

Relationship between Organizational Climate and Nurses' Outcomes

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Abstract: Organizational climate is a setoff measurable property of the work environment; it is a systems concept that reflects the entire life style of an organization. Therefore, organizational climate is favorable when employees are doing something useful that provide a sense of personal worth. This can be done through several factors which affect nurses' job outcomes including: empowerment, job design, organizational factor, nurse-client relationships, nurse-supervisor relationships and peer to peer relation. Therefore the study aims to investigate the relationship between organizational climate and nurses' outcomes. The study was conducted in all the inpatient and outpatient units in El-Kabary hospital. All nursing staff (N=160) who were available in the stated units and working in all shifts were included. Direct care worker experiences and job outcome questionnaire was developed and used to measure the relationship between organizational climate and nurses' outcomes. The result concluded that nurses' job outcomes have positive and moderate link with the organizational climate dimensions, while there was no significant relation between nurses' experience toward organizational climate dimensions and nurses' job satisfaction. It was recommended that the administration should provide recognition, encouragement, appreciation and professional development for nurses, allow them active participation in group discussion, giving and receiving effective feedback for improving their performance.

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1. Introduction

The environment has a direct correlation with nurses' outcome as job satisfaction, commitment, safety, retention, and ultimately, client outcome. There is every reason to believe that problems in organizational climate factors as empowerment, work design, organizational factor, and relationship with supervisors and peer that nurses have identified will lead to uneven quality of care and adverse nurses' job outcome.⁽¹⁻³⁾

Increasing interest has been focused on understanding the role working conditions play an serious issues facing hospitals today, including nurses' turnover, satisfaction , commitment and nurses' safety can affect the organization.^(4,5) One particular working condition that has been the subject of recent research is the impact of organizational climate on nurses' well-being, including nurses' job outcome.^(4,6)

Organizational climate has been defined as a setoff measurable properties of the work environment, perceived directly and indirectly by the people who live and work in the environment and assumed to influence their motivation and behavior.⁽⁷⁾ The way in which organizational members perceive and characterize their environment in an attitudinal and value-based manner.⁽⁸⁾ It cannot be seen or

touched , but it surrounds and affects everything that happens in an organization.⁽⁹⁾ It is a systems concept that reflects the entire life style of an organization.⁽¹⁰⁾ Therefore, organizational climate is favorable when employees are doing something useful that provide a sense of personal worth.⁽¹¹⁾

There are several factors that contribute to a favorable climate and affect nurses' job outcome including: empowerment, job design , organizational factor, nurse client relationships ,nurse supervisor relationships and peer to peer relation. These factors are more manipulable by nurses as well as supervisor positions.^(12,13)

The first factor: Empowerment is often explained as the delegation of authority and decentralization of decision-making. However, when empowerment is more broadly defined, it indicates to the ability of management to create a working environment that shapes an individual's perceptions of his / her work role in a way that motivates positive work behavior. The second factor is job design includes the characteristics of the tasks that make up a given job that influence its potential for producing motivated work behavior. The third factor is organizational factor such as pay, distributive justice, and promotional opportunity, it refers to critical issues

appear to be the level of consistency and equity of the policy across work groups within the organization.⁽¹⁴⁾

The fourth factor of organizational climate is nurse – client relationships it is concerned with nurses' feelings for the care recipients, patient feel welcomed and comfortable, nurse provides quick and efficient service to satisfy patient. The fifth factor is nurses – supervisors' relationships it was defined as behaviors in which the supervisor exhibits empathy and reliability toward staff, it is concerned with nurses feelings and attitudes toward their supervisors, the importance of considering nurses'-supervisor relationships when attempting to maximize retention and limit turnover. The last factors is peer to peer relation refers to interpersonal relationship between nursing colleagues that is associated with responsibility, warmth, support, trust and loyalty to the organization. In which poor peer- peer relationship affect nurses' job outcome.⁽¹⁵⁾

