

# The Impact of Organizational Culture Towards Lean Practice Implementation for Improving Organizational Performance of Private Hospitals in Mandalay, Myanmar

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## Abstract

Lean management practice becomes a critical role for organizational success and healthcare sectors are applying the lean practice to promote healthcare quality and patient satisfaction by improving organizational performance. The rate of organizational performance is also depending on the firm culture that means how stakeholders accept and think about the organization. This study analyzes the impact of organizational culture on lean implementation practice for improving organizational performance in Private hospitals, in Myanmar. The main purpose of this study was to examine the impact of organizational culture on lean implementation practice in private hospitals to increase organizational performance. Quantitative study was carried out to investigate how the organizational culture impact on the lean practice for improving organizational performance. A self-administered questionnaire was used to collect primary data. Participants are all employees (doctors, nurse, supervisors, managing directors, and clinical staffs) in 15 targeted private hospitals and who have at least a bachelor level of education and aged not less than 18 years and not more than 60 years at the time of research. A total of 333 participants completed the questionnaire. In this study, according to multiple linear regression analysis, there was a positive impact of lean implementation practice on organizational performance,  $r = 0.785$ ,  $n = 333$ ,  $p < 0.05$ . The result also showed that positive effect of organizational culture on organizational performance,  $r = 0.797$ ,  $n = 333$ ,  $p < 0.05$ . Organizational culture of the hospital also had positive impact on the lean practice implementation were positively correlated,  $r = 0.656$ ,  $n = 333$ ,  $p < 0.05$ . Pearson correlation also approved that there were positive significant associations between lean practice implementation, organizational culture and organizational performance ( $r = 0.625, 0.704, \text{ and } 0.681$ ) respectively at  $p\text{-value} < 0.05$ .

**Index Terms:** Organizational culture, Lean implementation practice, Organizational performance, Private hospitals, Myanmar

## 1 INTRODUCTION

Healthcare organizations are constantly battling conflicting priorities. On one hand, they focus on high-quality patient care, preventing infections, maintaining hospital security, and ensuring patient safety. To achieve organizational success, it is better to allocate their resources efficiently (Rahbek Gjerdrum Pedersen & Huniche, 2011). Hospitals face severe financial challenges since the healthcare costs are rising with aging populations (AHIP, 2014). This development pressures healthcare organizations to achieve the same level of quality of care, but with fewer resources (Meliones, 2000). The second main challenge for hospitals is patient satisfaction, which is commonly measured by reduced lengths of stays and prevention of readmission (Naidu, 2009). One way to handle these two conflicting priorities is the management philosophy of Lean. Lean helps increase value for patients by reducing wasteful activities through process optimization. (Dammand et.al, 2014)

The Toyota car production company was the first to introduce and implement the lean concept and created the so-called Toyota Production System. The Toyota Production System (TPS) has some objectives such as creating a low-cost improvement by setting several management principles to reduce the wastes in the production system (Manuel, et al. 2009). Many healthcare organizations adopt the Toyota Production System as the performance improvement approach often called the Lean Healthcare Management System.

In the healthcare sector, lean practice implementation has been perceived as a direct application of lean practices to the healthcare organizations (Poksinska, 2010). The Lean approach seeks improvements within the framework of an organization's existing processes. Lean production does not focus on substantial reorganization requiring large-scale investments, but it gives healthcare organizations an alternative methodology for achieving improvements without high investments (Bahensky et al., 2005). In 2010, the scholar, Poksinska found the lean implementation concepts called patient focus, standardization, process flow improvement coordination and continuous improvement which are applied in the healthcare sectors. Lean management is a powerful managerial approach widely recognized as

improving the overall operational performance of a company (Shah & Ward, 2003).

Operational performance is the typical measurement of lean success in the organization. The success of the internal operations performance is reflected by the reduction of cost and waste, increase productivity, and service delivery performance (Jeyaraman & Teo, 2010). The benefits of operational performance are directly proportionate with the success of the lean practice. The scientific researcher, Graban (2011) summarized that the healthcare sectors, especially in hospitals, gained several advantages by implementing lean management processes such as waste reduction, saving cost and time for services, improve productivity, and enhance quality.

