Organizational Traits of Specialized Units as Compared to General Wards in Jordanian Hospitals

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Abstract

Aims: This study compares organizational traits of specialized units as compared to those traits in general wards of Jordanian hospitals.

Methods: A comparative research design using a survey method was used to conduct the study. The Revised Nursing Work Index (NWI-R) 1 was used to collect data. A convenience sample of 263 Registered Nurses was recruited from 12 units and nine wards located in nine teaching, governmental, and private hospitals in Jordan; the total response rate was 53%.

Findings: Wards were better than units in some organizational traits: having a supervisory staff that is supportive for nurses, having enough Registered Nurses (RNs) to provide quality patient care, working with a nurse manager who is considered as a good leader/manager, working with specialized nurses who provide patient care consultations, and having written and up-to-date nursing care plans for all patients.

Conclusions: In all clinical settings in general and in units in particular, positive organizational traits should be established and maintained; these are essential milestones that contribute to positive nurse, patient, and organizational outcomes. Units in particular are in need to establish positive organizational traits, especially using supportive leadership styles, hiring adequate and specialized staff, and promoting staff's autonomy.

Keywords: Organizational Traits, Specialized Units, General Wards, Jordan.

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Introduction

"Organizational traits" are characteristics that work environments must have in order to support staffs' control over their practice, increase staffs' job satisfaction, and in turn increase their efforts to provide high quality of patient care.[2] Specific organizational traits produce positive outcomes such as patients' satisfaction, nurses' retention, and quality of care.[2-6] Examples of these traits are supportive leadership styles, staff's autonomy, professional communication, and interdisciplinary collaboration.[1,4,7-11]

It is important to mention that the focus on organizational traits of hospitals is recent; many studies about organizational traits were conducted in other types of organizations such as the industrial ones.[1,3,12-14]

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The interest in this concept in clinical settings stemmed from many organizational factors, particularly the current escalating nursing shortage.[1,15]

Specialized units have different staffing and structures when compared to those of other clinical settings. These structures differentially influence the processes of patient care and relationships among and between healthcare teams, and in turn they produce many outcomes such as nurses and patients' satisfaction.[16,17]

For the purpose of this study, it is assumed that specialized units have more positive organizational traits than general wards. These traits may indicate the presence of supportive work environments in units. As a result, to produce positive organizational traits and in turn positive outcomes, managerial and leadership interventions are needed in wards to produce.

Purpose and Significance of the Study

The data of the current study are part of large database collected in 2006 over a three-week period. The main purpose of this study was to answer the following research questions: "what are the differences of organizational traits between specialized units and general wards?". Differences in organizational traits were assessed from the point of view of RNs. Few recent studies were conducted about organizational traits of hospitals.[1,3,12-14] In nursing, comparative studies were mainly performed based on types of hospitals but were not based on areas of work such as units and wards.[17-19] This is the first published nursing study in Jordan about organizational traits, and the first international comparative study about organizational traits in units as compared to those of wards.

Literature Review

Organizational Traits: Units versus Wards

In clinical settings, organizational traits are various characteristics that support professionals' autonomy and control over the delivery of care and unit operations.[2]

Attributes, factors, and characteristics are various terms used to describe organizational traits.[1,3,12,15,20] These traits include, but are not limited to, staff's autonomy and flexible scheduling and decentralization of decision-making; teamwork; access to resources needed to provide quality patient care; strong and effective and visible nursing leadership; and adequate staffing.[1,4,7,15,20,21]

Organizational traits in unit are different than those in wards. Schmalenberg and Kramer [16] reported that Intensive Care Units (ICUs) support effective nursing care and strengthen relationships in the team, which, in turn, resulted in job satisfaction among nurses and high quality of patient care. The supportive structures and processes of units resulted in healthy work environments. Units are better than wards in areas related to staffing, leadership styles, decision-making styles, nursing care delivery model, technological advancements, and levels of staffing.[19-23] More specifically, high staffing levels are placed in units where more acutely ill patients are treated.[24,25] More assertive leadership styles are needed in units because of the acute nature of patients' conditions.[22] Primary nursing care delivery model (one nurse has the primary responsibility of planning, evaluating, and caring of a patient throughout the course of illness, convalescence, and recovery),[26] case management (a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs while promoting quality cost-effective outcomes), [26] and advanced technology are commonly used in units; these models and technological advancements as well as the acute and complex nature of patients' conditions require specialized staff.[26] All these factors were reported to produce positive nurse, patient and organizational outcomes.[3,7,16,22,25,27]