The nurses' job outcome are defined as anything a person gets from a job or organization as job satisfaction, commitment, nurses' safety and turnover. Job satisfaction is generally defined as the degree to which individuals have a positive emotional response towards employment in an organization. On the other hand organizational commitment refers to nurses' attachment, identification and loyalty to their organization. This attachment has been measured in two ways: affective (or emotional) and behavioral (intent to leave). Nurses' safety is a third outcome refers to the protection of employees from injuries caused by work-related accidents. Turnover is the last outcome it refer to the number of employees who remain at their job within organization overtime.⁽¹⁶⁾

Various studies were done in the United States of America showed the relationships between organizational climate factors and occupational health outcomes. Results reveal that improving the organizational climate of hospitals is likely to improve profitability of the hospital through improved system outcomes (such as lower turnover of the nurses), and increase nurses' satisfaction, commitment and safety.^(1,17) The results also revealed that nurses have more job satisfaction and less turnover when they work in climates that have supportive and empowering leadership and organizational arrangements, along with positive group environments often reflecting elements of group support ,collaboration, and consensus.^(6, 18)

Studies done in Egypt showed that work climate can identify the unnecessary obstacles to nurses interfering with their best performance, satisfaction, commitment and turnover. The results indicate that the highest percentages of nurses perceived that their work climate is characterized by good way of performance management, feeling of

responsibility, warmth and supportive relationships, quality of communication, organizational clarity and feeling of identity and belongings to the hospital. Nurses perceived that they are lacking work climate conducive to conflict resolution, participation in decision making, opportunity for training and development, sufficient resources, effective supervision, fair rewards and recognition.^(18, 19)

So, the present study aims to investigate the relationship between organizational climate and nurses' job outcomes. This study may help management position to show the importance of empowerment, job design, organizational rules, supervision and positive relationships with nurses. Also, nurse managers should emphasize on the nature of the job context and its ability to provide a skill variety, innovation, and opportunities in which nurses deliver services to patient in various health care setting.

2.Materials and Method:

Materials

The study is concerned with relationship between organizational climate and nurses' job outcomes.

Study design:

Descriptive design was used.

Setting:

The study was conducted in governmental hospital in El- Kabbary hospital it is affiliated to ministry of health, governmental hospital. It included the inpatients and outpatients units of its following departments: General Medical, general Surgical, Coronary CCU, Pediatric ICU, general ICU, OR, Emergency, Neonate and Outpatient Clinics. The capacity of general Medical unit were 28 beds , the general Surgical unit were 40 beds , the Coronary CCU unit were 6 beds , the Pediatric ICU unit were 12 beds , the general ICU unit were 6 beds, the Emergency unit were 10 beds , the Neonate unit were beds.

Subjects:

The subjects included all nursing staff (N= 160) who were available in the previously mentioned units in all shifts, they were: Director of nursing (N=1), assistant director of nursing (N=2), middle nurse managers (supervisors) (N=3), head nurses (N=11), staff nurses with BSc (N=49), technical nurse (N=20) and nurses with diploma (N=74).

Tool:

Direct care worker experiences and job outcome questionnaire. The tool used in the study was developed based on review of related literature.⁽¹⁶⁻²⁰⁾ To determine the relationship between organizational climate and nurses' job outcome. It consists of 114 items falling into 10 categories: organizational

climate includes :{ Empowerment (22 items), job design (30 items), organizational factors (13 items), nurse-client relationships (5 items), nurse-supervisor relationship (12 items), peer to peer relationship (4 items) },as well as the nurses' job outcome which includes: {turnover (3 items), job satisfaction (8 items), organizational commitment (8 items), and nurses safety (9 items)}.Nurses' response were measured on 5 - point likert scale, which ranged from(1= None, to 5= Much) , or frequency (1=Strongly disagree, to 5=Strongly agree),or frequency (Never to Always) or frequency (Very false to Very much) and frequency (Very poor to Very Good). Demographic data was attached, it included 7 questions.

