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المحتويات

The Impact of Organizational Culture on Employee Performance in the Lebanese Healthcare Sector

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Abstract

This research examines the influence of organizational culture on job performance within the healthcare industry in Lebanon, with a focus on the mediating role of emotional intelligence and the moderating effect of leadership support. Based on a survey of 355 healthcare workers and analyzed using SEM, the results indicate that culture has a positive impact on emotional intelligence and performance, while being partially mediated by emotional intelligence. The effects of the mediation were particularly reinforced by leadership support, emphasizing the importance of maintaining performance during a crisis. Building on the Resource-Based View, AMO, JD-R, and Social Exchange Theory, this study contributes to HRM and OB research, providing practical implications for improving resilience and engagement in vulnerable healthcare contexts.

Keywords: Organizational culture, Emotional intelligence, Leadership support, Employee performance.

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1. Introduction

«HRM» is considered a critical factor in the success and viability of the healthcare sector in Lebanon, which translates into the alignment between organizational and individual employee objectives. In such brittle contexts as Lebanon, where public health has been burdened by economic exhaustion, institutional erosion, and the loss of a productive labor force (Fleifel & Abi Farraj, 2022), the HMR extends beyond a managerial scale to a strategic management of human capital. HRM systems that are robust in emotionally charged healthcare settings can bridge the gap between clinical performance and employee wellness, serving as an engine of organizational resilience and recovery (Rotea et al., 2023).

Lebanon has long been a regional base of high-quality medical care. However, after an economic crash in 2019, the COVID-19 pandemic, and sustained regional chaos, its health system has been left decimated by staffing shortages and institutional weakness. Leadership styles and interpersonal norms in healthcare organizations are significantly related to trust, performance, and job satisfaction (Chaanine, 2025), particularly in crisis environments.

2. Reasons for Choosing the Topic

This was a timely topic, as the need to understand how intangible organizational factors, such as culture, emotional intelligence, or leadership support, impact healthcare worker performance in fragile contexts like Lebanon is an urgent one. The nation constitutes a valuable case for analyzing how intra-state dynamics mitigate external challenges in the context of both socio-political and economic fragility. The current literature (e.g., Goleman & Cherniss, 2024; Kadadi & Bharamanaikar, 2020; Salameh et al., 2025) has examined these constructs in isolation from one another, without a comprehensive contextual model developed for the healthcare sector.

3. Problem Statement and Research Questions

Studies, such as Khraim (2023) and Al Maalouf, Daouk, and Elia (2023), have empirically examined how organizational culture, emotional intelligence,

and leadership support interact to influence employee performance within Lebanon's crisis-affected healthcare sector.

Main Question:

- How does emotional intelligence mediate the relationship between organizational culture and employee performance in the Lebanese healthcare sector, and how is this dynamic shaped by leadership support?

Sub-questions:

- What elements of organizational culture in Lebanese healthcare institutions most significantly influence employee performance?
- To what extent does emotional intelligence mediate the relationship between organizational culture and employee performance?
- How does emotional intelligence shape interpersonal dynamics such as communication, teamwork, and conflict resolution in healthcare settings?
- What forms of leadership support enhance the development of emotional intelligence and reinforce cultural values that promote performance?
- How can HRM practices leverage emotional intelligence and leadership support to improve employee engagement, retention, and performance?

4. Objectives

The primary objective of this study is to investigate how organizational culture impacts employee performance in Lebanon's healthcare sector, taking into account the mediating role of emotional intelligence and the moderating effect of leadership support.

5. Significance of the Study

This study integrates theory and practice significance:

5.1. Theoretical Significance

This study advances the organizational behavior theory in crisis-oriented healthcare settings. It incorporates variables derived from the AMO Model, Emotional Intelligence Theory, and Organizational Culture Theory to formulate a comprehensive framework for performance in complex systems (Hofstede, 1980; Dartey-Baah, 2013).

5.2. Practical Significance

At a pragmatic level, the study offers insights for HR managers, hospital administrators, and policymakers to enhance workforce resilience, reduce turnover, and improve healthcare delivery. Interventions based on the principles of emotional intelligence and relational leadership could represent valuable resources in maintaining high performance under sustained instability [Hemade, Khashab, & Houwayek, 2025; Binsaeed et al., 2023; Shatila, Agyei, & Aloulou, 2024].

