

Aligning Employee and Organizational Values to Build Reputation

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ABSTRACT

Strong organizational reputation is essential, but its relationship with the process of aligning organizational and employee values is not well understood. Our detailed case study of a private hospital demonstrates for the first time how organizational reputation can be enhanced by better alignment between individual and organizational values. We argue that value congruence is a precondition for building a favorable reputation, particularly through the improved service quality that flows from it. Our framework extends the effects of value congruence to reputation and explains how alignment occurs through four key remediation phases: awareness, articulation, acceptance, and action. Our model highlights the dynamic relationship between organizational and individual values, and the complex interplay between value congruence, employee behavior, communication, and reputation. Our study advances theoretical understandings of the link between value congruence and reputation via improved service quality and provides practical insights for organizations both within and beyond the healthcare sector.

Keywords: Reputation, Employee values, Organizational values, Communications, Value congruence

INTRODUCTION

Reputation is a major priority for organizations, given its impact on business competitiveness and performance (Ravasi, Rindova, Etter, & Cornelissen, 2018), and its importance as a strategic intangible asset (Pollock, Lashley, Rindova, & Han, 2019). An organization's workforce can play a significant role in building its reputation (Schaarschmidt & Walsh 2018), including by acting as advocates when they engage with other stakeholders (Harvey, Morris, & Müller Santos, 2017). This is especially true in service firms, where customers' evaluations of their interactions with the firm and/or its constituencies such as employees, managers, and other customers, heavily influence reputation (Walsh & Beatty, 2007).

Building a positive reputation also depends on effective communication shaped by consistent performance (Abratt & Kleyn, 2012; Huang-Horowitz & Freberg, 2016). Previous research suggests that reputation may be fostered by value congruence (Edwards & Cable 2009). However, the literature offers a surprising lack of clarity on this relationship. Moreover, despite a prolific body of work on value congruence, and its study in relation to a range of antecedents and outcomes, resulting in a rich nomological network, three main areas of weakness in the literature can be identified.

First, the literature offers few insights into how to achieve strong value congruence within an organization (Vveinhardt & Gulbovaitè, 2017). This might be because most empirical studies have used quantitative research based on surveys, which, while improving understanding of the influencers of value congruence, have not uncovered the mechanisms underpinning personal-organizational relationships or workplace outcomes, particularly among service employees (Lam, Huo, & Chen, 2018). This gap in understanding is particularly significant given the interplay between employees' perceptions and their customer-facing behaviors, since employee-customer interactions influence perceived service quality (Farrell & Oczkowski 2009), and can therefore be expected to influence customers' evaluation of the organization. This is particularly relevant in healthcare organizations, where trust is very important, errors are not tolerated, and corporate reputation is essential (Nikbin, Batouei, Iranmanesh, Kim, & Hyun, 2019).

Second, there is a weakness regarding methodological approaches. Most prior value congruence models have been conceptual (e.g., Bao, Dolan, & Tzafirir, 2012; Vveinhardt & Gulbovaitè, 2016, 2017), and the diverse means of assessing value congruence present a significant methodological issue in terms of comparing results (Bandara, Adikaram, & Dissanayake, 2021). The use of different methodological and theoretical approaches has thus created a fragmented literature with little prospect of integrating the findings.

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2 Finally, most studies on value congruence have taken place in Western contexts, with little attention to other settings,
3 including Asia. Abbasi et al. (2021) note that sociocultural values affect value congruence and incongruence, which
4 impact on people's working lives. The predominantly Western focus of prior studies thus further hinders comparison
5 between or integration of the findings, or their application in different cultural contexts.
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10 Given these gaps and weaknesses, this study seeks to shed new light on the relationship between reputation and value
11 congruence, and on how to harmonize individual and organizational values, asking the following exploratory research
12 question: How do organizations align organizational and employee values, and how does this help them to build a
13 favorable reputation? This addresses the call from Bao et al. (2012) for research to include variables that are not
14 traditionally examined, and from Vveinhardt and Gulbovaitė (2016, p. 249) for further qualitative research and data
15 collection from both employees and managers to examine comprehensively the underlying causes of congruence or
16 incongruence, and to understand from the executive perspective how to strengthen value congruence.
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26 Our research takes the form of a rich case study from the medical sector and draws on the views of different internal
27 stakeholders and frontline staff from a range of functional areas, including line managers, accident and emergency staff,
28 nurses, pharmacy employees, physiology, and front desk office staff. The study was conducted at a Malaysian private
29 hospital that has worked over time to achieve a strong reputation through value alignment with its staff team.
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35 36 **1. LITERATURE REVIEW**

37 38 39 **1.1 Reputation**

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41 Reputation is a social evaluation based on the perceptions of different stakeholders, using past behaviors to understand
42 current and future actions (Jensen & Roy, 2008). It is an intangible resource (Deephouse & Suchman 2008; Pfarrer,
43 Pollock, & Rindova, 2010) through which organizations are evaluated against their competitors (Walker, 2010) regarding
44 their perceived ability to create value and outcomes for stakeholders (Rindova, Williamson, & Petkova, 2010; Velamuri,
45 Venkataraman, & Harvey, 2017). Organizational reputation is a "perceptual representation of a company's past actions
46 and future prospects that describes the firm's overall appeal to all of its constituents when compared with leading rivals"
47 (Fombrun, 1996, p. 72), emerging from stakeholders' responses to activities that may be regarded as either strong or
48 weak, or as positive or negative (Erkmen & Esen 2014). Thus, organizational reputation can be characterized as the
49 totality of stakeholders' perceptions of organizations in comparison to their competitors.
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2 Service quality has long been recognized as a significant dimension of reputation (Fombrun, 1996; Rindova, Pollock, &
3 Hayward, 2006), since employee-customer interactions drive perceived service quality, i.e., customers' judgments or
4 impressions of an organization's overall excellence or superiority, which tends to be the most significant element of
5 service perceptions (Brady & Cronin, 2001). Internal reputation management, i.e., promoting an organization's vision,
6 values, and intended reputation to employees, encourages them to perform an ambassadorial role with customers
7 (Mitchell, 2002; Wæraas & Dahle, 2020). Regular communication of organizational values and mission arguably
8 encourages consistent employee behavior, which, over time, affects perceptions of the organization (Huang-Horowitz &
9 Freberg, 2016; Tourky, Kitchen, & Shaalan, 2019; Harvey, 2023).

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11 Extensive work has been carried out to map the antecedents of reputation (Rhee & Haunschild, 2003). Some studies have
12 considered economic drivers, e.g., financial performance (Roberts & Dowling, 2002); others have focused on non-
13 economic elements including the firm's prominence in the market and perceived quality (Rindova et al., 2006), what type
14 of management model it has adopted (Olmedo-Cifuentes & Martínez-León, 2014), and its identity (Abratt & Kleyn,
15 2012), which may be reflected in common values and beliefs, the firm's mission, and its organizational climate (Ashforth
16 & Mael, 1989). However, the processes by which reputations are created, challenged, altered, or lost are relatively
17 undertheorized (Ravasi et al., 2018), highlighting the need for a more in-depth understanding of reputational formation,
18 focusing on the micro, social, and cognitive processes that drive it.

19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 **1.2 Value Congruence**

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39 Consistent with prior research (Edwards & Cable, 2009), we define values as general beliefs about the importance of
40 normatively desirable behaviours or end states. Individuals draw on their values to guide their decisions and actions. At
41 the organizational level, a system of shared values constitutes organizational culture (Dolan, 2011; Dolan, Garcia, &
42 Richley, 2006). These shared values "define what is important and norms, defining appropriate attitudes and behaviours,
43 that guide members' attitudes and behaviours" (O'Reilly & Chatman, 1996, p. 166). When personal values and
44 organizational values match, value congruence occurs. Accordingly, value congruence refers to the similarity of values
45 held by individuals and organizations (Edwards & Cable 2009; O'Reilly et al., 1991), and involves the subjective match
46 between employees' own values and their perceptions of the organization's values (Kristof-Brown, Zimmerman, &
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2 Value congruence has received significant attention in the literature since it leads to various individual and organizational
3 outcomes. For example, research on attitude and team commitment has shown its potential to unite members, influencing
4 both employee welfare and organizational performance (Vveinhardt & Gulbovaitė, 2017). Its impacts on job satisfaction
5 (Bao, 2012), organizational commitment (Edwards & Cable, 2009), and intention to stay (Kristof-Brown et al., 2005;
6 Bao, 2012) have also been explored, along with negative consequences such as burnout and turnover intention (Bao et
7 al., 2013). However, research on the “effect process” of value congruence is still very limited in terms of explaining the
8 “how” effects, such as how to harmonize individual employees’ values and those prevailing in the organization. There is
9 also a call for further research to include more variables that are not traditionally examined (Bao et al., 2012), such as
10 organization reputation. Moreover, only a handful of studies on value congruence and fit have used qualitative methods
11 (Peachey & Bruening, 2012), with most relying on quantitative methods (Cable & Kay, 2012; Suar & Khuntia, 2010),
12 even though qualitative methods are required to gain a richer understanding of the determination of value congruence
13 (Suar & Khuntia, 2010). In addition, some studies have focused on the management level of employees and supervisors
14 (e.g., Edwards & Cable, 2009; Moynihan & Pandey, 2008), with little exploration of employees at other levels (Stazyk,
15 2009), instead relying on students as elements of the research sample (e.g., Amos & Weathington, 2008).

