Differences of Hospitals' Organizational Traits in Jordan: Nurses' Perspectives

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Abstract

Aims: This study aims at comparing hospitals' organizational traits and nurses and hospitals' characteristics between teaching, governmental, and private hospitals in Jordan, as perceived by Registered Nurses (RNs).

Methods: The Revised Nursing Work Index (NWI-R) [1] was used to collect data from a convenience sample of 295 nurses who were employed in two teaching hospitals, four governmental hospitals, and three private hospitals. The total response rate of the current study was 59%.

Findings: Significant differences were reported between the three types of hospitals in the following nurses and hospitals' characteristics: shift worked, level of education, ages, average daily census, organizational structures, models of nursing care, decision-making styles, and areas of work. Based on means of the subscales, nurses' autonomy and their control over practice settings were the highest in teaching hospitals but the lowest in private hospitals. The strongest nurse-physician relationships were in governmental hospitals but the weakest were in teaching hospitals. Organizational support for nurses was the highest in teaching hospitals but it was the lowest in private hospitals. Based on the individual items of the scale, F-tests revealed that there were significant differences between the three types of hospitals in some organizational traits.

Conclusions: There should be useful managerial tools that help in developing positive organizational traits such as improving nurses' autonomy and nurses' control over practice, enhancing nurse-physician relationships, and enhancing organizational support for nurses. These are considered important traits to produce positive outcomes for nurses, patients, and organizations.

Keywords: Organizational Traits, Hospitals, Jordan, Nurses.

Introduction

Organizational traits are characteristics conducive to positive work environments. These traits include, but are not limited to, professional autonomy, adequate staffing, and collaborative relationships with physicians.[1-3] Organizational traits increase nurses' satisfaction and decrease nurses' turnover,[1-9] enhance patients' satisfaction, lower patient mortality in hospitals, and increase quality of care.[1-6, 8, 10, 11] All these traits can be jointly presented if a Professional Practice

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Environment (PPE) is created and maintained.[1, 12] A (PPE) is a system that supports Registered Nurses' (RNs) control over the delivery of nursing care and the environments in which care is delivered.[8, 13]

"Magnet hospitals" have a set of positive organizational traits that contribute positively to various outcomes.[14-16] The Nursing Work Index (NWI) was commonly used to measure organizational traits of hospitals.[1, 7, 17]

The Jordanian Health Care System

In Jordan, there are 30 governmental, 58 private, two university-affiliated, 11 military hospitals, and 58 comprehensive, 370 primary, 406 maternity and pediatrics, and 274 dentistry health care centers.[18]

When compared to governmental hospitals, Jordanian private and teaching hospitals have many positive organizational traits that reflect positively on work environments. Teaching hospitals have many controlling policies; this aspect is controversial; while these policies are positive for quality of care, they could be viewed as a hinder to staff's autonomy.[10, 19] Governmental hospitals suffer from severe nursing shortage and heavy workload; these could be viewed as negative organizational traits. Governmental and military hospitals have centralized management; which could be viewed as a negative organizational trait.[20]

Purpose of the Study

The purpose of this study was to answer the following research questions: 1- what are the differences regarding nurses and hospitals' characteristics between teaching, governmental, and private hospitals? 2- What are the differences regarding organizational traits between teaching, governmental and private hospitals, as perceived by nurses?

Significance of the Study

Comparative nursing studies were mainly performed between teaching and non-teaching

hospitals[19, 20] or were conducted in a designated clinical setting.[21]

This is the first published study in Jordan about organizational traits of hospitals from the perspectives of nurses. Internationally, up to the researchers' knowledge, this is the first comparative study about organizational traits in teaching, governmental, and private hospitals. Studying organizational traits will contribute to the establishment of work environments conducive to nurse, patient, and organizational outcomes.

Literature Review

Organizational Traits

Organizational traits are valued as important to the support of professional practice.[1,8,12,13] Organizations need to create positive traits such as staffing to be able to strengthen various outcomes.[14-16] While improvements in nursing practice environments are considered essential to address nurse, patient and organizational outcomes, little is known about the traits of practice environments in most hospitals.[1] No published comparative studies were found in the reviewed literature about organizational traits based on types of hospitals.