6. Literature Review (Previous Studies)

Organizational culture has been well acknowledged as an important driver of employee behavior and performance in organizations. In healthcare, where emotional gravity and technical complexity collide, the imperative of culture is even greater.

6.1. Studies on Theoretical Foundations of Organizational Culture

Cameron and Quinn's (2011) Competing Values Framework, utilized in multiple healthcare settings, including the US and certain regions of Europe, categorizes organizational cultures into clan, adhocracy, market, and hierarchy, with implications for employee engagement and performance. (M. E. Cameron & Quinn, 2011) In the Lebanese environment, characterized by collectivist and high power distance cultures, a combination of clan culture and hierarchical culture exists, where clan culture dominates (Trompenaars & Hampden-Turner, 1997). The concepts of leadership perception and teamwork dynamics are influenced.

6.2. Studies on Cultural Congruence and Employee Performance

In a South Korean study, cultural congruence was reported to influence job satisfaction and performance levels of hospital nurses positively (Kim & Jung, 2022) (250 nurses; quantitative: survey with CVF scales). These results support the use of culture-performance models in health care settings. Similarly, Georgousopoulou et al. (2025), who investigated 12 hospitals in Greece through semi-structured interviews, reported that overly bureaucratic business-type cultures suppressed cooperation and employee well-being, in line with the current Lebanese health care disaster.

6.3. Studies on Leadership Support and Cultural Fit

Applying a sample of (**310**) healthcare professionals and using structural equation modeling in the Nigerian organizational healthcare setting, Dalapo (2025) found that leadership support and cultural fit predicted job performance through the mediating role of work engagement. This justifies engagement's status as a process variable in high-stress conditions. Charudry et al. (2024) suggest that collective moral reasoning and emotional regulation are integral to healthcare performance in the UK, a perspective that is particularly relevant to the emotionally charged Lebanese healthcare work environment.

6.4. Studies on Emotional Intelligence as a Predictor of Performance in Healthcare

Michie and West (2004) conducted a longitudinal study of hospital employees in the UK, finding that engaged practitioners reduced medical errors and improved team outcomes. Their results were derived from a six-month process of ethnographic observation and performance tracking, suggesting that emotional intelligence should be included as a performance leading indicator.

6.5. Studies on Emotional Intelligence as a Performance Driver

Tursunbayeva (2019) conducted a mixed-methods study of HR analytics (HRA) in five European healthcare systems, including Italy and the UK, concluding that HRA tools embedded into HRIS can predict burnout and employee turnover. However, the report emphasized that without a corporate

culture that aligns with analytics and support from leadership, these are underutilized. A similar situation is observed in Lebanon, where systems exist, but they lack strategic integration with HRM.

6.6. Studies on Leadership, Culture, and Organizational Performance

In China, *Zhang et al. (2022)* conducted a multisite study at public hospitals throughout the Country (N = 450), employing regression analysis to demonstrate that the combination of BD-HRM, supportive leadership, and collaborative culture led to improved employee retention and quality care outcomes. Their research also aligns well with the model presented here, elucidating how variables can synergistically enhance organizational performance.

6.7. Studies on Emotional Intelligence and Performance in Lebanon

From a Lebanese perspective, Khraim (2023) investigated the relationship between emotional intelligence and job performance among 200 nurses and doctors in private hospitals in Beirut. The study, employing a quantitative cross-sectional design, concluded that emotional intelligence has a significant influence on employee performance. Culture was, however, included only as a background variable. Similarly, Al Maalouf.

6.8. Studies on Leadership Support and Employee Resilience

From a leadership perspective, Asbari (2020) conducted a study of (**15**) hospitals in Indonesia using regression analysis and found that leadership support, including emotional coaching and constructive feedback, significantly contributed to employee resilience. This is consistent with the Lebanese health workforce environment where labourers practise in resource-shortage and stressful conditions (Taylor-Hyde, 2017).