Outcomes of Organizational Traits

In general, positive organizational traits result in many outcomes such as increased patients' satisfaction and nurses' retention and quality of care, decreased patients' mortality rates, and increased organizations' prosperity.[1-5,7,9,10,20-22]

Positive organizational traits as leadership and autonomy have been found to associate with nurses' satisfaction in the acute care settings.[6] More specifically, there are many organizational factors associated with improved outcomes in units such as using multidisplinary rounds and care protocols, providing advanced education, working as teams, and using professional communication.[28]

Research Methods

Conceptually, "organizational traits" are systems that support the control of staffs [nurses] over their work environments.[2,25] To measure organizational traits, the Revised Nursing Work Index (NWI-R) [1] was used. Organizational traits were operationalzed as the nurses' autonomy and control over practice, nurse-physician relationships, and organizational supports. The NWI-R consists of 57 items that aimed at measuring Professional Practice Environment (PPE). Using the original scoring of the scale, this instrument consists of four subscales, on a 4-point Likert scale, each scale ranges as: 1- strongly agree; 2- somewhat agree; 3- somewhat disagree; and 4- strongly disagree. The subscales are: autonomy: items 4, 6, 17, 24, and 35; control over practice settings: items 1, 11, 12, 13, 16, 46, and 48; nurse-physician relationships: items 2, 27, and 39; and organizational supports: items 1, 2, 6, 11, 12, 13, 17, 24, 27, and 48.[1]

For the original scale, the reported Cronbach's alpha of the NWI-R was .96, and for the subscales was: .75 for autonomy, .79 for control over practice settings, .76 for nurse-physician relationships, and .84 for organizational supports.[1] Validity of the NWI-R was demonstrated by the original researchers; it is the ability of the instrument to differentiate nurses who worked within a PPE from those who did not.[1] In the current research, the overall Cronbach's alpha for the entire items of NWI-R was .95, and for the subscales was: .46 for autonomy, .76 for control over practice setting, .57 for nurse-physician relationships, and .65 for organizational supports.

Data Collection Procedures, Sample, and Settings

Nonrandomly, this study was conducted in 12 units and nine wards of two teaching hospitals, four governmental hospitals, and three private hospitals. The selected units and wards were distributed as follows: 12 units (General Intensive Care Unit (GICU), Neurological ICU, Neonatal ICU, Critical Care Unit (CCU), Cardiac Surgery ICU, Cardiac Catheterization Unit, Surgical ICU, Medical ICU, Emergency Room, Operating Room, Recovery Room, and Burn Unit; and nine wards (General Medical Wards-Male and Female-, General Surgical Wards -Male and Female-, Maternity Wards, General Pediatric Wards, Surgical Pediatric Wards, Neurosurgery Wards, and Orthopedic Wards).

Registered Nurses were approached through their nurse managers. Only RNs were sent letters to invite them to participate in the study and they were provided with envelopes that they can use to return the answered questionnaires. No sampling criterion was setup except that RNs are working or had worked in hospital settings. Of possible 500 nurses, a convenient sample of 263 nurses was recruited to conduct the current study; the total response rate was 53%.

Data were collected about the following sample's demographics: gender, marital status, shift worked, time commitment for work, level of education, age, experience, area of work, average daily census, organizational structure, nursing care delivery model, and decision-making style.

Approvals to conduct the study were obtained from the research committee of the university where the researchers are currently working and were obtained from hospitals' administrators and nurses. Nurses were told that answering and returning back the questionnaires are considered their consent forms. Participants' anonymity and the confidentiality of their information were ensured all over the research process. These ethical considerations were achieved by providing nurses with envelopes that they can seal in order to deposit their answered questionnaires. Also, those questionnaires were

collected back by a Research Assistant, and data were handled by the researchers only.