Organizational traits are system's characteristics that support staffs' control over the delivery of care and their work environments.[8, 13] Aiken and Patrician reported that the organizational context of nursing practices is important; however, research has been hindered by the absence of instruments to measure, empirically, organizational traits or attributes.[1]

Nurses' recruitment and retention, nurses' professional and personal satisfaction, nurses' roles in the quality of patient care, nurse-physician relationships, and nurse-supervisor relationships are common organizational traits identified in the nursing literature.[1-3,4-6,10,11] Nurses value work environments that provide them with opportunities to be involved in decisions related to their patients and work environments.[1] Strong working relationships with

physicians and other health team members are essential traits to success and to provide holistic patient care.[1- 6, 10, 11] More specifically, these traits would reflect positively on patients' outcomes such as low mortality, nurses' outcomes such as autonomy and job satisfaction, and organizational outcomes such as marketability and adaptability for change.[1, 4, 6]

Positive organizational traits could be easily initiated and maintained and positively perceived by the staff if a Professional Practice Environment (PPE) is created. Magnet hospitals are usually characterized by establishing PPEs.

Professional Practice Environment

The "Professional Practice Environment (PPE)" is the environment that allows staffs to practice to their full potential.[8,13] In Nursing, the PPE has the following characteristics: manifest a philosophy of clinical care emphasizing quality, safety, team work, and continuity of care; recognize contributions of nurses' knowledge and expertise to clinical care quality and patients' outcomes, and professional autonomy and accountability; empower nurses' participation in clinical decision-making; promote nursing leadership; maintain clinical advancement programs; provide professional development for nurses; create collaborative relationships among members of the health care team; and utilize technological advances in clinical settings.[8, 13, 22] Nursing administrators should ensure that these traits characterize their organizations and work environments.

Magnet Hospitals

It is important that nurses perceive their organizations to have positive traits; they will feel more supported to practice in a professional manner and characterize their work environments to be supportive and Magnet-like.[1-3,4-6] "Magnet" means attractive; these hospitals are able to retain and attract staff as they have many positive organizational traits such as nurses' autonomy and accountability; decentralization of decision-making; strong, effective and visible nursing leadership; high quality patient care; flexible

scheduling; and adequate staffing.[14-16,23-25] Aiken and colleagues argued that Magnet hospitals facilitate professional nursing practice.[1] These hospitals reflect positively on the nurse and the patient, and, in turn, on organizational outcomes.[14-16,23-25] Nurses in Magnet hospitals have lower levels of burnout and greater job satisfaction than nurses in non-magnet hospitals.[14-16] Research has shown that hospitals with these characteristics have better patient outcomes such as lower mortality rates.[14-16,23-25]

Methods

A comparative research design using survey method was used to collect data about nurses and hospitals' characteristics and organizational traits from a convenience sample of RNs who work in a variety of Jordanian hospitals.

Research Instrument

To measure organizational traits, various concepts are used such as organizational characteristics and organizational attributes. However, in the current research, the concept of "organizational traits" is used to describe traits of Jordanian hospitals.

The conceptual definition of organizational traits emerged from professional practice environment; it is the staffs' control over the delivery of care and their work environments.[26-27] The Revised Nursing Work Index (NWI-R)[1] was used to measure organizational traits. The English version of the questionnaire used as the studied sample was RNs; as English is the official teaching language in all schools of nursing in Jordanian universities. The NWI-R consists of 57 items; each item is measured on a 4-point Likert scale ranging as: 1- strongly agree; 2- somewhat agree; 3- somewhat disagree; and 4- strongly disagree. Four subscales were derived from NWI-R: *autonomy*: items 4, 6, 17, 24, and 35; *control over practice setting*: items 1, 11, 12, 13, 16, and 46; *nurse–physician relationships*: items 2, 27, and 39); *organizational support*: items 1, 2, 6, 11, 12, 13, 17, 24, 27, and 48).[1]

In the original study, the Cronbach's alpha for the entire NWI-R was 0.96, with aggregated subscales' alphas of 0.75 for autonomy, 0.79 for control over practice setting, 0.76 for nurse-physician relationships, and 0.84 for organizational support for nurses. In the original study, validity of the NWI-R[1] was demonstrated by its ability to differentiate nurses who worked within a PPE from those who did not, and its ability to explain differences in nurses' burnout.[1] In the current study, the Cronbach's alpha for the entire NWI-R was 0.95, with alphas of 0.46 for autonomy, 0.76 for control over practice setting, 0.57 for nurse-physician relationships, and 0.65 for organizational support for nurses.