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31 Moreover, most prior studies assessing value congruence were applied in Western contexts, imposing restrictions on
32 sharing knowledge and comparing findings, especially in the Asian context. For example, sociocultural values such as
33 individualism/collectivism, power distance, uncertainty avoidance, and masculinity/femininity tend to differ among Asian
34 and Western countries, and impact value congruence in the workplace. Workplaces in Asia have recently become more
35 culturally diverse (Cooke et al., 2020), requiring more tailored scholarly investigation and understanding of organizational
36 value congruences as well as incongruences (Ahmad, 2008). Abbasi et al. (2021) present a heuristic model suitable for
37 application in the workplace, which suggests that cultural values, as well as work and political values, affect value
38 congruence and incongruence. Farh et al. (2007) also stress the importance of understanding the cultural context in which
39 employees work. This is particularly important given that typologies and diagnostic measurement tools were developed
40 for the particular organizational and cultural contexts of the research. A systematic review of the literature on value
41 congruence shows that, in the Asian context, only four studies have surveyed staff working in companies providing
42 medical services (three hospitals and one health maintenance organization). The resultant inability to compare findings
43 also acts as a substantial barrier for organizational practitioners wishing to develop strategies to strengthen value
44 congruence (Ahmad, 2008).

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2 Furthermore, the literature on value congruence has been limited to providing diagnostic instruments and typologies.
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4 Recently, some scholars have sought to develop more comprehensive frameworks of organizational value congruence,
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6 expanding the scope of previous studies over value categories, measurement methods, and the effects of value congruence.
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8 This research builds on Vveinhardt and Gulbovaitè's (2017) comprehensive personal and organizational value congruence
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10 structural model. They propose an eight-stage model and a typology for measuring organizational value congruence,
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12 which incorporates perceived and subjective expressions of organizational value congruence, through a two-step
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14 investigation based on direct and indirect measurement. The model is assumed to help executives perceive the process of
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16 the formation of this phenomenon and its benefits. The first four stages are diagnostic (matching needs, matching values,
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18 measuring value congruence, and measuring the impact on employees and organizational performance). Stages 5-8
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20 (selecting measures to strengthen congruence, applying them, evaluating their impact, and continued application)
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22 highlight the need to implement measures/action plans for change management, in order to research the desired state of
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24 value congruence while continuing to monitor and assess the impact on individual and organizational outcomes. This
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26 step is problematic, as the authors fail to suggest incorporating executives' viewpoints on how attempts to strengthen
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28 personal-organizational congruence are being made (Vveinhardt & Gulbovaitè, 2017). Similar to other existing theoretical
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30 models on value congruence, this model needs empirical validation, and adds to the ambiguity about how executives can
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32 in practice reduce value incongruence when it emerges. Although the model sheds light on the influence of value
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34 congruence on a number of employees' and organizational outcomes, the impact on reputation has not been included. The
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36 present research therefore aims to provide deeper insights into the phenomenon and to explain how value congruence
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38 functions, particularly during periods of organizational change, to understand how and why value incongruence might
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40 emerge.
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44 It should be noted that this study focuses on the fit between individual and organizational values, rather than value
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46 congruence between the individual and groups, or between the individual and other individuals such as supervisors or
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48 interviewers. Thus, we concentrate on individual mindsets that are related to attitude towards the organization, in order
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50 to achieve the organizational goal of creating a strong and positive organizational reputation.
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53 **1.3. Communication**

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56 Communication has a strategic role in disseminating values (Ashforth, Harrison, & Corley, 2008), and influences the
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58 mechanism of reputation building (L'Etang, 2008). Communication is a tool used to promote awareness of the
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60 organization's goals and changing environment, and to aid understanding of its evolving aims; in effect, it reinforces the
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2 values that represent the organization. It also enables employees to participate actively in discussions about organizational
3 issues (Smidts, Pruyn, & Van Riel, 2001) and to discover the characteristics that distinguish the organization from others
4 (Velamuri et al., 2017). Communication should enhance employees open communication within an organization, so they
5 can make sense of it and their relationship with it (Ashforth et al., 2008), including active engagement in discussions on
6 organizational issues (Kuhn & Nelson, 2002).
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13 Communication generally refers to the open exchange of information through formal and informal interactions among
14 organizational members (Kitchen et al., 2013). It involves balanced dialogue through two-way communication and
15 consensus between senior management and employees – rather than persuasive and manipulative methods (Graber &
16 Kilpatrick, 2008) – leading to the internalization of values. This open communication is fostered by value congruence
17 (Edwards & Cable, 2009), since shared standards establish a common frame for describing, classifying, and interpreting
18 values and events (Erdogan & Bauer, 2005), facilitating the exchange of information and reducing the likelihood of
19 misunderstandings. Given its significance, communication in appropriate forms needs to be considered (Roy & Thérin,
20 2008) alongside other activities to internalize organizational values such as training sessions, reward systems, and internal
21 corporate communication programs (McDonald & Gandz, 1992). This “inside-out approach” (Nielsen & Thomsen, 2009)
22 is an important starting point for ensuring employee commitment (Uusi-Rauva & Nurkka, 2010).
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33 34 35 **2. METHODOLOGY**

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38 To answer the research question, a detailed examination of organizational reputation management was conducted in one
39 of Malaysia’s most successful private hospitals (referred to as HKL to protect its identity). Exploratory qualitative
40 research was undertaken to study the complex processes by which HKL aligned employee and organizational values to
41 build its reputation (Eisenhardt, 1989; Yin, 2003). A single case study approach was adopted because it allows the
42 expansion and generalization of theories by combining existing theoretical knowledge with new empirical insights (Yin,
43 1993) and enables the acquisition of deep and contextual insights to generate and build a theory (Yin, 2003). A case study
44 that was likely to extend theory was chosen. Selecting “polar” or extreme cases where the relevant processes are
45 “transparently observable” can reveal novel theoretical and empirical insights (Martínez, Pérez, & Rodríguez del Bosque,
46 2014). The need for HKL to update its values and ensure they were in alignment with those of employees can be regarded
47 as an extreme situation for the organization, its senior managers, and its staff. A multi-method case study approach enabled
48 us to collect rich explanatory qualitative data to capture these complex dynamics, which has been relatively absent from
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2 both the values and reputation literature. This provided us with a unique empirical opportunity to unveil new theoretical
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4 explanations to both fields.
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6 7 **2.1 Hospital Context** 8 9

10 Founded in 1997 and owned by entrepreneurs, HKL forms part of Malaysia's private health industry, which makes a
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12 substantial and growing contribution to the country's economy. Its founder's vision was to create a reputable hospital
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14 (CEO HKL, 2014) with a strongly local customer base and caring, respectful staff who felt accountable for its success.
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16 By 2011, HKL was among the country's most rapidly expanding healthcare providers, providing the local community,
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18 other Malaysian nationals, and international customers with primary and specialist services, and wellness programs.
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20 Between 1997 and 2011, staff numbers rose from 30 to 430, and revenues grew from RM357,723 (£65,040) to RM76.6
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22 million (£13.9 million).
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25 To underpin HKL's continued growth, manage its internal reputation and ensure its employees contributed to
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27 organizational reputation, senior managers decided to renew the hospital's values, seeking to reflect on its organizational
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29 identity and intended image. First, nine values were selected by reviewing those of competitor healthcare providers and
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31 other leading service providers (e.g., banks, hotels, and retailers), by holding senior management "brainstorming"
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33 sessions, and by asking line managers and employees to identify appropriate cultural values. Some of these nine values
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35 (e.g., teamwork, service excellence, and social responsibility) were already in place; others were new (e.g., for HKL to
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37 be known as a boutique service provider).
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41 In the second stage, these values were communicated to staff using a multi-pronged strategy, comprising an awareness
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43 campaign called "the HKL Way" using posters, the website, teambuilding, and induction programs; staff "huddles" to
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45 enable free communication with superiors; "lunch and learning" sessions, where best practices were shared by internal or
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47 external experts; initiatives to support operationalizing good practices; and a monthly newsletter to disseminate
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49 information and promote success stories.
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52 The third stage, enactment of the values, involved other communication strategies to encourage value-based behavior,
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54 such as embedding the values into performance appraisals, and introducing rewards and recognition for employees who
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56 showcased them. In addition, a mechanism was developed to monitor and assess performance, drawing on multiple
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58 elements including customer feedback. However, senior managers were unsure whether the values were feeding through
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2 to staff teams in terms of being positively embraced or demonstrated in customer interactions. It was evident that at the
3 outset when organizational values were communicated by senior managers, they were initially not well embedded because
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5 there was a feeling among employees that these were being imposed. However, once there was wider consultation and
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7 opportunities to finesse, influence and even champion the values through different kinds of engagement processes,
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9 employees felt more empowered, which had a positive impact on the embedding of the new emergent values.
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11 12 **2.2 Data Collection**

