



E-ISSN: 3108-4176

APSSHS

Academic Publications of Social Sciences and Humanities Studies

2024, Volume 5, Issue 2, Page No: 127-133

Available online at: <https://apsshs.com/>

Annals of Organizational Culture, Leadership and External Engagement Journal

Modeling Organizational Innovation Perceptions among Allied Health and Pharmacists

Wei Chen^{1*}, Li Zhang¹

1. Department of Organizational Culture and Leadership Studies, Faculty of Management Sciences, Peking University, Beijing, China.

Abstract

Escalating healthcare expenses have heightened the urgency for new approaches across healthcare organizations, positioning organizational innovation as a vital catalyst for crafting initiatives that boost affordability, expand access, and secure enduring, sustainable healthcare provision. Although extensive prior research has scrutinized innovation practices among physicians and nurses, explorations of innovation practices among Allied Health Professionals (AHPs) and pharmacists remain in their infancy. The current study examines the prevailing innovation culture among AHPs and pharmacists in Singapore's largest healthcare cluster. In particular, it evaluates the predictive power of the Innovation Quotient model's core elements—Values, Behaviors, Climate, Processes, Resources, and Success—on individuals' perceived shifts in innovation levels. A cross-sectional survey was emailed to 4413 AHPs and pharmacists, yielding 620 completed responses. The assessment tool, the InnoQuotient, featured 54 items organized under 18 factors that map directly onto the six foundational pillars of innovation. Structural equation modeling (SEM) in RStudio assessed overall model fit and examined associations between the factors and participants' self-reported changes in innovation. To enrich the numerical findings, a thematic analysis of 65 open-ended verbatim comments was executed via MAXQDA.

SEM analysis showed that three innovation pillars—Behaviors, Processes, and Success—maintained statistically significant relationships with reported innovation change. More precisely, gains in innovation aligned with stronger Behaviors and Success, yet an inverse link emerged between innovation change and Processes, hinting that excessively centralized, command-style projects could stifle bottom-up creativity. The accompanying thematic review echoed these patterns, spotlighting leadership's decisive influence in advancing genuine innovation while exposing pitfalls such as one-way imposition of new projects and persistent barriers to genuine interdisciplinary teamwork. The outcomes support a well-calibrated strategy that blends decisive leadership with spontaneous, team-driven collaboration to nurture a resilient innovation culture. Upcoming research should prioritize targeted improvements to the weaker innovation pillars and capture viewpoints from every layer of the organizational hierarchy.

Keywords: Allied health professionals, Pharmacists, Healthcare innovation, InnoQuotient, Leadership

How to cite this article: Chen W, Zhang L. Modeling Organizational Innovation Perceptions among Allied Health and Pharmacists. Ann Organ Cult Leadersh Extern Engagem J. 2024;5(2):127-33. <https://doi.org/10.51847/vps4X2Mb1j>

Received: 28 May 2024; **Revised:** 10 November 2024; **Accepted:** 12 November 2024

Corresponding author: Wei Chen

E-mail ✉ wei.chen@outlook.com

Introduction

Worldwide, healthcare spending has surged in line with the growing elderly population [1, 2], and in Singapore, the typical household's healthcare outlay climbed by 26.48% between 2013 and 2023 [3]. Healthcare systems around the globe are therefore under intense pressure to curb these mounting expenses [4, 5], and organizational innovation stands out as a powerful force in shaping tactics that improve affordability, expand access, and ensure sustainable healthcare provision well into the future [6]. Even though cutting-edge tools such as artificial intelligence, digital health platforms, and robotics have emerged as major routes to greater affordability by streamlining automation [7], genuine innovative progress is thought to arise mainly



© 2024 The Author(s).

Copyright CC BY-NC-SA 4.0

from small-scale personal and team-based initiatives [8], prompting many academic health networks to weave a formal innovation agenda into their efforts to reshape care delivery [9].

Cost-saving innovations launched across Singapore's healthcare landscape [10, 11] have typically hinged on frontline staff stepping up to design, launch, and execute fresh solutions. Even those projects that draw on AI [12, 13] still call for inventive mindsets to weave them smoothly into everyday workflows and ensure they function without friction.