Data Collection, Sample, and Settings

Using the NWI-R[1], data about organizational traits and nurses and hospitals' characteristics were collected in 2006 over three weeks. To assess their perceptions about organizational traits, of possible 500 nurses, a convenience sample of 295 nurses was recruited; 56 nurses from two teaching hospitals, 118 nurses from four governmental hospitals, and 112 nurses from three private hospitals. The total response rate of the current study was 59%. Only RNs were included in the current research. The only exclusion criterion used in the current sample was being a Practical Nurse.

A demographic form was used to collect data about nurses' characteristics of gender, marital status, shift worked, time commitment for work, level of education, age, experience; in addition to hospitals' characteristics of average daily census, organizational structure (vertical: tall and hierarchical organizational relationships within the hospital; horizontal: flat organizational relationships within the hospital; matrix: hierarchical and consultative relationship within the hospital, model of nursing care (primary: one nurse is responsible for the holistic care of each patient assigned to her/her; team: patient care assigned by the in-charge nurse or leader; the nursing team is responsible for holistic patient care; functional: nurses are assigned to a number of patients on the basis of tasks), decision-

making style (authoritative: the manager controls any decision without consulting nurses; participating: the manager shares decision-making with nurses; mixed: the manager makes decisions with participation of nurses based on situational factors), and area of work.

Returned questionnaires were placed in the nursing office and were collected by a Research Assistant.

Ethical Consideration

The NWI-R[1] is a widely-used instrument, thus no official approval to use the questionnaire was needed because it is available in the public domain and was used without any modifications. Approval to conduct the study was obtained from the scientific research committee at university were the researchers are currently working. Approvals to conduct the study were obtained also from hospitals' administrators and nurses. Nurses were told that answering and returning back the questionnaires are their consent forms to participate in the study. Nurses were approached through their nurse managers. Participants' anonymity was ensured, and all nurses' information were kept confidential.

Data Analyses

At a significance level of 0.05, the Statistical Package of Social Sciences (SPSS) (version 11.5) (2001)[28] was used to generate descriptive and inferential statistics. Frequencies were reported for nurses and hospitals' characteristics. Means, standard deviations and frequencies were reported for variables of organizational traits.

To answer the first research question "what are the differences regarding nurses and hospitals' characteristics between teaching, governmental, and private hospitals?," Chi-squares were used as these variables were treated as categorical variables. To answer the second research question "what are the differences regarding organizational traits between teaching, governmental and private hospitals, as perceived by nurses?," F-tests were used because items of organizational traits subscales were treated as

continuous variables.[29] When F-tests were significant, Tukey's posthoc tests were performed to detect areas of significant differences.

Results

Differences in Nurses and Hospitals' Demographics

Using Chi-square tests, answering the first research question revealed that there were significant differences in nurses' characteristics in the three types of hospitals: shift worked (p = 0.002), level of education (p = 0.023) and age (p = 0.034); and hospitals' characteristics of average daily census (p = 0.001), organizational structure (p = 0.001), model of nursing care (p = 0.006), decision-making style (p = 0.001), and area of work (p = 0.003).

Differences Regarding Organizational Traits of Hospitals, as Perceived by Nurses

As there were no extreme differences in variables' standard deviations, comparisons between the three types of hospitals were possible. To answer the second research question, the following rule was used: on a 4-point Likert, any mean above 2 was considered as a positive organizational trait. In descending order, the highest means of organizational traits were: primary nursing as the nursing delivery system ($\overline{X} = 2.57$), nurses not being placed in a position of having to do things that are against their nursing judgment ($\overline{X} = 2.55$), using total patient care as the used nursing delivery system ($\overline{X} = 2.49$), floating, so that staffing is equalized among units ($\overline{X} = 2.49$), using team nursing as the nursing delivery system ($\overline{X} = 2.46$), providing opportunity for staff nurses to participate in policy decisions ($\overline{X} = 2.45$), working with a nurse manager who is a good manager and leader ($\overline{X} = 2.44$), providing a satisfactory salary ($\overline{X} = 2.43$), allowing freedom to make important patient care and work decisions ($\overline{X} = 2.43$), allowing nurses to actively participate in efforts to control costs ($\overline{X} = 2.42$), having enough staff to get the work done ($\overline{X} = 2.41$), and working with

a chief nursing officer who is highly visible and accessible to staff ($\overline{X} = 2.40$). The only mean of organizational traits that was below "two" was "providing adequate support services that allow nurses to spend time with their patients ($\overline{X} = 1.98$).