7. Sample & Population

The sample consisted of (**355**) employees from the Lebanese health and social care sector, including clinical professionals and administrative staff who work at hospitals or clinics in Beirut, Mount Lebanon, the Bekaa Valley, and South Lebanon. Stratified random sampling was employed, and the

participants comprised a diverse group, predominantly consisting of nurse practitioners (26 percent), clinical specialists (29.9 percent), and medical officers/physicians (19.5 percent). The sample size was even higher than the minimum recommended for SEM, thus providing good statistical power.

8. Tools and Apparatus

Data were gathered using a self-administered, structured questionnaire instrument containing five sections. Employee performance was measured with the AMO- items from Harb et al. (2023). Items were rated on a 5-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree), and their reliability and ecological validity were assured by using validated Arabic versions.

9. Data Collection Process

The six-week data collection period involved online (Google Forms) and offline distribution of forms through hospital administrators.

10. Fieldwork Information

Prior approval was obtained from participating hospitals and clinics, and participants were informed about the study's purpose before completing the survey. Completed responses were screened for validity, and only fully completed questionnaires (**N = 355**) were retained for analysis.

11. Data Analysis Techniques

Beyond, SPSS was employed to apply descriptive statistics (mean and frequency), reliability analysis (Cronbach's Alpha), and correlation analysis. Structural Equation Modeling (SEM) analyses were conducted using AMOS software to examine model fit, direct/indirect effects, and mediating/moderating linkages. The use of both descriptive and inferential strategies enabled the rigorous testing of intricate relationships, taking into account latent variables and measurement errors.

12. Findings

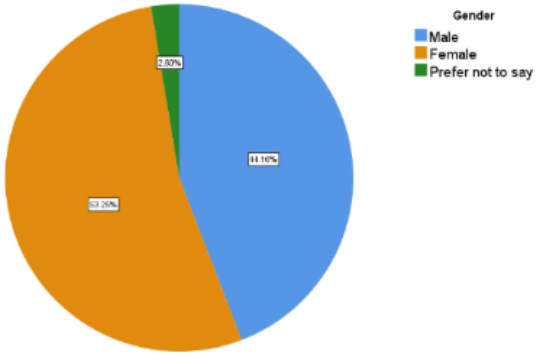
This chapter presents the empirical results derived from the statistical analysis of the collected data.

12.1. Gender Distribution of Participants

This figure illustrates the gender distribution of the respondents participating in the study. Understanding gender representation is crucial for ensuring demographic balance, identifying any potential gender-related patterns in the data, and supporting the generalizability of the findings across male and female healthcare employees in Lebanon.

Figure (1)

Gender Distribution of Participants



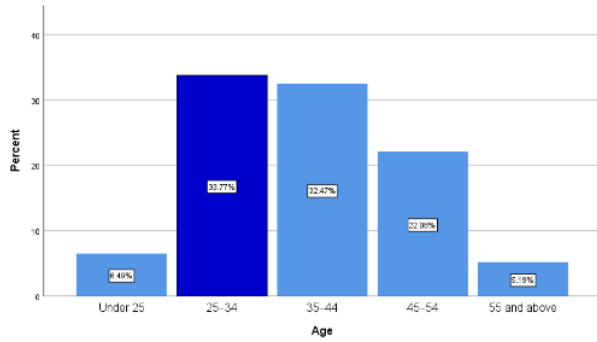
This near-balanced gender distribution, with a slight female predominance, suggests that the insights derived from the study are reflective of the experiences of both genders within the Lebanese healthcare sector. The minimal non-response rate regarding gender suggests high comfort levels with demographic disclosure, which strengthens the credibility of the dataset.

12.2. Age Distribution of Participants in the Study

This figure displays the age distribution of the study participants. Presenting the age demographics helps establish the professional maturity and generational diversity of the workforce under investigation. This is especially relevant in healthcare, where age can relate to experience level, adaptability to institutional culture, and leadership interaction.

Figure (2)

Age Distribution of Participants in the Study



These findings suggest that the sample skews toward a younger to middle-aged workforce, likely in their prime working years. This may influence how emotional intelligence, performance, and leadership support manifest across the organizational hierarchy.

