The relationship between commitment and organizational culture, subculture, leadership style and job satisfaction in organizational change and development

Peter Lok
University of New South Wales, Kensington, Australia

John Crawford
University of Technology, Sydney, Australia

Despite the large number of studies on organizational commitment (Price and Mueller, 1981; Allen and Meyer, 1990; Mowday et al., 1979; Mottaz, 1988a), the influence of organizational culture and subculture on commitment has received little attention. For example, the major review and meta-analysis by Mathieu and Zajac (1990) on the antecedents, correlates and consequences of commitment did not include any reference to organizational culture or subculture. This is significant because influential organizational culture writers such as Deal and Kennedy (1982) and Peters and Waterman (1982) have suggested that organizational culture could exert a considerable influence in organizations, particularly in areas such as performance and commitment. Indeed, the importance of organizational culture in organizations has been discussed extensively by numerous other authors (Alvesson and Berg, 1992; Brown, 1995; Kotter and Heskett 1992; Hofstede et al., 1990; Sackman, 1991; Schneider, 1990; Trice and Beyer, 1993). One study which did address this issue was carried out by Lahiry (1994). This showed only a weak association between organizational culture and commitment. However, the results of this study remained inconclusive. It revealed a weak link between passive/defensive culture and continuous commitment which is contrary to the popular assumption.

Several writers have emphasized that organizational subcultures may exist independently of organizational culture, and that a small work group may have its own distinct set of values, beliefs and attributes (Brown, 1985; Martin, 1992; Martin and Siehl, 1983; Schneider, 1990; Sackman, 1991; Trice and Beyer, 1993). Brewer (1993) further suggested that if an organizational culture is not articulated strongly enough, the subculture may take precedence over the organizational culture for individual employees and thus gain their commitment. Thus, it is the intention of this study to focus on the relationships of both organizational culture and subculture to commitment.

Variables that have been found in previous research to be related to either commitment or culture were also included in the study reported in this paper. These include measures of leadership style (Sergiovanni and Corbally, 1984; Smith and Peterson, 1988; Trice and Beyer, 1993; Mathieu and Zajac, 1990) and job satisfaction (Brief and Aldag, 1980; Mathieu and Hamel, 1989; Price and Mueller, 1981; Williams and Hazer, 1986; Bateman and Strasser, 1984; Curry et al., 1986; Mathieu and Zajac, 1990).

The link between leadership and commitment is further evidenced in the work of Brewer (1993). Here, employees’ commitment was examined in relation to the level of consent to, and conflict with, managerial strategy. In Brewer’s (1993) model of commitment, although managerial strategy is not the same as leadership, the attributes and skills required in leadership could be seen as an essential part of managerial strategy.

Williams and Hazer (1986) used a causal modeling approach to examine the determinants of organizational commitment and labour turnover. Their main conclusion was that a variety of variables (age, pre-employment expectations, perceived job characteristics, and the consideration dimension of leadership style) all influence commitment indirectly via their effects on job satisfaction. In other words, job satisfaction mediated the effects these variables had on commitment. Similar conclusions were drawn by Mathieu and Hamel (1989), Iverson and Roy (1994), and Michaels (1994). A weaker conclusion was drawn by Price and Mueller (1981) who concluded that the influence of some, but not all, antecedents of commitment were mediated by job satisfaction. Other antecedents (for example, professionalism...
and kinship responsibility) had a direct effect on commitment.

**Aims and hypotheses**

The main aim of this study is to investigate the relationship of organizational culture and subculture with commitment. Also of interest is the relationship of these variables with leadership style, job satisfaction and subject characteristics such as age, level of education and job tenure.

In the present study, nurses from a number of hospitals were sampled and a questionnaire was used to obtain measures of the variables mentioned above. In this context, organizational culture was the hospital culture, subculture refers to the culture of the ward or work unit, commitment refers to nurses’ commitment to their wards and leadership style is that of the ward’s manager.

**Hypothesis 1**

There is a relationship between nurses’ commitment to their wards and measures of hospital culture, ward culture, leadership style and job satisfaction. More specifically, it is expected that:

1. supportive and innovative hospital and ward cultures will be positively correlated with commitment; and
2. the bureaucratic hospital and ward culture dimensions will be negatively correlated with commitment; and
3. a consideration leadership style will be more positively correlated with commitment than will a concern for structure leadership style.