Based on means of the subscales, nurses' autonomy was the highest in teaching hospitals ($\overline{X} = 2.40$) but it was the lowest in private hospitals ($\overline{X} = 2.30$), which applied also for nurses' control over practice settings ($\overline{X} = 2.40$ versus $\overline{X} = 2.23$). The strongest nurse-physician relationships were in governmental hospitals ($\overline{X} = 2.23$) but the weakest were in teaching hospitals ($\overline{X} = 2.18$). Organizational support for nurses was the highest in teaching hospitals ($\overline{X} = 2.40$) but the lowest in private hospitals ($\overline{X} = 2.25$) (Table 1).

F-tests revealed that there were significant differences between the three types of hospitals in the following organizational traits: *Teaching hospitals* were the best in: providing adequate support services that allow nurses to spend time with their patients (p= 0.006), using team nursing as the nursing delivery system (p= 0.025), and establishing good relationships with other departments (p= 0.049). *Governmental hospitals* were the best in: providing satisfactory salaries (p= 0.015), praising and recognizing staff for well-done jobs (p= 0.045), providing high-quality medical care (p= 0.001), providing opportunities for advancement (p= 0.007), and using standardized policies and procedures (p = 0.016). *Private hospitals* were the best in: providing active in-service/continuing education programs for nurses (p = 0.018), working with nurse managers who back up the nursing staff in decision-making, even if the conflict is with a physician (p= 0.044), using the nursing diagnoses (p= 0.013), and transmitting or endorsing nursing care plans are from nurse to nurse (p = 0.045) (Table 2).

Table (1): Comparisons of Means of Subscales of Organizational Traits between Teaching, Governmental, and Private Hospitals (N=295).

Hospitals' Organizational Traits Subscales	Teaching N=65		Governmental N=118		Private N=112	
	$\overline{X}$	S.D.	$\overline{X}$	S.D.	$\overline{X}$	S.D.
Autonomy Subscale						
A supervisory staff that is supportive of nurses	2.08	0.76	2.38	0.95	2.17	1.07
Nursing controls its own practice	2.26	0.80	2.32	0.82	2.21	1.05
Freedom to make important patient care and work decisions	2.40	1.04	2.49	0.85	2.38	1.01
Nurses not being placed in a position of having to do things that are against their nursing judgment	3.19	0.70	2.40	0.79	2.34	0.92
A nurse manager backs up the nursing staff in decision-making, even if the conflict is with a physician	2.08	0.78	2.26	0.89	2.44	1.04
Overall Mean	2.40	0.81	2.37	0.86	2.30	1.01
Control Over Practice Subscale						
Adequate support services that allow nurses to spend time with their patients	2.28	0.94	1.84	0.76	1.96	0.93
Enough time and opportunity to discuss patient care problems with other nurses	2.43	0.90	2.48	0.94	2.27	0.95
Enough registered nurses on staff to provide quality patient care	2.35	0.89	2.37	0.95	2.24	1.06
A nurse manager who is a good manager and leader	2.55	0.94	2.38	0.90	2.42	0.99
Enough staff to get the work done	2.45	0.87	2.52	0.97	2.28	1.08
Opportunity to work on a highly specialized unit	2.36	0.78	2.42	0.89	2.24	1.02
Overall Mean	2.40	0.88	2.33	0.90	2.23	1.00
Nurse-Physician Relationships Subscale						
Physicians and nurses have good working relationships	2.12	0.67	2.09	0.80	2.12	1.45
Much teamwork between nurses and doctors	2.20	0.74	2.26	0.90	2.21	0.90
Collaboration between nurses and physicians	2.24	0.73	2.36	0.99	2.27	1.05
Overall Mean	2.18	0.71	2.23	0.89	2.20	1.13
Organizational Support Subscale						
Adequate support services that allow nurses to spend time with their patients	2.28	0.94	1.84	0.76	1.96	0.93
Physicians and nurses have good working relationships	2.12	0.67	2.09	0.80	2.12	1.45
Nursing controls its own practice	2.26	0.80	2.32	0.82	2.21	1.05
Enough time and opportunity to discuss patient care problems with other nurses	2.43	0.90	2.48	0.94	2.27	0.95
Enough registered nurses on staff to provide quality patient care	2.35	0.89	2.37	0.95	2.24	1.06
A nurse manager who is a good manager and leader	2.55	0.94	2.38	0.90	2.42	1.00
Freedom to make important patient care and work decisions	2.40	1.04	2.49	0.85	2.38	1.01
Nurses not being placed in a position of having to do things that are against their nursing judgment	3.19	0.70	2.40	0.79	2.34	0.92
Much teamwork between nurses and doctors	2.20	0.74	2.26	0.90	2.21	0.90
Patient assignments foster continuing of care	2.29	0.71	2.31	0.91	2.40	1.04
Overall Mean	2.40	0.83	2.29	0.86	2.25	1.03