12.3. Employee Tenure Distribution in Current Organization

This figure illustrates the tenure of employees within their current healthcare organizations. Understanding tenure distribution is crucial for interpreting organizational knowledge, loyalty, cultural adaptation, and the degree of exposure employees have had to leadership styles and emotional labor, all of which are critical to evaluating performance predictors in the Lebanese healthcare context.

Figure (3)

Employee Tenure Distribution in Current Organization

The overall distribution suggests a stable organizational environment, with the majority of staff being embedded long enough to absorb and respond to the organizational culture, leadership dynamics, and emotional performance demands.

12.4. Workforce Composition Across Organizational Roles in the Healthcare Sector

This Table illustrates the tenure of employees within their current healthcare organizations. Understanding tenure distribution is crucial for interpreting organizational knowledge, loyalty, cultural adaptation, and the degree of exposure employees have had to leadership styles and emotional labor, all of which are critical to evaluating performance predictors in the Lebanese healthcare context.

Table (1)

Workforce Composition Across Organizational Roles in the Healthcare Sector

		Count	Layer N %
Position in the Organization	Entry-level staff (non-clinical)	15	3.9%
	Nurse	100	26.0%
	Clinical Specialist (e.g., lab technician, pharmacist, radiologist)	115	29.9%
	Doctor/Physician	75	19.5%
	Senior Manager/Executive (e.g., director, C-level)	15	3.9%
	Middle Manager (e.g., department head)	15	3.9%
	Supervisor or Team Leader	30	7.8%
	Billing	5	1.3%
	Treasurer	5	1.3%
	Radiographer	10	2.6%

The overall distribution suggests a stable organizational environment, with the majority of staff being embedded long enough to absorb and respond to the organizational culture, leadership dynamics, and emotional performance demands.

12.5. Distribution of Respondents by Type of Healthcare Facility

This table presents the distribution of survey respondents across different healthcare facility types. Understanding this distribution is critical for contextualizing variations in organizational culture, leadership support, and employee experiences across institutional settings. The distinction between public, private, and specialized facilities facilitates the interpretation of potential systemic influences on the core constructs of the study.

Table (2)

Distribution of Respondents by Type of Healthcare Facility

		Count	Layer N %
Type of Healthcare Facility	**Public hospital**	100	26.3%
	Private hospital	160	42.1%
	Private medical laboratory	5	1.3%
	Clinic	90	23.7%
	Private lab	5	1.3%
	Medical Diagnostic Center	15	3.9%
	Education	5	1.3%

Overall, the data confirm that the study predominantly reflects employee experiences from large, patient-centered healthcare institutions, particularly in the private sector, where organizational policies and leadership styles may differ significantly from those in public institutions.

12.6. Organizational Culture and Employee Perceptions

This table presents the respondents' perceptions of their organization's culture across five key dimensions: teamwork, leadership values, trust, innovation, and continuous improvement. These insights are crucial to understanding how cultural factors within healthcare organizations may shape employee experiences and performance.

Table (3)

Organizational Culture and Employee Perceptions

Statement	Disagree (%)	Neutral (%)	Agree (%)
Our organization encourages teamwork and collaboration	20.8	15.6	63.7
Leaders promote shared values across the organization	20.8	23.4	55.9
There is a high level of trust among employees	24.7	11.7	63.7
Our culture supports innovation and change	23.4	15.6	61.1
Our organization emphasizes continuous improvement	22.1	14.3	63.7

This highlights areas where organizational culture may require targeted interventions in communication, inclusion, and values alignment, particularly to achieve a consistent experience and cultural integration across all staff levels.

12.7. Insights into Organizational Participation, Communication, and Emotional Intelligence

This table summarizes respondents' views regarding their level of participation in decision-making, communication transparency within the organization, and three core aspects of emotional intelligence: emotional awareness, empathy, and emotional regulation. These indicators provide insight into both the organizational climate and the personal competencies of healthcare employees.