Although there is little empirical evidence to suggest that there is a strong relationship between organizational culture and commitment, characteristics of organizational culture such as corporate values and beliefs have been suggested to be related to commitment and performance of organizations (Harrison, 1972; Peters and Waterman, 1982; Trice and Beyer, 1993). Also, it has been suggested that bureaucratic work practices often result in negative employee commitment while a supportive work environment could result in greater commitment and involvement among employees (Brewer, 1993; Kratina, 1990).

The relationship between leadership style and commitment has been examined by Blau (1985). A consideration leadership style was found to have a greater influence than a concern for structure leadership style (or task-oriented style) on commitment. Also, Williams and Hazer (1986) included consideration leadership style as one of their antecedents to commitment.

The expected relationship between job satisfaction and commitment is based on research carried out in numerous previous studies (for example, DeCotiis and Summers, 1987; Glisson and Durick, 1988; Iverson and Roy, 1984; Mowday et al., 1979; Porter et al., 1974; Vandenberg and Lance, 1992; Williams and Anderson, 1991; Williams and Hazer, 1986).

**Hypothesis 2**

Commitment to their work units or wards is more strongly related to their perception of ward culture than to their perception of organizational culture.

Prestholdt et al. (1987) suggested that nurses tend to identify more closely with their area of work unit than with the hospital as a whole. That is, nurses often exhibit greater loyalty and commitment to their wards than to the hospital.

**Hypothesis 3**

The job satisfaction dimensions used in this study representing the psychosocial or higher-order needs in Maslow’s hierarchy are more highly correlated with participants’ commitment to their work units than are the dimensions representing safety or lower-order needs.

In most previous studies of commitment (Blau, 1985; Price and Mueller, 1981; Taunton et al., 1989), a uni-dimensional measure of job satisfaction has been used. In the present study, Mueller and McClosky’s (1990) multi-dimensional measure covering eight job satisfaction dimensions is employed. This instrument uses measures based on various dimensions of Maslow’s hierarchy of needs. These include dimensions representing psychological or higher-order needs (such as the amount of control in the workplace, the level of professionalism, etc.), and safety or lower-order needs (such as the amount of reward, flexibility of work schedule, and balance of work and home life). This hypothesis is based on previous findings which reported that elements such as intrinsic factors (Herzberg et al., 1959) and needs for power and affiliation (McClelland, 1961; Steers and Porter, 1987) are variables which have strong associations with job satisfaction.

**Hypothesis 4**

Job satisfaction and commitment increase with age and decrease with education.

A number of studies have suggested that age (Hrebiniak and Alutto, 1972; Lawler, 1973;
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Simpson, 1985; Steers, 1977) and education (Brief and Aldag, 1980; DeCotiis and Summers, 1987; Mowday et al., 1982; Steers, 1977) have a significant impact on organizational commitment. Weisman et al. (1981) found that age was a strong predictor of job satisfaction among nurses.

In relation to educational level and organizational commitment, it has been found that educational level was negatively correlated with organizational commitment (DeCotiis and Summers 1987; Mowday et al., 1982; Battersby et al., 1990). DeCotiis and Summers (1987) suggest that this negative correlation arises because it might be perceived that rewards do not adequately reflect the level of education, knowledge and skills.

Hypothesis 5
Years in position and years of experience are positively associated with commitment.

Previous studies have indicated that position tenure (Brief and Aldag, 1980; Gregersen and Black, 1992; Mottaz, 1988b) and organizational tenure (Mathieu and Hamel, 1989; Mathieu and Zajac, 1990) have positive effects on commitment. This can be explained as a result of the organization’s socialization process. The length of service in an organization is positively related to the level of internalization of organizational values which results in greater commitment from the individual (Allen and Meyer, 1990; Hellriegel et al., 1995; O’Reilly et al., 1991).

Method – sample and data collection
A questionnaire survey was used to obtain measures of organizational culture, subculture, leadership style, job satisfaction and commitment. A pilot study based on 32 returned questionnaires showed that respondents were clear about the content of the questions and instructions. No change was necessary for the questionnaire to be used in the main study.