The organizational culture is one of the main roles to gain organizational performance improvement and success in the competitive business environment. Many scholars and researchers approved the correlation between organizational performance and culture. Marcoulides and Heck (1993) studied the complex relations between dimensions of organizational culture like employee's empowerment, involvement in decision making, understanding mission and visions, coordination to achieve common goals and team orientation.

Healthcare service providers especially hospitals in Myanmar became interested and increased awareness of the need to implement lean strategies in the healthcare system. There is a very little number of hospitals had done on successful lean practices in the healthcare sector even in the whole country. There are 15 private hospitals in Mandalay (Pages, n.d). To cope with this huge population, the role of private healthcare sector becoming important. In other word, 28% of Myanmar's population seek private healthcare (Economic Research & Foreign Direct Investment Analysis, n.d). As the private sector grows, developing a proper management system of the sector comes into a vital role.

This research will investigate the impact of organizational culture on lean practice implementation for improving the organizational performance of private healthcare services in Mandalay, Myanmar. The study is expected to provide some tools, technique, benefits, challenges, and critical success factors that can be used in the implementation phase of the lean concept in private hospitals.

**Research Objectives**

1. To investigate how does the organizational performance change based on the changes of lean implementation practice.
2. To determine the change of organizational performance according to impact of organizational culture
3. To examine the impact of the lean practice implementation on the organizational culture.
4. To find out the correlation between lean practice implementation, organizational culture and organizational performance.

**2 METHODOLOGY**

**Research Design**

The research design was a quantitative study to quantify the problem by way of gathering numerical data. The quantitative research method is used to find out people's opinions, attitudes and behavior and this method emphasize objective measurements and numerical analysis of data collected through the questionnaire and survey (Babbie, 2010).

**Population**

The study population consisted of all employees and members at targeted private hospitals from all departments and wards at the time of the study were conducted. The participants have at least a bachelor level of education at the time of research and aged not less than 18 years and not more than 60 years. Every gender has an equal chance to participate in this study.

**Sampling and Sample Size**

The sample drew from healthcare professionals (operational staffs, supervisors, manager, director, and clinical staffs). The total number of healthcare workers working at these hospitals was 1620. The sample size was calculated based on assumptions such as a 95% confidence interval, and the margin of error for this study is 5%. To achieve the minimum sample for this study, the researcher applied the formula developed by Yamane (1967). The formula is  $n = N / (1 + Ne^2)$ .

Where,

$n$  = number of sample or sample size

$N$  = population

$e$  = error rate (5%)

The minimum sample size achieved by conducting the above formula was 320. The researcher contacted participants and invited to complete the questionnaire form. The inclusion criteria were all the employee of hospitals who were available and willing to participate at the time of the study. The exclusion criteria were those who were not available at that time such as who was on leave.

**Data Collection and Data Analysis**

The 400 questionnaires were printed and distributed to all target participants. The instructions clearly stated and estimated completion time was 15 minutes. The researcher collected the return questionnaires from participants and data were then captured electronically for the study. The statistical software SPSS version 22 and Excel 2016 Separate Sheet were used to analyze the generated data. Descriptive and inferential statistical analyses were employed. Descriptive statistical technique was applied to describe the different impact of lean practice, organizational culture and organizational performance. Association between lean practice implementation and organizational performance, the association between organizational culture and performance, and the relationship between lean practice and culture on organizational performance were assessed for statistical significance using multiple linear regression test. And then, Pearson correlation test was used to determine the correlation between lean practice implementation, organizational culture and organizational performance in the studied healthcare sectors, in Myanmar.

**3 RESULTS AND DISCUSSION**

**3.1 The Impact of Lean Practice Implementation on The Organizational Performance**

The second section of the questionnaire was composed of a total of four main sub-sections; patient focus, standardized care, seamless coordination, and continuous improvement. These dimensions were mainly targeted to test the effect of lean practice in the hospitals. The multiple regression analysis was used to study the impact of dimensions of lean practice implementation on the organizational performance. The following tables will be explained.