Method

- 1- Official permissions were obtained by the researcher from the administrative personnel in the identified setting to collect the necessary data.
- 2- The questionnaire was translated into Arabic and tested by (6) experts in the field for its content validity. Accordingly the necessary modifications were done.
- 3- A pilot study was carried out on 16 nurses (10%) in Dar Esmail hospital (Ministry of Health) to test the clarity of the questionnaire and to identify obstacles and problems that might be encountered during data collection and to estimate the time needed to fill the questionnaire. Reliability of the tool was tested: (test – retested r = 0.65)
- 4- Data collection: data were collected by the researcher after meeting with head nurses in each unit to inform them about the aim of the study and to gain their cooperation. Data were collected from the nurses by giving them the previously mentioned questionnaires to fill and needed instructions were provided .The questionnaire took thirty minutes from each nurse to be filled, data were collected in a period of 27 days from 15/2/2009 to 12/3/2009.
- 5- Statistical analysis: Data collected were processed and tabulated using statistical package for social science (SPSS) with version (V=11.5 for window), frequencies and percentage were calculated. 5% level of significant was chosen.

3.Results

Table 1: Indicates the distribution of total nursing personnel in relation to socio-demographic characteristics. Regarding nurses' age 27.5% of nurses were in age group 25-29 years old, and 25.6% nurses aged <25 years old. In relation to the type of unit the majority of nurses were working in general

surgical and general medical units. Regarding nurses' educational qualification 46.3% of nurses hold Diploma of secondary technical nursing school .In addition, 41.3% of nurses had the Baccalaureate Degree in Nursing. About 50% of nurses had <5-9 years of experience. As regards of nurses experience as a head nurse 57.1% had <10 years, while 42.9% had 10 years and more. In relation to marital status 61.3% from total nursing personnel were married. 50% of the nurses had no children while, 34.4% had from 1-2 children.

Table 2: showed that there was no statistical significant differences between the empowerment and nurses' job outcome dimensions except for: job satisfaction and commitment; 1 (0 .000). The table also shows that the highest percent regarding empowerment and also job satisfaction highest percent (63.6%). 76.7% was the highest percent that found in moderate level of empowerment and commitment.

Table 3: showed that there was no statistical significant differences between the job design and nurses' job outcomes except for: intent to leave and nurses' safety (0.000, 0.001) respectively. The table revealed that the highest percent regarding job design, also job satisfaction was highest (36.8%), while nurses' safety was the lowest percent regarding the same dimensions (89.5%).

Table 4: showed that there was no statistical significant differences between the organizational rules and nurses' job outcome dimensions .The table revealed that the nurses' perceived moderate level of commitment (80.0% , 72.5% , 75.6%) with all levels of organizational rules which ranged from high to low.

Table 5: showed that there was no statistical significant differences between the nurse-patient relationships and nurses' job outcome dimensions except for commitment (0 .042). The table also showed that the lowest percent regarding nurse client relationship and commitment is lowest (41.7%). The table revealed that the nurses' perceived moderate level of organizational commitment (81.1%, 75.7%, and 41.7%) with nurse client relationships which ranged from high to low.

Table 6: showed that the nurses perceived highest percent in the lower level in nurse-supervisor relationships, found in moderate level of turnover , job satisfaction and organizational commitment (54.1% , 47.2% , 74.2%) respectively. The majority of nurses have low perception regarding nurse-supervisor relationships.

Table 7: shows that there were no statistical significant differences between peer to peer relation and nurses' job outcome dimensions. The table revealed that the nurses perceived moderate level of

commitment (71.7%, 75.7%, and 66.7%) with peer to peer relation which ranged from high to low. In relation to, nurses' peer to peer relation, the highest

percentage of total nurses (74.4%) has moderate organizational commitment. The majority of nurses have low perception regarding nurses' safety.

Table 1: Distribution of nurses' according to their personal characteristics (N=160):

		Count	%
Age	<25	41	25.6
	25-	44	27.5
	30-	27	16.9
	35-	16	10
	40 - <45	12	7.5
	45+	20	12.5
Type of unit	General medical	49	30.7
	General surgical	53	33.2
	Intensive	47	29.4
	Outpatient clinic	11	6.9
Educational qualification	Post graduate (Doctor or Master degree)	0	0
	Baccalaureate degree in nursing	66	41.3
	Diploma of technical health institute	20	12.5
	Diploma of secondary technical nursing school	74	46.3
	Other	0	0
Experience in nursing	<5	46	28.8
	5-	45	28.1
	10-	25	15.6
	15-	14	8.8
	20- < 25	9	5.6
	25+	21	13.1
Experience as head nurse	<10	8	57.1
	10+	6	42.9
Marital status	Single	58	36.3
	Widow	2	1.3
	Married	98	61.3
	Divorced	2	1.3
Number of children	None	80	50
	1-2	55	34.4
	3+	25	15.6

Table 2: Percentage distribution of nurses' according to empowerment and nurses' perceived job outcome dimensions.