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14 Drawing on work by Fombrun, Gardberg, and Sever (2000), this study focuses on building organizational reputation from
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16 the inside, a process which is particularly concerned with employees' personal perceptions and experiences around
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18 organizational-based actions (internalization of organizational values). The data were gathered in three ways: face-to-face
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20 in-depth semi-structured interviews, focus groups, and non-participant observations. A purposeful sampling plan was
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22 used, whereby participants needed sufficient background and experience in the implementation of the organizational
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24 values to provide rich and deep descriptions of the phenomena being studied (Patton, 2002). To avoid selection bias,
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26 participants were selected on a voluntary basis with support from their line managers. In addition, the observer updated
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28 other research team members monthly in a process of peer debriefing that enhanced the data's trustworthiness. We
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30 deliberately chose a range of qualitative methods because we wanted to capture rich explanatory data to augment the
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32 literature which has relied heavily on quantitative data.
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38 The combination of semi-structured interviews, focus groups and non-participant observations enabled us to both
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40 understand the micro-level processes of how organizational and employee congruence occurred and cross-check how this
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42 impacted on organizational reputation. With the latter, we also reviewed third party sources such as healthcare, mass
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44 media and brand agency reports. What was telling was both the volume and range of awards that HKL received over time
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46 from different third party organizations. In addition to the internal reputation that was built among employees, the
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48 numerous awards that HKL received, which we do not list to protect the organization's identity, gave us confidence that
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50 HKL had built a favorable external reputation following the alignment of organizational and employee values.
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53 ***Semi-Structured Interviews***

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55 The semi-structured interviews explored employees' views of how the values had been implemented, whether they
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57 accorded with their own, how they had affected workplace roles and HKL's reputation, and what was influencing the
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59 alignment or non-alignment of employees' values with those of the hospital. One researcher conducted all the interviews,
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2 which took place at the hospital and lasted an average of 40 minutes. To ensure objectivity and open discussion,
3 participants were assured that their anonymity would be respected and that the research was not disseminating the values.
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5 They understood the researcher would leave the hospital after collecting the data, and that the data would only be used
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7 for this study.
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11 In total, 51 frontline staff from different departments were interviewed, comprising line managers [n=11], accident and
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13 emergency staff [n=2], nurses [n=17], pharmacy employees [n=1], physiology [n=2], and front office staff [n=18]. This
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15 range of functional areas (see Table 1) ensured the participants were representative of employees who affected reputation.
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18 <<<<<Insert Table 1 About Here>>>>>

21 *Focus Groups*

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24 Six focus groups (see Table 2) involving employees were conducted, following Krueger and Casey's (2009)
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26 recommendation. Each group comprised six people, which minimized the risk of social desirability bias (Falconer 1976),
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28 whereby participants tend to over-report or provide what they perceive to be the "right" responses (Clavin & Lewis, 2005,
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30 p. 185), which might result in an attitude-behavior gap. The groups included frontline staff from different departments
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32 and had an equal gender mix. All the participants gave their informed consent. The groups met off hospital premises to
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34 foster a more informal environment, and sought employees' perceptions of the process of internalizing the values, and of
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36 what enabled or inhibited value congruence. They also allowed the research team to corroborate the interview data. The
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38 research team compiled a discussion guide, including open-ended prompts (Krueger & Casey, 2009). To ensure
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40 consistency, the moderator used this as a foundation, while also allowing a free flow of conversation, so that ideas could
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42 surface and be explored. The moderator's interjections were also minimized (Bray, Johns, & Kilburn, 2011). The
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44 discussions, which lasted for two hours, were audio-recorded with the participants' permission.
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51 An additional focus group comprising five senior managers was also conducted (see Table 3), focusing on their
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53 expectations, the process of internalizing the values, and how the values influenced organizational reputation. This
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55 provided rich insights into the organization's attempts to position its reputation by implementing the values.
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Non-Participant Observations

Non-participant observation was used to understand how well the employees had internalized the values and aligned them with their actions and activities. To avoid adverse reactions or behavioral changes resulting from the subjects' awareness of being watched or studied, a triangulation procedure was subsequently followed using cross-checks (Stake, 2005) to verify the researcher's interpretations and observations against the other data (Bell & Mladenovic, 2008). The observation phase was conducted before the interviews, helping to establish a rapport, improve communication, and build trust (Oswald, Sherratt, & Smith, 2014). The observations took place two or three times a week during peak hours (11:00 to 14.00) in three areas where the majority of staff-patient interactions took place: the main desk where patients were registered and triaged, the pharmacy and dispensary, and the general ward, primarily observing employees carrying out their duties and managing customer requests. The findings were later analyzed and interpreted alongside the interview and focus group data.

2.3 Analysis

Data analysis was conducted using an interpretive research approach. This enables a first-order analysis of events founded on insiders' views (Van Maanen, 1988), i.e., allowing events to be interpreted by those who experienced them (Van Maanen, 1979). This process was followed by the development of more theoretical second-order interpretations (Van Maanen, 1979), analyzing the participants' perceptions more deeply while taking contextual factors and prior studies into account (Strauss & Corbin, 1990) to develop an emergent, grounded theory. Naturalistic inquiry techniques (Lincoln & Guba, 1985), such as constant comparison, were deployed. The text was analyzed using NVivo 9, allowing us to carry out coding in multiple waves, identify overlaps, detect the presence of nestings, conduct efficient searches, and consolidate quotations.

The first stage of analysis involved assessing how the individuals subjectively perceived their personal values and those of the organization. Specifically, we assessed the comprehensibility of HKL's values, staff views on whether or not these values matched their own, and how this alignment or misalignment affected them and HKL (i.e., reputation) (Vveinhardt & Gulbovaitė, 2016).

In the second stage, all the interviews were analyzed for further indicators of the mechanisms of value internalization. We gave detailed consideration to the remediation stages used by HKL during its value implementation process. Drawing on our data and emergent theory, as well as earlier studies, we built an understanding of the relational dynamics between

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2 value congruence and reputation. To identify central aspects of the participants' meaning systems using a first-order
3 analysis (Clark et al., 2010), we coded and transcribed the interviews and then developed a more complex coding scheme.
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5 For the second-order analysis, permitting us to distinguish themes, patterns, and relationships within the data, allowing
6 nestings and overlaps to emerge, we used a more structured process based on a more theoretically generalized approach
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8 (Clark et al., 2010).
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12 In the third phase, we used distilled elements of the first- and second-order analysis to identify simplified, complementary
13 themes, which we then used to form aggregate dimensions capturing the activities and value congruence processes
14 required to develop and maintain organizational reputation. Finally, translation followed the coding of the data. To ensure
15 trustworthiness, an independent bilingual professional examined the translation. Figure 1 summarizes the data structure
16 and sets out the second-order themes and first-order concepts.
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19 Several methods were adopted to augment the research quality (Corbin & Strauss, 1990). In particular, robustness was
20 added by the researchers' independent interpretation of the findings before meeting to discuss any areas of disagreement
21 (Corbin & Strauss, 1990). In addition, "member checks" were conducted with the participants to ensure confidence in the
22 emergent analytical framework, all of which enhanced the reliability of the results.
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35 36 37 **3. FINDINGS**

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39 Two overarching interactive dimensions emerged from our analysis: the assessment of value congruence and personal-
40 organizational value alignment (see Figure 1). While the interplay between them is dynamic, we discuss them individually
41 to enhance clarity. Additional representative quotations are provided in Table 4.
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47 <<<<<Insert Table 4 Here>>>>>

48 49 50 **3.1 Assessing Personal-Organizational Value Congruence/Incongruence and the Impact on Organization**