According to Rao and Weintraub's InnoQuotient Model [14], a thriving innovation culture depends on six fundamental "building blocks": Values, Behaviors, Climate, Processes, Resources, and Success. Their InnoQuotient questionnaire has already been rolled out in multiple sector-wide investigations [15-17], where the six blocks are widely accepted as the main drivers of an organization's innovation climate [18, 19]. The present research applies this same instrument to pinpoint which blocks most strongly forecast innovation levels among Allied Health Professionals (AHPs) and pharmacists.

In Singapore, pharmacists, together with Allied Health Professionals (AHPs), form separate professional categories, each overseen by its own independent regulatory authority [20]. They are neither physicians nor nurses, and they do not perform paramedical tasks. As healthcare facilities contend with steadily rising patient numbers and the need to deliver timely services [21, 22], AHPs have emerged as key players in devising creative ways to ease service demand via additional clinical support. A clear illustration is their work in screening patients on outpatient waiting lists and rerouting them to lower-cost care options by redesigning patient pathways [23, 24].

In parallel, pharmacists play a vital role in areas such as medication supply chains and stock control [25], and fresh ideas generated within this profession are regarded as an important lever for reducing the cost of treatments and drugs. Dalton and Byrne [26] stress that pharmacists are central to evaluating the value of medicine-focused programs that achieve strong cost-to-benefit outcomes, and programs led by pharmacists have been shown to produce yearly savings of up to USD397,400 [27]. Although many earlier investigations have examined innovation among physicians [28, 29] and nurses [30, 31], work focused specifically on AHPs and pharmacists is still in its early stages [32]. For this reason, the current study focuses on the innovation culture among AHPs and pharmacists employed in Singapore's largest healthcare cluster.

Materials and Methods

Email invitations to join the InnoQuotient survey were sent to 3717 AHPs and 696 pharmacists working in Singapore's largest healthcare cluster. This cluster includes 12 public healthcare institutions that together look after more than 1.5 million patients [33] out of the country's total population of 6.04 million [34]. In the end, 620 individuals (72 of whom were pharmacists) completed the surveys (**Table 1**).

Table 1. Distribution of allied health professional groups and pharmacists in the study sample.

Allied health profession	Proportion of total sample (%)	Count (N)
Medical laboratory scientist/Medical laboratory technologist	14.03%	87
Radiographer	12.42%	77
Pharmacist	11.61%	72
Physiotherapist	8.71%	54
Medical social worker	7.58%	47
Occupational therapist	5.16%	32
Optometrist	5.00%	31
Respiratory therapist	4.52%	28
Speech therapist	4.03%	25
Psychologist	3.71%	23
Dietitian	3.06%	19
Transplant and renal coordinator	2.90%	18
Podiatrist	2.74%	17
Radiation therapist/Dosimetrist	2.26%	14
Orthoptist	2.10%	13
Audiologist	1.94%	12
Art, child life, educational, and music therapists	1.61%	10
Sonographer	1.45%	9
Cardiac technologist/Cardiac physiologist	1.13%	7
Technologist (Neurophysiology, sleep, and pulmonary function)	0.97%	6
Prosthetist/Orthotist	0.65%	4

Chen and Zhang		Ann Organ Cult Leadersh Extern Engagem J, 2024, 5(2):127-133	
	Clinical counselor	0.48%	3
	Medical physicist	0.48%	3
	Oral health therapist	0.48%	3
	Perfusionist	0.48%	3
	Embryologist	0.32%	2
	Radiochemistry technologist	0.16%	1

Apart from the InnoQuotient items themselves, the study captured each participant's view of innovation change by asking: "Based on your perception, how has the innovation culture changed for the Allied Health & Pharmacy community in the organization?" Answers were given on a 5-point Likert scale (1 = Significantly Worsened; 3 = No Change; 5 = Significantly Improved), plus an extra choice of "Unable to comment." An optional open-text field was also provided so participants could freely add any verbatim remarks they wished about the innovation atmosphere within the healthcare cluster.

To help interpret the results, the research team also reviewed a selection of innovation projects introduced between 2021 and 2023, with the explicit aim of expanding and strengthening innovative activity throughout the organization.

Innovation quotient

The Innovation Quotient survey [14] contained 54 items, organized into 18 distinct factors and grouped into the six "building blocks of innovation" (Table 2).

Table 2. Six building blocks of innovation.