Table (4)

Insights into Organizational Participation, Communication, and Emotional Intelligence

Statement	Disagree (%)	Neutral (%)	Agree (%)
Employees are involved in important decision-making processes	23.4	22.1	54.6
Communication is open and transparent in this organization	29.9	10.4	59.8
I have a good understanding of my emotions	19.5	19.5	61.1
I am sensitive to the feelings and emotions of others	18.2	22.1	59.8
I can control my temper so that I can handle difficulties in a rational manner	20.8	19.5	59.8

These findings imply that while the workforce is generally emotionally intelligent and interpersonally capable, organizational processes, especially participatory decision-making and communication systems, may benefit from strategic enhancement. Aligning structural mechanisms with employees' emotional competencies could foster a more inclusive, transparent, and empowered organizational culture.

12.8. Emotional Intelligence and Self-Regulation Among Employees

This table evaluates employees' perceptions of their emotional intelligence, specifically their self-motivation, emotional awareness, self-control, empathy, and resilience. These dimensions are crucial for performance in high-pressure

environments, such as healthcare, where interpersonal sensitivity and emotional regulation are essential to patient care and team dynamics.

Table (5)

Emotional Intelligence and Self-Regulation Among Employees

Statement	Disagree (%)	Neutral (%)	Agree (%)
I can motivate myself when facing challenges	19.5	13.0	67.6
I am aware of the emotions I experience	20.8	7.8	71.5
I have reasonable control over my own emotions	19.5	18.2	62.4
I can easily recognize the emotions of others	15.6	18.2	66.2
I can stay calm even when faced with unexpected situations	19.5	15.6	65.0

These insights underscore the vital role of emotional intelligence in managing stress, meeting interpersonal demands, and sustaining high performance in healthcare environments.

12.9. Perceptions of Leadership Support and Feedback in the Workplace

This table presents employees' perceptions of leadership effectiveness, focusing on supervisory support, feedback quality, recognition, encouragement, and resource provision. It aims to identify whether leadership practices within the organization are perceived as empowering, responsive, and development-oriented—factors that directly influence employee motivation and performance.

Table (6)

Perceptions of Leadership Support and Feedback in the Workplace

Statement	Disagree (%)	Neutral (%)	Agree (%)
My supervisor listens to and acknowledges my concerns	22.1	13.0	65.0
I receive constructive feedback from leadership	20.8	22.1	57.2
Leadership recognizes and appreciates my efforts	20.8	18.2	61.1
I feel encouraged by leadership to improve my performance	22.1	14.3	63.7
Leadership provides the resources I need to succeed	20.8	16.9	62.4

Overall, the data suggest that leadership is viewed favorably, especially in terms of general support and encouragement. However, the presence of neutral or dissenting responses (20-25%) in feedback, recognition, and resource provision signals a need for more consistent and individualized leadership engagement. This becomes particularly critical in healthcare, where responsive and resourceful leadership is foundational to high employee performance and well-being.

12.10. Perceptions of Performance, Adaptability, and Leadership Support in the Workplace

This table explores employee self-assessments across three interrelated domains: performance consistency, work adaptability, and perceived leadership support for growth. Understanding these perceptions helps identify how well employees believe they meet job expectations, remain resilient

under pressure, and feel empowered by leadership to grow and contribute meaningfully to organizational goals.

Table (7)

Perceptions of Performance, Adaptability, and Leadership Support in the Workplace

Statement	Disagree (%)	Neutral (%)	Agree (%)
I feel supported in my professional growth by leadership	22.1	14.3	63.7
I consistently meet the expectations of my role.	13.0	19.5	67.6
I maintain high performance even under pressure.	14.3	22.1	63.7
My work directly contributes to organizational goals.	14.3	19.5	66.3
I adapt effectively to challenges in the workplace.	19.5	16.9	63.7
My performance remains steady over time.	18.2	23.4	58.6
I produce high-quality work regardless of external circumstances.	15.6	15.6	68.9

Overall, the data portray a workforce that is highly self-assured, especially in terms of performance standards, resilience, and contribution to organizational goals. While leadership support for professional growth is present, it is less unanimous than support for performance-based items, indicating a need for more targeted developmental support from management to help elevate all employees to their fullest potential.