Data Analyses

The Statistical Package of Social Sciences (SPSS) (version 11.5) (2001)[29] was used to generate descriptive and inferential statistics. Data were analyzed at a significance level of .05. Central tendency and variability measures were reported for the studied variables. Independent-Samples T-Tests were used to compare organizational traits of units to those of wards.[30] Checked by drawing a histogram, comparisons between units and wards were possible as there were not any extreme differences in the standard deviations of variables.[30]

Results

Demographics of the Sample

Significant differences were found in the following sample's demographics: *gender* (more male nurses (n=112, 55.4%) were employed in units while more female nurses (n=40, 65.6%) were employed in wards) (P=.004); *level of education* (nurses who held the Master's degree (n=21, 10.4%) were employed in units, none of them were employed in wards (P=.032); *patient census* (26.9% (n=54) of nurses in units reported that their unit/ward's patient census was more than 20 patient/ day versus 26.2% (n=16) in wards) (P=.001); and *nursing care delivery model* (4% (n=8) of nurses in units reported that the nursing care delivery model was not clear as compared to 1% only (n=1.6) in wards) (P=.050) (See Table 1).

Table (1): Significant Differences of Nurses and Hospitals' Characteristics in Specialized Units as Compared to General Wards Using Chi-Square Tests (N=263).

Variables	*Nurses from Specialized Units N=202** N (%)	*Nurses from General Wards N= 61** N (%)	*Chi-square (df)*	***Sig.*
Gender			*8.281(1)*	*.004*
Male	*112 (55.4)*	*21(34.4)*		
Female	*90(44.6)*	*40(65.6)*		
Level of Education			*6.893(3)*	*.032*
Diploma	*33(16.3)*	*11(18.0)*		
Baccalaureate	*148(73.3)*	*50(82.0)*		
Master	*21(10.4)*	-		
Doctorate	-	-		
Unit/Ward's Daily Census			*19.444(4)*	*.001*
1-5 patients	*42(20.9)*	*4(6.6)*		
6-10 patients	*43(21.4)*	*6(9.8)*		
11-15 patients	*41(20.4)*	*19(31.2)*		
16-20 patients	*21(10.4)*	*16(26.2)*		
21 and more patients	*54(26.9)*	*16(26.2)*		
Nursing Care Delivery Model			*7.759(3)*	*.050*
Primary	*42(21.0)*	*6(9.8)*		
Team	*114(57.0)*	*35(57.4)*		
Functional	*36(18.0)*	*19(31.2)*		
Unclear Model	*8(4.0)*	*1(1.6)*		

**** Some totals don't equal to 263 because of missing data; ** Sig (2-sided) at .05***

Organizational Traits: Differences between Units and Wards

Independent-Samples T-Tests revealed that there were significant differences between units and wards. As perceived by RNs, wards were better than units in the following organizational traits: working with a supportive supervisory staff (p= .022), having enough registered nurses to provide quality patient care (p= .003), working with "a good" manager and leader (p= .025), having a specialized nurse who provide patient careconsultations (p= .037), and having written and up-to-date nursing care plans for all patients (p=.007) (Table 2).

Based on subscales of organizational traits, Independent -Samples T-Tests revealed that there were significant differences between units and wards in terms of: *autonomy subscale* (working with a supportive supervisory staff (p= .022)); *control over practice subscale* (having enough registered nurses to provide quality patient care (p= .003)), and (working with "a good" manager and leader (p= .025)); and *organizational support subscale* (having enough registered nurses to provide quality patient care (p= .003)), and (working with "a good" manager and leader (p= .025)). There were no significant differences in any item of the *nurse-physician relationships subscale* (Table 3).

Table (2): Significant Differences of Organizational Traits between Specialized Units and General Wards Using Independent-Samples T-Tests (N=263).