A selection of hospitals (general, private and psychiatric) was used to reflect the broad range of hospital environments and nursing staff practices in these hospitals. The sample consisted of nurses drawn from seven large hospitals (200 or more bed hospitals) located in the Sydney metropolitan region. Only wards in which the nurse unit manager had held that position for more than 12 months were used. This was done so that the wards sampled were more likely to have a more stable ward culture and leadership style. A total of 30 general wards, 16 private wards and 15 psychiatric wards satisfied these criteria. As only 26 wards were required, a random selection of wards occurred which resulted in 11 general hospital wards, seven private hospital wards, and eight psychiatric hospital wards being selected for the final sample. All nursing staff in the selected wards were invited to participate in the questionnaire survey. A total of 258 returns were obtained from the 356 questionnaires distributed. Seven questionnaires were incomplete and were discarded. A total of 251 questionnaires were used for the final analysis, which represents a response rate of 63 per cent.

Instrumentation
The survey instrument used in this study comprised four established scales. These are Wallach’s (1983) organizational culture index (OCI), Stogdill’s (1974) leader behaviour description questionnaire (LBDQ), Mueller and McClosky’s (1990) job satisfaction survey (JSS), and the Mowday et al. (1979) job commitment survey (JCS).

Wallach’s (1983) organizational culture index (OCI) describes organizational culture in terms of three dimensions: 1 bureaucratic; 2 innovative; and 3 supportive.

The instrument comprises 24 items, with eight items assigned to each of the three dimensions of organizational culture. The rating is accomplished on a four-point scale ranging from does not describe my organization (0) to describes my organization most of the time (3).

Stogdill’s (1974) leader behaviour description questionnaire (LBDQ) has 40 items assigned to consideration and initiating structure categories of leadership style. Subjects respond on a rating scale, ranging from not at all (1) to a great deal (5).

Mueller and McClosky’s (1990) job satisfaction survey (JSS) has eight factors which reflect the various safety, social and psychological needs in Maslow’s (Hellriegel et al., 1995) hierarchy of needs model. The Mueller and McClosky’s (1990) job satisfaction survey has 31 items assigned to eight dimensions. It uses a five-point Likert scale ranging from very dissatisfied (1) to very satisfied (5).

The Mowday et al. (1979) job commitment survey (JCS) is a well-established scale and has been used extensively by other researchers such as Koch and Steers (1978) and Cook and Wall (1980). The instrument has 15 items and each item has a seven-point Likert rating scale ranging from strongly disagree (1) to strongly agree (7).
The organizational culture index (Wallach, 1983) was used to measure both subculture (ward culture) and organizational culture (hospital culture). The two versions of the organizational culture index were presented in locations well separated within the questionnaire so as to minimize the problem of cross-contamination in answering these questions by participants. The questionnaire for this study also collected certain basic demographic data such as age, educational level, years in position and years of experience.

Results

A demographic summary of the sample is presented in Table I. The median age was between 31-35 years, 84 per cent were female, and the average number of years in his/her position was 4.6.

The remaining 18 variables in this study are shown in Table II. A total of 17 variables, other than commitment, were classified into four groups, namely:
1. organizational culture (i.e. hospital culture);
2. subculture (i.e. ward culture);
3. leadership style (the ward manager’s leadership style); and
4. job satisfaction.

Each subject’s score on a particular variable was calculated as the average of the subject’s ratings on the set of items corresponding to that variable. The variable Global (JS) was formed as the average of all the job satisfaction items. Cronbach alpha reliability estimates, means, standard deviations and rating scale midpoints are given in Table II. Cronbach alpha reliability estimates obtained from previous studies are also shown in the Table.

The reliability estimates shown in Table II for the culture, leadership style and commitment variables are generally comparable in magnitude with the values found in previous studies. The reliability estimate for the “innovative ward culture” variable is, however, somewhat lower in the present study (alpha = 0.67) than Wallach’s (1983) original estimate (alpha = 0.87).

