

**Deanship of Graduated Studies**

**Al-Quds University**



**Effects of Selected Organizational Climate Factors  
on Nursing Performance and Patient Satisfaction in  
Renal Dialysis Units in West Bank Hospitals**

**Samar Jallad**

**Master thesis**

**Jerusalem – Palestine**

**2014 م - 1435 هـ**

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**Submitted by**

**Samar Jallad**

**Supervisor**

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**A thesis submitted in partial fulfillment of the  
requirements for the degree of master in nursing  
management**

**Al Quds University**

**2014**

## **Declaration**

The work contained in this dissertation has not been previously submitted for a degree at any other tertiary education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person, except where due reference is made.

Signed:.....

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Performance and Patient Satisfaction in Renal Dialysis Units in West Bank  
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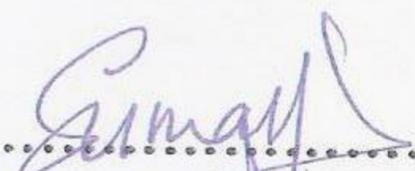
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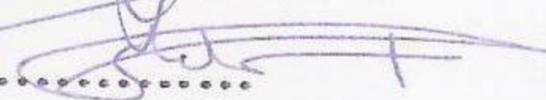
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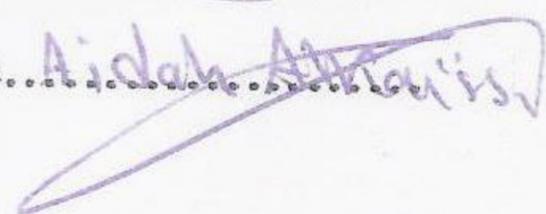
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## **Dedication**

To

Family

My parents

My brothers and sisters

To the soul of our prestigious educator Dr. Hussein Al-Shyoukhi

And all my good friends who helped or supported  
me even without knowing that

## **Acknowledgement**

I would like to thank many people for their helpfulness and support.

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To administrative staff and heads of departments of health professions, my dear colleagues at Modern University College.

To all employees in hospitals, health centers particularly the staff in Renal  
Dialysis Units

## **List of Abbreviation**

ANOVA	Analysis of Variance
CKD	Chronic Kidney Disease
ESRD	End Stage Renal Disease
ESRF	End Stage Renal Failure
MOH	Ministry of Health
PMOH	Palestinian Ministry of Health
PNA	Palestinian National Authority
OC	Organizational Climate
QoL	Quality of Life
SPSS	Statistical Package of the Social Science
WB	West Bank

## **Abstract**

Organizational climate is one of essential requirements for the success of health care institutions all over. Hospitals are considered a form of organizations that aim to provide quality health care of patients through providing good organizational climate, which based on the performance of employees in various departments of the hospital including renal dialysis unit. No doubt that the availability of good organizational climate in an institution positively effects on performance of employees and thus increase patient's satisfaction with service provided to them.

This study aimed to assess effect of selected organizational climate factors (motivation, social interpersonal relations and leadership style) on nurse's performance and patient's satisfaction in dialysis units in West Bank Hospitals.

This study was a descriptive analytic study. It described the relations between selected organizational climate factors and nursing performance and the effect of this performance on patient's satisfaction in renal dialysis units in West Bank governmental hospitals.

The respondents in this study was 69 nurses (29 male and 40 female) out of (100) nurses (study population) who work in 10 dialysis units in West Bank governmental hospitals and 198 renal patients (113 male and 85 female) who were selected as a purposive sample.

Data collection was through 2 questionnaires, one for nurses which consisted of 2 sections; the first one consisted of socio-demographic variables and the second one consisted of 3 domains and 23 statements to identify effects of selected organizational climate factors on nurse's performance in dialysis units in West Bank Hospitals. In addition, there were 15 statements to investigate the nursing performance.

The second questionnaire for patients which consisted of 2 sections; the first one consisted of socio-demographic and health conditions of patients attending to dialysis units, the second one consisted of 17 statements identify patient's satisfaction.

Descriptive and inferential statistics were used to test relationship between organizational climate factors and nurses performance on the one hand, and the relationship between nurse's performance and patient's satisfaction on the other hand.

Nurses performance in dialysis units has moderate response (69.3%); for several reasons including insufficient number of nurses to number of patients which it leads to workload, fatigue, job dissatisfaction and insufficient time. Thus, nurses can do all nursing procedures (documentation, treating patients and giving medicine), lack of breaks during shifts period because increase number of patients, lack of knowledge, skills, experience

about dialysis units for equipments and tools, and administration of dialysis unit does not adopt reward and punishment system for evaluation nurses performance.