	Nurses from Specialized Units N=202*		***Nurses from General Wards N= 61****			
Organizational Traits	$\overline{X}$	***S.D.***	$\overline{X}$	***S.D.***	***T-test***	*****Sig***
1. Adequate support services allow nurses to spend time with their patients	1.96	.832	2.05	1.01	-.629	.531
2. Physicians and nurses have good working relationships	2.15	1.18	2.18	.747	-.235	.815
3. A good orientation program for newly employed nurses	2.14	.981	2.29	.919	-1.104	.272
4. A supervisory staff that is supportive for nurses	2.20	.956	2.50	.887	-2.331	.022
5. A satisfactory salary	2.34	1.04	2.56	.945	-1.547	.125
6. Nursing controls its own practice	2.23	.918	2.48	.873	-1.909	.059
7. Active in-service/continuing education programs for nurses	2.30	.961	2.45	.871	-1.078	.284
8. Career development/clinical ladder opportunity	2.26	.950	2.42	.855	-1.210	.229
9. Opportunity for staff nurses to participate in policy decisions	2.40	.93	2.43	.908	-.189	.851
10. Support for new and innovative ideas about patient care	2.29	.926	2.26	.814	.254	.800
11. Enough time and opportunity to discuss patient care problems with other nurses	2.33	.947	2.54	.975	-1.453	.149
12. Enough registered nurses to provide quality patient care	2.22	.977	2.65	.946	-3.097	.003
13. A nurse manager who is a good manager and leader	2.39	.959	2.68	.866	-2.273	.025
14. A chief nursing officer is highly visible and accessible to staff	2.35	.913	2.57	.902	-1.675	.097
15. Flexible or modified work schedules are available	2.24	.878	2.40	.994	-1.104	.272
16. Enough staff to get the work done	2.40	.995	2.55	.981	-1.015	.313
17. Freedom to make important patient care and work decisions	2.38	.971	2.53	.947	-1.051	.296
18. Praise and recognition for well-done jobs	2.28	.938	2.55	.946	-1.928	.057
19. Specialized nurses who provide patient care consultations	2.31	.888	2.60	.970	-2.116	.037
20. Team nursing as the nursing delivery system	2.37	.948	2.61	1.05	-1.587	.116

21. Total patient care as the nursing delivery system	2.48	1.00	2.53	1.06	-.332	.741
22. Primary nursing as the nursing delivery system	2.47	.95	2.72	1.01	-1.676	.097
23. Good relationships with other departments	2.22	.992	2.44	.951	-1.523	.131
24. Nurses not being placed in a position of having to do things that are against 25. their nursing judgment	2.37	.889	3.27	5.84	-1.171	.246
26. High standards of nursing care are expected by the administration	2.21	.849	2.25	.920	-2.293	.771
27. A chief nursing executive is equal in power and authority to other top-level 28. hospital executives	2.27	.903	2.31	.911	-.307	.760
29. Much teamwork between nurses and doctors	2.26	.910	2.11	.738	1.289	.200
30. Physicians give high-quality medical care	2.20	.934	2.31	.827	-.875	.383
31. Opportunities for advancement	2.21	.892	2.28	.922	-.499	.619
32. Nursing staff is supported in pursuing degrees in nursing	2.37	.864	2.38	.890	-1.151	.880
33. A clear philosophy of nursing pervades the patient care environment	2.31	.928	2.36	.822	-.441	.660
34. Nurses actively participate in efforts to control costs	2.39	.910	2.41	.907	-.132	.895
35. Working with nurses who are clinically competent	2.33	.943	2.40	.847	-.534	.595
36. The nursing staff participate in selecting new equipment	2.29	.929	2.50	.959	-1.553	.124
37. A nurse manager backs up the nursing staff in decision making, even if the conflict is with a physician	2.20	.866	2.44	.994	-1.655	.102
38. An administration that listens and responds to employees' concerns	2.24	.855	2.45	.905	-1.658	.101
39. An active quality-assurance program	2.27	.896	2.50	1.05	-1.515	.133
40. Staff nurses are involved in the internal governance of the hospital	2.32	.942	2.53	.999	-1.423	.158
41. Collaboration between nurses and physicians	2.28	1.01	2.40	.867	-.841	.402
42. A preceptor program for newly hired RNs	2.25	1.24	2.33	.912	-.496	.621
43. Nursing care is based on a nursing rather than a medical model	2.40	.969	2.36	.913	.342	.733
44. Staff nurses have the opportunity to serve on hospital and nursing committees	2.31	.932	2.26	.820	.387	.699
45. The contributions that nurses make to patient care are publicly acknowledged	2.38	.913	2.49	.887	-.802	.424
46. Nurse managers consult with staff on daily problems and procedures	2.24	.951	2.49	.905	-1.851	.067
47. The work environment is pleasant, attractive, and comfortable	2.28	.986	2.48	.892	-1.461	.147
48. Opportunity to work on a highly specialized unit	2.30	.914	2.57	.931	-1.900	.061
49. Written, up-to-date nursing care plans for all patients	2.24	.930	2.60	.867	-2.771	.007
50. Patient assignments foster continuing of care	2.33	.919	2.42	.950	-.670	.504
51. Regular, permanently assigned staff nurses never have to float to another unit	2.35	.911	2.38	.958	-.180	.857
52. Staff nurses actively participate in developing their work schedules	2.30	1.00	2.27	.969	.231	.818
53. Standardized policies, procedures, and ways of dong things	2.22	.938	2.48	1.06	-1.716	.090