51 52 **Reputation**

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54 Analysis of the initial stage of the fieldwork, which focused on the congruence between personal and organizational
55 values and the reputational consequences, suggested the presence of both alignment and misalignment, with implications
56 for individuals and HKL's reputation.
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2 *Context of Value Congruence and Positive Outcomes (a)*
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5 In terms of value congruence, many participants agreed with HKL's values and found they overlapped with their own
6 work values. One employee said:
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10 "Most of the elements of our values here are already part of me as a person. For example, 'care and
11 respect', 'passion', 'teamwork', 'service excellence' and 'accountability'. I feel connected with those
12 values. In fact, my consciousness of them is becoming clearer so I can perform better every day"
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15 (Participant 36/admissions and records/female).
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19 The findings revealed that organizational values were central to employees' relationship with HKL, with a clear impact
20 on reputation, including through enhanced service quality. In effect, the values encompassed the ideals that motivated
21 staff, taking them beyond the utilitarian exchange of time for money or advancement. A physiotherapist seen wheeling a
22 patient back to the ward (normally the responsibility of a nurse) exemplified this, stating:
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28 "I know [the nurses] are busy handling new cases and are short of staff today. Frankly, I'm not
29 expecting any return specifically from them. I believe we should support other departments whenever
30 possible because we are working under the same roof. [...] I do it to go the extra mile in helping our
31 patients and not because of trying to impress my boss or expecting any return from the patient [...] Nobody forces me"
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36
37 (Participant 32/physiotherapist/male).
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40 This comment demonstrates how employees experiencing high individual-organizational value congruence maintain
41 positive emotions, enthusiastically engage in their jobs and extra-role behaviors, and become motivated to serve
42 customers. Such behaviors determine the quality of customer interactions, which define evaluations of an organization
43 through perceived service excellence: these are essential for building a positive reputation. Our findings indicate that,
44 since service quality and reputation are inextricably linked, and since value congruence enhances service quality, value
45 congruence affects organizational reputation.
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2 *Context of Value Incongruence and Negative Outcomes (c)*
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5 Other employees reported discrepancies between their personal and organizational values, citing issues such as
6 cognitive dissonance, workload, time pressure, and excessive management expectations. For some, meeting HKL's
7 expectations required compromising personal principles. One stated:
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11
12 "I feel like I am being forced to be someone else when [the management team] ask me to behave
13 differently [to practice the HKL Way]. I have my own way of working [...] then again, I have no choice
14 but to follow" (Participant 26/Group 5/nurse aide/male).
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19 Others expressed skepticism about the values, with comments such as "I don't see how organizational values can help me
20 with my work" (Participant 13/Group 3).
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24 Value incongruence was triggered by different work-related factors. Some participants mentioned increased workload in
25 already stressful jobs, or felt value-based activities exacerbated time pressures. One said:
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30 "The expectation of expressing values from the management is too much to bear. It has become an
31 extra pressure for me besides the workload" (Participant 1/Group 1/ concierge/male).
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35 This expectation of staff compliance was confirmed by managers, one of whom stated:
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38 "All the values are translated into behavior that we believe can contribute to our reputation. So our
39 employees *must* share this inspiration and be willing to uphold the values" (Participant
40 37/Group7/director of doctors/female).
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45 In this case, excessive value-related demands on staff or mismatched manager-employee expectations raised the
46 likelihood of exhaustion, especially if the necessary resources, including time, were not provided.
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50 Value incongruence had several negative outcomes, including employees not caring about the values and surface acting,
51 resulting in reputational damage to the organization. This was evident in the comment: "We don't really care about the
52 organizational values, but we have no choice but to stand by them" (Participant 20/Group 4/nurse aide/male), while
53 another employee commented on faking positive emotions: "By the end of the day, it is merely an act [...] very unreal!"
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58 (Participant 20/Group 4 /nurse aide/male).
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2 In one incident, highlighted by a nursing manager, a nurse had received a warning letter because she had not upheld the
3 values such as “care and respect” or the expectation for nurses to be mindful of patients’ feelings and needs in all aspects
4 of their hospital experience. The manager explained:
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9 “[The nurse] refused to entertain a request from a patient because her shift was about to end, and simply
10 ignored the request without giving any response. This sort of manner was really against our values,
11 which put our customers first. The patient eventually lodged a complaint to us expressing her
12 disappointment. Obviously, our staff member has placed our reputation at stake” (Participant 4/line
13 manager-nurse/female).
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20 This incident demonstrates how value incongruence can lead to poor service quality and customer dissatisfaction,
21 damaging both organizational reputation and individuals’ careers. Senior HKL managers were aware that some employees
22 had negative sentiments, and that such dissonance and reluctance to uphold the values could potentially hamper
23 organizational reputation-building via employees.
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28 29 **3.2 Personal-Organizational Value Alignment**

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31 We identified four remediation phases that the organization adopted to align individual and organizational values:
32 awareness, articulation, acceptance, and action.
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37 38 *Awareness (e)*

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40 The awareness phase promoted employees’ knowledge of: (i) the existence and meaning of the organizational values; (ii)
41 their importance, including the benefits of their implementation; (iii) their potential effect on HKL’s reputation; and (iv)
42 the importance of organizational reputation. If staff were aware of the reasons behind the values, and their potential
43 individual and organizational benefits, they were more open to participation and cooperation. One employee stated:
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50 “Our values are clearly displayed around the hospital. You can easily spot them. Therefore, we are aware of
51 them.” (Participant 17/staff nurse/female).
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55 Another commented:
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2 “I recognize that each value has an impact on every aspect of my work. I feel guided and this makes it
3
4 easy for me to perform my duty. This is good for the organization. Definitely worth it.” (Participant
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6 40/admissions and records/female)
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8

9 Employees understood the importance of reputation, including HKL’s personalized service, as demonstrated in the
10
11 following comment:
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13
14 “Customers come to us because of our boutique service. Customers always remember our name and
15
16 keep coming to us again and again, for me it is some kind of recognition and above all, it is a reputation
17
18 that we have gained” (Participant 20/nurse/male).
19
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21 *Articulation (f)*

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23
24 The articulation phase focused on the explicit meaning of each value, to ensure all employees understood what HKL
25
26 expected of them. Articulation refers to the employees' ability to identify behavior that demonstrates the values. One
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28 employee stated:
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32 “If employees understand and embrace each element of our organizational values, for example ‘service
33
34 excellence’, the values will be reflected in our behavior, in how we perform our job, which then affects
35
36 the customers, who make perceptions of the organization. When we provide a good service to our
37
38 customers, and perform beyond their expectations, they will remember us and recommend us to others.
39
40 A good reputation is what we get at the end of the day” (Participant 17/staff nurse/female).
41
42

43 This statement demonstrates that employees’ perceptions of the values’ role and potential impact on organizational
44
45 reputation drive their acceptance of the values, since these perceptions influence workplace decisions and behaviors.
46
47 Additionally, it highlights the route from value congruence to reputation via enhanced service quality.
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50 While some felt all the values were clear, others found some of them fuzzy. One participant said:
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54 “I can’t pick any of the elements that are not important. But for me, ‘change and grow’ is quite
55
56 misleading. I don’t know what to expect” (Participant 49/frontline/female).
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2 This comment shows that some employees did not understand the values or had problems implementing them. Others
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4 acknowledged the role of internal communication in ensuring they learned the values they needed to uphold. One nurse
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6 commented:

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9 “I have had to attend various programs related to our organizational values. Last month for instance, I
10
11 went to the teambuilding program organized and conducted by our top managers. The sessions aimed
12
13 to improve our understanding of the values. We participated in team initiatives and role play as well as
14
15 a lot of discussions. This kind of program has given me the opportunity to clear all my doubts”
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17 (Participant 25/nurse/female).
18

19
20 The nurse explained that managers had attempted to reduce any vagueness in the values through various engaging
21
22 communications strategies that had helped her to articulate the values and understand their benefits.
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24 25 *Acceptance (g)* 26

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28 The third remediation phase, acceptance, relates to employees’ willingness to embrace the values, and the presence of a
29
30 sense of purpose in enacting them, reflecting belief in the values and their potential benefits. Significantly, even after the
31
32 awareness and articulation phases, the organizational values remained liable to rejection if they did not match employees’
33
34 personal values. For example, the core value of “teamwork” posed challenges for staff who preferred to work alone,
35
36 whose comments included: “I will do things my way”, “It’s tricky to do it differently, to work more as a team”, and “It is
37
38 a challenge when I need to work together with other staff”. One employee described his struggle to adapt when he joined
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40
41 HKL:

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44 “With my previous employer, I was responsible for my own job, as were my colleagues. When we were
45
46 working, we restrained ourselves to our own tasks and were not allowed to meddle with other people’s
47
48 jobs. I was a shy and an introvert person back then, so I felt comfortable working alone” (Participant
49
50 48/general frontline/male).
51

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53 Nevertheless, the same employee said he had recognized the need to change, stating:
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56 “At first I felt uncomfortable following the values at HKL, but now after being involved in various
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58 value-related activities and programs, be it formal or informal sessions, I’ve realized and accepted the
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1
2 fact that I need to be able to adapt to the new work values and I am willing to change in accordance
3
4 with our values.” (Participant 48/general frontline/male).
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7 This comment indicates how structured communication programs can influence employees’ willingness to change and
8
9 highlights that personal values can be adjusted to match those of an organization. Staff are more likely to accept
10
11 organizational values when they receive clarification of the values and training in the corresponding behaviors HKL
12
13 adopted several communication strategies involving staff at all levels to improve buy-in to the values, ensuring
14
15 employees’ voices were heard, and communicating how staff could contribute to the organization’s reputation. One
16
17 manager explained:
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20
21 “We recognized that employees would respond to organizational values better through routine
22
23 interactions among employees. We want them to get involved in the process. It is essential to gain
24
25 commitment from them. If an employee resonates with the values on a personal level, they are more
26
27 likely to champion the values” (Participant 6/line manager/female).
28
29

