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Identifying the Components and Layers of Organizational Culture Architecture Based on the Iranian–Islamic Approach to Progress in the Ministry of Health: A Thematic Analysis Study

ABSTRACT

The present study aimed to identify and systematically conceptualize the components, mechanisms, and layers of organizational culture architecture based on the Iranian–Islamic approach to progress within the Ministry of Health and Medical Education. In terms of purpose, the study was applied–developmental, and in terms of methodological approach, it was qualitative. Data were collected through a combination of a review of relevant scientific literature and semi-structured interviews with faculty members in management and senior managers in the health sector. Experts were selected using snowball sampling, and interviews continued until theoretical consensus was achieved. Data analysis was conducted using the six-phase thematic analysis framework and ATLAS.ti software. To assess reliability, Holsti's coefficient, Scott's Pi, Cohen's Kappa, and Krippendorff's Alpha were calculated. The analysis of 145 occurrences of open codes resulted in 66 initial themes, 26 first-order organizing themes, seven second-order organizing themes, and one overarching theme. The seven final layers consisted of foundations and principles; deep-seated beliefs and attitudes; behavioral norms and rules; symbols and signs; operational systems of culture; structural and process enablers; and cultural integration across education, treatment, research, and crisis management. The coefficients obtained for Holsti's method (0.887), Scott's Pi (0.755), Cohen's Kappa (0.725), and Krippendorff's Alpha (0.817) indicated an acceptable level of reliability for the classifications. The desired culture within the health system is not merely a collection of subjective values; rather, it represents a multilayered architecture comprising foundations, attitudes, rules, symbols, implementation mechanisms, and monitorable infrastructures. The added value of the proposed model lies in linking Iranian–Islamic ethics and identity with the professional, managerial, and institutional requirements of the health sector.

Keywords: organizational culture architecture; organizational culture; Iranian–Islamic approach to progress; Ministry of Health; thematic analysis; professional ethics

Introduction

Organizational culture is one of the most influential yet complex constructs in management because it shapes how organizational members interpret their environment, define appropriate behavior, coordinate activities, respond to change, and understand the broader meaning of their work. Rather than being limited to visible customs or formal statements of values, organizational culture encompasses deeply embedded assumptions, shared beliefs, behavioral norms, symbolic expressions, leadership practices, communication patterns, reward systems, and institutional routines that collectively influence organizational functioning. In this sense, culture provides an interpretive framework through which organizational members understand strategic priorities, interpersonal relations, managerial decisions, and expected patterns of conduct. It also serves as a mechanism of social integration by creating common meanings and reducing ambiguity in organizational life.

Contemporary organizational research therefore increasingly treats culture not as a peripheral contextual variable but as a central managerial infrastructure that influences employee attitudes, organizational behavior, performance, commitment, learning, innovation, and institutional adaptability [1, 2]. This perspective is particularly relevant in large public organizations, where formal rules alone are insufficient to ensure coherence across diverse professional groups, administrative units, and operational settings.

The strategic importance of organizational culture becomes even more pronounced when organizations operate in environments characterized by complexity, professional specialization, public accountability, technological change, and continuous pressure for service improvement. Organizational culture can strengthen the alignment between organizational strategy and employee behavior by translating abstract goals into shared expectations, routines, and decision-making criteria. Evidence from organizational settings indicates that culture can mediate the relationship between innovation and organizational strategy, suggesting that strategic initiatives are more likely to generate sustainable outcomes when they are supported by compatible cultural assumptions and practices [3]. Likewise, analyses of relationships among organizational culture indicators demonstrate that cultural dimensions are interdependent rather than isolated, meaning that leadership, communication, values, participation, learning, and structural arrangements should be examined as an interconnected system [4]. From this standpoint, culture may be conceptualized as an architecture composed of multiple mutually reinforcing layers, some of which are visible and behavioral, while others are deeper, normative, cognitive, or institutional. Such a multilayered conception is especially useful for understanding how cultural values are transformed into operational behavior and how organizations can systematically manage culture rather than relying on slogans or symbolic declarations.

The relationship between organizational culture and organizational outcomes has been widely emphasized in recent studies. Organizational culture influences employee performance because it establishes expectations regarding responsibility, cooperation, commitment, initiative, and service behavior [2]. Studies examining employee engagement have similarly shown that organizational culture, together with leadership and economic or motivational conditions, can affect employees' willingness to participate actively in organizational processes [5]. Organizational commitment, psychological empowerment, and learning-oriented cultural environments are also closely related. A culture that enables learning, supports participation, and strengthens employees' psychological resources can contribute to greater commitment and more constructive workplace behavior [6]. In educational organizations, organizational health has likewise been associated with dimensions such as supportive relationships, institutional coherence, professional functioning, and healthy managerial practices, all of which have strong cultural foundations [7]. These findings imply that organizational culture should not be treated merely as an attitudinal construct; rather, it operates through leadership, human-resource systems, organizational structures, communication channels, and everyday work practices.

In organizations influenced by Islamic social and ethical frameworks, organizational culture also acquires a normative dimension that connects managerial behavior with moral values. Islamic organizational perspectives emphasize principles such as justice, trustworthiness, dignity, service, responsibility, consultation, ethical conduct, and accountability. These principles may influence both managerial practices and employees' interpretations of organizational duties. Empirical evidence has shown that Islamic leadership can enhance employee performance through mechanisms including Islamic organizational values, organizational culture, and work motivation, demonstrating that culturally embedded ethical leadership can have both symbolic and practical consequences [8]. Similarly, research on Islamic leadership, organizational

culture, motivation, work environment, and job satisfaction indicates that employee performance emerges from the combined influence of leadership practices and the organizational context in which employees operate [9]. Other studies have reported meaningful relationships among Islamic work ethics, Islamic organizational culture, job satisfaction, and employee performance, suggesting that ethical norms embedded in organizational culture can contribute to desirable individual and organizational outcomes [10]. These findings are important because they demonstrate that an Islamic orientation to organizational culture can be analyzed not only as a philosophical ideal but also as an institutional and behavioral framework.