		Empowerment								P/ χ^2	
		High		Moderate		Low		Total			
		Count	%	Count	%	Count	%	Count	%		
Turnover	High	1	4.5	12	9.3	1	12.5	14	8.8	0.793	
	Moderate	12	54.5	71	55.0	4	50.0	87	54.7	0.939	
	Low	9	40.9	46	35.7	3	37.5	58	36.5		
Job satisfaction	High	14	63.6	55	42.6	1	12.5	70	44.0	13.116	
	Moderate	8	36.4	62	48.1	4	50.0	74	46.5	0.000*	
	Low	.0	0	12	9.3	3	37.5	15	9.4		
Organizational commitment	High	6	27.3	4	3.1	.0	0	10	6.3	27.099	
	Moderate	16	72.7	99	76.7	4	50.0	119	74.8	0.000*	
	Low	.0	0	26	20.2	4	50.0	30	18.9		
Nurses safety	High	.0	0	.0	0	.0	0	.0	0	0.471	
	Moderate	.0	0	2	1.6	.0	0	2	1.3	0.790	
	Low	22	100.0	127	98.4	8	100.0	157	98.7		

* = Significant at 0.05

Table 3: Percentage distribution of nurses' according to job design and nurses' job outcome dimensions.

		Job design						P/ χ^2		
		High		Moderate		Low				
Turnover	High	7	36.8	6	4.8	1	6.7	14	8.8	23.289 0.000*
	Moderate	8	42.1	73	57.9	6	40.0	87	54.4	
	Low	4	21.1	47	37.3	8	53.3	59	36.9	
Job satisfaction	High	11	57.9	52	41.3	7	46.7	70	43.8	8.400
	Moderate	4	21.1	63	50.0	8	53.3	75	46.9	0.078
	Low	4	21.1	11	8.7		.0	15	9.4	
Organizational commitment	High		.0	8	6.3	2	13.3	10	6.3	6.153
	Moderate	17	89.5	94	74.6	8	53.3	119	74.4	0.188
	Low	2	10.5	24	19.0	5	33.3	31	19.4	
Nurses safety	High		.0		.0		.0		.0	15.030
	Moderate	2	10.5		.0		.0	2	1.3	0.001*
	Low	17	89.5	126	100.0	15	100.0	158	98.8	

* = Significant at 0.05

Table 4: Percentage distribution of nurses' according to organizational rules and nurses' job outcome dimensions.

		Organizational factor						P/ χ^2		
		High		Moderate		Low				
Turnover	High	.0	3	4.3	11	12.8	14	8.8	6.131 0.190	
	Moderate	3	60.0	35	50.7	49	57.0	87	54.4	
	Low	2	40.0	31	44.9	26	30.2	59	36.9	
Job satisfaction	High	2	40.0	31	44.9	37	43.0	70	43.8	2.931
	Moderate	3	60.0	34	49.3	38	44.2	75	46.9	0.569
	Low	.0	4	5.8	11	12.8	15	9.4		
Organizational commitment	High	1	20.0	6	8.7	3	3.5	10	6.3	4.381
	Moderate	4	80.0	50	72.5	65	75.6	119	74.4	0.357
	Low	.0	13	18.8	18	20.9	31	19.4		
Nurses safety	High	.0		.0		.0		.0		1.743
	Moderate	.0		.0		2	2.3	2	1.3	0.418
	Low	5	100.0	69	100.0	84	97.7	158	98.8	

* = Significant at 0.05

Table 5: Percentage distribution of nurses' according to nurse-client relationships and nurses' job outcome dimensions.