Patient satisfaction dialysis units have moderate response (73.3%); for several reasons shortage the presence of renal specialists, social workers specialists and diet specialist, insufficient using for developed dialysis machines, tools and signs and inflexible of working hours in dialysis units in some cities because increase number of patients for decrease equipments, dialysis machines, specialist, and nurses. So the relationship between organizational climate factors and nurse's performance and patient's satisfaction effect moderate.

Recommendations of this study summarized as Palestinian Ministry of Health should to be interested the structure of dialysis units in West Bank governmental hospital, to meet the requirements of staff working as ( specialist, nurses, employees, workers) and patients, contributing to the improvement of performance and achieve satisfactions and goals, work to improve methods of decision- making, and involvement nurses in decision –making and problem solving, regardless of age, gender,...etc, giving the right of nurses to participate in the elaboration of strategic policies and plans for the future by providing suggestions by putting plans and programs that improving their performance and impact on job satisfaction, providing contact and communication between dialysis units and other units in hospitals, distribution nurses those occupying jobs that are fit with their qualifications and experiences, providing financial allocations and capabilities needed by Palestinian Ministry of Health to support and develop the performance of nurses and conducting a lot of studies and researches related to organizational climate factors and nurses performance in dialysis unit and other units in hospitals.

This study assessed selected organizational climate factors (motivation, social relationship and leadership style) effect on nurse's performance and patient's satisfaction in dialysis unit in West Bank hospitals. The socio-demographic variables not effect on organizational factors which are selected and nursing performance, except workplace dialysis units and academic degree of nurses which effect on social-interpersonal relations and the study give more result.

# أثر عوامل المناخ التنظيمي على اداء الممرضين و رضا المرضى في وحدة غسيل الكلى في مستشفيات الحكومة بالضفة الغربية

إعداد : سمر ثابت الجراد

إشراف : د. سميرة صايح

## ملخص الدراسة

المناخ التنظيمي هو أحد المتطلبات الأساسية لنجاح مؤسسات الرعاية الصحية في جميع انحاء العالم . تعتبر المستشفيات احد اشكال هذه المنظمات التي تهدف الى تقديم رعاية صحية جيدة للمرضى من خلال توفير مناخ تنظيمي جيد مبني على اداء جميع العاملين في مختلف الاقسام و من ضمنها وحدة غسيل الكلى . و لا شك في ان توفر مناخ تنظيمي جيد في المؤسسة يؤثر ايجابياً على اداء العاملين و يزيد من رضا المرضى.

تهدف هذه الدراسة إلى تقييم اثر عوامل المناخ التنظيمي ( الحوافز، العلاقات الاجتماعية و الشخصية بين الممرضين، نمط القيادة) على اداء الممرضين و رضا المرضى في وحدات غسيل الكلى في مستشفيات الضفة الغربية.

هذه دراسة وصفية تحليلية ، تم من خلالها وصف العلاقات بين عوامل المناخ التنظيمي و اداء الممرضين من ناحية، و اثر ذلك على رضا المرضى من ناحية اخرى في وحدات غسيل الكلى في مستشفيات الضفة الغربية.

تكونت العينة من 69 ممرض تم استهدافهم من عينة الدراسة الكلية ( 100) ممرض، يعملون في 10 وحدات غسيل الكلى في المستشفيات الحكومية في الضفة الغربية ، و 198 مريض فشل كلوي تم استهدافهم .

لقد تم جمع العينة من خلال استبيانين، الاول للممرضين ، و التي تتكون من قسمين : القسم الاول يتكون من المتغيرات الاجتماعية و الديموغرافية ، و القسم الثاني يتكون من ثلاث مجالات تبين اثر عوامل المناخ التنظيمي على اداء الممرضين في وحدات غسيل الكلى .

اما الاستبانة الثانية للمرضى ، و التي تتكون من قسمين : القسم الاول يتكون من الظروف الاجتماعية و الديموغرافية و الصحية للمرضى و القسم الثاني يبين مدى رضا المرضى .

تم استخدام الوصف و التحليل الاحصائي لمعرفة العلاقة بين عوامل المناخ التنظيمي و اداء الممرضين من جهة ، و علاقة اداء الممرضين و رضا المريض من جهة اخرى.