The service dimension of Islamic organizational culture is particularly relevant to organizations whose primary mission is directed toward human welfare. Islamic service ethics emphasize responsibility toward service recipients, fairness, integrity, respect, and moral accountability. Research has demonstrated that Islamic service ethics and organizational culture can contribute to service quality and stakeholder satisfaction, indicating that organizational values become consequential when they are reflected in concrete service encounters [11]. In health organizations, this issue assumes even greater importance because services directly affect human life, dignity, well-being, and social trust. Healthcare organizations must therefore reconcile technical competence with ethical obligations and institutional values. A cultural system that emphasizes justice, human dignity, trustworthiness, patient-centered behavior, transparency, professional ethics, and responsibility can provide the normative foundation required for high-quality healthcare delivery. At the same time, such values must be embedded in operational mechanisms, otherwise they risk remaining aspirational principles disconnected from actual managerial and clinical practices.

The importance of culturally grounded management has also been emphasized in research on Islamic educational institutions and other value-based organizations. Studies of Islamic institutional management indicate that organizational effectiveness depends on the ability to integrate cultural diversity, organizational values, institutional identity, and managerial requirements within a coherent system [12]. The urgency of organizational culture in the development of Islamic educational institutions has similarly been emphasized, particularly because organizational culture provides continuity between institutional identity and practical management processes [13]. More recent research suggests that the transformation of quality in Islamic higher education institutions depends on the integration of organizational culture with systematic quality-management approaches, reinforcing the view that values and quality systems should not be treated as separate organizational domains [14]. These findings have implications beyond education. They indicate that organizations guided by Islamic principles require models that simultaneously preserve their normative identity and respond to modern requirements of efficiency, accountability, quality, and performance.

Within the Iranian context, the development of organizational models based on Islamic–Iranian values has attracted increasing scholarly attention. An Islamic–Iranian approach to organizational culture is not simply the application of general religious concepts to management; rather, it requires a context-sensitive synthesis of Islamic ethical principles, Iranian sociocultural characteristics, national institutional priorities, and contemporary managerial requirements. Research on the organizational culture of the Ground Forces using an Islamic–Iranian approach illustrates the need to conceptualize organizational culture according to the values, missions, and institutional conditions of Iranian organizations rather than relying exclusively on imported cultural models [15]. Similarly, the development of organizational justice models grounded in Islamic values has highlighted concepts such as fairness, ethical conduct, accountability, and value-based organizational

relationships as central components of organizational functioning [16]. These studies suggest that culturally specific models may provide greater explanatory and practical relevance when they are designed according to the institutional and normative environment in which organizations operate.

The Iranian–Islamic approach to progress provides a particularly important framework for examining organizational culture because it seeks to integrate ethical, social, scientific, managerial, and developmental principles. From this perspective, organizational progress cannot be reduced to technical efficiency or economic productivity; rather, it involves the simultaneous development of human capacities, ethical conduct, institutional justice, scientific advancement, social responsibility, and alignment with culturally grounded values. This approach implies that organizational culture should be examined across several levels, including foundational values, deep assumptions, behavioral rules, symbolic manifestations, management systems, structural enablers, and mechanisms of integration. An architecture-based perspective is therefore useful because it explains not only what values an organization possesses but also how those values are institutionalized and transmitted. For example, justice may exist as a foundational value, but its organizational relevance depends on whether it is translated into equitable promotion, transparent decision-making, ethical appointments, fair resource distribution, and measurable accountability mechanisms.

The need for such an architectural perspective is reinforced by research on ethics-oriented management. The design of ethically oriented management models for employee education has shown that ethics needs to be embedded in managerial systems, employee-development processes, and institutional practices rather than being treated as an abstract normative statement [17]. In the same way, cultural values become sustainable when they are supported by training programs, leadership behaviors, promotion systems, communication structures, performance standards, and institutional monitoring mechanisms. Organizational spirituality and value-based work also depend on enabling conditions. Research on organizational learning culture and workplace empowerment demonstrates that knowledge-sharing behavior can facilitate workplace spirituality, showing that deeper value-oriented experiences are influenced by learning systems and organizational structures [18]. Accordingly, culture should be conceptualized as a dynamic configuration of values, beliefs, practices, and infrastructures rather than a fixed set of shared perceptions.

Technological transformation creates another reason to rethink organizational culture architecture. Contemporary organizations increasingly operate through digital platforms, information systems, dashboards, e-learning infrastructures, and technology-enabled communication networks. These technologies can either reinforce or weaken organizational values depending on how they are designed and governed. Research on fourth-generation universities has highlighted the growing importance of new technologies as part of institutional transformation and organizational development [19]. In healthcare-related settings, the design of e-learning models for health tourism marketing also demonstrates how educational technologies, organizational capabilities, and service environments can be integrated within health-sector institutions [20]. These developments suggest that organizational culture models should account for technological enablers and digital mechanisms through which values can be communicated, monitored, reinforced, and evaluated. Culture dashboards, transparency systems, online learning platforms, and digital ethical-monitoring mechanisms can provide tangible instruments for institutionalizing organizational values.

Crisis management further illustrates why organizational culture must include operational and integrative dimensions. The COVID-19 pandemic demonstrated that organizations require more than formal emergency protocols; they also need cultures

capable of sustaining trust, rapid coordination, professional responsibility, adaptability, accurate communication, and collective commitment. Research on operational management in media organizations during disease epidemics revealed the importance of coordinated structures, crisis communication, adaptive management, and organizational readiness in maintaining effective operations under exceptional conditions [21]. In healthcare organizations, where crisis conditions directly affect life-saving services, cultural preparedness is even more critical. Values such as sacrifice, responsibility, trustworthiness, resilience, ethical prioritization, and service orientation must be integrated with crisis-management procedures and institutional structures. Hence, crisis readiness should not be regarded solely as a technical capability; it also reflects a deeper organizational culture that shapes how employees interpret emergencies and respond under pressure.