Table (2): Significant Differences of Hospitals' Organizational Traits between Teaching, Governmental, and Private Hospitals using F-Tests and Tukey Posthoc Tests (N=295).

Hospitals' Organizational Traits	Teaching N=65		Governmental N=118		Private N=112		F-Tests	Sig.	* Tukey Posthoc Test
	$\overline{X}$	S.D.	$\overline{X}$	S.D.	$\overline{X}$	S.D.			
Adequate support services that allow nurses to spend time with their patients	2.28	0.94	1.84	0.76	1.96	0.93	5.18	0.006	G<P<T
A satisfactory salary	2.25	0.81	2.64	1.01	2.32	1.07	4.28	0.015	T<P<G
Active in-service/continuing education programs for nurses	2.18	0.74	2.55	0.90	2.30	1.05	4.09	0.018	T<P<G
Praise and recognition for a job well done	2.37	0.89	2.53	0.90	2.22	1.08	3.14	0.045	P<T<G
Team nursing as the nursing delivery system	2.75	0.88	2.38	0.85	2.38	1.14	3.72	0.025	P<G<T
Good relationships with other departments such as housekeeping and dietary	2.47	0.99	2.26	0.93	2.10	0.98	3.05	0.049	P<G<T
Physicians give high-quality medical care	2.20	0.74	2.47	0.93	2.07	0.88	8.19	0.001	T<P<G
Opportunities for advancement	2.02	0.74	2.44	0.83	2.21	0.99	5.02	0.007	T<P<G
A nurse manager backs up the nursing staff in decision- making, even if the conflict is with a physician	2.08	0.78	2.26	0.89	2.44	1.04	3.16	0.044	T <G<P
Standardized policies, procedures, and ways of doing things	2.18	0.86	2.46	0.99	2.10	0.99	4.19	0.016	P< T<G
Use of nursing diagnoses	2.08	0.80	2.44	0.99	2.51	1.04	4.41	0.013	T <G<P
Nursing care plans are transmitted from nurse to nurse	2.20	0.87	2.13	0.98	2.45	1.05	3.10	0.045	G< T<P

* Tukey's posthoc test; G= Governmental; P=Private; T=Teaching; Sig at 0.05.

Discussion

A comparative design using a convenience sample was used to collect data of the current research. This study assessed differences regarding nurses and hospitals' characteristics and organizational traits between teaching, governmental, and private hospitals in Jordan. There were significant differences between the three types of hospitals in shift worked, level of education, age of nurses, average daily census, organizational structure, model of nursing care, decision-making style, and area of work. These differences are related to the characteristics of work environments and the nursing profession in Jordan.[19,20] For example, the current study indicated that more nurses with Master's degree were working in private hospitals; which may pinpoint to the autonomy of nurses to self-scheduling in order to be able to attend Master's classes. However, nurses' overall autonomy was the highest in teaching hospitals. Few older nurses who were aged 45 years and above were employed in governmental hospitals; this is linked to the nature of retirement package in these hospitals. More patients were admitted to

governmental hospitals; this is linked to the nature of health insurance plans in Jordan; the majority of people have governmental insurance which provided patients and clients with care at a nominal rate of payment.[10] More decentralized decision-making style and team nursing care delivery model were used in teaching hospitals. It was a surprising result to find that more governmental hospitals increased the use of team nursing care model while it is commonly known that they use functional nursing care model. However, this finding was consistent with another finding in the current study which was related to the increased use of mixed decision-making style in governmental hospitals.