		Nurse- client relationships						P/ χ^2		
		High		Moderate		Low				
		Count	%	Count	%	Count	%			
Intent to leave	High	2	5.4	11	9.9	1	8.3	14	8.8	2.526 0.640
	Moderate	19	51.4	63	56.8	5	41.7	87	54.4	
	Low	16	43.2	37	33.3	6	50.0	59	36.9	
Job satisfaction	High	17	45.9	48	43.2	5	41.7	70	43.8	4.334
	Moderate	18	48.6	53	47.7	4	33.3	75	46.9	0.363
	Low	2	5.4	10	9.0	3	25.0	15	9.4	
Commitment	High	.0		8	7.2	2	16.7	10	6.3	9.907
	Moderate	30	81.1	84	75.7	5	41.7	119	74.4	0.042*
	Low	7	18.9	19	17.1	5	41.7	31	19.4	
Nurses safety	High	.0		.0		.0		.0		0.894
	Moderate	.0		2	1.8	.0		2	1.3	0.640
	Low	37	100.0	109	98.2	12	100.0	158	98.8	

* = Significant at 0.05

Table 6: Percentage distribution of nurses' according to nurse-supervisor relationships and nurses' job outcome dimensions.

		Nurse- supervisor relationships								P/ χ^2	
		High		Moderate		Low		Total			
		Count	%	Count	%	Count	%	Count	%		
Turnover	High	.0		.0	14	8.8	14	8.8	-----		
	Moderate	.0		.0	86	54.1	86	54.1	-----		
	Low	.0		.0	59	37.1	59	37.1			
Job satisfaction	High	.0		.0	69	43.4	69	43.4	-----		
	Moderate	.0		.0	75	47.2	75	47.2	-----		
	Low	.0		.0	15	9.4	15	9.4			
Organizational commitment	High	.0		.0	10	6.3	10	6.3	-----		
	Moderate	.0		.0	118	74.2	118	74.2	-----		
	Low	.0		.0	31	19.5	31	19.5			
Nurses safety	High	.0		.0		.0		.0	-----		
	Moderate	.0		.0	2	1.3	2	1.3	-----		
	Low	.0		.0	157	98.7	157	98.7			

* = Significant at 0.05

--- = No test

Table 7: Percentage distribution of nurses' according to peer to peer relation and nurses' job outcome dimensions.

		Peer to peer relation								P/ χ^2	
		High		Moderate		Low		Total			
		Count	%	Count	%	Count	%	Count	%		
Turnover	High	4	8.7	10	9.0		.0	14	8.8	5.346	
	Moderate	19	41.3	66	59.5	2	66.7	87	54.4	0.254	
	Low	23	50.0	35	31.5	1	33.3	59	36.9		
Job satisfaction	High	24	52.2	45	40.5	1	33.3	70	43.8	2.428	
	Moderate	18	39.1	55	49.5	2	66.7	75	46.9	0.658	
	Low	4	8.7	11	9.9		.0	15	9.4		
Organizational commitment	High	1	2.2	9	8.1		.0	10	6.3	4.059	
	Moderate	33	71.7	84	75.7	2	66.7	119	74.4	0.398	
	Low	12	26.1	18	16.2	1	33.3	31	19.4		
Nurses safety	High	.0		.0		.0		.0	0.894		
	Moderate	.0		2	1.8		.0	2	1.3	0.640	
	Low	46	100.0	109	98.2	3	100.0	158	98.8		

* = Significant at 0.05

4.Discussion:

Nurses comprise the major component of all health care employees. They are being in the front line and have the most frequent direct contact with client; their job performance is affected by job satisfaction and organizational commitment, which are in turn affected by leadership behaviors and have a great impact on the organizational success.^(20, 21)

In general, the finding of the present study revealed that in relation to nurses perception regarding the level of each organizational climate dimensions at their work, there was moderate relation between organizational climate dimensions as regard empowerment, job design, organizational factor, nurse- client relation and peer to peer relationship dimensions and nurses' job outcome as nurses' safety,

satisfaction, organizational commitment, and turnover.

Concerning the relationship between the organizational climate dimensions and the nurses' job outcome. This study revealed that there is positive relation between organizational climate dimensions and the nurses' job outcome. This may be related to nurses in their work environment have a good access to certain factors for work effectiveness such as a lot of opportunities to gain new skills and knowledge, participation in decision making, rewards for innovation and relationship with others. While, at the same time the nurses had lacking of respect, support and guidance received from supervisors.