**Table 1:** Model Summary \_ Independent Variables: Lean Practice Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.645 <sup>a</sup>	.416	.408	.24207

a. Predictors: (Constant), Continuous Improvement, Standardized Care, Seamless Coordination, Patient Focus

The model summary of the table 15 shows adjusted R square = 0.408 which shows that regression model is enough to be studied and

independent variables are explaining the variation in dependent variable.

**Table 1:** ANOVA\_ Independent Variables\_ Lean Practice Implementation

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	13.669	4	3.417	58.321	.000 <sup>b</sup>
	Residual	19.219	328	.059		
	Total	32.889	332			

a. Dependent Variable: Organizational Performance

b. Predictors: (Constant), Continuous Improvement, Standardized Care, Seamless Coordination, Patient Focus

The ANOVA table 2 was found to be significant ( $p < 0.05$ ) which means that regression model for the studied variable exist.

**Table 3:** Coefficients\_ Independent Variables: Lean Practice Implementation

Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	.279	.047		6.007	.000
Patient Focus	.287	.043	.344	6.641	.000
Standardized Care	.145	.054	.136	2.689	.008
Seamless Coordination	.081	.032	.114	2.491	.013
Continuous Improvement	.220	.040	.267	5.554	.000

a. Dependent Variable: Organizational Performance

According to the table 3, the coefficient table shows that lean practice implementation (patient focus, standardized care, seamless coordination, and continuous improvement) were found to be significant towards dependent variable (organizational performance). Patient focus, standardized care, seamless coordination and continuous improvement show a coefficient (B = 0.287, 0.145, 0.081, and 0.220). The test approved that the patient focus was the major leading factors of lean practice implementation in the hospitals (B = 0.287) at p-value < 0.05. This means that one unit increased in patient focus, organizational performance will increase by 0.287. Followed by

continuous improvement, standardized care and seamless coordination (B = 0.220, 0.145, and 0.081) respectively, with p-value < 0.05 for each factor. This means that continuous improvement, standardized care and seamless coordination increases by one-unit, organizational performance will increase by 0.220, 0.145, and 0.081 respectively. The overall results showed that there was a significant positive effect of all dimensions of lean practice implementation on the organizational performance. Therefore, H1: "The lean practice implementation in private hospitals has a positive impact on the organizational performance." was accepted.

**Table 4:** Coefficients\_ Independent Variables: Lean Practice Implementation

Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	.172	.042		4.148	.000
Lean Implementation Practice in Hospital	.785	.044	.704	18.042	.000

a. Dependent Variable: Organizational Performance

B coefficient for lean practice implementation in hospital-related with organizational performance was 0.785 (Table 4). This means that for every one-unit increase in lean practice implementation, the

organizational performance increase by 0.785. The association between lean practice implementation and organizational performance was significant (p-value < 0.05).

### 3.2 The Impact of Organizational Culture on The Organizational Performance

To test the achievement of organizational goals, it is needed to measure organizational culture. For this study, the organizational culture measurement scale was composed of a total of 4 main parts called

measurement of involvement, consistency, adaptability, and mission. The multiple regression analysis was used to study the impact of traits of organizational culture on the organizational performance. The following tables will be explained.

**Table 5:** Model Summary\_ Independent Variable: Organizational Culture

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.652 <sup>a</sup>	.426	.419	.23999

a. Predictors: (Constant), Mission, Consistency, Involvement, Adaptability

The model summary of the table (5) of the organizational culture impact on organizational performance showed that adjusted R square values was 0.419 which shows that regression model is enough

to be studied and independent variables are explaining the variation in dependent variable.

**Table 6:** ANOVA\_ Independent Variables: Organizational Culture

ANOVA <sup>a</sup>					
Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	13.998	4	3.500	60.762	.000 <sup>b</sup>
Residual	18.891	328	.058		
Total	32.889	332			

a. Dependent Variable: Organizational Performance

b. Predictors: (Constant), Mission, Consistency, Involvement, Adaptability

The ANOVA table 6 was found to be significant ( $p < 0.05$ ) which means that regression model for the studied variable exist

**Table 7:** Coefficients\_ Independent Variables: Organizational Culture

Model	Unstandardized Coefficients		Standardize Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	.197	.051		3.840	.000
Involvement	.119	.050	.126	2.377	.018
Consistency	.272	.044	.324	6.152	.000
Adaptability	.205	.064	.172	3.229	.001
Mission	.196	.052	.205	3.735	.000

a. Dependent Variable: Organizational Performance

The coefficient table (7) shows that organizational culture (involvement, consistency, adaptability, and mission) were found to be significant towards dependent variable (organizational performance). Employees involvement, consistency, adaptability to change and organizational mission show a coefficient (B = 0.119, 0.272, 0.205, and 0.196) respectively.