جاءت استجابة اداء الممرضين في وحدات غسيل الكلى متوسطة (69.3%) لاسباب عديدة اهمها ؛ النقص الكبير في عدد الممرضين بالمقارنة مع عدد المرضى ، و الذي يؤدي الى عبء العمل و عدم الرضا الوظيفي ، عدم كفاية الوقت اللازم للقيام بالاجراءات التمريضية مما يحول ذلك الى عدم وجود وقت كافي للراحة ، عدم توفر المعرفة والخبرة و المهارات الكافية حول استخدام اجهزة و معدات القسم ، عدم قيام ادارة وحدة غسيل الكلى باعتماد اسلوب الثواب و العقاب لتقييم الاداء.

جاءت استجابة رضا المرضى في وحدات غسيل الكلى متوسطة (73.3%) لاسباب عديدة؛ تفتقر وحدات غسيل الكلى لأخصائيي الكلى، اخصائيي اجتماعيين و اتباع نظام غذائي متخصص ، نقص في استخدام المعدات و الاجهزة المتطورة ، بالإضافة الى لوحات ارشادية و تعليمية في القسم ، عدم تناسب ساعات العمل مع زيادة عدد المرضى في بعض المدن و قلة المعدات و المتخصصين .

توصيات هذه الدراسة تتلخص في الاهتمام من وزارة الصحة الفلسطينية لهيكلية وحدات غسيل الكلى في المستشفيات الحكومية في الضفة الغربية ؛ لتلبية متطلبات العاملين ( اخصائيين، ممرضين، موظفين، عاملين ) ، و المساهمة في تحسين الاداء و تحقيق الرضا ، العمل على تحسين طرق اتخاذ القرار و مشاركة الممرضين في صنع القرار و حل المشكلات ، بغض النظر عن العمر او الجنس او ... الخ، اعطاء حق للممرضين في وضع خطط مستقبلية و سياسات

استراتيجية من خلال تقديم الاقتراحات و الخطط و البرامج التي تحسن الاداء و تحقق الرضا الوظيفي ، توفير الاتصال و التواصل بين وحدات غسيل الكلية و بين الاقسام الاخرى داخل المستشفيات، توزيع الممرضين بما يتناسب مع مؤهلاتهم و خبراتهم ، ان تقوم وزارة الصحة الفلسطينية بتوفير المخصصات المالية لدعم و تطوير اداء الممرضين و اجراء الكثير من البحوث و الدراسات المتعلقة بالمناخ التنظيمي و اداء الممرضين و وحدة غسيل الكلى و الاقسام الاخرى في المستشفيات.

اوجدت هذه الدراسة ان عوامل المناخ التنظيمي التي تم تحديدها و هي (الحوافز ، و نمط القيادة ، و العلاقات الاجتماعية بين الطاقم التمريضي) لها تأثير على اداء الممرضين و رضا المرضى في وحدات غسيل الكلية في المستشفيات الحكومية في الضفة الغربية ، و ان الخصائص الاجتماعية و الديموغرافية التي تتعلق بالممرضين لا تؤثر على عوامل المناخ التنظيمي و اداء الممرضين ، باستثناء مكان العمل و الدرجة العلمية للممرضين و اللتان تؤثران على عامل العلاقات الاجتماعية بين الطاقم التمريضي .

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## **Conceptual definition**

**Organizational climate:** is a multidimensional phenomenon that describe the nature of perception that employees have of their experiences within their organization, perceptions of the general organizational climate develop as individuals attribute meaning to their organizational context, based on the significance of the environment for individual values (James et al. 2008, P5-32).

**Performance:** is actual conducting of activities to meet responsibilities according to standards, and it is an indication of what is done and how well it is done (Winch, et al., 2003, P2)

**Nursing:** is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations (American Nurses Association, 2012)

**Patient /Client satisfaction:** is an attitude – a person’s general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social networks (Keegan et al, 2002, P128).

**Dialysis unit:** An in-hospital dialysis unit that is a special unit of a licensed hospital designed, equipped and staffed to offer dialysis therapy on an out-patient basis, and to provide training for home dialysis and renal transplantation as appropriate (Public Health, 2007).

**Leadership style:** is the manner and approach of providing direction, motivating people and achieving objectives. Leadership styles are behavioral models used by leaders when working with others (Amirul, & Daud, 2012, P93-201).

**Motivation:** is a concept used to describe both the extrinsic conditions that stimulate certain behavior and the intrinsic responses that demonstrate that behavior in human beings (Swansburg and Swansburg, 1999, P479).

**Social-interpersonal relations:** It is a multidimensional construct thought to include a behavioral component active engagement in a wide range of social activities or relationships and a cognitive component a sense of communality and identification with one’s social roles (Brissette et al., 2000, P53-85)

# **Chapter I**

## **Introduction**

### **1.1. Introduction**

Organizational climate is a multidimensional construct that encompasses a wide range of individual evaluations of work environment (James and James, 1989). Climate is organizational structure that refers to values, customs, traditions, social classes and their impact on administrative process and the behavior of employees in the organization (Schneider, 1990).