A comparison of the reliability estimates for the job satisfaction components obtained in this study and those obtained by Mueller and McClosky (1990) shows that the two sets of reliabilities are generally comparable in magnitude. The reliability estimate of the global scale in this study (alpha = 0.83) is very close to the value obtained by Mueller and McClosky (1990) (alpha = 0.84). The reliability estimate of 0.70 for the “extrinsic reward” variable in this study is somewhat higher than the value of 0.52 obtained by Mueller and McClosky (1990). However, the reliability estimate for the balance job satisfaction variable is relatively low (alpha = 0.51), as was the original estimate (alpha = 0.57).

Although the Cronbach alphas in this study for balance and coworker scales are relatively low (0.51 and 0.47 respectively), they are only slightly lower than those obtained for these variables in the Mueller and McClosky (1990) study, which were 0.57 and 0.54, respectively. For the sake of completeness and to maintain the integrity of the original instrument, these variables were included in subsequent analyses. However, the low reliability of the variables should be kept in mind when interpreting the results of further statistical analyses involving these variables.

With regard to the means of the variables used in this study, that of bureaucratic organizational culture (mean = 2.24) is higher than the means for innovative and supportive organizational cultures (mean = 1.7 and 1.53, respectively). Although all the above means are above the scale midpoint of 1.5, the results reveal that participants generally see their organizations as being more bureaucratic than innovative or supportive.

Means for the supportive and bureaucratic subculture variables are approximately equal (1.95 and 1.92 respectively) and are slightly higher than that of the innovative subculture variable (mean = 1.74). The means of the three subculture variables are all above the scale midpoint of 1.5, indicating that nurses, on average, rated their wards as fairly supportive, bureaucratic and, to a lesser extent, innovative. Comparing the means of the organizational and subculture variables, respondents on average saw their wards as being less bureaucratic and slightly more supportive than their hospitals. They rated their ward and hospital culture as being equally innovative.

The mean of the leadership style variable, consideration (mean = 3.29), was significantly greater than that of initiating structure (mean = 2.81). When the means of the
variables within the job satisfaction group of measures are compared, it can be seen that the respondents had higher levels of satisfaction with co-workers (mean = 3.89), interaction with colleagues (mean = 3.71) and flexibility in scheduling (mean = 3.59) than with the other aspects of their job. All the job satisfaction variables in this study achieved an average above the scale midpoint of three. The mean for overall job satisfaction (Global (JS)) is 3.3, which is slightly above the scale midpoint. The mean of ward commitment in this study is 4.98, which is above the scale midpoint of 4.0. Thus, respondents are generally satisfied with their work and committed to their wards, though on average, not strongly so.

The results most directly relevant to the main aims of the study are shown in Table III. This Table lists the variables (including demographic variables) in order of decreasing size of correlation with commitment.

In relation to H1, the correlations shown in Table III suggest that, except for the hospital bureaucratic and ward bureaucratic culture variables, there are, in general, positive and significant correlations between commitment and measures of hospital culture, ward culture, leadership style and job satisfaction. The job satisfaction dimensions of control, praise and interaction (which are considered as intrinsic factors or higher-order needs) had significantly higher correlations with commitment (0.51, 0.47 and 0.39, respectively) than most of the other variables. The correlation between consideration leadership style and commitment was reasonably high (0.45) when compared to others in this study. However, the correlation between leadership style variable, structure, and commitment was low (0.20). Hospital culture dimensions generally had low correlations with commitment (0.24, 0.22 and 0.05 respectively). However, the ward culture dimensions, innovation and supportive, had higher correlations with commitment (0.49 and 0.47 respectively). Hence, results from this study generally support H1.

Regarding H2, Table III shows that innovative and supportive ward cultures had significantly higher correlations with commitment (0.49 and 0.47, respectively) than...
innovative and supportive hospital cultures (0.24 and 0.22, respectively). Thus, H2 is supported by these results.

In relation to H3, satisfaction with the level of control over working environment had the highest correlation with commitment to the ward. This was followed by other job satisfaction dimensions, such as praise received from colleagues and leaders, the level of interaction with colleagues, the flexibility of shift scheduling, the level of acceptance by co-workers, the amount of professional activities provided in the ward, and finally, the amount of pay being received. Thus, the job satisfaction dimensions of control, praise, interaction and acceptance by co-workers, which represent Maslow’s higher order needs, had higher correlations with commitment than the job satisfaction dimensions which represent the lower needs of Maslow’s hierarchy. Thus, the findings support H3.