The lowest reported mean of organizational traits was related to providing nurses with services that allow them to spend more time with their patients, which could be considered as a negative organizational trait and could be linked to the financial status of Jordanian hospitals. That is, in general, the healthcare industry in Jordan is suffering from episodic stagnate economy, especially in governmental hospitals.[10] The highest reported mean of organizational traits was

related to the use of primary nursing as a care delivery model in Jordanian hospitals, which could be viewed as a positive organizational trait. Primary nursing care model requires and enhances clinical and leadership skills, and results in the continuity of care and positive patients' outcomes.[1-3,4-6,10,11,30]

Comparing Jordanian hospitals based on the individual items of the scale, it was indicated that teaching hospitals were the best in providing adequate support services that allow nurses to spend time with their patients, using team nursing care delivery system, and having good relations with other departments. This could be explained by the fact that teaching hospitals have adequate staffing which give nurses more time to spend with their patients, which will result in high quality care.[4, 6, 19] Contradictory to what is known about governmental hospitals, these hospitals were the best in areas related to providing satisfactory salaries and using standardized policies and procedures. However, these findings were consistent with another finding in the current study, specifically that governmental hospitals were the best in providing quality medical care. This could be related to the involvement of these hospitals in the national quality assurance project, and to the efforts played by various professional bodies to increase salaries of the nursing staff. Nurses in governmental hospitals have higher chances to have continuous education programs and scholarships, and professional advancement opportunities through "bridging programs" at the undergraduate and graduate levels.

Jordanian private hospitals were the best in terms of working with nurse managers who back up nurses' decision-making processes, which could be related to the fact the older nurses who retired from governmental hospitals re-join the workforce in private hospitals; they mainly work at the managerial and leadership levels.[10] Private hospitals were the best in using nursing diagnosis and nursing care plans, which could be related to the fact that many of these hospitals were the leading bodies in areas related to accreditation.

Contrary to private hospitals, teaching hospitals supported nurses' autonomy, nurses' control over practice and they provide organizational support for their nurses. Contrary to teaching hospitals, governmental hospitals promoted the strongest nurse-physician relationships. These differences are related to differences of organizational climates and work environments of Jordanian hospitals. Teaching hospitals seem to be better in providing supportive organizational climates.[31] Nurses in governmental hospitals usually have heavy workload caused by the escalating shortage of nursing and medical staff.[10, 19, 20, 31] This may explain the strongest nurse-physician relationships in governmental hospitals; more peer support emerged between nurses and physicians, which may result in excessive non-nursing tasks for nurses. This is basically because nurses tend to help other staffs in achieving their tasks, even though nurses themselves are suffering the escalating shortage. As a result, the quality of nursing as well as medical care will be influenced negatively. Nurses in teaching hospitals usually work under less workload and deal with more supportive managers; this reflect positively on patient and organizational outcomes.[10, 19, 20, 31] This may explain why nurse-physician relationships in teaching hospitals were not the strongest; each profession has clear roles and tasks. Because private hospitals are for-profit organizations, nurses reported that they had limited autonomy and control over practice and received marginal organizational and physicians' support.[31]

Although the Cronbach's alpha for the entire NWI-R was high (0.95), the Cronbach's alpha of the subscales was somehow low especially in the autonomy subscale (0.46); the low alphas may be related to the small number of items in each subscale. [29] Another explanation of why the autonomy subscale has low alpha could be related to sample's characteristics, therefore factor analysis may reveal low correlated items that could be deleted in future research.

Implications and Recommendations

This research assessed organizational traits of Jordanian hospitals as perceived by nurses. This

study has various implications of practice, education, and research. For practice, focusing on positive organizational traits will improve the quality of care, nurses' job satisfaction and patients' outcomes, which are some characteristics of Magnet hospitals.[1, 4, 6, 9, 11, 14-16, 23- 25] Regardless of clinical settings, nurse managers should improve hospitals' organizational traits especially in terms of providing nurses with services that allow them to spend more time with their patients.[1] Gaps of organizational traits in each type of hospitals should be ruled out and fixed. For example, more career opportunities should be provided for nurses in teaching and private hospitals, while more focus should be placed on using written nursing care plans in governmental hospitals. Nurse managers must act with supportive leadership styles to enhance work environments that contribute to better outcomes. [8, 13, 31, 32] In addition, nurse managers must develop organizational structures that support participative decision-making style, which will be easy to apply if these managers are working in Magnet hopsiatls.[14- 16, 23- 25, 32] Adequate staffing and organizational supports for nurses are keys for improving quality of care,[11,14,23-25,31] and ultimately improving organizational traits of hospitals. Magnet hospitals and PPEs should be used as they have many positive organizational traits.[14-16,23-25]