Organizational climate refers to general environmental factors including but not limited to leadership, motivation and social interpersonal relationship (James and McIntyre, 1996), where this study has focused on.

Leadership is a process whereby an individual influences a group of individuals to achieve a common goal (Northouse, 2007). Motivation describes sequences of events. It begins with choices about what motivates to satisfy. Motivation is followed by instrumental behavior and concluded with the motivate being satisfied (Ciccarelli & Meyer, 2006). Social relationship extent the warmth of human relations within the organization, it is based on respect, mutual trust and cooperation between workers each other or with superiors or management that their relations lead to achieve the organization's goals (Al-Qatawneh, 2000).

Nurses are the front line of health care system. They are the largest group among professionals; they play an important role in determining the quality and cost of health care. They have the potential to be part of solutions to key problems in health care system (Tonges, 1998). Performance of nurses in health organization depends on knowledge, skills and motivation of individuals (Horrocks, Anderson & Salisbury, 2002). Performance is defined as the actions and behaviors of individuals that contribute to organizational goals (Rotundo & Sackett 2002).

Satisfaction is achieved when the patient/client's perception of the quality of care and services, they receive positive and satisfying healthcare setting that meets their

expectations (Mc Laney & Hurrell, 1988). Patient satisfaction is a global outcome measure of health system performance (American Nurses Association, 1996). Patient satisfaction from nursing care has been found to be one of the most important predictors of overall satisfaction with hospital care (Kaissi, Kralewski & Curoe, 2004).

Patients in dialysis unit suffer from Chronic Kidney Disease and need hemodialysis. Chronic Kidney Disease (CKD) is now being recognized as a major public health problem that is threatening to reach epidemic proportions over the next decade as it affects 5-10% of the world population (Lysaght, 2002), and CKD influences 50 million patients worldwide (Dirks et al., 2005).

In Palestine, renal failure is one of the most important problems on health care delivery system. In 2012, the total of renal patients was 718 patients in West Bank governmental hospitals, while in 2011; the total of renal patients was 550 patients (Palestinian Ministry of Health, 2012). Renal patient needs hemodialysis, which is time consuming, and costly treatment. Renal patient needs more restrictions for diet, fluid, and long run dialysis which causes the patient to have loss of freedom, reliance on caregiver, disturbance of family, social life, and reduction of income. So, all of these factors impair Quality Of Life (QOL) (Mollaoglu, 2006; Sathvik et al., 2008). Dialysis services in Palestine were initiated in 1972 and are recently available in 10 dialysis centers in governmental hospitals (Nablus, Toulkarm, Jenein, Qalkelieh, Salfeit, Jericho, Ramallah, Bethlehem, Hebron and Yattah). These dialysis units consider with poor conditions as work environment, organizational climate, lack of sources (equipments, medications, machines, nurses) which affect nurse's performance and patient's satisfaction. Therefore, the aim of this study was to assess selected organizational climate factors (motivation, social-interpersonal relationship and leadership style) that effect on nurse's performance and patient's satisfaction in dialysis unit in West Bank hospitals.

## **1.2 Problem statement**

Organizational climate is affecting many factors such as workloads, promotion opportunities, job security, physical environment, interactions etc (Schulte, Ostroff & Kinicki, 2006). This study, focused on three factors which are motivation, social relationship and leadership style, these affect on nurse's performance and patient satisfaction in dialysis unit in West Bank hospitals.

organizational climate in dialysis units is affected inadequate staff levels, long working hours, shift work, role ambiguity, and exposure to infectious and hazardous substance (Hegney, et al., 2003), which lead to decreased motivation and employee satisfaction, increased turnover and absenteeism of nurses and decline in organizational performance (Gray, 2007). Interpersonal relationships at work, such as conflicts with the behavior of supervisors, colleagues, subordinates and management policies lead to decreased performance of nursing and job satisfaction (Spector, 2002). Therefore, the aim of this study is to assess selected organizational climate factors (motivation, social relationship and leadership style) effect nurses performance and patient satisfaction in dialysis unit in west bank hospitals.

### **1.3 Study Justifications**

Organizational climate factors are important for organizational support, coworker support, participation with others and supervisors, communication and safety. They are related to increased job satisfaction, organizational commitment, efficacy, psychological health and decreased job stress (Wilson and colleagues, 2004). Climate is important because the way an employee views one's employer and work environment influences how one feels and behaves when working which will be reflected on performance of the organization (Knights, 2006).