Dimension	Description
Values	The collective principles and beliefs within an organization that guide priorities and decision-making. These are often expressed through staff actions, such as allocating time to specific initiatives or investing resources in targeted research areas.
Behaviors	The visible actions and conduct of leaders and employees reflect how organizational values are put into practice. This includes demonstrating innovative practices, offering mentorship and guidance, and demonstrating leadership's willingness to openly evaluate and learn from failed efforts.
Climate	The everyday working environment, as perceived by employees, both influences and mirrors organizational culture. It includes feelings of empowerment, access to self-directed learning, levels of autonomy, and support for experimentation and risk-taking.
Resources	The concrete assets allocated to support innovation include time, funding, physical space, and expertise. Examples include protected time for clinicians to reassess services, small-scale funding for pilot initiatives, and digital environments that allow idea testing and development.
Processes	The structured and repeatable systems that facilitate the progression of ideas from initial concept to wider implementation. This involves the methods used to develop and execute ideas, such as staged scaling approaches and iterative improvement cycles, including the Plan–Do–Study–Act (PDSA) cycle.
Success	The way an organization defines, evaluates, and utilizes outcomes to promote innovation. This includes clearly articulated, standardized success metrics that ensure a consistent understanding of performance within and outside the organization, thereby strengthening accountability.

Results and Discussion

Structural equation modeling (SEM) was performed in RStudio to assess how well the model fit the collected data and to investigate links between the building blocks and participants' perceived shifts in innovation. Throughout the analysis, perceived change in innovation was treated as a continuous variable. SEM was selected over conventional regression techniques because it allows the simultaneous estimation of multiple pathways involving both observed and latent variables and corrects for measurement error. This approach yields a more complete assessment of theoretical models than regression alone can provide [35, 36]. During data cleaning, the 53 respondents who selected "Unable to comment" regarding the perceived change in innovation were removed from the dataset.

The initial confirmatory factor analysis showed that the standardized factor loading for Engage ($\lambda = 1.006$) exceeded 1 and yielded a negative variance estimate (-0.01), indicating a Heywood case. This problem was resolved by removing Engage from the model and then rerunning the analysis. In the InnoQuotient framework, Engage represents the level of involvement, motivation, and commitment employees feel toward innovation activities, mirroring their sense of ownership and active engagement in the innovation process.

Fit indices for the revised model, once scaled, indicated a generally strong fit (RMSEA = $0.066 < 0.08$, CFI = $0.981 > 0.95$, TLI = $0.98 > 0.95$, SRMR = $0.029 < 0.08$).

The connections between innovation, change, and the building blocks were then examined. Behaviors, Processes, and Success emerged as significant predictors of innovation change (**Table 3**). Behaviors and Success displayed positive relationships with innovation change, whereas Processes showed a negative association with perceived change in innovation.

Table 3. Results of regression analysis of building blocks.

Variables	R ²	p-value	SE	β
Values	0.001	0.863	0.196	−0.027
Behaviors	0.115	0.006**	0.140	0.340
Climate	0.102	0.122	0.228	0.320
Resources	0.065	0.315	0.283	0.256
Processes	0.770	0.000***	0.242	−0.878
Success	0.561	0.000***	0.153	0.749

To help interpret and add depth to the key quantitative results, an inductive thematic analysis was carried out using the qualitative data analysis software MAXQDA. This involved 65 verbatim comments obtained from the survey. Participants had voluntarily supplied these open-text responses to an optional question that asked them to describe their feelings about the current state of innovation within the healthcare cluster. Three main themes emerged: 1) Recognizing leadership's efficiency in producing and carrying out innovation processes, 2) Leader-driven innovation initiatives, rather than AHP-led organic efforts, may not always yield positive on-the-ground outcomes, and 3) Difficulty establishing interdisciplinary collaboration. This research advances existing scholarship by exploring innovation levels specifically among AHPs and pharmacists, and by embedding personal innovation efforts within the broader context of organizational innovation strategies.

The early rollout of innovation programs from 2021 onward could have conveyed to the entire AHP and pharmacy network that senior management was driving a major transformation in thinking and outlook on innovation. Such efforts may have raised perceptions of the Innovation Quotient building block of Behaviors [37], particularly in relation to leadership, because hands-on attendance at workshops and acceleration schemes helped confirm that staff contributions were truly innovation-focused [38]. When leaders demonstrate these behaviors themselves, they not only create a setting that inspires personnel to participate in innovation activities but also demonstrate that innovation aligns with broader institutional aims such as operational efficiency and long-term sustainability [39]. Consequently, leadership conduct can indirectly support cost-control measures by championing the development of new solutions to counter rising healthcare costs.