Regarding the empowerment and nurses' job outcome .This study revealed that there is a highly

correlation between empowerment and job satisfaction, and organizational commitment. The findings of this study related that empowered nurses are able to participate in decision making, setting organizational goals, they perceiving their job meaningful and having great, this is because the organization provide the employee continuous training and developing their knowledge and skills considering their suggestions and recommendation related to their work.

The findings of the present study revealed that nurses feel that good organizational climate results in high level of empowerment. Lashinger et al. (2001) reported that access of support by information, resources and opportunity create psychological state employees must experience for nursing intervention to be successful. It might be attributed also to that nurses' access to the proper information required for the patient care and with sufficient supplies and equipment feel that they have satisfaction and autonomy to do their job.⁽²¹⁾

Also Emam (2005) clarified that the amount of training, opportunity and support provided is significantly related to employee's performance as well as commitment and ability to cope.⁽²²⁾ Tyson(1994), Sabiston(1995), reported that if employees were encouraged to participate in department plans, employees would have a higher level of satisfaction due to an increase work status and autonomy.^(23,24) This was supported by Dear et al. (1982) who reported that individuals were more generally satisfied with the job if given a greater of participation in decision making with the opportunity to advance in chosen field. If this exists, there is a likelihood of being satisfied in their current employment and committed to the organization.⁽²⁵⁾

In relation to job design subscales, there is statistical significant difference between job design and nurses' safety, and turnover and. This may be due to work stressors and overload, lack of respect, recognition and appreciation for their clinical contribution, lack of clarity about job. To be informed about their job is highly valued by employees in general as a source of feedback about their performance and achievement; this motivates them to improve their performance which leads to nurses' safety.

In this respect, Sybott (1986) indicated that task significance is a motivating potential.⁽²⁶⁾ This results is consistent with Price (1981) who stated that the amount of information an individual receives from the employing organization is associated with turnover.⁽²⁷⁾ Also Wolf (1981)found that nurses' leave and remain outside the workforce because of condition in the job that interfere with the practice of nursing.⁽²⁸⁾ Also Hall (2008) indicated that the

importance of understanding factors in the work environment as job design that influence nurses' outcome as retention and safety.⁽²⁹⁾

In relation to organizational factor subscales, there is no statistical significant difference between organizational factor and nurses' job outcome. These may be due to ineffective organizational factor in rewards, fringe benefits as paid holidays, weekends off, and little chance for advancement. So reflect on their satisfaction, organizational commitment and increase turnover to the organization. Every person looks for the best, so when good opportunities are available somewhere outside the present work setting the nurse might think to quit the present job.

This findings is consistent with Shabaan and Abdou (1988) found that opportunities factors was not considered important by nurses to quit their job.⁽³⁰⁾Also, Walf (1981) reported that the salary was important in attracting a person to a job but itself was not an important motivator in retention, satisfaction, and organizational commitment.⁽²⁸⁾ On the other hand, Bloom (1988) reported that organizational factor and policies contribute more than any other factors to the satisfaction and turnover rate, but may have a positive and strong effect on the dissatisfaction and decision to quit.⁽³¹⁾

Regarding the relationship between nurse-client relationship and nurses' job outcome. There is statistical significant difference between nurse client -relationship and nurses' commitment; these may be due to that nurses want most self-fulfillment and a sense of achievement or accomplishment or to be treated as professional with basic rights. They are highly demanded to improve the image of nurses in the community because of the lack of respect and recognition, which is reflected on how patients, visitors, physicians, administrators and the media refer to them These lead to nurses' become competent, improve the quality of patient care, give the nurse more self- confidence in their abilities and increase their commitment.

In this respect, Bassiouny (1988)helping the nurses understand and appreciate the interrelation of allied health services in the care and treatment of patients produce several benefits to management and the organization as positive attitudes, job satisfaction and organizational commitment.⁽¹³⁾ Also, Evan (2005) claimed that if employees were satisfied with their work conditions and jobs, they stayed with the hospital, become familiar with customers and their needs and had the opportunity to correct higher productivity and higher service quality and commitment.⁽²⁰⁾

In relation to nurse supervisor relationship subscales, there is no statistical significant difference between nurses' job outcome and nurse -supervisor

relationships. This may be due to that supervisors do not share their employees their vision in such a way that staff members can see, touch, think, and have direct contact with their work condition. Moreover, staff nurses need to support, fairness, encouragement, communication and recognition by their leaders.