The health system is a particularly appropriate setting for developing an integrated organizational culture architecture because it includes multiple professional communities, including physicians, nurses, researchers, administrators, educators, policymakers, and support staff. These groups operate within different occupational subcultures while simultaneously being expected to follow shared institutional values. The Ministry of Health and Medical Education has an especially complex organizational mission because it encompasses health policy, healthcare provision, professional education, scientific research, regulation, and crisis management. Cultural fragmentation across these functions can undermine coordination and strategic coherence, whereas a shared but sufficiently flexible cultural architecture can provide common principles while allowing specialized professional practices. A health-sector culture therefore needs to establish coherence between foundational values and the distinctive requirements of education, treatment, research, administration, and emergency response.

Another important consideration is that organizational culture can affect psychological and social well-being within institutions. Research on the relationship between organizational commitment and different dimensions of vitality has demonstrated that institutional environments may influence spiritual, psychological, physical, and behavioral functioning among organizational members [22]. Although conducted in an educational context, such findings are relevant to health organizations because healthcare employees often work under demanding conditions characterized by emotional strain, high responsibility, resource constraints, and ethical complexity. An organizational culture based on respect, fairness, meaningful work, supportive leadership, learning, and ethical recognition can strengthen employees' sense of purpose and institutional belonging. Conversely, inconsistent cultural signals, managerial injustice, weak communication, or symbolic values unsupported by actual practices may reduce trust and increase organizational cynicism.

Organizational identity and culturally embedded communication are also important in understanding how values are reproduced. Cultural values are communicated through narratives, symbols, rituals, ceremonies, physical environments, role models, terminology, and institutional stories. Studies in adjacent organizational and sociopolitical fields demonstrate that symbolic communication and context-sensitive value frameworks shape how audiences interpret institutional messages and identities [23]. Within the health sector, symbols may include professional uniforms, architectural design, recognition ceremonies, memorialization of healthcare workers who sacrificed their lives, organizational slogans, and ethical occasions. These symbolic elements are not superficial if they are consistent with actual organizational behavior. Instead, they can reinforce identity, make abstract values visible, and create continuity between institutional history, organizational mission, and contemporary practice.

Despite the substantial literature on organizational culture, leadership, Islamic ethics, organizational justice, employee performance, learning, and institutional effectiveness, an important conceptual gap remains. Much of the existing research examines individual relationships among variables, such as the effect of culture on performance, commitment, satisfaction, innovation, service quality, or spirituality [3, 10, 18]. Other studies focus on Islamic leadership or Islamic organizational culture within particular institutional contexts [8, 9, 12]. Although these contributions are valuable, they provide relatively limited explanation of how different cultural dimensions should be structurally arranged into a coherent architecture. In particular, there remains a need for models that explain how foundational Iranian–Islamic values are connected to deep-seated beliefs, behavioral norms, symbols, leadership systems, learning mechanisms, motivational practices, structural arrangements, technologies, and functional domains.

This gap is particularly consequential for the Ministry of Health and Medical Education because organizational culture must function simultaneously across strategic, ethical, professional, administrative, and operational levels. A useful model must therefore move beyond merely listing cultural values and should clarify the mechanisms through which values are institutionalized. Such a model should distinguish between foundational principles, internalized beliefs, behavioral expectations, symbolic manifestations, operational cultural systems, enabling structures and processes, and cross-functional integration. It should also be capable of accommodating both professional healthcare requirements and the ethical and identity-based dimensions associated with the Iranian–Islamic approach to progress. The increasing emphasis on organizational justice, ethical management, integrated quality, learning culture, employee empowerment, organizational health, and culturally grounded leadership provides strong justification for developing such a comprehensive framework [7, 14, 16, 17]. A layered architecture can offer a more systematic understanding of how these dimensions interact and can also provide policymakers and managers with a basis for cultural assessment, institutional redesign, leadership development, and long-term cultural transformation.

Accordingly, the aim of the present study was to identify and coherently conceptualize the components, mechanisms, and layers of organizational culture architecture based on the Iranian–Islamic approach to progress in the Ministry of Health and Medical Education.

Methodology

In terms of purpose, the study was applied–developmental, and in terms of methodological approach, it was qualitative. It was conducted as the exploratory phase of a mixed-methods design. The data sources included scientific literature related to organizational culture and organizational architecture, as well as semi-structured interviews with experts. The expert population consisted of faculty members in the field of management and senior managers of the Ministry of Health and Medical Education. Participants were selected through snowball sampling, and the interviews continued until theoretical consensus was achieved. The final number of interviews, interview duration and location, and interviewer characteristics were not reported; therefore, no numerical values or supplementary details were inferred or reconstructed for these items.

Data analysis was conducted according to the six-phase thematic analysis framework, including in-depth familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and preparing the report. Given the use of ATLAS.ti and several inter-coder agreement coefficients, the approach adopted in this

article was regarded as coding-reliability thematic analysis rather than reflexive thematic analysis. This distinction prevents the conflation of two methodologically different analytical logics.

To ensure research quality, the criteria of credibility, transferability, dependability, and confirmability were employed.

Four inter-coder agreement coefficients were calculated to assess coding reliability: Holsti's coefficient, Scott's Pi, Cohen's Kappa, and Krippendorff's Alpha.

The simultaneous use of these indices made it possible to distinguish observed agreement from chance-corrected agreement.

Findings and Results

The results revealed a hierarchical conceptual structure comprising 66 initial themes, 26 first-order organizing themes, seven architectural layers, and one overarching theme. The overarching theme was organizational culture architecture based on the Iranian–Islamic approach to progress in the Ministry of Health.

Table 1 presents the layers, components, and sample indicators associated with each layer.