30 **Action (h)**

31
32 Finally, the action phase entails employees “living” the values and delivering their promises through their behavior. At
33
34 this point, it becomes crucial to reinforce value-based behavior, which can be facilitated using additional communication
35
36 strategies. Many participants used the term “the HKL Way” to encapsulate what constituted appropriate behavior. Typical
37
38 responses included: “The HKL Way guides the way I perform my duties” and “I work the HKL Way not only when
39
40 attending to our customers but also among peers”. These comments indicate that shared values act as cultural *glue*, driving
41
42 consistent and coordinated behavior.
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46 Examples of HKL staff putting the values into practice were also seen during the observation phase, where customer
47
48 service levels consistently met the goals of “care and respect” and “service excellence”. One staff member approached
49
50 the observer to ask if assistance was needed, demonstrating behavior in line with the value of “anticipation”. Staff bonding
51
52 was also observed, and employee exchanges were respectful, even after a mistake had occurred. Furthermore, following
53
54 the mistake—which had quickly been rectified—the morning huddle was used to facilitate value-based behavior and to
55
56 allow other staff to learn from the situation, demonstrating the values of “care and respect” and “accountability”.
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2 Communication strategies adopted by HKL included interactive elements rather than top-down communication such as
3
4 the morning huddles, external visits and peer influence. The morning huddles were used to integrate the values into daily
5
6 behaviors, and included public praise for those who demonstrated the values. One line manager emphasized the
7
8 importance of positive working relationships and consistent communication:
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10
11 “When we achieved a high score on our monthly customer service rating, firstly, we would celebrate
12
13 by having a small party at the office. Then, during our monthly meeting, we would have a debrief on
14
15 the possible success factors. In most cases staff would recognize value-based behaviors as the main
16
17 contributor.” (Participant 2/line manager/female).
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21 The huddles also enabled staff to share relevant actions or concerns. One nurse stated:
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23
24 “In my department, we take it in turns to chair our 15-minute huddle in the presence of our manager.
25
26 During the huddle, we go around answering what we’re most excited about doing that day to satisfy
27
28 one of our values, ‘passion’, and then we talk about work-related or personal problems, discuss
29
30 priorities, identify where they might need help or propose ideas for the department or the hospital and
31
32 review good news.” (Participant 20/nurse/male).
33
34

35 This comment indicates that employees appreciate accessible communication that encourage positive behavior and
36
37 platforms where they can discuss concerns with managers.
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40 Given the importance of peer influence, another key plank of the strategy was the nomination of “value ambassadors”,
41
42 who showcased appropriate behavior. One ambassador commented:
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46 “The management allows me to use my creativity and approach to communicating values. There is no
47
48 influence exercised by the top on what should I specifically do” (Participant 28/nurse aide/female).
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50 Another employee stated:
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53 “I like the idea because I believe in peer learning. I think it is powerful because it has credibility.”
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55 (Participant 36/admissions and records clerk/female).
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2 This reflects the importance of engaging employees to enhance staff perceptions of the credibility of the message, which
3 improves value congruence and increases employees' willingness to change their behavior, which is especially important
4 for staff in customer-facing roles given the importance of service excellence to reputation.
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9 In other cases, our findings identified gaps between values and behaviors. For instance, three interviewees, while not
10 disclosing their reasons, were reluctant to describe how specific behaviours in their jobs aligned with the values,
11 suggesting they had reservations over behaving in line with them.
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16 To minimize resistance to change and improve employee "buy-in", HKL had adopted several specific strategies to
17 reinforce value-based behavior, sometimes backed up by rewards. These included staff-led group projects such as the
18 "annual visit" in which teams of employees visited successful service organizations, analyzed how their values were
19 implemented, and prepared brief articles to share with other staff. One participant described the benefits:
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25 "We learned how other people successfully rode on their organizational values to provide service to
26 the customers. Having to experience yourself the impact of values on customer experience was a
27 powerful indicator to realize that we should do the same at HKL. I believe that HKL should leverage
28 on its values to move forward." (Participant 29/nurse aide/female).
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35 We found that management communication in the form of visible behavior helped express the values to employees. The
36 physiotherapist who pushed his patient back to the ward said he had been influenced by the example set by colleagues,
37 including his manager:
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41 "I used to see my seniors do the same thing, helping the nurses. I thought it was a good gesture to
42 practice. After all, it is about 'care and respect' for our fellow colleagues." (Participant
43 32/physiotherapist/male).
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49 This comment highlights the importance of communication through behavioral conduct, especially by managers who can
50 be seen as role models, rather than regarding communication only through the prism of formal schemes and management
51 projects.
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56 Alongside these four remediation phases of value congruence, we identified communication as an organizational factor
57 that facilitated reputation building.
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3.4 Summary of Findings and New Model

In summary, our findings paint a detailed and nuanced picture of how value congruence feeds into reputation. They also indicate how to harmonize individual employees' values and those prevailing in the organization. The two interconnected themes we identified – assessing personal-organizational value congruence/incongruence and their impact on HKL reputation, and the alignment of these values – are summarized in Figure 2. At the heart of the data lies a reinforcing process of value alignment that is produced by the dynamic interplay between the four remediation phases, unbounded by a specific timeframe, set against a backdrop of individual-organizational value incongruence (resulting from the implementation of new values), which were supported by different communication strategies. This interplay creates contributions that bridge the gap between individual and organizational values, generating enhanced employee work-related attitudes, desired behaviors that result in improved service, and a favorable organizational reputation. Our findings therefore demonstrate that value congruence, facilitated by communication strategies, is a prerequisite of organizational reputation.

<<<Figure 2 About Here>>>

4. DISCUSSION AND CONCLUSIONS

This paper has explored the relationship between value congruence and reputation, including their interplay with service quality, to answer the research question of how organizations can align organizational and employee values, and how this helps them to build a favorable reputation. We argue that individual-organizational value congruence is a precondition for building a favorable reputation, showing that they are linked, since employees whose values are aligned with those of the organization tend to maintain positive attitudes or emotions and work with enthusiasm (e.g., Kim, Aryee, Loi, & Kim, 2013). If value congruence is present, employees are more likely to internalize and enact organizational values (Xiong & King, 2015) in everyday behaviors, while their emotional expressions are likely to become heartfelt and genuine (Lam et al., 2018). This impacts on interpersonal interactions during service delivery, which in turn will significantly affect service quality (Brady & Cronin, 2001), a key dimension of reputation formation. Furthermore, our findings capture the reputational damage that can result from value incongruence. Employees with value discrepancies are less likely to serve customers to the best of their abilities and more likely to engage in surface acting, risking poorer quality service interaction (Lam et al., 2018) and consequently reputational impact, given the inseparability of service delivery from reputation.

1
2 Based on the findings, we offer a four-stage remediation process to strengthens value congruence. Regarding the first
3 stage, awareness, our results indicate this is necessary for building organizational reputation, supporting prior findings
4 (e.g., Valentine & Barnett, 2003; Holden, Adnan, Browne, & Wilhelmij, 2001). For the second stage, articulation, our
5 findings highlight the need to communicate not just values but their linked behaviors and building on the work of
6 Smallwood and Ulrich (2007), we argue that employees are more likely to align their personal values with those of the
7 organization if the latter have been clearly articulated. For the third stage, acceptance, our findings show employees'
8 transition from resistance is not straightforward, especially if the organizational values do not match their own, which
9 build on prior findings on employees' attitudes (Paarlberg & Perry, 2007) and satisfaction (Kumar, 2012). However, our
10 study additionally suggests that employees will accept values only if they recognize that their own behavioral changes
11 may benefit the organization's reputation. Finally, for the action phase, we highlight that organizational values must be
12 practiced and consistently reinforced to ensure public visibility, supporting prior findings (e.g., Dalton, 2006) that values
13 must translate into behaviors. Our findings go beyond this, additionally showing that employees who consistently
14 demonstrate the values through their behavior enhance organizational reputation.
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30 The hospital studied had sought over many years to align personal and organizational values with a detailed and sustained
31 communication program and a clear goal of building its reputation. There are clear indications that this long-term multi-
32 pronged strategy has achieved many of its goals. For example, HKL has been recognized for several healthcare, branding,
33 and customer service awards, which cite the values held by its staff as being central to its reputation success. These
34 successes do not necessarily imply a direct link to the personal-organizational value congruence the hospital has striven
35 to achieve. However, its long-term strategy to achieve excellence in care by ensuring staff know, understand, share, and
36 implement its values, and its public recognition of the role played by its value-driven staff, has been a precursor to both
37 positive internal impressions of HKL, as illustrated by our interview, focus group and observational data, and favorable
38 external impressions, as explained earlier by the wide array of awards that HKL has received over time by health, media
39 and brand organizations.
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51 Overall, our findings advance the theories relating to both value congruence and organizational reputation, and offer
52 significant new insights into the role of communication. They also offer practical guidance to managers wishing to
53 strengthen value congruence.
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4.1 Theoretical Implications

This research contributes to several gaps that can be identified in the literature, namely the lack of insights into how to achieve strong value congruence within an organization (Vveinhardt & Gulbovaitė, 2017), which was possibly due to over-reliance on survey-based quantitative methods; the prior use of conceptual value congruence models (e.g., Vveinhardt & Gulbovaitė, 2016, 2017) that needs validation; and a predominant focus on Western settings, with little attention to Asian or other cultural contexts. Addressing these gaps in our understanding, our study provides novel and detailed insights into achieving personal-organizational value congruence and draws on data from a rich case study in the setting of a private workplace in Asia, reflecting cultural values specific to this context.