This finding is consistent with Ali (2006) who indicated that the majority of head nurses were display fairness and consistency in recommendations and decisions affecting staff.⁽³²⁾ These studies is inconsistent with Wayne (2000) who indicated that providing followers with challenges, encouragement, responsibility as well as self determination is expected to result in followers who are more likely to reciprocate with higher levels of commitments to their organization.⁽³³⁾

Regarding the relationship between peer to peer relationship and nurses' job outcome. There is no statistical significant difference between nurses' job outcome and peer to peer relation. It had been made clear that nurses need satisfaction by having a sense of belonging to a cohesive and rewarding group, and if this need is not satisfied, the nurses are very likely to adjust the work situation and therefore will more readily withdraw from it. This finding could be explained by the fact that nurses may feel a lack of competence and group cohesiveness.

These studies is consistent with Cavanagh (1989) found no significant association between peer relation and satisfaction and turnover.⁽³⁴⁾ On the other hand Alexander (1998) found that the relationship with co-worker was a predictor of turnover.⁽³⁵⁾

Conclusion and Recommendation:

Based on the result of this study, it can be concluded that nurses' job outcomes have positive and moderate link with the organizational climate dimensions and the nurses' job outcome. Thus, in the light of the result of this study, the following recommendations are suggested:

- 1- Plan and use different methods to increase the involvement of their nurses in the decision making of their work. Encourage nurses' sense of participation by taking in considers nurses' opinion and suggestions.
- 2- Be sensitive to the nurses' needs for recognition, encouragement, appreciation and professional development.
- 3- Allow nurses active participation in group discussion, discussing ideas, being concerned about their own growth, and emphasizing quality over quantity.
- 4- Introduce motivational ideas in their job design. Job design approaches should include job rotation (by providing challenging assignments), job enlargement (by providing a series of tasks

into one broader job), and job enrichment (by performing an enlarged job on a limited number of patients as case assignment, rather than performing a single task on a large number of patient as functional methods of assign).

- 5- Develop the concept of team work by developing group goals and projects that will build a team spirit.
- 6- Develop criteria for the proper selection and training of nursing managers on supervision and relationships.
- 7- Head nurses are the key for translating the organizational vision into reality by:
 - a. Sharing organizational goals; they allow each nurse to see how they contribute, where they fit in big picture.
 - b. Communicate staff with sight words; develop trusting relations through honest communication, the sharing of information, the giving and receiving feedback, and the internalizing of trust in the work culture.
 - c. Articulate the vision in such ways that enables nurses to see how they contribute to it and promote their desire to achieve it.
 - d- Guide nurses the right things to do, and support their doing.

References:

1. O'Brien-Pallas, L. and Baumann, A. Quality of nursing work life issues: A unifying framework. Canadian Journal of Nursing Administration1992; 5 (02): 12 – 6.
2. Aiken, L. H., Havens, D. S., Sloan, D. M. The magnet nursing services recognition program: A comparison of two groups of magnet hospitals. AJN. 2000; 100 (3): 26 – 35.
3. Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. A., Busse, R., Clarke, H., et al. Nurses' reports on hospital care in five countries. Health Affairs2001; 20 (3): 43 – 53.
4. Mac Davitt K, Chou SS, Stone PW. Organizational climate and nurse health outcomes. Nov 2007. Available at: <http://lib.bioinfo.pl/pmid:18173165RobertE>.
5. Smith D K. Increasing employee productivity, job satisfaction, and organizational commitment. Hospital Health Service Administration1996; 41(2): 160- 75.
6. AL-Hussami M. The relationship to organizational commitment, perceived organizational support, transactional leadership, transformational leadership, and level of education. 2008. Available at: <http://www.eurojournals.com/ejsr.htm>.