Table 1

Seven-Layer Architecture of Organizational Culture

Code	Architectural Layer	First-Order Components	Sample Indicators
C1	Foundations and Principles	Iranian–Islamic values; epistemological foundations; policy foundations	Justice, human dignity, trustworthiness, service to human life, monotheistic worldview, meaning attribution to healthcare work, scientific jihad, general health policies, National Scientific Roadmap, Iranian–Islamic Model of Progress
C2	Deep-Seated Beliefs and Attitudes	Mission orientation; attitude toward human beings; attitude toward work; attitude toward change	Serving public health as a divine mission, prioritization of service delivery, empathy with patients, humane and ethical patient-centeredness, work as worship, responsibility, jihadi spirit, openness to innovation, crisis preparedness, and agility
C3	Behavioral Norms and Rules	Professional norms; managerial norms; interaction norms; communication norms	Medical ethics, behavioral standards, organizational respect, managerial justice, transparency, meritocracy, respect for service recipients, fair treatment, constructive dialogue, conflict management, and transparent communication
C4	Symbols and Signs	Organizational symbols; rituals; heroic role models	Slogans, humane healthcare architecture, uniform design, recognition of healthcare personnel, ethical and spiritual occasions, healthcare martyrs, and role models of sacrifice and service
C5	Operational Systems of Culture	Cultural leadership; learning; motivation and rewards; cultural communication; culture assessment	Ethics-oriented leadership, servant manager, professional ethics training, lifestyle workshops, rewards for jihadi behaviors, fairness in promotion, rumor management, two-way communication, health-oriented communication, cultural indicators, and cultural dashboards
C6	Enablers (Structure and Process)	Supportive structures; key processes; enabling technologies	Supreme Council of Culture, ethics committee, Center for Cultural Excellence, value-development processes, conflict management, ethics-based appointments, transparency systems, and professional ethics dashboards
C7	Cultural Integration	Education; treatment; research; crisis management	Educating students with an Iranian–Islamic identity, indigenous professional ethics, clinical ethics, professional behavior toward patients, research ethics, scientific integrity, a culture of sacrifice and health jihad during crises, and prioritization based on Islamic education

At this stage, the researcher defines and re-examines the main themes presented for analysis and subsequently analyzes the data contained within them. Through the processes of definition and review, the nature of what each theme addresses is clarified, and the specific aspect of the data represented by each main theme is determined. At this stage, after repeatedly moving back and forth among the subthemes, the researcher ultimately arrived at one overarching theme that could explain the phenomenon within the context of the study. Some of the subthemes from which the main themes were derived are presented below.

Table 2

Overarching Theme of Designing an Organizational Culture Architecture Model Based on the Iranian–Islamic Approach to Progress: A Study of the Ministry of Health and Medical Education

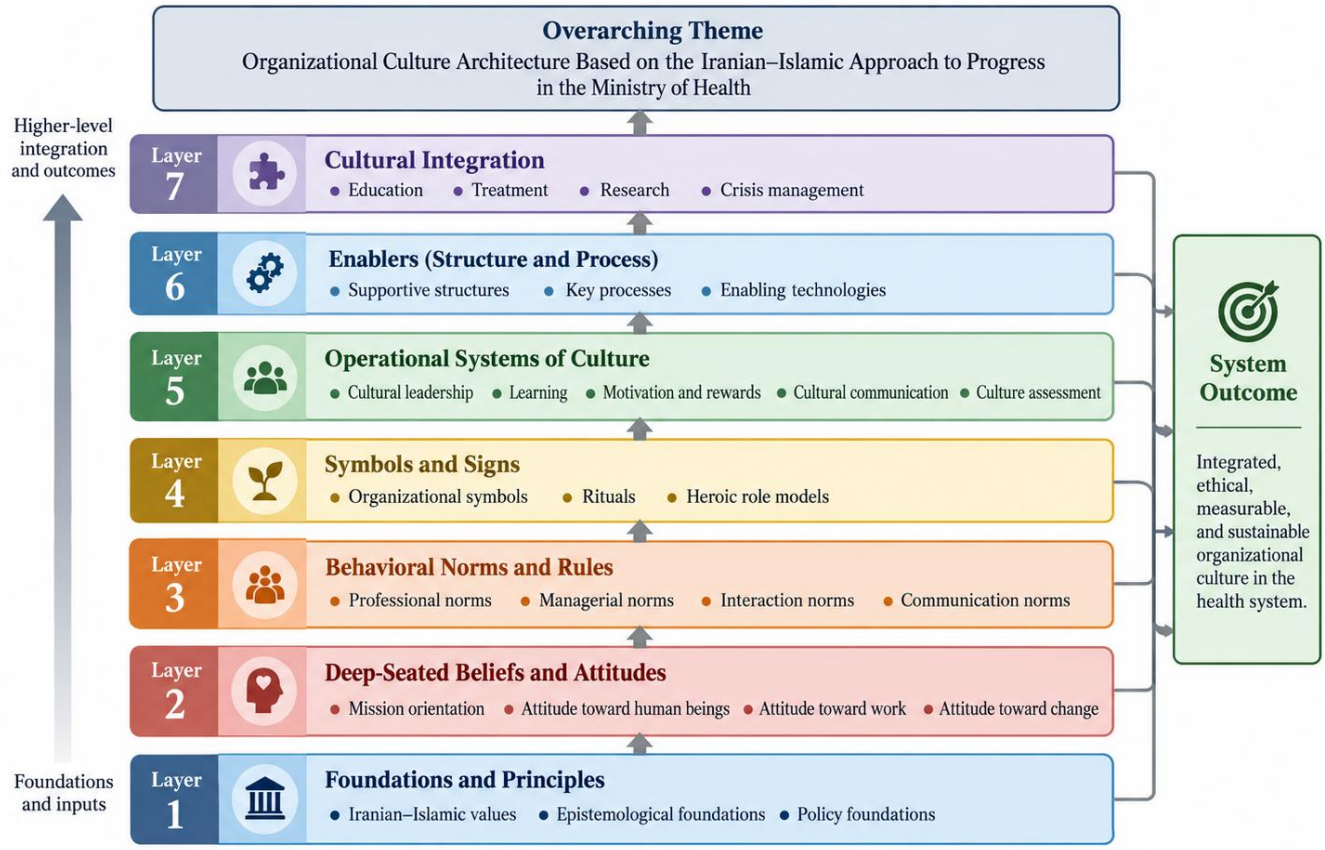
Initial Theme: Practical Explanation for the Ministry of Health	First-Order Organizing Theme: Components	Second-Order Organizing Theme: Architectural Layer
Justice	Iranian–Islamic values	Foundations and Principles
Human dignity		
Trustworthiness		
Service to human life		
Monotheistic worldview	Epistemological foundations	
Meaning attribution to healthcare work		
Scientific jihad		
General health policies	Policy foundations	
National Scientific Roadmap		
Iranian–Islamic Model of Progress		
Serving public health as a divine mission	Mission orientation	Deep-Seated Beliefs and Attitudes
Prioritizing service delivery		
Respect for inherent human dignity	Attitude toward human beings	
Empathy with patients		
Patient-centeredness from a humane and ethical perspective		
Work as worship	Attitude toward work	
Responsibility		
Jihadi spirit		
Openness to innovation	Attitude toward change	
Crisis preparedness (COVID-19, emergencies)		
Agility		
Medical ethics	Professional norms	Behavioral Norms and Rules
Compliance with behavioral standards		
Organizational respect		
Managerial justice	Managerial norms	
Transparency		
Meritocracy		
Respect for service recipients	Interaction norms	
Fair treatment of colleagues		
Constructive dialogue	Communication norms	
Conflict management		
Transparent communication		
Slogans	Organizational symbols	Symbols and Signs
Humane healthcare architecture		
Uniform design		
Recognition of healthcare personnel	Rituals	
Ethical and spiritual occasions		
Highlighting healthcare martyrs	Heroic role models	
Role models of sacrifice and service		
Ethics-oriented leadership style	Cultural leadership	Operational Systems of Culture
Servant manager		
Professional ethics training	Learning	
Iranian–Islamic lifestyle workshops		
Rewards for jihadi behaviors	Motivation and rewards	
Fairness in promotion		
Rumor management	Cultural communication	
Two-way communication		
Health-oriented communication		
Cultural indicators	Culture assessment	
Cultural dashboard		
Supreme Council of Culture	Supportive structures	Enablers (Structure and Process)
Ethics committee		
Center for Cultural Excellence		
Value-development process	Key processes	
Conflict management		
Ethics-based appointments		