54. Use of nursing diagnoses	2.33	.981	2.47	.976	-.994	.323
55. Floating, so that staffing is equalized among units	2.47	.999	2.50	.982	-.140	.889
56. Each nursing unit determines its own policies and procedures	2.32	.890	2.52	.971	-1.382	.171
57. Use of a problem-oriented medical record	2.23	.907	2.44	.933	-1.497	.138
58. Working with experienced nurses who know the hospital	2.21	1.01	2.21	1.00	-.007	.995
59. Nursing care plans are transmitted from nurse to nurse	2.29	1.01	2.33	.951	-.305	.761

**** Some totals don't equal 263 because of missing data***

***** Equal variance is not assumed; Sig (2-tailed) at .05.***

Table (3): Differences of Subscales of Organizational Traits between Specialized Units and General Wards Using Independent -Samples T-Tests (N=263).

	Nurses from Specialized Units N=202*		**Nurses from General Wards N= 61***		**T-tests**	****Sig.**
Organizational Traits	$\overline{X}$	**S.D.**	$\overline{X}$	**S.D.**		
Autonomy Subscale (items 4, 6, 17, 24, and 35)						
A supervisory staff that is supportive for nurses	2.20	.956	2.50	.887	-2.331	.022
Nursing controls its own practice	2.23	.918	2.48	.873	-1.909	.059
Freedom to make important patient care and work decisions	2.38	.971	2.53	.947	-1.051	.296
Nurses not being placed in a position of having to do things that are against their nursing judgment	2.37	.889	3.27	5.84	-1.171	.246
A nurse manager backs up the nursing staff in decision making, even if the conflict is with a physician	2.20	.866	2.44	.994	-1.655	.102
Control Over Practice Subscale (items 1, 11, 12, 13, 16, 46, and 48)						
Adequate support services allow nurses to spend time with their patients	1.96	.832	2.05	1.01	-.629	.531
Enough time and opportunity to discuss patient care problems with other nurses	2.33	.947	2.54	.975	-1.453	.149
Enough registered nurses to provide quality patient care	2.22	.977	2.65	.946	-3.097	.003
A nurse manager who is a good manager and leader	2.39	.959	2.68	.866	-2.273	.025
Enough staff to get the work done	2.40	.995	2.55	.981	-1.015	.313
Opportunity to work on a highly specialized unit	2.30	.914	2.57	.931	-1.900	.061
Patient assignments foster continuing of care	2.33	.919	2.42	.950	-.670	.504
Nurse-Physician Relationships Subscale (items 2, 27, and 39)						
Physicians and nurses have good working relationships	2.15	1.18	2.18	.747	-.235	.815
Much teamwork between nurses and doctors	2.26	.910	2.11	.738	1.289	.200
Collaboration between nurses and physicians	2.28	1.01	2.40	.867	-.841	.402
Organizational Support Subscale (items 1, 2, 6, 11, 12, 13, 17, 24, 27, and 48)						
Adequate support services allow nurses to spend time with their patients	1.96	.832	2.05	1.01	-.629	.531
Physicians and nurses have good working relationships	2.15	1.18	2.18	.747	-.235	.815
Nursing controls its own practice	2.23	.918	2.48	.873	-1.909	.059
Enough time and opportunity to discuss patient care problems with other nurses	2.33	.947	2.54	.975	-1.453	.149
Enough registered nurses to provide quality patient care	2.22	.977	2.65	.946	-3.097	.003
A nurse manager who is a good manager and leader	2.39	.959	2.68	.866	-2.273	.025