Nevertheless, direct staff feedback reveals that, although the innovation campaign running from 2021 to 2023 energized employees, the spread of innovation [40] might still have been slowed by factors such as weak macro-power dynamics [41] and inflexible professional boundaries between disciplines [42]. Within the Processes domain, participants credited leaders with identifying opportunities for innovation and setting targets, yet they expressed concerns about the perceived one-sided approach. For instance, the healthcare cluster's procurement steps for buying innovation items—covering supplier identification, tender invitations, assessment, and conflict-of-interest statements—tend to drag on for extended periods. By the time purchases receive final approval and execution, the original innovation being pursued may already have been outpaced by rival developments from other sources. This situation can harm overall perceptions of innovation outcomes, as it demotivates AHPs and pharmacists midway through the process and slows the pace at which concepts are translated into practice and refined. Ultimately, opportunities to achieve cost reductions become limited, especially as healthcare expenditures are on track to outpace the time needed to create and evaluate new ideas.

Simultaneously, impressions of the building block of Success likely strengthened from the innovation campaign, particularly through the smooth delivery of grants that produced 28 completed projects. This real-world evidence likely bolstered the organization-wide story that innovation mattered. It could be achieved [43, 44], and the proven results may have spurred AHPs and pharmacists to pursue further innovation to deliver efficiency improvements and methods to control rising healthcare expenditures.

Conclusion

The outcomes emphasize the extent to which innovation programs affect how staff view advancements in innovation and how well these align with essential innovation drivers. While organizational innovation is widely viewed as an essential tool for boosting affordability and access in healthcare delivery, healthcare institutions need to pay close attention to everyday practical factors—such as leadership actions and procurement routines—that shape how organizational innovation is perceived through its core building blocks.

Even though the campaign strengthened Behaviors and Success as central components, further investigation is needed to develop more effective rollout methods that reinforce the remaining building blocks, including Resources. The appearance of a Heywood case linked to the Engage factor also suggests that Rao and Weintraub's Innovation Quotient model may not fully reflect the collected data, a limitation highlighted in earlier validation work by Danks *et al.* [45, 46] and potentially arising from overlooked variables [47, 48]. Moreover, because the sample was drawn evenly from all levels of the corporate structure, subsequent studies would benefit from targeting middle- or senior-level managers to provide a fuller understanding of innovation across the healthcare cluster [49, 50].

Acknowledgments: This article would not have been possible without the administrative support rendered by Tang Wen Han and Charmaine Tan Shuying.

Conflict of interest: None

Financial support: None

Ethics statement: This study was conducted in accordance with the Declaration of Helsinki and was reviewed by the SingHealth Centralized Institutional Review Board. A "Category S2" exemption was obtained on the basis that the research only involves educational tests, surveys, interviews, or observation of public behavior and that the information obtained was recorded by the investigators in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

The requirement for informed consent from study participants before study commencement was waived by the SingHealth Centralized Institutional Review Board, on the basis that only deidentified, non-clinical data would be used.