Regarding H4, the correlation between commitment and age was positive and statistically significant (r = 0.23). A near zero correlation was found between commitment and education (r = 0.09). Although DeCotiis and Summers (1987) found that education was inversely related to commitment, their results are not supported by this study. In conclusion, the hypothesized positive relation between age and commitment was found in this study. However, the expected negative association between nurses’ educational levels and commitment was not observed. Thus, only one part of H4 can be accepted.

In relation to H5, no significant correlations were observed between commitment and years in their present position, or between commitment and years of clinical experience. Hence, H5 is rejected.

Although the main focus of this study is on the relationship of commitment with a number of other variables, certain relationships amongst these variables are also of interest. Table IV shows the correlations between the corresponding dimensions of ward and hospital cultures. It can be seen that these are relatively low (0.37 and 0.31) for the innovative and supportive measures, respectively, but is somewhat higher (with a correlation of 0.51) for that between the bureaucratic subculture and bureaucratic organizational culture measures. However, it can be noted that the correlations between the corresponding subculture and organizational culture variables are low when compared with the reliability estimates of these variables as shown in Table II. This suggests that the measures obtained from the organizational culture and subculture scales in the questionnaire do represent distinct constructs.

Other findings of interest relate to the relationships between the leadership style, culture and job satisfaction variables. As these results do not relate to the main aims of the present paper, only a few salient trends will be noted. Regarding correlations with leadership style, it was found that the consideration dimension produced consistently higher positive correlations with the culture and job satisfaction measures, compared with the initiating structure dimension. Also, correlations with the leadership style measure, consideration, were higher for the subculture dimensions, innovative and supportive, than for the corresponding hospital culture dimensions. Both bureaucratic culture and subculture measures were unrelated to the consideration leadership style, but showed low positive correlations with the initiating structure leadership style dimension. Regarding the relationship

### Table III

<table>
<thead>
<tr>
<th>Variables</th>
<th>Correlations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job satisfaction (control)</td>
<td>0.51**</td>
</tr>
<tr>
<td>Ward innovative</td>
<td>0.49**</td>
</tr>
<tr>
<td>Job satisfaction (praise)</td>
<td>0.47**</td>
</tr>
<tr>
<td>Ward supportive</td>
<td>0.47**</td>
</tr>
<tr>
<td>Leadership style (consideration)</td>
<td>0.45**</td>
</tr>
<tr>
<td>Job satisfaction (global)</td>
<td>0.44**</td>
</tr>
<tr>
<td>Job satisfaction (interaction)</td>
<td>0.39**</td>
</tr>
<tr>
<td>Job satisfaction (co-workers)</td>
<td>0.30**</td>
</tr>
<tr>
<td>Job satisfaction (schedule)</td>
<td>0.29**</td>
</tr>
<tr>
<td>Job satisfaction (professional)</td>
<td>0.26**</td>
</tr>
<tr>
<td>Job satisfaction (rewards)</td>
<td>0.24**</td>
</tr>
<tr>
<td>Hospital innovative</td>
<td>0.24**</td>
</tr>
<tr>
<td>Hospital supportive</td>
<td>0.22**</td>
</tr>
<tr>
<td>Leadership styles (structure)</td>
<td>0.20**</td>
</tr>
<tr>
<td>Job satisfaction (balance)</td>
<td>0.13*</td>
</tr>
<tr>
<td>Ward bureaucratic</td>
<td>-0.10</td>
</tr>
<tr>
<td>Hospital bureaucratic</td>
<td>0.05</td>
</tr>
</tbody>
</table>

**Demographic variables**

| Age                           | 0.23**       |
| Clinical years                | 0.10         |
| Tertiary education            | 0.09         |
| Years in position             | 0.02         |

Notes: N = 251; * p < 0.05; ** p < 0.01

### Table IV

<table>
<thead>
<tr>
<th>Variations</th>
<th>Correlations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital and ward culture (bureaucratic)</td>
<td>0.51**</td>
</tr>
<tr>
<td>Hospital and ward culture (innovative)</td>
<td>0.37**</td>
</tr>
<tr>
<td>Hospital and ward culture (supportive)</td>
<td>0.31**</td>
</tr>
</tbody>
</table>

Notes: N = 251; * p < 0.01
between leadership style and job satisfaction, the strongest correlations were between the consideration leadership style measure and the praise and control dimensions of job satisfaction (correlations of 0.58 and 0.50, respectively).