The importance of dialysis units in West Bank hospitals are centered in structure and climate. They affect nurse's performance and patient's satisfaction. West Bank is undergoing transition state characterized by rapid urbanization and life style changes, as well as an epidemiological transition characterized by resisted burden of infectious diseases, rises in chronic disease such as chronic renal failure and chronic diseases which are responsible for 81% of the total deaths in Palestine, the end stage of renal disease is responsible for 4% (Husseini, Abu-Rmeileh, Mikki & Abu Ghosh, 2009). Therefore, this study aims to assess selected organizational climate factors (motivation, social-interpersonal relationship, and leadership style) that affect nurse's performance and patient's satisfaction in dialysis unit in West Bank hospitals.

## **1.4 Goals and Objectives of the study**

### **1.4.1 Goal:**

The goal of this study is to assess selected organizational climate factors (motivation, social-interpersonal relationship and leadership style) that affect nurse's performance and patient satisfaction in dialysis unit in West Bank.

### **1.4.2 Objectives:**

To achieve this goal, the following objectives are set:

1. Explain the effects of socio-demographic variables of nurses on organizational climate factors and nurses performance.
2. Assess the influence of motivation and social relationship between nurses as an organizational factor on the performance of nurses in dialysis unit.
3. Assess the influence of leadership style as an organizational factor on the performance of nurses in dialysis unit.
4. Identify the effects of organizational climate factors on patient satisfaction in dialysis unit.

## **1.5 Research questions:**

"What is the effect of selected organizational climate factors on nurse's performance and patient's satisfaction in dialysis unit in West Bank?"

### **1.6 Study hypothesis:**

1. There are no significant differences at ( $\alpha \leq 0.05$ ) between the means of selected organizational climate factors (motivation, social-interpersonal relations and leadership style) in dialysis unit in West Bank attributed to socio-demographic variables (gender, age, Workplace, Years of experience, Academic degree)
2. There are no significant differences at ( $\alpha \leq 0.05$ ) between the means of effective nurses performance in dialysis unit in West Bank attributed to socio-

demographic variables (gender, age, Workplace, Years of experience, Academic degree)

3. There are no significant differences at ( $\alpha \leq 0.05$ ) between the means of selected organizational climate factors (motivation, social-interpersonal relations and leadership style) in dialysis unit in West Bank and nurses performance.
4. There are no significant differences at ( $\alpha \leq 0.05$ ) between the means of selected organizational climate factors (motivation, social-interpersonal relations and leadership style) in dialysis unit in West Bank and patient satisfaction.

## **Chapter II**

### **Theoretical framework and Literature review**

#### **Introduction**

This chapter shows studies related to organizational climate, nurse's performance and patient satisfaction. The theoretical framework of this study has been based on the factors of organizational climate that affect nurse's performance and patient satisfaction within the health services provided in renal dialysis units.

The literature review is collected from global and regional studies, internet research, books and journals which focused on: 1) effect of organizational climate on job performance and satisfaction of nurses, 2) effect of organizational climate on patient satisfaction in dialysis unit.

#### **2.1 Organizational climate**

##### **2.1.1 Definition of organizational climate**

Organizational climate is the featured characteristics of the working environment which focus on arousing the behavior of individuals, it is considered important for motivation and behavior (Kozlowsks & Doherty, 1989). This definition is not limited to the organizational climate but represents the internal characteristics of the environment. It explains how the relationship of individuals and its impact on motivation and behavior.

##### **2.1.2 Importance of organizational climate:**

Organizational climate plays an important role in influencing the output behavioral factors in any organization where the climate is to build and develop a behavior career, moral, values and the attitudes that workers hold (Qatawneh, 2000). Qatawneh considered a process of organizational development which an important indicator can measure the degree of satisfaction of individuals in the organization. Awamleh, (1994) considered organizational climate as the key to successful for effective management, and continued

attention to provide the dimensions and elements of institutional environment that contributes to improve performance and achieve organizational goals effectively.

### **2.1.3 Factors of organizational climate**

There are many factors of organizational climate that affect nurse's performance and patient satisfaction; these include: work conditions, employee and employer relationship, training opportunity, job security, institution's overall policies and procedures for rewarding employees (Hafiza, Shah, Jamseheed & Zamam, 2011). Organizational climate refer to general factors of the environment which are selected as leadership, motivation and social interpersonal relations (James and McIntyre, 1996).