References

1. Jakovljevic M, Getzen TE. Growth of global health spending share in low- and middle-income countries. *Front Pharmacol.* 2016;7:21.
2. Navaneetham K, Arunachalam D. Global population aging, 1950–2050. In: *Handbook of Aging, Health and Public Policy: Perspectives From Asia.* Springer Nature; 2022:1-8.
3. Singstat. Key indicators of the Household Expenditure Survey, 2023. Department of Statistics Singapore; 2024.
4. Owaid O. The death of private practice: how the rising cost of healthcare is destroying physician autonomy. *Brookl J Corp Financ Commer Law.* 2016;11:521.
5. Toader E. The effects of rising healthcare costs on the US economy. *Am J Med Res.* 2014;1(2):44-50.
6. Sukhatme NU, Bloche MG. Health care costs and the arc of innovation. *SSRN Electron J.* 2019. doi:10.2139/ssrn.3396703
7. Mohammed MA, Mohammed MA, Mohammed VA. Impact of artificial intelligence on the automation of digital health system. *Int J Softw Eng Appl.* 2022;13(6):23-9.
8. Milella F, Minelli EA, Strozzi F, Croce D. Change and innovation in healthcare: findings from literature. *Clinicoecon Outcomes Res.* 2021;13:395-408.
9. Ellner AL, Stout S, Sullivan EE, Griffiths EP, Mountjoy A, Phillips RS. Health systems innovation at academic health centers: leading in a new era of health care delivery. *Acad Med.* 2015;90(7):872.
10. Pua Y-H, Yeo S-J, Clark RA, Tan C, Tan J, Chong H, et al. Cost and outcomes of Hospital-based Usual Care versus Tele-monitor self-directed Rehabilitation (HUATR) in patients with total knee arthroplasty: a randomized, controlled, non-inferiority trial. *Osteoarthritis Cartilage.* 2024;32(5):601-11.
11. W-S-Y W, Sun CM, Koh HY, Ong PH, Tan K, Lim S, et al. Reducing wait times and medical costs for patients: the physiotherapy-led Spine Triage and Rehabilitation (STAR) clinic. *BMJ Open Qual.* 2024;13(2):e002670.
12. Pang EPP, Tan HQ, Wang F, Low WK, Lim CC, Lee M, et al. Multicentre evaluation of deep learning CT autosegmentation of the head and neck region for radiotherapy. *Npj Digital Med.* 2025;8(1):312.
13. Tang SLS, Lee W, Chong Y, Teo J, Tan SY, Chua T, et al. Improving efficiency of antimicrobial stewardship reviews using artificial intelligence modelling. *Open Forum Infect Diseases.* 2021;8(Supplement_1):S166-S167.
14. Rao J, Weintraub J. How innovative is your company's culture? *MIT Sloan Manag Rev.* 2013;54(3):29-37.
15. Çubukcu A, Karaboğa K, Ayaz HI. İnovasyon kültürünün ölçülmesi: inovasyon Quotient modelinin doğrulanması ve Türkiye'deki bir savunma sanayi firmasında uygulanması. *Girisimcilik ve Inovasyon Yönetimi Derg.* 2023. doi:10.15659/giy.2023.001
16. Vassallo JP, Banerjee S, Zaman H, Prabhu JC. Design thinking and public sector innovation: the divergent effects of risk-taking, cognitive empathy and emotional empathy on individual performance. *Res Policy.* 2023;52(6):104768.