Transparency system	Enabling technologies	
Professional ethics management dashboard		
Educating students with an Iranian–Islamic identity	Education	Cultural Integration
Indigenous organizational professional ethics		
Clinical ethics standards	Treatment	
Professional behavior toward patients		
Research ethics	Research	
Scientific integrity		
Culture of sacrifice and health jihad during crises	Crisis management	
Prioritization of matters based on Islamic education		

Following the review and analysis of the literature using thematic analysis and completion of the six analytical phases, the subthemes and main themes presented in the table were identified.

Figure 1

Organizational Culture Architecture Model Based on the Iranian–Islamic Approach to Progress: A Study of the Ministry of Health and Medical Education



Foundations and Principles Layer

The foundations and principles layer functions as the fundamental core of organizational culture and specifies the essential values and beliefs upon which the other layers are constructed. Within the Ministry of Health, this layer encompasses principles such as justice, human dignity, trustworthiness, service to human life, and a monotheistic worldview, all of which guide employee behavior and organizational decision-making. These values determine how organizational resources are distributed, how relationships among employees are established, and the standards according to which services are delivered to patients. For example, managerial justice ensures that promotion, rewards, and career opportunities are determined on

the basis of merit and actual performance rather than personal relationships or irrelevant factors. Human dignity and a monotheistic worldview ensure that managerial and clinical decisions incorporate not only technical considerations but also human and ethical dimensions, such that respect for the dignity of patients and employees consistently remains a priority. Trustworthiness, as one of the key principles of this layer, ensures that information, resources, and medical equipment are managed properly and with full accountability. These core principles provide a foundation for establishing trust and cohesion within the organization and facilitate the development of a sustainable organizational culture aligned with the values of the Iranian–Islamic approach to progress.

Deep-Seated Beliefs and Attitudes Layer

The deep-seated beliefs and attitudes layer represents the psychological and cognitive dimension of organizational culture and shapes employees' attitudes toward the organizational mission, human beings, and work. Components such as viewing service to public health as a divine mission, prioritizing service delivery, respecting inherent human dignity, demonstrating empathy toward patients, and adopting a humane and ethical approach to patient-centered care are located within this layer. These beliefs encourage employees not merely to perform administrative duties but to act on the basis of ethical and value-oriented motivations. For example, when interacting with a patient, a nurse or physician considers not only physical treatment but also the patient's psychological well-being, dignity, and sense of personal worth as central considerations in decision-making. Moreover, viewing work as worship and emphasizing individual responsibility encourage employees to remain committed to service and sustained effort even under difficult conditions or resource constraints. This layer provides the foundation for developing a jihadi spirit, innovation, and crisis preparedness and enables organizational culture to become manifest in employees' actual practices and everyday behaviors.

Behavioral Norms and Rules Layer

The behavioral norms and rules layer encompasses operational guidelines and frameworks that regulate behavior and align it with organizational values. Components such as medical ethics, adherence to behavioral standards, organizational respect, and managerial justice are included within this layer. These norms ensure that fundamental principles and values are translated into employees' everyday behavior and their interactions with patients. For example, medical ethics and adherence to clinical standards ensure that all therapeutic interventions are conducted in accordance with scientific and humanitarian principles. Fair treatment of colleagues and managerial justice create an equitable and motivating environment in which employees can work with greater motivation and collaboration. Behavioral norms also function as mechanisms for reducing organizational conflict and tension and ensure that decisions and actions are characterized by transparency and fairness. In simple terms, this layer enables the operationalization of organizational values in everyday behavior.