The results in the table 21 described that the main influencing factor of organizational culture on the organizational performance was consistency in the organization (core values, agreement, coordination and integration) with B = 0.272 ( $p$ -value < 0.05). This means that one unit increases in the organizational consistency, organizational

performance will increase by 0.272. The other factors; adaptability, mission and involvement with (B = 0.20, 0.196, and 0.119) respectively. This means that if adaptability, mission and involvement increase by one unit, the performance will increase by 0.20, 0.196, and 0.119 respectively ( $p$ -value < 0.05).

These answers pointed out that the all traits of organizational performance were positively and significantly impacted on the organizational performance. Therefore, H2 "The organizational culture has a positive impact on the organizational performance in private hospitals." was accepted.

**Table 8:** Coefficients\_ Independent Variable: Organizational Culture

a. Dependent Variable: Organizational Performance

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
1 (Constant)	.154	.045		3.397	.001
Organizational Culture	.797	.047	.681	16.903	.000

Concerning organizational culture, the B coefficient was 0.797 (Table 8). This means that for every one-unit increase in organizational culture, the organizational performance increase by 0.797. There was a significant

positive association between organizational culture and organizational performance ( $p$ -value < 0.05).

### 3.3 The Impact of The Organizational Culture on The Lean Practice Implementation

The multiple regression technique was also applied to identify the association between two main independent variables (lean practice

implementation and organizational culture) of this study. The followings will explain the test results.

**Table 9:** Model Summary \_ Organizational Culture and Lean Practice Implementation

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.625 <sup>a</sup>	.390	.388	.22085

a. Predictors: (Constant), Organizational Culture

Adjusted R square value (R square = 0.388) in table 9 approved that the regression model is strong enough to be studied and independent variables are explaining the variation in dependent variable.

**Table 10:** ANOVA\_ Organizational Culture and Lean Practice Implementation

ANOVA <sup>a</sup>						
	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	10.330	1	10.330	211.795	.000 <sup>b</sup>
	Residual	16.144	331	.049		
	Total	26.474	332			

a. Dependent Variable: Lean Implementation Practice in Hospital

b. Predictors: (Constant), Organizational Culture

The ANOVA table 10 was found to be significant ( $p < 0.0$ ) which means that regression model for the studied variable exist.

**Table 11:** Coefficients\_ Organizational Culture and Lean Practice Implementation

a. Dependent Variable: Lean Implementation Practice in Hospital

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
1 (Constant)	.308	.043		7.104	.000
Organizational Culture	.656	.045	.625	14.553	.000

With regard to the correlation of lean practice implementation and organizational culture, the B coefficient was 0.656. This means that when one unit of organizational culture increase, there will be 0.656 increase in the organizational performance ( $p$ -value  $< 0.05$ ). There was

a statistically positive significant association between lean implementation practice and organizational culture (Table 11). Therefore, H3: "The organizational culture of healthcare services has a positive effect on the lean practice implementation." was accepted.

**3.4 The Correlations Between Lean Practice Implementation, Organizational Culture and Organizational Performance**

**Table 12:** Correlations Between Lean Practice Implementation, Organizational Culture and Organizational Performance

Correlations

		Lean Practice Implementation in Hospital	Organizational Culture	Organizational Performance
Lean Practice Implementation in Hospital	Pearson Correlation	1	.625**	.704**re
	Sig. (2-tailed)		.000	.000
	Sum of Squares and Cross-products	26.474	15.736	20.778
	Covariance	.080	.047	.063
	N	333	333	333
Organizational Culture	Pearson Correlation	.625**	1	.681**
	Sig. (2-tailed)	.000		.000
	Sum of Squares and Cross-products	15.736	23.970	19.111
	Covariance	.047	.072	.058
	N	333	333	333
Organizational Performance	Pearson Correlation	.704**	.681**	1
	Sig. (2-tailed)	.000	.000	
	Sum of Squares and Cross-products	20.778	19.111	32.889
	Covariance	.063	.058	.099
	N	333	333	333

