, and OC based on the conceptual framework. The study's hypothesis is that the relationship between TQM and enhanced organizational performance is mediated by a robust organizational culture. Apply the relevant statistical methods to the analysis of the gathered data. Do experiments to investigate the direct correlation between TQM and OP and the mediating function of OC. To evaluate the importance and strength of the mediated relationship, apply mediation analysis techniques such as structural equation modeling (SEM) methodologies. the findings of the data analysis study and assess the validity of the hypothesis. The importance of the direct link between performance improvement and total quality management (TQM) as well as the role that organizational culture plays as a mediator.

The precise findings of the study undertaken will determine the conclusions on the mediating role of organizational culture in the relationship between Total Quality Management and enhancing organizational performance in Yemen's private hospitals. The study discovers evidence in favor of organizational culture's mediation function in the connection between TQM and enhancing organizational performance. This shows that TQM methods influence performance results through an intermediary mechanism that is corporate culture.

The results highlight the role that OC plays in enabling TQM projects to be implemented successfully and effectively. The role of TQM in OP can be strengthened by a positive and encouraging culture that values, believes in, and expects the TQM characteristics of information technology (IT), customer focus (CF), human resource focus (HRF), continuous improvement (CI), and top management commitment (TMC). The study pinpoints several cultural elements that are crucial in moderating the connection between TQM and OP enhancement. Stronger mediation effects on the TQM-performance link are shown in cultures that value open communication, teamwork, and customer satisfaction.

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