#### **2.1.3.1 Leadership style**

Health care organizations need ability to evaluate and measure how leadership is impacting nursing practice and ultimately affect patient outcomes. Leadership can be defined as a process which includes events occurring between individuals who create the ability for a transformation to occur (Thyer, 2003). The leader in leadership style is the person who directs the activities of the group, raises the level of performance and makes effort to achieve the objectives of the organization, establishes structures, manages and motivates personnel (Daresh, 2002). Nurse leaders who positively influence nurse's work environments can foster a more successful unit, affect nursing staff and organizations success by increasing organizations ability to achieve its goals (McGuire & Kennerly, 2006). Nursing leaders are capable of creating, nurturing a healthy work environment and empowering frontline staff nurses to provide quality nursing care (Best & Thurston, 2004; Formella & Sheldon, 2004; Parsons, 2004) and transforming environments to support more open communication, increase educational opportunities, nurse empowerment and autonomy, and share responsibility in decision-making processes that improve nurse and patient outcomes (Wesorick, 2004; Wilson, 2004).

Nursing unit characteristics are different , every acute care unit depends on good leadership, positive environments which do not simply occur, but are created and supported by leaders who value excellence. So, effective nurse leaders are supportive,

visionary, knowledgeable, visible to staff nurses, and responsive to their concerns (Upenieks, 2000).

Essentially there are three distinct different styles of leaders: 1) authoritarian, 2) democratic, and 3) laissez faire, with many other variations in between, they have advantages and disadvantages, depending on the situation, type of organization or business and the leader's personality. Leadership can be articulated using more than one style depending on the situation (Daft & Noe, 2001). The authoritarian leader is the one who has absolute decision making over his employees. This type of leader does not allow employees to have decision making power rather creates an environment of well-defined group actions that are usually driven by the leader (Marquis & Huston, 2006). At the opposite end of the spectrum is the democratic leader who practices leadership by taking the time to consult with others, he is appropriate for groups of people who work together and promotes autonomy and growth in individual workers, this not only increases job satisfaction by involving employees or team members in processes and procedures, but also helps to develop people's skills (Marquis & Huston, 2006). The third most known leadership style is the laissez-faire leader, this type of leader is the most no directed style of the three in that an apathetic or indifference is demonstrated by the leader and this type of leader provides very little direction to others (Marquis & Huston, 2006).

### **2.1.3.2 Social and interpersonal relations**

Human relations are the study of people interacting of each other at work not as individuals but as members of groups, business friendly, men implementation of the management, members of the union and members of the organizations with economic goals, which these relations improve leader ability, situation arise between employees in the work environment and affect the level of functionality within the framework of regulations informal that helps management in many cases to raise the level of performance that has been affected of organizational climate (Seltonstal, 1966).

Interpersonal Relations in Nursing theory are one of the most popular theories on nursing (Peplau theory), it focuses on the critical therapeutic value of the nurse– patient encounter, her collaborative, capacity-building interpersonal process includes “presenting” with patients to address unique health needs effectively (Peplau, 1989). The quality of

interpersonal relationships between nurses and patients has been shown to be a crucial aspect of nursing behavior that influences patient satisfaction (Laschinger, et al., 2011). Patients' perceptions of nurses' interpersonal, communication skills, friendliness, and ability to attend to the specific needs of the patient also have been found to be associated with higher satisfaction (Cleary et al., 1992; Larrabee et al., 2004).

### **2.1.3.3 Motivation**

Motivation that comes with rewards is the most important. It affects employees' performance (Hafiza, Shah, Jamseheed & Zamam, 2011); motivation and performance seem to be obvious, if individuals are highly motivated, they will improve. In turn, better performance may lead to a sense of achievement and result in greater motivation, thus the relationship between motivation and performance can be a mutually reinforcing one (Sunila, 2009).

Motivation defined as a process which begins with physiological or psychological need deficiency which triggers behavior or a drive that is aimed at a goal or an incentive (Fred luthans, 2005). Nurse motivation refers to the way wages, drives, desires, aspiration, strivings or needs and controls or explains nurse behavior (Likert, 1961). Success of a health care organization depends on the establishment of a workplace that will ignite nurse's commitment or in other word, nurse's motivation. Thus, motivation is the key factor of organizational success.

Herzberg, (1959) recognizes two separate sets of factors that influences motivation of the workers in an organization namely the Hygiene factors and Motivational factors. Hygiene factors are those factors whose presence need not motivate, but whose absence will demotivate, he also called them maintenance factors or dissatisfies. Hygiene factors include organizational policy, administration, technical supervision, Pay, relationship with supervisors, relationship with the subordinates, relationship with the peers, job security, personal life, status and working conditions. Motivational factors are also known as satisfies which motivate, they are work itself, achievement recognition, advancement growth and responsibility.