Freedom to make important patient care and work decisions	2.38	.971	2.53	.947	-1.051	.296
Nurses not being placed in a position of having to do things that are against their nursing judgment	2.37	.889	3.27	5.84	-1.171	.246
Collaboration between nurses and physicians	2.28	1.01	2.40	.867	-.841	.402
Patient assignments foster continuing of care	2.33	.919	2.42	.950	-.670	.504

* ***Some totals don't equal 263 because of missing data***

***** Equal variance is not assumed; Sig (2-tailed) at .05.***

Discussion

Consistent with the literature, it is apparent from the results of this study that "organizational traits" is a milestone that promotes nurses' control over their practice, enhances nurse-physician relationships, and encourages organizational supports.[1,4,16,31]

Units and wards were different in many of their sample's characteristics, which could be related to the characteristics of work environments and nursing workforce in Jordan.[23] For example, in the current sample, more male nurses were employed in units; which is consistent with current trend of the shortage of female nurses and the surplus of male nurses in Jordan;[23] more nurses with advanced degrees were employed in units as these settings are highly specialized.[27] More patients were admitted to wards which could be linked to wards' bed capacity. Consistent with the literature, primary nursing care delivery system was more used in units.[26]

Results of the current study indicated that wards had more positive organizational traits than units, which is contrary to what was assumed at the beginning of the study. Nurses in wards reported to work with supportive supervisors who promoted nurses' autonomy.[22] The result about the roles of supervisors in promoting nurses' autonomy was consistent with another finding; that is nurses in wards reported to have more control over their practice, specifically in term of having enough nurses to provide quality patient care, and working with a "good" leader or manager. The result about the outcomes of nurses' control over their practice is also supported in the literature; nurses' control over practice is part of their autonomy,[20,22,32] and, in-turn, will contribute positively to the quality of patient care.[20,22] However, this will not suddenly happen; adequate staff is a prerequisite to produce positive outcomes in any work environment.[15,20,22]

Wards scored higher than units in term of working with "good" managers and leaders. This result could be interpreted by need for more assertive leaders in units because of the acute and critical nature of cases admitted to units, which may explain why nurses in wards reported that their managers and leaders were supportive.[20,22] Supportive and "good" managers and leaders in wards will enhance nurses' autonomy.[22,32] Contrary to what was expected, it was reported that wards have more specialized nurses who provide patient care consultations, this is a common trend in units as they have more acutely ill patients and utilize more advanced technology.[19,20,22,23] Employing specialized nurses in wards will reflect positively on the quality of patient care.[3,7,22,25] Also contrary to what was expected, nurses in wards reported that they use documented and up-to-date nursing care plans more than what unit nurses reported. As units have better staffing level than wards, it is expected that nurses in units have more time to document nursing care.[19,23] Yet, having documented and up-to-date nursing care plans in wards will contribute positively to the continuity of patient care and safe practice.[33,34] From results of the current study, it can be concluded that Jordanian nurses working in units viewed their working environments to be stressful, and in turn indicating the presence of some negative organizational traits.