**Discussion**

Both organizational and subculture variables were significantly correlated with commitment. However, it was observed that subculture had a stronger association with commitment than organizational culture, with the two subculture variables:

1. Ward innovative; and
2. Ward supportive

being among the variables displaying the highest correlations with commitment. This finding is consistent with the previous literature that has suggested that organizational culture and subculture could have differential effects on individuals in the workplace (Brown, 1995; Krausz et al., 1995; Martin, 1992; Trice and Beyer, 1993).

Another important finding is that innovative and supportive subcultures had positive associations with commitment, while a bureaucratic subculture had a slight negative association with commitment. This finding is consistent with previous findings which suggested that a bureaucratic environment often resulted in a lower level of employee commitment (Brewer, 1994; Kratina, 1990; Wallach, 1983) and performance (Krausz et al., 1985; Trice and Beyer, 1993). A similar, but weaker pattern of associations with commitment was also observed with the corresponding organizational culture variables in the present study.

One important difference between this study and others examining the relationship between job satisfaction and commitment was the multi-dimensional measure of job satisfaction used in this study. This job satisfaction measure was based on McClosky’s (1994) work, in which he proposed that items used in the job satisfaction questionnaire could be grouped into those related to higher- and lower-order needs, as defined in Maslow’s theory of motivation. The results of this study revealed that higher-order needs (such as the level of control, the amount of interaction and the level of professionalism) exerted the greatest influence on commitment. This supported the propositions suggested by Herzberg’s theory of motivation and Maslow’s hierarchy of needs (Robbins et al., 1994; Schermerhorn et al., 1994) that intrinsic factors or higher-order needs were more important to job satisfaction than extrinsic factors, or lower-order needs. These results are also consistent with the conclusions drawn from meta-analysis of the antecedents of organizational commitment by Mathieu and Zajac (1990).

Previous studies (e.g. Bateman and Strasser, 1984; DeCotiis and Summers, 1987; Mathieu and Zajac, 1990) have investigated the relationship between leadership style and organizational commitment. The results of this study confirmed earlier findings that the leadership style consideration variable had a stronger influence on commitment than the leadership style structure variable. Also, the strong positive relationship between job satisfaction and organizational commitment reported in previous studies (for example, Bateman and Strasser, 1984; DeCotiis and Summers, 1987; Glisson and Durick, 1988; Iverson and Roy, 1994; Mowday et al., 1979; Vandenberg and Lance, 1992; Williams and Anderson, 1991; Williams and Hazer, 1986) was also found in the present study.

Mathieu and Zajac (1990) and Staw and Ross (1977) suggested that commitment increases with age and decreases with education. The results of this study revealed a small (r = 0.23) but statistically significant positive correlation between age and commitment, but a near zero correlation between education and commitment.

The results of this study showing that the older the participant, the greater was the degree of commitment, reflects the notion of “sunk costs” (Staw and Ross, 1977) which was perceived as an investment in the organization. These results are consistent with previous findings (Mathieu and Zajac, 1990; Meyer and Allen, 1984; Staw and Ross, 1977; Williams and Hazer, 1986). Although the results did not show a negative correlation between the level of education and commitment, which was found in some previous studies (DeCotiis and Summers, 1987), there was only a very low correlation between these two variables. Years in position and years of clinical experience also failed to show any significant association with commitment.

In conclusion, the results of this study evidence for the importance of subcultures in organizations. Organizational subculture had a greater effect on organizational commitment than did organizational culture. In particular, the study showed that innovative and supportive subcultures have a significant and positive effect on participants’ commitment. The study also showed that it was the job satisfaction variables relating to Maslow’s higher-order needs (control, interaction and professionalism) that were more strongly associated with commitment. Since
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the data were obtained from nurses working in various hospitals, the results of this study have significant implications for hospital management. In particular, the strong influence of ward culture (that is organizational subculture) on commitment would be an important factor to be considered in planning change and development in the hospital environment.

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