Symbols and Signs Layer

The symbols and signs layer encompasses visual and experiential elements that make organizational values and norms tangible. Components such as transparent communication, slogans, humane healthcare architecture, uniform design, recognition of healthcare personnel, and ethical and spiritual occasions are located within this layer. These elements remind employees and patients that the organizational culture is grounded in the values of the Iranian–Islamic approach to progress. For example, humane architecture and the design of hospital environments contribute not only to aesthetics and functionality but also to patient comfort and a sense of being respected. Transparent communication and organizational slogans communicate the organization's values and mission in a tangible manner. This layer transforms organizational culture into a

perceptible and concrete experience for organizational members and makes organizational values visible in both behavior and the physical environment.

Operational Systems of Culture Layer

This layer encompasses the implementation mechanisms through which organizational culture is directed and institutionalized at the operational level. Components such as an ethics-oriented leadership style, the servant manager, professional ethics education, Iranian–Islamic lifestyle workshops, rewards for jihadi behaviors, and fairness in promotion are included in this layer. It ensures that organizational leadership directs employee behavior through the practical enactment of values and continuous education. Through role modeling and motivation, leaders reinforce organizational culture and encourage employees to demonstrate ethical, innovative, and self-sacrificing behavior. This layer serves as the point of connection between fundamental principles, beliefs, and operational behaviors and contributes to the sustainability of culture within the organization.

Enablers Layer (Structure and Process)

This layer encompasses the instruments and supportive mechanisms that facilitate the implementation of organizational culture. Components such as cultural indicators, a cultural dashboard, the Supreme Council of Culture, the ethics committee, the Center for Cultural Excellence, the value-development process, ethics-based appointments, the transparency system, and the professional ethics management dashboard are included within this layer. This layer ensures that the implementation of organizational culture is transparent, measurable, and manageable. Supportive structures and clearly defined processes make continuous monitoring, rapid corrective action, and the promotion of organizational values possible, thereby supporting the transformation of cultural slogans into actual organizational behavior.

Cultural Integration Layer

The cultural integration layer involves the convergence of all organizational domains and activities so that organizational culture becomes coherently institutionalized across education, research, treatment, and crisis management. Components such as educating students with an Iranian–Islamic identity, indigenous organizational professional ethics, clinical ethics standards, professional behavior toward patients, research ethics, scientific integrity, a culture of sacrifice and health jihad during crises, and prioritization of matters based on Islamic education demonstrate that organizational culture should be experienced in an integrated and operational manner across all levels of the organization. This layer ensures that organizational values, norms, and behaviors are evident and sustainable not only at the level of policies and education but also in employees' everyday performance.

Four quantitative criteria were used to examine credibility, transferability, confirmability, and dependability: Holsti's coefficient, Scott's Pi coefficient, Cohen's Kappa index, and Krippendorff's Alpha.

The degree of agreement among the experts' assessments, calculated using Holsti's coefficient, or the "percentage of observed agreement," was 0.887, representing a substantial level of agreement. Given the limitations associated with Holsti's method, Scott's Pi index was also calculated and yielded a value of 0.755. Another index used to estimate the reliability of qualitative research was Cohen's Kappa. Cohen's Kappa coefficient in this study was 0.725. Finally, Krippendorff's Alpha was calculated, producing an estimated value of 0.817 in the present study.

Discussion and Conclusion

The present study aimed to identify and coherently conceptualize the components, mechanisms, and layers of organizational culture architecture based on the Iranian–Islamic approach to progress in the Ministry of Health and Medical Education. The thematic analysis resulted in a hierarchical model comprising 66 initial themes, 26 first-order organizing themes, seven second-order organizing themes or architectural layers, and one overarching theme. The seven identified layers were foundations and principles, deep-seated beliefs and attitudes, behavioral norms and rules, symbols and signs, operational systems of culture, structural and process enablers, and cultural integration across education, treatment, research, and crisis management. The overarching theme reflected an organizational culture architecture in which Iranian–Islamic values are not positioned merely as abstract beliefs but are linked to managerial practices, professional behavior, institutional systems, and organizational outcomes. The inter-coder agreement coefficients also supported the reliability of the classification, with Holsti's coefficient of 0.887, Scott's Pi of 0.755, Cohen's Kappa of 0.725, and Krippendorff's Alpha of 0.817. Taken together, these findings indicate that organizational culture in the Ministry of Health can be understood as a multilayered and interconnected architecture in which underlying principles are progressively translated into beliefs, behavioral expectations, visible manifestations, managerial systems, enabling structures, and integrated professional practices.

The first architectural layer, foundations and principles, consisted of Iranian–Islamic values, epistemological foundations, and policy foundations. Themes such as justice, human dignity, trustworthiness, service to human life, a monotheistic worldview, scientific endeavor, general health policies, and the Iranian–Islamic Model of Progress were located within this foundational layer. This finding suggests that organizational culture in a public health institution cannot be constructed independently of the normative and policy environment within which the institution operates. In value-oriented organizations, foundational beliefs function as interpretive anchors that shape managerial legitimacy, employee expectations, and the criteria through which appropriate behavior is defined. This result is consistent with the work of Javanmard et al., who emphasized the importance of Islamic–Iranian principles in constructing organizational culture models that are contextually compatible with Iranian institutions [15]. The finding is also aligned with Zarabi et al., whose Islamic-value-based model of organizational justice demonstrated that organizational justice can be conceptualized not only as a procedural management variable but also as a culturally embedded ethical principle [16]. Rezaeian similarly emphasized that deeply embedded values and assumptions form the core of organizational culture and influence subsequent behavioral and managerial patterns [1]. The present study extends these perspectives by showing that, in the health sector, foundational values must be explicitly connected to policy frameworks and the moral meaning of healthcare service.