## **2.2 Nurse's performance**

Organizational climate factor influencing job performance and variables are controllable or manageable by the organizations. Many individual and social variables may also affect the job performance (Josten, Ngatham & Thierry, 2003). Organizational climate influences employees performance (Kane and Lawler, 1979); performance as a complete system that encompasses goal, education, communication and continuous feedback that can be helpful and lead to the recognition of performers for those who need further support (Helm, Holladay & Tortorella, 2007). Performance can be defined as those actions or behaviors that are relevant to the organization's goals and can be scaled in terms of each individual's proficiency (Campbell, 1993), performance is the process of evaluating how well employees perform their jobs when compared to a set of standards, then communicating that information to those employees (Mathis & Jackson, 2000).

The importance of performance in the health workforce is regarded as essential to improving efficiency, productivity and quality of care (South Africa, 2011). Often performance is measured by using the Schwerin Six-Dimension Scale of Nursing Performance, which is comprised of subscales measuring leadership, teaching/collaboration, planning, interpersonal relationships/ communication, professional development and critical care (Schwirian, 1978). Performance appraisal or nursing development plan is an opportunity to review how well a nurse is doing, it takes time and effort which are put into setting new goals and objectives for the coming year and can identify any emerging concerns (Falcone & Sachs, 2007; Duncan, 2007). Good performance appraisals/nursing development plans assist nurses to learn about their strengths as well as their weaknesses, ensure the nurse is an active participant in the process, identify agreed goals and objectives, enable work teams to be deployed in a manner that builds on each member's individual strengths, recognize that people are a valuable resource for an organization and ensure nurses' voices are heard in workplace planning (Falcone & Sachs, 2007). Therefore, good performance provides quality of care for patient then achieves suitable patient satisfaction in organization.

### **2.3 Patients' satisfaction**

Organizational and environmental climate factors that influence patient satisfaction included cleanliness, food, noise, fellow patients, and comfort (Johansson, Oleni & Fridlund, 2002). Organizational climate could affect satisfaction for persons with disabling conditions. Furthermore, health services which limit patient access to certain providers posed logistical barriers to patients wishing to obtain care (Lezzoni, Davis, Soukup & O'Day, 2002). Nurses who are satisfied with their jobs exhibit higher levels of patient safety and help increase patient satisfaction (Rathert and May, 2007). Factors that contribute to patient satisfaction are complex and there is no consensus on the important factors contributing to patient satisfaction. Several determinants of patient satisfaction with nursing care include: socio demographic background of the patient, expectation of nursing care, organizational and physical environment, communication and information, participation and involvement, interpersonal relationships, medical and technical skills (Chaaya, Rabal, Morou & Kaiss 2003).

Patient satisfaction with nursing care has been found to be one of the most important predictors of overall satisfaction with hospital care. It has consistently been found to be correlated with overall satisfaction with care (Abramowitz, Cote & Berry, 1987), it is regarded as one of the desired outcomes of care, an element in the health status and an important indicator of a measure of quality of care (Westaway, Rheeder, Van Zyl & Seager, 2003). Patient satisfaction is the degree of congruency between a patient's expectations of ideal care and his /her perception of the real care him /her receives (Aragon & Gesell, 2003), but particularly as concerns the interpersonal process which related to technical and interpersonal behavior, partnership building, immediate and positive non verbal behavior, more social observation, courtesy, consideration, clear communication and information, respectful treatment, frequency of contact, length of consultation, service availability and waiting time (Westaway, et al., 2003).

Patients satisfaction in nursing care in the context of health care, it was stated that patient satisfaction is an important indicator of quality care. It has become an important indicator of the quality of care because it brings a consumer viewpoint policy to health care in addition to safeguarding patients' rights and taking their views into account. It is known that a satisfied patient is more likely to comply with treatment and advice he or she receives from health care professionals. There is a high likelihood of a satisfied patient

returning to the same health facility when in need of health care and a satisfied patient is more willing to recommend to the hospital that provided his or her care Organizational and Environmental Factors (Oleni and Fridlund, 2002).

## **2.4 Literature review**

Organizational climate in organizations is becoming more important than ever before because organizations need to ensure that those individuals who add value to their bottom line want to stay in the organization and want to continue dedicating their effort to their work to the benefit of the organization (Brown & Leigh, 1996). Organizational Climate (OC) is a fundamental construct in work and organizational settings, as it provides an appropriate context for studying organizational behavior, allowing the exploration of individual and group behaviors (Denison, 1996) and it is a set of measurable properties for work environment that is directly or indirectly perceived by the people who live and work in a particular environment and is assumed to influence their motivation and behavior (Litwin and Stringer, 1968). Several studies have been conducted to examine the theoretical link between climate, performance and satisfaction. The results indicate that where perception of employees was positive in terms of increased participation in decision making, greater information sharing and management support, there is increased corporate effectiveness (Kangis & Williams, 2000).