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

Results of Pearson correlation indicated that there were significant positive associations between lean practice implementation and organizational culture ( $r = 0.625$ ,  $p\text{-value} < 0.05$ ), lean practice implementation and organizational performance ( $r = 0.704$ ,  $p\text{-value} < 0.05$ ), and the correlation between organizational culture and organizational performance ( $r = 0.681$ ,  $p\text{-value} < 0.05$ ) respectively. (Table 12)

Therefore, H4 "There is the correlation between lean practice implementation, organizational culture and organizational performance of healthcare services." was accepted.

## Conclusion

According to multiple linear regressions, the results approved the optimistic associations between the testing variables (lean practice implementation, organizational culture, and organizational performance). The present study describes that there was positive significant impact of lean practice implementation in hospitals on organizational performance, impact of organizational culture on the organizational performance, and the significant positive impact of organizational culture on the lean practice implementation. The lean

dimension called patient focus and factors of organizational culture were a significant influence on the organizational performance. Besides, the finding in Pearson correlation approved that there were positive significant association between lean practice implementation, organizational culture and organizational performance in the private hospitals in Mandalay, Myanmar.

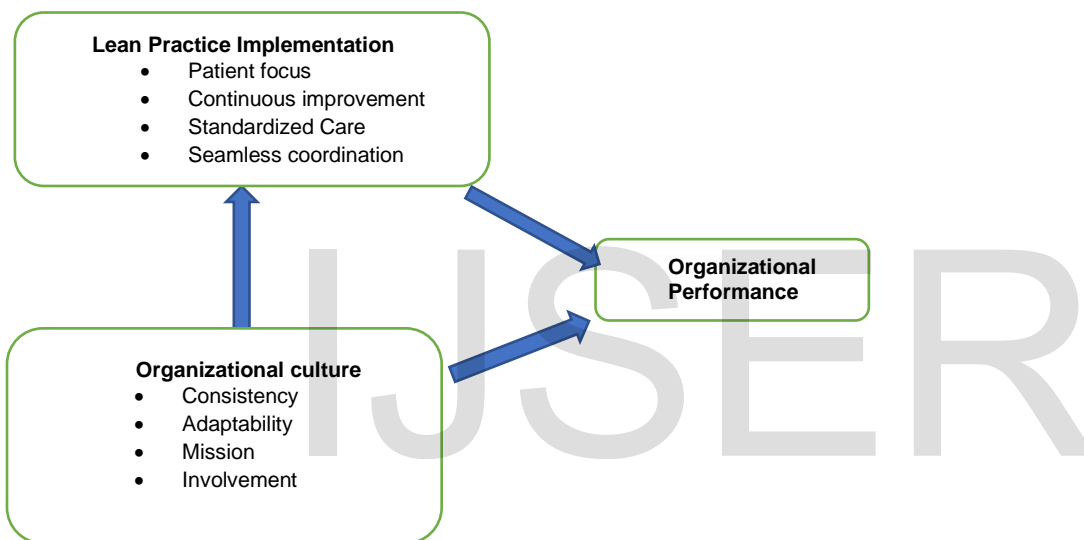


Figure 1: The Correlation Between of Lean Practice Implementation and Organizational Culture on Organizational Performance