The second layer, deep-seated beliefs and attitudes, included mission orientation, attitudes toward human beings, attitudes toward work, and attitudes toward change. Specific themes included considering service to public health as a divine mission, prioritizing service delivery, respecting human dignity, empathy with patients, viewing work as worship, responsibility, jihadi spirit, openness to innovation, crisis preparedness, and organizational agility. These findings imply that the effectiveness of organizational culture depends on whether foundational values are internalized as cognitive and motivational orientations by organizational members. Employees who understand healthcare as a moral and social mission are likely to interpret their professional responsibilities differently from those who view work only as a contractual or administrative obligation. This interpretation is consistent with studies demonstrating that Islamic organizational values and

leadership can influence motivation and employee performance through internalized value systems [8]. Rabbad et al. also showed that Islamic leadership and organizational culture are related to motivation, satisfaction, and performance, indicating that value-oriented organizational contexts can influence employees' psychological orientation toward work [9]. Similarly, Ratnaningrum et al. identified meaningful relationships among Islamic work ethics, Islamic organizational culture, job satisfaction, and employee performance [10]. The present findings therefore suggest that a culturally coherent health organization must develop not only formal values but also deeply internalized attitudes that connect ethical meaning, professional identity, adaptability, and service motivation.

The third identified layer was behavioral norms and rules, encompassing professional, managerial, interactional, and communication norms. Medical ethics, behavioral standards, organizational respect, managerial justice, transparency, meritocracy, respect for service recipients, fair treatment of colleagues, constructive dialogue, conflict management, and transparent communication were prominent components. This finding indicates that values and attitudes become organizationally consequential only when translated into recognizable and enforceable standards of behavior. In other words, organizational culture acquires practical meaning when members can identify what ethical and appropriate conduct looks like in day-to-day work. This interpretation is consistent with Abd Sharafat and Jafari, who emphasized the role of organizational culture in shaping organizational behavior and performance [2]. It is also supported by Akob et al., who found that Islamic service ethics and organizational culture affect service quality and satisfaction, highlighting the importance of ethical behavior in service delivery settings [11]. In healthcare, this translation from values to behavioral norms is especially important because organizational culture directly affects interactions with patients, colleagues, and stakeholders. Accordingly, the present model suggests that professional ethics, managerial justice, transparency, and interpersonal respect should be treated as visible manifestations of deeper cultural principles rather than as separate administrative requirements.

The fourth layer comprised symbols and signs, including organizational symbols, rituals, and heroic role models. Examples included slogans, humane healthcare architecture, uniform design, recognition of healthcare personnel, ethical and spiritual occasions, healthcare martyrs, and models of sacrifice and service. This finding illustrates the symbolic dimension of organizational culture and demonstrates that values are reinforced not only through formal rules but also through shared meanings and visible representations. Symbols and rituals can strengthen collective identity when they are congruent with actual managerial and professional practices. The importance of organizational identity, symbolic communication, and the contextual presentation of institutional values is indirectly supported by research examining how culturally embedded messages influence organizational and social interpretation [23]. The current study indicates that such symbolic elements can be particularly significant in a health system because they communicate the moral meaning of service, reinforce professional identity, and create continuity between institutional values and collective memory. However, symbolic practices are likely to be effective only when they are supported by fair systems and authentic managerial behavior; otherwise, they may be perceived as ceremonial rather than culturally meaningful.

The fifth layer, operational systems of culture, included cultural leadership, learning, motivation and rewards, cultural communication, and culture assessment. Specific themes included ethics-oriented leadership, servant management, professional ethics education, Iranian–Islamic lifestyle workshops, rewards for jihadi behavior, fairness in promotion, rumor management, two-way communication, health-oriented information dissemination, cultural indicators, and cultural dashboards. This layer represents one of the most important contributions of the study because it demonstrates how

organizational culture can be operationalized through management systems. The finding is consistent with evidence showing that leadership and organizational culture jointly shape employee behavior and performance [8, 9]. Pratiwi and Amini also showed that organizational culture and transformational leadership contribute to employee involvement, reinforcing the importance of leadership as a mechanism for cultural transmission [5]. Furthermore, organizational learning culture has been linked to empowerment, knowledge sharing, and workplace spirituality [18], while Manijani emphasized the relationship between learning culture, organizational commitment, and psychological empowerment [6]. These studies support the present conclusion that culture must be maintained through continuous learning, communication, motivation, and leadership rather than assumed to persist automatically.

The sixth layer consisted of structural and process enablers, including supportive structures, key organizational processes, and enabling technologies. The themes identified in this layer included the Supreme Council of Culture, ethics committees, a Center for Cultural Excellence, value-development processes, conflict management, ethics-based appointments, transparency systems, and professional ethics dashboards. The identification of this layer suggests that sustainable organizational culture requires formal institutional infrastructure. Even strongly shared values may weaken if recruitment, promotion, monitoring, governance, and information systems contradict them. This conclusion is consistent with Mohammadi Komroudi et al., whose ethics-oriented management model emphasized embedding ethics within employee development and managerial structures [17]. It is also compatible with studies of organizational health, which demonstrate that healthy organizational functioning depends on structural and managerial conditions in addition to individual attitudes [7]. The inclusion of technological mechanisms is particularly relevant in contemporary organizations. Seifi et al. emphasized the importance of new technologies in institutional development [19], while Heidari et al. demonstrated the role of technology-enabled educational systems in healthcare-related organizations [20]. Therefore, cultural governance in the Ministry of Health may benefit from combining ethical oversight with digital systems for monitoring, transparency, feedback, and organizational learning.