Four particularly significant contributions to theory can be identified. First, we advance the theory of value congruence by explaining its impact on organizational reputation, an important performance outcome which has not been studied in this context before. This answers a call for further research to include more variables that are not traditionally examined (Bao et al., 2013).

Second, we offer a four-stage remediation process for strengthening the congruence of personal and organizational values and reducing value incongruence, as applied in a Malaysian hospital by staff at different levels. By doing so, we address a prevailing question about how to harmonize individual employees' values and those prevailing in the organization. We also address an increasing call in the literature for more studies to be conducted focusing on an Asian context, given the inability to compare findings across cultures because of the impact of culture on value congruence. In addition, this study complements existing complex theoretical models of personal and organizational value congruence (e.g. Vveinhardt and Gulbovaitė's (2017) eight-stage model) by offering measures for strengthening congruence that could be considered in the fifth stage, and a structured plan for reducing the gap between individual and organizational values, which could relate to the application of the measures in the sixth stage. By acknowledging the complexity of the alignment process among employees who inevitably have different perceptions of the organization, our findings also allow for a more dynamic relationship than linear models (Vveinhardt & Gulbovaitė, 2012, 2017).

Third, our empirical model adds to understanding by redefining the role of communication as a prerequisite for enhancing value congruence, since the different strategies applied at each stage enhanced employees' understanding of the values and changed their perceptions of the organization. This contrasts with prior arguments that this relationship flows in the opposite direction, with value congruence fostering communication (Edwards & Cable, 2009). Our findings also shed

1
2 light on the communication measures most likely to strengthen congruence. While prior studies highlight the need for
3 regular, open, and consistent organizational communication (Edwards & Cable, 2009), they do not provide guidance on
4 what practical communication could be applied. In this study, we show how various communication strategies can be
5 effective at different stages of the remediation process, to strengthen value congruence and build favorable reputation.
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10 Fourth, we respond to the call by Ravasi et al. (2018) to further understand the processes underlying the formation of
11 organizational reputation. This is central to advancing knowledge about the actual interactions that take place in markets
12 and society, ultimately shaping reputation. This study aids understanding of employees' motivation for discretionary
13 efforts that inform their attitudes and subsequent extra-role behavior, which is required for delivering a consistent and
14 unique experience that differentiates the service from other providers (Xiong & King, 2015). Value congruence ensures
15 that employees act based on shared values, leading to coordinated action and stronger interpersonal relationships (Bao et
16 al., 2013). We have shown how shared values can evolve into the desired way of doing things ("the HKL Way") and act
17 as organizational "glue". Thus, we argue that value congruence is a prerequisite for enabling organizations to deliver their
18 promises and build strong reputation around service excellence. This is different from simply delivering a good service,
19 which is about providing functional utility within employees' formalized job responsibilities.
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23 Collectively, the above contributions provide an important theoretical advancement that bridges the disciplines of value
24 congruence and reputation.
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27 28 29 30 31 32 33 34 35 36 37 38 **4.2 Managerial Implications** 39

40
41 This study gives managers in the healthcare sector a unique understanding of successful routes to aligning personal and
42 organizational values, leading to enhanced reputation. This is timely given the significant transformation the health sector
43 has undergone in the past two decades (Tan, Ojo, Cheah, & Ramayah, 2019), and the intense competition in the industry,
44 since Malaysia is not the sole player in the region. It provides new insights into the drivers of and impediments to favorable
45 organizational reputation and enhances managers' understanding of how to manage value congruence in practice.
46
47 Specifically, it sets out a mechanism of four remediation phases that can be used to strengthen and maintain value
48 congruence. By applying our findings, hospital administrators and other relevant parties can reduce misalignment among
49 employees considered to be a "bad hire", thereby avoiding the costly process of replacing them (Lam et al., 2018).
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53 The study also provides managers with insights into how to design an effective value-driven, behavior-based
54 communication program. This should be characterized by openness of discussion and employee engagement. Ongoing
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2 communication strategies that meet employees' cognitive and emotional needs will ensure sustainable congruence, which
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4 is particularly relevant for organizations who need to periodically review their values to adapt to dynamic market
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6 environments.
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9 Finally, our findings highlight the need for managers to be mindful of the demands being placed on their staff and to
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11 provide them with sufficient resources (e.g., time, communication, and rewards) to ensure they can engage in value
12
13 alignment programs while maintaining positive attitudes or emotions and engaging enthusiastically in their jobs. This is
14
15 crucial to avoid exhaustion and stress associated with value incongruence.
16