12.11. Summary of Hypothesis Testing Results - Regression and Mediation/ Moderation Analyses

This table consolidates the statistical findings from six tested hypotheses regarding the relationships among organizational culture, emotional intelligence, leadership support, and employee performance in the Lebanese healthcare sector. It summarizes key regression and correlation metrics—including R, R^2, standardized and unstandardized coefficients (Beta and B), and significance levels for both direct and mediated/moderated relationships. The purpose of this integrated table is to provide a holistic overview of how core organizational and psychological factors interrelate to influence employee performance.

Table (8)

Summary of Hypothesis Testing Results - Regression and Mediation/ Moderation Analyses

Hypothesis	Relationship Tested	Summary of Findings	Interpretation
H1	Organizational Culture → Emotional Intelligence	Significant ($R = .731$, $p < .001$)	Strong positive effect; culture enhances emotional intelligence.
H2	Organizational Culture → Employee Performance	Significant ($R = .627$, $p < .001$)	Positive direct effect on performance.
H3	Emotional Intelligence → Employee Performance	Significant ($R = .811$, $p < .001$)	Strongest predictor of performance.

Hypothesis	Relationship Tested	Summary of Findings	Interpretation
H4	Org. Culture → Emo. Intelligence → Performance	Supported (Mediated)	Emotional intelligence mediates the link between culture and performance.
H5	Leadership Support × (EI → Performance)	Significant (R = .824, p < .001)	Leadership strengthens the EI performance relationship.
H6	Leadership Support × (Org. Culture → Performance via EI)	Significant (R = .757, p < .001)	Moderated mediation confirmed; leadership enhances indirect effects.

All six hypotheses (H1-H6) were supported, confirming significant relationships among organizational culture, emotional intelligence, leadership support, and employee performance. Strong direct effects were found for emotional intelligence and organizational culture on performance, with emotional intelligence being the strongest predictor (R = .811). Results also confirmed partial mediation by emotional intelligence and moderation by leadership support, which strengthened both direct and indirect relationships. Overall, the findings highlight a synergistic model in which culture shapes behavior, emotional intelligence enhances adaptability, and leadership support amplifies performance within Lebanon's healthcare sector.

Figure (4)

SEM results

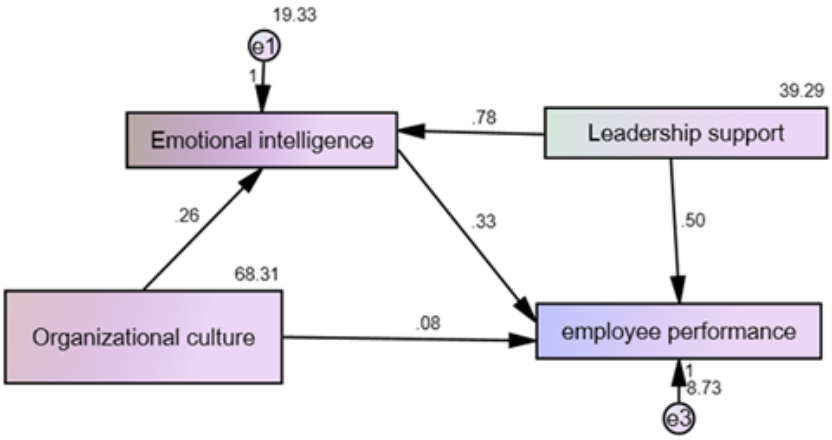


Table (9)

SEM Regression Weights - Standardized Path Coefficients

Endogenous Variable	Predictor	Estimate	Standard Error	Critical Ratio	p–value
Emotional intelligence	Organizational culture	0.259	0.027	9.532	< .001
Emotional intelligence	Leadership support	0.776	0.036	21.682	< .001
Employee performance	Organizational culture	0.080	0.020	3.949	< .001
Employee performance	Emotional intelligence	0.333	0.034	9.700	< .001
Employee performance	Leadership support	0.501	0.036	13.959	< .001

The regression analysis revealed a strong positive correlation among the study variables, indicating a significant impact of these on emotional intelligence and employee performance. Incident leadership was the strongest predictor of emotional intelligence (β = 0.776, CR = 21.682), highlighting the importance of having empowering leaders to develop employees' emotional capabilities. Organizational culture explained an additional, albeit weaker, amount in terms of leadership behaviors (β = 0.259*), suggesting that cultural values contribute to emotional development, albeit not as strongly as positive leadership behaviors. In terms of performance, engaged employees (β = 0.080), organizational culture (β = 0.333), and leadership support (β = 0.501) had a significant positive impact on performance. Together, these findings suggest that a supportive leadership climate and an emotionally intelligent workforce play a crucial role in enhancing performance outcomes in organizational contexts.