Implications and Recommendations

The results of this study have implications for practice, research, and education. *For practice*,

positive organizational traits should be established and maintained in units, particularly using supportive leadership styles,[35] hiring enough and specialized staff,[15,20] and enhancing nurses' control over their practice;[22] these traits will produced positive outcomes for patients, nurses, and organizations.[1,3,4,7,20]

Although there were no significant differences between units and wards in these variables, any variable that has a mean value below "2" needs particular attention; nurses in units should be provided with adequate support services that allow them to spend time with their patients. Also, any variable that has a mean value above "3" need to be supported and maintained; nurses in wards were not placed in a position to do things against their nursing judgment. Providing nurse with support services and avoid forcing them to act against their value systems will contribute positively to nurses' job satisfaction and job performance as well as career commitment.[19]

For research, because convenience sampling technique was utilized in the current study, the results are not generalizable to the whole population of nurses. In further studies, a larger and random sample should be used. A qualitative research design could be used to understand in-depth the concept of "organizational traits".[30] Regression analyses are recommended to explore the relationships between sample's demographics and organizational traits. Variables predicting organizational traits should be studied in further research; these include but are not limited to work environment, organizational culture, group dynamics, salaries, and benefit package.

For education, graduate and undergraduate nursing leadership and management course should focus on characteristics of work environments in general and on organizational traits in particular; today's students are tomorrow's nurses.

Summary and Conclusions

The main purpose of this study was to answer the research questions regarding the differences of organizational traits between specialized units and general wards. The literature review indicated that there were few recent studies about organizational traits of hospitals, positive organizational traits produce positive outcomes, and organizational traits in unit are different than those in wards. More specifically, the results of the current study pointed out that wards were better than units in many organizational traits, particularly working with supportive supervisors, having enough registered nurses to provide quality patient care, working with "a good" manager and leader, having specialized nurses who provide patient care consultations, and keeping written and up-to-date nursing care plans for all patients. Although these are needed more in specialized units, positive organizational traits should be established and maintained in all clinical settings in order to achieve positive nurse, patient, and organizational outcomes.

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السمات التنظيمية للوحدات المتخصصة مقارنة مع تلك التي في الطوابق العامة في المستشفيات الأردنية

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الملخص:

الأهداف: هدف هذا البحث إلى مقارنة السمات التنظيمية بين الوحدات المتخصصة والطوابق العامة التابعة لعدد من المستشفيات في الأردن.

طريقة البحث: تم تصميم هذا البحث عن طريق استخدام طريقة المسح المقارن، حيث تم جمع بيانات هذا البحث من خلال توزيع استمارة "The Revised Nursing Work Index (NWI-R) (Aiken & Patrician, 2000)[1]" على عينة ملائمة مكونة من (263) ممرضاً وممرضة قانونيين يعملون في (12) وحدة و(9) طوابق موزعة في (9) مستشفيات تعليمية وحكومية وخاصة في الأردن، حيث بلغ معدل الاستمارات العائدة 53%.

النتائج: أشارت نتائج الدراسة إلى أن الطوابق كانت أفضل من الوحدات من حيث السمات التنظيمية التالية: العمل مع مشرفي تمريض يدعمون الكادر التمريضي الذي يعمل معهم، وجود عدد كاف من الكادر التمريضي الذي يقدم رعاية تمريضية عالية الجودة، وجود إداريي تمريض يعتبرهم الكادر التمريضي "قياديين"، وجود كادر تمريضي متخصص في مجال تقديم الاستشارات للمرضى، ووجود خطة رعاية تمريضية مكتوبة بمهارة مع كونها مطورة بشكل دائم.

الخلاصة: في جميع أماكن العمل بشكل عام وفي الوحدات بشكل خاص، ينبغي العمل على إيجاد والمحافظة على سمات تنظيمية ايجابية، لما لهذه السمات من انعكاسات ايجابية مع المخرجات المتعلقة بالكادر التمريضي والمرضى والمؤسسات، وعليه لابد من استخدام سمات تنظيمية ايجابية مثل الإدارة الداعمة للكادر التمريضي وتوظيف عدد كاف ومتخصص من هذا الكادر بالإضافة إلى تشجيع استقلاليته.

الكلمات الدالة: السمات التنظيمية، الوحدات المتخصصة، الطوابق العامة، الأردن.