Implications for education, courses that focus on fostering positive organizational traits, and supportive organizational climates and work environments should be encouraged and incorporated into the nursing curricula.

Implications for research, this study could be repeated using longitudinal research designs instead of cross-sectional designs to identify variables that influence organizational traits. Further research is needed to assess the correlations between organizational traits and sample's characteristics, and the effects of organizational traits on job stressors and social supportive behaviors. A descriptive design using a convenience sample was used in this study, thus; to enhance the generalizability of the findings, a random and larger sample is recommended in further replicated studies. More research studies should focus on the unexpected findings reported from governmental hospitals such as providing high salaries, using standardized policies and procedures, and providing the best quality of medical care.

Summary and Conclusions

This study provides evidence about differences of organizational traits in teaching, governmental, and private hospitals in Jordan. Nurses in teaching hospitals had the highest organizational traits of autonomy, control over practice, and organizational support, whereas governmental hospitals had the highest organizational trait of strong nurse-physician relationships.

Strategies should be developed to establish positive organizational traits; these may include, but are not limited to, improving staff's autonomy and control over practice, fostering strong nurse-physician relationships, and providing organizational support for nurses.

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فروقات السمات التنظيمية للمستشفيات في الأردن كما يراها الكادر التمريضي

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الملخص

الأهداف: يهدف هذا البحث إلى مقارنة خصائص العينة لكل من الكادر التمريضي والمستشفيات، ومقارنة السمات التنظيمية بين المستشفيات التعليمية والحكومية والخاصة من وجهة نظر الكادر التمريضي.

طريقة البحث: تم جمع بيانات هذا البحث من خلال توزيع استمارة "The Revised Nursing Work Index (NWI–R)" على (295) ممرضاً وممرضة يعملون في مستشفيين تعليميين وأربعة مستشفيات حكومية وثلاثة مستشفيات خاصة، وقد بلغ معدل الاستمارات العائدة لهذه الدراسة 59%.

النتائج: بينت نتائج هذه الدراسة أن هناك اختلافات ذات دلالات إحصائية بين المستشفيات في كثير من خصائص العينة من حيث الوردية، مستوى التعليم، العمر، المتوسط اليومي لتعداد المرضى، الهياكل التنظيمية، نموذج الرعاية التمريضية، أساليب اتخاذ القرار، ومكان العمل. أشارت النتائج إلى أن استقلالية الكادر التمريضي وقدرته على ضبط أمور العمل كانت عالية في المستشفيات التعليمية ومتدنية في المستشفيات الخاصة، ووجد أن العلاقات المهنية بين الكادر الطبي والكادر التمريضي كانت قوية في المستشفيات الحكومية ولكنها ضعيفة في المستشفيات التعليمية، ووجد أن أعلى دعم مؤسسي أعطي للكادر التمريضي العامل في المستشفيات التعليمية وأدناه للكادر التمريضي العامل في المستشفيات الخاصة. كشفت الاختبارات عن وجود اختلافات ذات دلالات إحصائية بين المستشفيات التعليمية والحكومية والخاصة في بعض سماتها التنظيمية.

الخلاصة: ينبغي أن يتم استخدام الوسائل الإدارية التي تساعد في تطوير السمات التنظيمية الايجابية للمستشفيات مثل تحسين الاستقلالية والممارسة المهنية للكادر التمريضي، وتعزيز العلاقات الايجابية بين الكادر التمريضي والطبي، وتعزيز الدعم المؤسسي للكادر التمريضي، ومن الجدير ذكره أن السمات التنظيمية ذات علاقة وطيدة مع المخرجات المتعلقة بالكادر التمريضي والمرضى والمؤسسات.

الكلمات الدالة: السمات التنظيمية، المستشفيات، الأردن، الكادر التمريضي.