The structural equation model revealed a good fit with the data. Chi-square/df ratio (2.545) fell within the acceptable threshold (< 3), and RMSEA (0.021) indicated a very close model fit. The CFI (0.949), TLI (0.906), and GFI (0.977) were all higher than the 0.90 criterion, indicating good comparative and absolute fit to the data. In addition, the RMR (0.06) was lower than the customary 0.08 cut-off score. Both the AIC (88.545) and ECVI (0.197) indices also indicated model parsimony and generalizability. The Hoelter index (367) was also above the 200 criteria for stability with large sample sizes. Taken together, these indices indicate the proposed SEM model fits well and is a reliable representation of its theoretical relationships.

13. Discussion of Results and Conclusion

The results empirically support all the suggested hypotheses, concluding that organizational culture, emotional intelligence, and leadership support have a significant impact on employee performance in the Lebanese healthcare context. For H1, emotional intelligence is significantly predicted by organizational culture (r = 0.731, p < .001), which supports the Resource-Based View and social learning theory of emotional competencies, with shared norms and leadership practices leading to their development. This

finding aligns with Ramesh and Chandan (2023), who emphasize the impact of culture on socio-emotional skills, particularly in collectivist cultures such as Lebanon.

H2 was corroborated: culture indeed has a direct effect on employee performance ($\beta = 0.627$, $p < 0.001$), as per Kellner et al. (2019), using the AMO framework. This finding aligns with the framework and emphasizes cooperation and participation as key factors of sustainable performance under stress.H3 established emotional intelligence as the most potent predictor of performance ($\beta = 0.811$, $p < .001$), which is consistent with Salovey and Mayer (1990) and Deepalakshmi et al. (2024), from the perspective that emotional awareness and control are at the root of workplace resilience.H4 was supported, and mediation analysis confirmed the partial mediating role of EI in the relationship between culture and performance, with reference to the JD-R model and Kubiak (2020) and Ravesangar and Narayanan (2024). Lastly, H5 and H6 also support the notion that leadership support significantly enhances both direct and indirect effects, consistent with Social Exchange Theory (Blau, 2017; Shet et al., 2021), and highlight how supportive leadership can trigger trust, engagement, and sustained performance in Lebanon, where organizations are struggling.

14. Conclusion

The current study investigated the relationship between organisational culture, emotional intelligence, and leadership support, and how these factors jointly influence employees' performance in Lebanon's healthcare industry. Based on Social Exchange Theory (SET) and the Ability Motivation-Opportunity (AMO) model, the results supported the mediation of emotional intelligence between culture and performance, with leadership supporting both the direct and indirect effects. The findings underscore the importance of relational leadership in nurturing psychological safety, motivation, and emotional development—underpinning attributes for sustainable performance in challenging environments. SEM and powerful survey methods confirmed the model's reliability. From a practical perspective, the results are promising for healthcare leaders and HR practitioners who seek to create emotionally

intelligent, adaptive, and culturally contextualised employees. Ultimately, it posits that sustained performance is a function of not just task accomplishment, but also the emotional and cultural atmospheres in which employees work.

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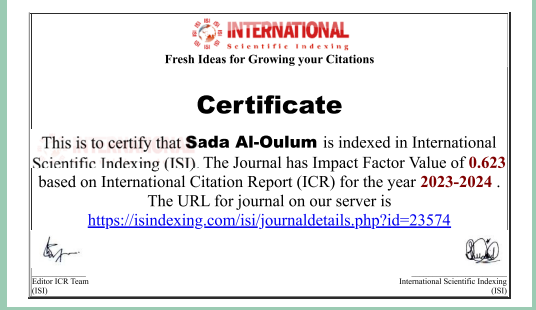

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