17. Zhang Q, Larkin CJ, Lucey BM. Innovative culture in Ireland's higher education institutions: an assessment. SSRN Scholarly Paper. 2015;2604196.
18. Dobni CB, Wilson GA, Klassen M. Business practices of highly innovative Japanese firms. *Asia Pac Manag Rev*. 2022;27(3):155-62.
19. Sutiyatno S, Santoso KI, Susilo G. The role of innovation leadership in teacher commitment: a study of organizational culture. *Int J Educ Methodol*. 2022;8(3):595-607.
20. Chadwick M, Larmer P, Smythe L. The history of allied health: an international perspective. *J Allied Health*. 2020;49(4):285-9.
21. Khalik S, Lee N. Trend of longer waiting times to see polyclinic doctors. Singapore: SingHealth Polyclinic; 2017.
22. Yap JCH, Yang Q. Understanding hospital waiting times. Singapore: Saw Swee Hock School of Public Health; 2019.
23. Saxon R, Gray M, Oprescu F. Extended roles for allied health professionals: an updated systematic review of the evidence. *J Multidisciplinary Healthcare*. 2014;479.
24. Stute M, Moretto N, Waters R, Raymer M, Ingram K, Hill A, et al. Allied health primary contact services: results of a 2-year follow-up study of clinical effectiveness, safety, wait times and impact on medical specialist outpatient waitlists. *Aust Health Rev*. 2020;45(3):344-52.
25. Costantino RC. The U.S. medicine chest: understanding the U.S. pharmaceutical supply chain and the role of the pharmacist. *J Am Pharm Assoc*. 2021;61(1):e87-92.
26. Dalton K, Byrne S. Role of the pharmacist in reducing healthcare costs: current insights. *Integrat Pharm Res Pract*. 2017;6:37-46.
27. De Rijdt T, Willems L, Simoens S. Economic effects of clinical pharmacy interventions: a literature review. *Am J Health Syst Pharm*. 2008;65(12):1161-72.
28. Putzer GJ, Park Y. Are physicians likely to adopt emerging mobile technologies? Attitudes and innovation factors affecting smartphone use in the southeastern United States. *Perspect Health Inf Manag*. 2012;9(Spring):1b.
29. Svensson PO, Hartmann RK. Policies to promote user innovation: makerspaces and clinician innovation in Swedish hospitals. *Res Policy*. 2018;47(1):277-88.
30. Masood M, Afsar B. Transformational leadership and innovative work behavior among nursing staff. *Nurs Inq*. 2017;24(4):e12188.
31. Wang YX, Yang YJ, Wang Y, Su D, Li S, Zhang L, et al. The mediating role of inclusive leadership: work engagement and innovative behaviour among Chinese head nurses. *J Nurs Manag*. 2019;27(4):688-96.
32. Baker S, Ballantine L. Allied health professions in research: the forgotten workforce. *Internet J Allied Health Sci Pract*. 2023;21(4).
33. Duke-NUS S. SingHealth Duke-NUS Academic Medical Centre impact report 2023/2024. Singapore: SingHealth Duke-NUS; 2024.
34. Department of Statistics Singapore (SingStat). Singapore in figures: population and households. Singapore: Department of Statistics Singapore; 2025.
35. Kline RB. Principles and Practice of Structural Equation Modeling. 5th ed. New York (NY): Guilford Press; 2023.
36. Hair JF, Black WC, Babin BJ, Anderson RE. Multivariate Data Analysis. 8th ed. Boston (MA): Cengage; 2019.
37. Berkhout C, Berbra O, Favre J, Collins C, Calafiore M, Peremans L, et al. Defining and evaluating the Hawthorne effect in primary care: a systematic review and meta-analysis. *Front Med*. 2022;9:1033486.
38. Milesi P. Identity leadership, procedural justice, and group identification in uncertain organizational contexts. *J Appl Soc Psychol*. 2022;52(9):886-911.
39. Van den Hoed MW, Backhaus R, de Vries E, Hamers JPH, Verbeek H, Ruwaard D, et al. Factors contributing to innovation readiness in health care organizations: a scoping review. *BMC Health Serv Res*. 2022;22(1):997.
40. Robertson TS. The process of innovation and the diffusion of innovation. *J Mark*. 1967;31(1):14-9.
41. Kim N, Pae JH. Does intra-firm diffusion of innovation lead to inter-firm relationship benefits? The cases of innovation providers and adopters. *J Bus Ind Mark*. 2014;29(6):514-24.
42. Rong X, Mei Q. Diffusion of innovations revisited: from social network to innovation network. In: Proceedings of the 22nd ACM International Conference on Information & Knowledge Management; 2013:499-508.
43. Hogan SJ, Coote LV, Pua Y-H. Organizational culture, innovation, and performance: a test of Schein's model. *J Bus Res*. 2014;67(8):1609-21.
44. Anderson N, Potočnik K, Zhou J. Innovation and creativity in organizations: a state-of-the-science review, prospective commentary, and guiding framework. *J Manage*. 2014;40(5):1297-333.
45. Danks S, Rao J, Allen JM. Measuring culture of innovation: a validation study of the innovation quotient instrument (part one). *Perform Improv Quart*. 2017;29(4):427-54.

46. Danks S, Rao J, Allen JM. Measuring culture of innovation: a validation study of the innovation quotient instrument (part two). *Perform Improv Quart.* 2017;30(1):29-53.
47. Jian Z, Zhou Y. Corporate social capital, market orientation, organizational learning and service innovation performance: an empirical survey in the Pearl River Delta of China. *J Ind Eng Manag.* 2015;8(2):303-21.
48. Joshi AW. When does customer orientation hinder (help) radical product innovation? The role of organizational rewards. *J Product Innov Manag.* 2016;33(4):435-54.
49. Graham JR, Harvey CR, Popadak J, Rajgopal S. Corporate culture: evidence from the field. NBER Working Paper No. 23255. Cambridge (MA): National Bureau of Economic Research; 2017.
50. Nongo E, Ikyanyon D. The influence of corporate culture on employee commitment to the organization. *Int J Bus Manag.* 2012;7(22):22.