7. Litwin G & stringer R. Motivation and organizational climate. 3rd ed. Boston : Harvar university press, 1974.
8. Lawler EE, Hall DT & Oldhan G R . Organization climate, relationship to organizational structure, process and performance. *Organizational Behavior and Human Performance* 1974; 11:139- 55.
9. Field G & Abelson M. Climate a reconceptualization and proposed model. *Human Relation* 1981; 3:181-201.
10. Schneider B & Reichers A E. On etiology of climate personnel psy. 1983;2:19- 39.
11. Muchinsky PM. Organizational climate and job satisfaction. *Academy of mang J* 1977;12:592- 607.
12. Nohria N & Eccles RG .Networks and Organization: Structure, Form and Action. USA :Harvard Business School,1992.
13. Bassiouny NA .Perception of nurses toward variables related to their work environment. Unpublished Master Thesis, Higher Institute of Nursing, Alexandria University, 1988.
14. Kiefer KM, Kojetin LH & Brannon D, A Guide to Selected Instruments to Examine Direct Care Worker Experiences and Outcomes .April 2005,available at : <http://aspe.hhs.gov/daltcp/reports/dcwgguide.htm>.
15. Froebe D & Bain R. Quality assurance programs and controls in nursing. Saint louis: C.V. Mosby Co.1976.
16. Martine P. Organizational climate survey. 2006. Available at: <http://www.mhei.org/consult/ocs>.
17. Landau J & Borqonovi E. Relationship competence for healthcare management: peer to peer. 2009. Amazon.com, Inc. Available at: <http://www.amazon.com/Relationship-Competence-Healthcare-Management-Peer/dp/0230515967>.
18. Gershon RR, Stone PW & Zeltser M. Organizational climate and nurse health outcomes in the United States: a systematic review .Ind Health2007; 45(5):622-36.
19. Organizational climate factors, organizational commitment, and the culture of retention .Oct 2003.available at: <http://www.op.nysesd.gov/registered-nurses-2002-volume2.pdf>.
20. Evans J. Total quality management, organization and strategy. 4th ed. USA, South Western, 2005.
21. Laschinger. Impact of structural and psychological empowerment on job strain in nursing work setting. 2001. Available at:<http://www.Nursingcenter.com>.
22. Emam S, Nabawy Z ,Mohamed A& Sbeira W .Assessment of nurses' work climate at Alexandria Main University Hospital . *J Egypt public Health Assoc* 2005; 80(1-2):233-62
23. Tyson L. Empowerment in human resources management and development hand book 2nd ed. Toronto: American management association, 1994.
24. Sabston J. Laschinger H & Kutszher L. Staff nurse work empowerment and perceived autonomy: testing Kanter's theory of structure power in organization. *Journal of Nursing Administration*1995; 25 (2): 181-204.
25. Dear M. The effects of the intensive care nursing role in job satisfaction and turnover. *Heart and lung* 1982; 11(6):560-565.
26. Seybolt J. Dealing with premature employee turnover. *J. Nurs Adm* 1986; 16(2): 26-32.
27. Price J & Mueller C. Professional turnover: the case for nurses. I owa state university press. Ames. 1981.
28. Walf G .Nursing turnover: some causes and solution Nur Outlook 1981;233-6.
29. 29- Hall L , Doran D, Pink l. Outcomes of intervention to improve hospital nursing work environments. *J Nurs Adm* 2008; 38(1):40-6.
30. Shabaan F & Abdou M. Variables that induce hospital nurses to leave their job. *The bulletin of the High Institute of public health* 1988; 18(1):59- 79
31. 31- Bloom J. Organization turnover among registered nurses: an exploratory model. *Health serv Manage Res*1988; 1(3):156-67.
32. Ali S A. The relationship between head nurses commitment and their performance. Unpublished Master Thesis, University of Alexandria, Faculty of Nursing, 2006.
33. Wayne S, Liden R & Sparrowe R. An examination of the mediating role of psychological empowerment on the relations between the job, interpersonal relationship, work outcomes, *J Applied Psychology*, 2000; 85:407- 416.
34. Cavanagh S. Nursing turnover: litertrature review and methodological critique. *J Adv Nurs* 1989; 14(8): 589-96.
35. Alexander JA. A causal model of voluntary turnover among nursing personal in long term psychiatric setting. *Res Nurs Health* 1998 Oct; 21(5):415-27.

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