## Discussion

The findings from the multiple regression analysis indicate that overall characteristics of lean practice implementation (continuous improvement, patient focus, standardized care, and seamless coordination) were significantly related to organizational performance. The patient focus was major influencing factor for healthcare sectors because the primary customers were patients and organizations needed to improve the care process with a clear focus on the patient. Continuous improvement was a second leading factor of lean practice. The patient focus was one influencing factor for healthcare sectors because the primary customers were patients and organizations needed to improve the care process with a clear focus on the patient (Ben-Tovim et al., 2007). More of the objective of any lean initiative is to focus on customer needs to the maximum level by identifying and ultimately eliminating the wastes (Al-Najem, Dhakal & Bennett, 2012). Furthermore, hospitals should provide higher quality health care services and give greater attention to patients by focusing always on their needs when implementing lean in hospital (Rexhepi & Shrestha, 2011). Employee empowerment (authority, initiative, and self-management), working cooperatively toward common goals (team orientation) and skills development (Capability Development) were also main factors to create an organization to develop (Ripley & Ripley, 1992). Consistency. The researchers, Prahalad and Hamel (1994) reported in their study like

successful organizations have a clear organizational aim and direction that leads to complete firm's goals and visions. For organizational development, adaptability to change is one of the crucial roles.

The current study also reported that there was a positive impact of organizational culture on the organizational performance in the healthcare sectors in Myanmar. The culture and performance have been interrelated to each other based upon perfect association between business processes (Reichers & Schneider, 1990). The culture construct based upon operational complexity have its basis towards different business processes. Several researches have been made to evaluate performance of organization based upon efforts as culture has been given significant association.

There was a positive significant relationship between lean practice implementation in hospitals, organizational culture, and organizational performance. The lean dimension called patient focus (flow improvement, communication, and involvement) and one dimension of organizational culture (consistency) were a significant influencing factor of organizational performance although all factors impact on performance improvement. These results are in line with the study done by Jeyaraman and Teo (2010) that delivery performance and productivity improvement reflect the operational performance of internal operations of the firm. By implementing lean practice in the hospitals,

the firms achieved cost-saving, time-saving and timeliness of service, productivity improvement and quality enhancement (Graban 2011). The researcher also reported that lean process improved organizational success by reducing operational errors, decreased costs, reducing waiting time, and increase employee satisfaction and customer satisfaction. DelliFraine et al. (2010) mentioned an impact of lean practice implementation on clinical outcome, processes of care and financial performance of health care service organizations. Punnakitikashem (2014) also approved the significant correlation between lean practice (patient flow), organizational culture (human

#### LIMITATION

This study has some limitation similar to other studies such as the bias of self-reported data and the impact of the response rate. This study mainly focused on employees who can participate at the time of the

#### RECOMMENDATION

Studies show that orienting health care around the preferences and needs of patients has the potential to improve patients' satisfaction with their care, as well as their clinical outcomes. Thus, hospital that provide patient-centered care will have some of financial benefits such as lower cost per case, decrease adverse events, higher employee retention rates, reduced operating cost, decreased malpractice claims and increased market share. Patient satisfaction is an important for evaluating and improvement of healthcare service. Patient satisfaction is providing the evidentiary basis for measuring patient, clinicians and organizational outcomes. Therefore, patient outcome is a major key of performance measurement in healthcare. The successful organizations have a clear organizational aim and direction that leads to complete firm's goals and visions. The clear mission statement provides a meaningful social role and external goals for the organization.

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resource management and social capital) and organizational performance.

In 2007, Sila found that to achieve organizational performance improvement and customer satisfaction, service speed and cost were also main factors. Delivering services or goods as fast as possible lead to increase customer satisfaction and organizational success. Effective and efficient service quality is a vital part of all services industries. This is because low-cost reduction helps to achieve developing good customer relationship.

research and working at targeted hospitals during research time. This paper was conducted at the hospitals in one of the major cities of Myanmar; Mandalay.

According to these findings, the healthcare services especially private hospitals in Mandalay, Myanmar should focus on the patients' satisfaction by providing the cost-saving healthcare services and reducing the wastes such as waiting time for medication, counselling time with doctors and other diagnosis processes in the hospitals. Furthermore, the organizations should have clear mission which provides the organization with a clear and effective guide for making decisions, while the vision statement ensures that all the decision made are properly aligned with what the organization hopes to achieve. The vision and mission statements provide a focal point that helps to align everyone with the organization, thus ensuring that everyone is working towards a single purpose. This helps to increase efficiency and productivity in the organization. Therefore, the private organization should focus on clan-oriented cultures.

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