17 18 **4.3 Limitations and Future Research** 19

20
21 This study has several limitations that could be addressed in future research. First, while qualitative research methods
22
23 such as those used in this study generate rich theoretical insights, they rely on judgment and interpretation. Future studies
24
25 could seek to quantify the effect of value congruence activities on organizational reputation and empirically validate the
26
27 four-stage process. Furthermore, while our research sample comprised internal stakeholders (leaders, managers, and
28
29 employees), similar research among customers and clients could assess their understanding of the notion of reputation
30
31 and identify gaps between internal and external reputation. Moreover, a longitudinal study would indicate variations of
32
33 how value congruence manifests over time as a remediation mechanism. In particular, it would be instructive to
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35 understand the underlying processes behind how value congruence is achieved over time, including as part of a wider
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37 change process such as a restructure, merger or shift in strategy.
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41 Furthermore, while our study focused on the healthcare industry in Malaysia, the use of value congruence to enhance
42
43 reputation could be investigated in other organizational and cultural contexts to understand whether the national macro
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45 culture regarding value congruence (e.g., individual-oriented cultures such as the United States) impact the remediation
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47 process. In addition, the dynamics of reputation formation could be a basis for further empirical investigation and more
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49 cumulative knowledge development.
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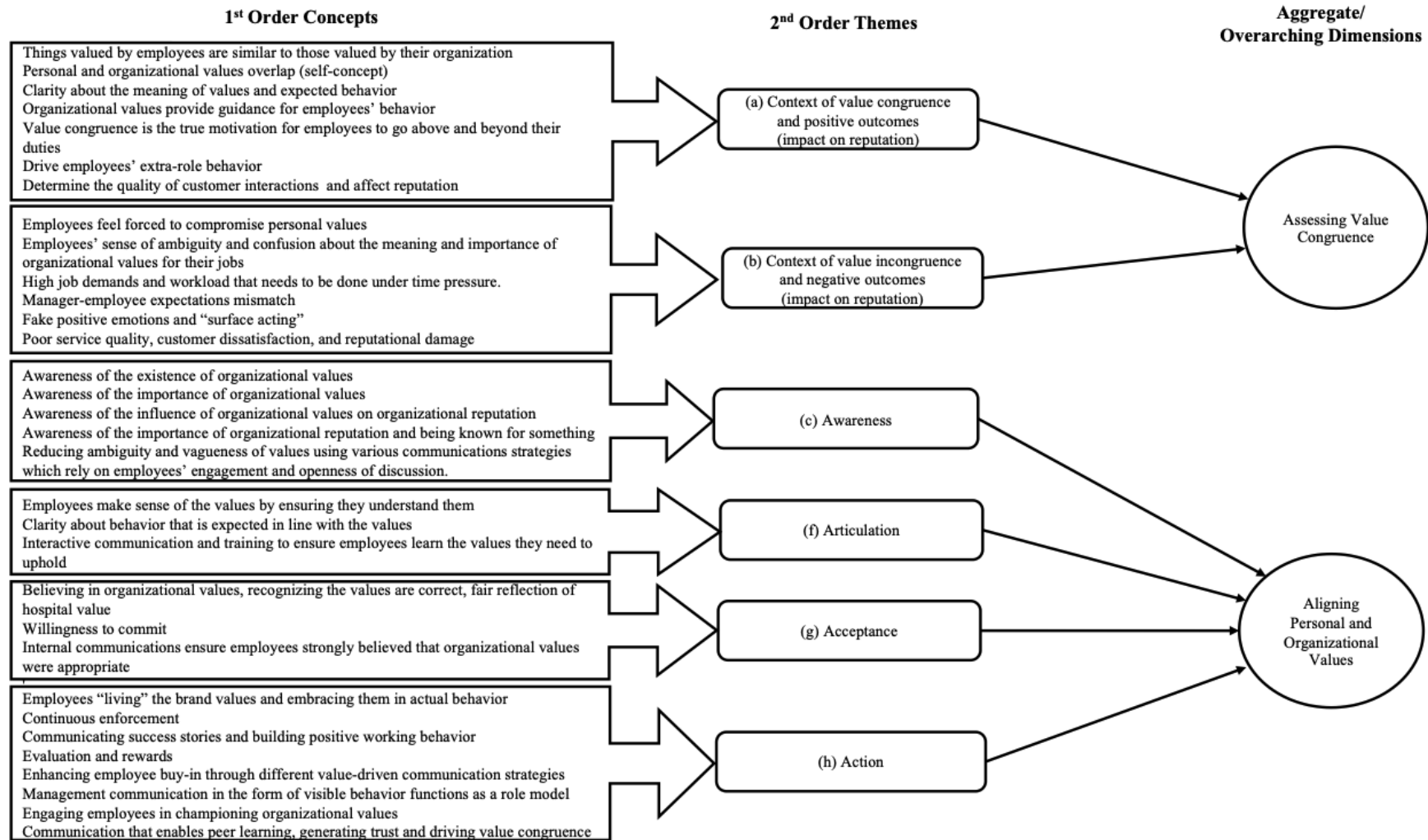
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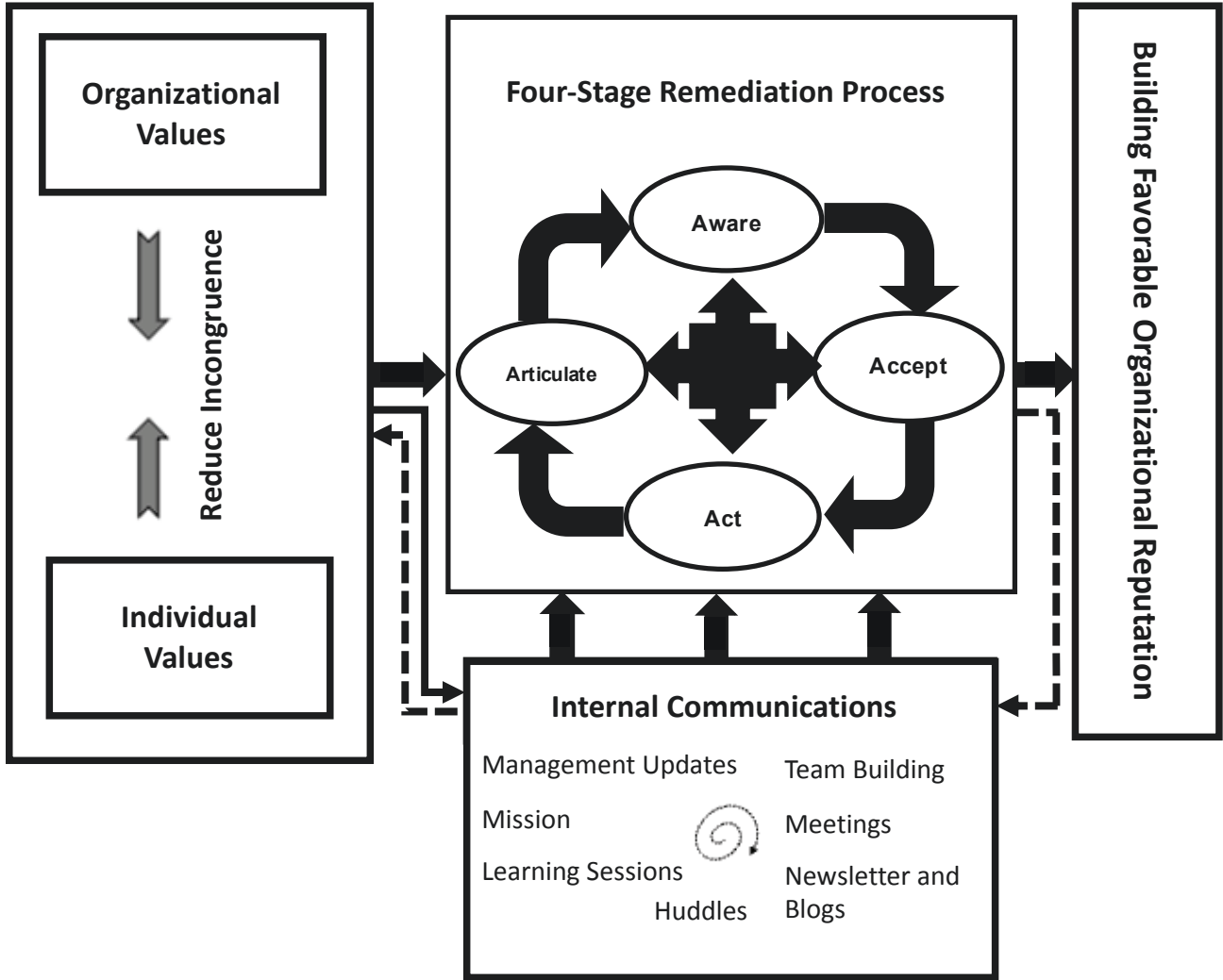
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Figure 1: Data Structure



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Figure 2: Aligning Organizational and Individual Values to Build Organizational Reputation



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Table 1: List of Interviewees (N=51)

Participant ID	Position	Department	Gender	Participant ID	Position	Department	Gender
Participant 1	Line manager	Front Office – Outpatient	Male	Participant 27	Nurse aide	Nursing	Female
Participant 2	Line manager	Front Office – Inpatient	Female	Participant 28	Nurse aide	Nursing	Female
Participant 3	Line manager	Physiology	Male	Participant 29	Nurse aide	Nursing	Female
Participant 4	Line manager	Nursing - Ward General	Female	Participant 30	Nurse aide	Nursing	Male
Participant 5	Line manager	Nursing - Ward Pediatric	Female	Participant 31	Pharmacy assistant	Pharmacy	Female
Participant 6	Line manager	Nursing - Ward Maternity	Female	Participant 32	Physiologist	Physiology	Male
Participant 7	Line manager	Nursing - Specialist Clinic	Female	Participant 33	Physiologist	Physiology	Female
Participant 8	Line manager	Accident & Emergency	Male	Participant 34	Billing clerk	Front Office	Male
Participant 9	Line manager	Pharmacy	Female	Participant 35	Billing officer	Front Office	Female
Participant 10	Line manager	Wellness	Female	Participant 36	Admission and record clerk	Front Office	Female
Participant 11	Line manager	Corporate Culture	Female	Participant 37	Admission and record officer	Front Office	Female
Participant 12	Doctor	Accident & Emergency	Male	Participant 38	Admission and record	Front Office	Male
Participant 13	Doctor	Accident & Emergency	Male	Participant 39	Admission and record	Front Office	Female
Participant 14	Staff Nurse	Nursing	Male	Participant 40	Admission and record	Front Office	Female
Participant 15	Staff Nurse	Nursing	Female	Participant 41	Guest Relations Officer	Front Office	Female
Participant 16	Staff Nurse	Nursing	Female	Participant 42	Receptionist	Front Office	Female
Participant 17	Staff Nurse	Nursing	Female	Participant 43	Receptionist	Front Office	Male
Participant 18	Staff Nurse	Nursing	Female	Participant 44	Concierge	Front Office	Male
Participant 19	Staff Nurse	Nursing	Female	Participant 45	Guest Relations Officer	Front Office	Female
Participant 20	Nurse	Nursing	Male	Participant 46	Concierge	Front Office	Male
Participant 21	Nurse educator	Nursing	Male	Participant 47	General frontline	Front Office	Female
Participant 22	Nurse	Nursing	Female	Participant 48	General frontline	Front Office	Male
Participant 23	Nurse	Nursing	Female	Participant 49	General frontline	Front Office	Female
Participant 24	Nurse educator	Nursing	Female	Participant 50	General frontline	Front Office	Female
Participant 25	Nurse	Nursing	Female	Participant 51	General frontline	Front Office	Female
Participant 26	Nurse	Nursing	Female				

Table 2 Employee Focus Groups (N=36)