The seventh and highest layer was cultural integration across education, treatment, research, and crisis management. This layer included the education of students with an Iranian–Islamic identity, indigenous professional ethics, clinical ethics, professional patient care, research ethics, scientific integrity, a culture of sacrifice and health jihad during crises, and prioritization based on Islamic education. The emergence of this layer demonstrates that culture cannot be considered fully institutionalized until it is embedded consistently across the major functional domains of the organization. This finding is particularly important in the Ministry of Health and Medical Education because its institutional mission simultaneously encompasses education, service provision, research, and crisis response. The result is consistent with Hasbi et al., who emphasized that organizational culture should be integrated with quality management rather than treated as an independent symbolic construct [14]. Munkar et al. similarly highlighted the need to reconcile Islamic values, cultural diversity, and organizational effectiveness within institutional management models [12]. Sulistyorini also emphasized the importance of organizational culture in the development and institutional sustainability of Islamic educational organizations [13]. In the present study, this principle extends beyond education and suggests that cultural integration across all functional domains is essential for avoiding fragmented or inconsistent applications of values.

The findings further indicate that crisis management should be understood as a cultural as well as operational capability. The inclusion of crisis preparedness, sacrifice, adaptability, health jihad, and ethical prioritization reflects the experience of

health organizations operating under conditions of uncertainty and high societal responsibility. Yasamin et al. showed that effective organizational response during a disease epidemic requires coordinated operational management, communication, and adaptive mechanisms [21]. The present study extends this perspective by suggesting that successful crisis response also depends on deeper cultural elements, including responsibility, commitment, shared purpose, trust, and ethical decision-making. A technically sophisticated crisis-management system may therefore be insufficient if organizational members do not share the values required for coordinated and selfless action.

Another important finding is the central position of justice, ethical leadership, and employee well-being within the proposed architecture. Justice appeared at the foundational level and was also reflected in managerial norms, promotion processes, and institutional practices. This cross-layer presence suggests that justice functions as both a cultural value and an operational principle. Such an interpretation is strongly supported by Zarabi et al., who conceptualized organizational justice through Islamic values [16]. In addition, the relationship between organizational culture, commitment, and different dimensions of employee vitality has been highlighted in previous research [22]. A culture characterized by justice, respect, ethical leadership, and meaningful work may therefore contribute not only to performance but also to psychological and behavioral vitality. This is particularly relevant for health-sector employees, whose work often involves intense emotional and professional demands.

Overall, the seven-layer model suggests that organizational culture architecture should be understood as a vertically and horizontally integrated system. Vertically, foundational values influence beliefs, which shape norms, symbols, operational mechanisms, structures, and finally integrated institutional practices. Horizontally, different elements within each layer interact with one another. This interpretation is consistent with findings showing that organizational culture indicators are interconnected and may exert reciprocal influences rather than operating independently [4]. It also aligns with research demonstrating the mediating role of organizational culture in linking innovation to organizational strategy [3]. The architecture proposed in this study therefore moves beyond a static list of cultural dimensions and provides a systemic explanation of how culture can be formed, transmitted, reinforced, evaluated, and institutionalized. The model also integrates culturally specific Iranian–Islamic principles with contemporary organizational requirements such as transparency, technology, professional ethics, innovation, learning, measurable performance, and crisis readiness. In this respect, the study provides a context-sensitive framework for understanding organizational culture in the health sector while remaining compatible with broader organizational behavior and management literature.

The present study has several limitations that should be considered when interpreting the findings. First, the qualitative phase was conducted within the institutional context of the Ministry of Health and Medical Education, and the resulting architecture is therefore closely connected to the structural, professional, and cultural characteristics of the Iranian health system. This contextual specificity may limit direct transferability to other ministries, private healthcare organizations, or organizations operating in different sociocultural environments. Second, although the analysis incorporated both scientific literature and expert interviews, the available study documentation did not specify the final number of interviews, interview duration, interview location, or interviewer characteristics, which limits the methodological transparency and replicability of the qualitative process. Third, the identified themes are based primarily on expert perspectives and documentary analysis rather than direct observation of organizational behavior among employees, patients, or frontline clinical staff. Finally,

although several inter-coder agreement coefficients supported coding reliability, the qualitative model itself was not quantitatively validated in the present phase.

Future research should quantitatively validate the seven-layer architecture using large and diverse samples of employees, managers, faculty members, healthcare professionals, and administrative personnel across different organizations affiliated with the Ministry of Health. Scale-development studies could operationalize each architectural layer and examine construct validity, reliability, convergent and discriminant validity, and structural relationships among the layers. Comparative studies are also recommended across hospitals, medical universities, primary healthcare networks, research centers, and central administrative units to determine whether the relative importance of cultural components differs across organizational contexts. Longitudinal research could investigate how cultural architecture changes following leadership transitions, policy reforms, organizational crises, or major technological transformations. Future studies could also examine relationships between the proposed cultural layers and outcomes such as employee engagement, patient satisfaction, organizational commitment, innovation, service quality, ethical climate, crisis resilience, and organizational performance.

From a practical perspective, managers and policymakers in the Ministry of Health should use the proposed architecture as an integrated framework for cultural diagnosis and organizational development rather than implementing isolated cultural initiatives. Organizational values such as justice, dignity, trustworthiness, and service orientation should be translated into explicit leadership competencies, behavioral standards, promotion criteria, education programs, communication policies, and performance indicators. Cultural assessment dashboards can be developed to monitor the extent to which declared values are reflected in everyday managerial and professional behavior. Ethics committees, cultural excellence units, and transparent appointment systems should be empowered to connect cultural principles with institutional decision-making. In addition, cultural development should be embedded across medical education, clinical services, research governance, and crisis management so that employees encounter consistent cultural expectations throughout the organization. Particular attention should be paid to the alignment between symbolic actions and actual managerial practices, because the credibility of organizational culture ultimately depends on whether employees experience institutional values as concrete, fair, and consistently enacted realities.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Written consent was obtained from all participants in the study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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