Participant ID	Position	Department	Gender
Participant 1/Group 1	Concierge	Front Office	Male
Participant 2/Group 1	Driver	Front Office	Male
Participant 3/Group 1	Physiologist	Physiology	Male
Participant 4/Group 1	Nurse	Nursing	Female
Participant 5/Group 1	Nurse	Nursing	Female
Participant 6/Group 1	Nurse Aide	Nursing	Female
Participant 7/Group 2	Accounts Clerk	Front Office	Female
Participant 8/Group 2	Therapist	Wellness	Female
Participant 9/Group 2	Steward	F&B	Male
Participant 10/Group 2	Admission and record clerk	Front Office	Female
Participant 11/Group 2	Billing Clerk	Front Office	Male
Participant 12/Group 2	Pharmacy Assistant	Pharmacy	Female
Participant 13/Group 3	HR Officer	Human Capital	Female
Participant 14/Group 3	Nurse	Nursing	Female
Participant 15/Group 3	Admission and record clerk	Administration	Female
Participant 16/Group 3	General frontline	Front Office	Male
Participant 17/Group 3	Doctor	O&G	Male
Participant 18/Group 3	Steward	F&B	Male
Participant 19/Group 4	Finance Officer	Finance	Female
Participant 20/Group 4	Nurse Aide	Nursing	Male
Participant 21/Group 4	Therapist	Wellness	Female
Participant 22/Group 4	Nurse	Nursing	Female
Participant 23/Group 4	Physiology Assistant	Physiology	Male
Participant 24/Group 4	Pharmacy Assistant	Pharmacy	Male
Participant 25/Group 5	Guest Relation Officer	Front Office	Female
Participant 26/Group 5	Nurse Aide	Nursing	Male
Participant 27/Group 5	Admin Officer	Administration	Female
Participant 28/Group 5	Therapist	Wellness	Female
Participant 29/Group 5	Finance Clerk	Finance	Male
Participant 30/Group 5	Pharmacist	Pharmacy	Female
Participant 31/Group 6	Nurse Educator	Nursing	Female
Participant 32/Group 6	HR Clerk	Human Capital	Female
Participant 33/Group 6	Driver	Front Office	Female
Participant 34/Group 6	Doctor	O&G	Female
Participant 35/Group 6	Concierge	Front Officer	Male
Participant 36/Group 6	Nurse	Nursing	Female

Table 3 Senior Management Team Focus Group (N=5)

Participant ID	Designation	Gender	Years of service
Participant 37/Group 7	Chief Operating Officer (COO)	Female	10 years
Participant 38/Group 7	Director of Nursing	Female	8 years
Participant 39/Group 7	Director of Doctors	Female	10 years
Participant 40/Group 7	Director of Corporate Culture	Male	6 years
Participant 41/Group 7	Director of Finance	Male	9 years

Table 4: Data Supporting Second-Order Themes

Representative Supporting Data for Each 2nd Order Theme	
2nd Order Theme	Representative 1st Order Data
a. Context of Value Congruence and Positive Outcomes	<p>“Most of the elements of our values here are already part of me as a person. For example, ‘care and respect’, ‘passion’, ‘teamwork’, ‘service excellence’ and ‘accountability’. I feel connected with those values. In fact, my consciousness of them is becoming clearer so I can perform better every day.” (Participant 36/admissions and records/male).</p> <p>“I like each element of the values and am willing to accept them.” (Participant 45/guest relation officer/female).</p> <p>“I agree to follow the values.” (Participant 34/billing clerk/male).</p> <p>“I have no hesitation in embracing the values.” (Participant 51/general frontline/female).</p> <p>“I will do my best to perform my job. Depending on the situation, I am willing to take on double shifts just to make sure that we have enough staff, especially during peak hours. In fact, we must have enough staff to serve our customers at all times. I will not jeopardize the reputation of my organization” (Participant 12/doctor/male).</p> <p>“I know [the nurses] are busy handling new cases and are short of staff today. Frankly, I’m not expecting any return specifically from them. I believe we should support other departments whenever possible because we are working under the same roof. [...] I do it to go the extra mile in helping our patients and not because of trying to impress my boss or expecting any return from the patient [...] Nobody forces me.” (Participant 32/physiotherapist/male).</p>
b. Context of Value Incongruence and Negative Outcomes	<p>“We feel we are being forced to be someone else, not what naturally comes from our heart.” (Participant 35/Group 5/nurse/male).</p> <p>“[The organizational values] don’t really matter to me... I don’t see how values can help me to do better.” (Participant 29/Group 5/finance clerk/male).</p> <p>“I only espouse some of the elements. My current workload limits me from going beyond my job scope, so how can I participate in other things? For example, to attend training, talks, etc.” (Participant 25/Group 5/guest relation officer/female).</p> <p>“The elements of shared values are too many to even be remembered, let alone understood. I don’t have time to spend on this.” (Participant 14/Group 3/nurse/female).</p> <p>“The expectation of expressing values from the management is too much to bear. It has become an extra pressure for me besides the workload.” (Participant 1/Group 1/concierge/male).</p> <p>“We feel we are being forced to be someone else, not what naturally comes from our heart.” (Participant 35/Group 6/concierge/male)</p> <p>“I don’t really care about organizational values. I don’t see how organizational values can help me with my work. I feel like I am being forced to be someone else when [the management team] ask me to behave differently [to practise the HKL Way]. I have my own way of working [...] then again, I have no choice but to follow.” (Participant 26/Group 5/nurse aide/male).</p> <p>“I don’t care about the values. They’re just there for nothing.” (Participant 48/general frontline/male)</p> <p>“Recently, I have issued a warning letter to a nurse for being rude to one of the patients.” (Participant 3/line manager/male).</p>
c. Awareness	<p>“Our values are clearly displayed around the hospital. You can easily spot them. Therefore, we are aware of them.” (Participant 17/staff nurse/female)</p> <p>“Organizational values are necessary to guide us in our daily operations.” (Participant 17/staff nurse/female)</p> <p>“Some of the elements are directly related to the nature of our business for instance, ‘care and respect’, ‘passion’, ‘team spirit’, and ‘service excellence’.” (Participant 41/guest relations officer/female)</p> <p>“Reputation for HKL is imperative because we are providing services where it is difficult to influence customers to engage with our service unless we are well known or have a good reputation.” (Participant 31/pharmacist/female)</p> <p>“It is about time for us to aim for a strong reputation. We are conscious that reputation is what we need, and it is essential for us. We want to be remembered by our customers.” (Participant 21/nurse educator/female)</p>

d. Articulation	<p>“I understand each element of the values could influence every aspect of my work.” (Participant 34/billing clerk/male)</p> <p>“Every element is clearly defined.” (Participant 44/concierge/male)</p> <p>“In terms of making sure that every employee, regardless of their positions in the HKL, especially the frontline staff, understands and embraces our values, we have programs that involve interactions among the employees, for instance, teambuilding, talks, workshops etc. As early as possible, all new recruits will attend a compulsory induction program that will expose them to our values.” (Participant 40/Group 7/director of corporate culture/male).</p> <p>“I can’t pick any of the elements that are not important. But for me, ‘change and grow’ is quite misleading. I don’t know what to expect.” (Participant 49/frontline/female)</p> <p>“There are too many elements of the values, but they are important. It is difficult to say which should I omit or ignore.” (Participant 29/nurse aide/female)</p> <p>“Every element of the values relates to a specific behavior. Take ‘service excellence’, for example. I must perform my duty to the best of my ability. I must be able to constantly manage and meet customer expectations.” (Participant 3/line manager/male)</p>
e. Acceptance	<p>“I like all the elements of the organizational values. Uniformity in working attitude and style.” (Participant 27/nurse aide/female)</p> <p>“Organizational values help me to carry out my job smoothly. For example, ‘teamwork’. By working in a team, we help each other to ensure all work goes smoothly and is done on time. Especially in our A&E department, patients require urgent attention when they come to us. I am convinced that teams are the only way our organization will excel.” (Participant 13/doctor/male)</p> <p>“Sharing the same values make it easy for me to communicate with other colleagues, because they also have the same expectations and work the same way as me.” (Participant 47/frontline/female)</p> <p>“Organizational values promote a better relationship with my peers, even with the management. I would definitely support this.” (Participant 22/nurse/female)</p>
f. Action	<p>“I don’t settle for providing only good service, but I must strive for excellent service!” (Participant 17/staff nurse/female)</p> <p>“I also convened a meeting with my staff to get some input and feedback.” (Participant 8/line manager/male)</p> <p>“Values internalization is a continuous process. Thus, activities and incentives are planned to ensure every staff showcase our values.” (Participant 1/line manager/male)</p> <p>“Simply by creating a short jingle, it reminds us of our values.” (Participant 5/line manager/female)</p> <p>“We also promote values through inspiring or successful stories of staff ‘living’ the values. We even provide incentives to recognise such acts.” (Participant 2/line manager/female)</p>