### **2.4.1 Effects of organizational climate on performance and satisfaction of nurses.**

In U.S, Dawson, et al., (2008) study aimed to determine the organizational climate in British hospitals in the United Kingdom; the strength of climate directly affecting performance. The study selected random sample consists of 500 people from various organizations and hospitals. The result showed that there is a clear relationship between performance and climate, the more the climate is better the performance is best.

In Iran, Rizi, et al., (2013) study aimed at examining the relationship between leadership styles and job satisfaction among physical education organization employees in Isfahan. A total of 125 employees in physical education organization from Isfahan participated in this

research. Result of this study showed among determinants of job satisfaction, leadership is viewed as an important predictor and plays a central role. Leadership is a management function, which is mostly directed towards people and social interaction, as well as the process of influencing people so that they will achieve the goals of the organization.

In India, Bhattacharya, (2013) studied Organizational climate and work motivation. It is considered as a vital component that is essential for the progress of the organization. The organizational climate is a key to corporate success which determines the actions and behaviors of workers; it comprises a set of attitudes, values and practices that characterize the members of a particular organization. Work motivation is a set of related behavior which determines its form, direction, intensity and duration. The aim of the present investigation is to study the organizational climate and work motivation as perceived by a group of employees engaged in private sector organization in India. Study sample include a group of 100 employees of Private sector organizations. The findings of this study showed that there is a positive relationship between perceived organizational climate and work motivation for female group of employees who have more favorable attitude towards organizational climate than that of male group. Besides this, work motivation is also better among female group than that of male group. Duration of service has also significant impact in this regards.

In Saudi Arabia, AL-Ahmadi, (2009) studied factors that affect performance of hospital nurses in Riyadh. This study aimed to identify factors influencing performance of hospital nursing, to estimate self-reported performance, and determine whether differences in employee demographics, job satisfaction, organizational commitment and influence performance. 15 hospitals were randomly selected, the questionnaire was sent to all nurses (1,834) in these facilities and 923 nurses responded. The study showed that job performance is positively correlated with organizational commitment, job satisfaction, personal and professional variables. Both job satisfaction and organizational commitment are strong predictors of nurses' performance. Job performance is positively related to some personal factors, including years of experience, nationality, gender, and marital status. Level of education is negatively related to performance and highlights the impact of national culture on job performance and work attitude among nurses in Saudi Arabia, and other countries facing the issue of multi-national work force.

In Jordan, Allawzi, (1994) studied satisfaction in organizational climate among individuals working in the public sector hospitals in Jordan. It aimed to measure and analyze satisfaction with organizational climate among workers in the public sector hospitals in Jordan and its relationship to socio-demographic data (sex, marital status, educational qualification, age, Job Title, and the workplace). The study sample included (545) workers. He concluded that the highest satisfaction degrees were concentrated in performance standards, regulatory environment and belonging. While the lowest levels of satisfaction are in the area of incentives, responsibilities, human relationships and risks.

In Palestine, Ayyash, (2011) pointed out that work motivation plays an important role in enhancing job performance to maintain effectiveness and development. Managers need to adopt a clear and attainable motivational system in their organization. This study aimed to examine the relationships between motivation and performance among nurses working at European Gaza Hospital (EGH). The sample of this study consisted of 170 nurses (96 male and 74 female). The study concluded that nurses working at EGH are generally motivated and their performance is high. The results of the study raised the need of training and equitable work schedule to enhance motivation and reinforce.

Al-Shanty, (2006) studied the effect of organizational climate dimension on the level of human resource performance. This study aimed to recognize the effect of organizational climate dimension present on Palestinian authority ministries on the level of human resource performance and to evaluate such climate on level of performance. 620 stratified random samples were selected from the study population. The result showed that there is a positive attitude of study sample toward organizational climate at the Palestinian National Authority (P.N.A), positive effect of organizational climate at PNA on the level of PNA level of performance. There is a defect on organizational structure of PNA ministries, a defect on decision making methods and irrelevant relation between qualifications and job responsibilities at the PNA ministries. This study recommended more attention to organizational structure at PNA ministries which should be taken to reflect a good ability to fulfill the ministries present and future needs and to help achieve their goals, more participation of employees in decision making, and more attention to improve decision making methods should be taken, more decentralization and authority delegation to improve goals that should be considered to overcome these factors which lead to a negative attitude toward organizational climate.

#### **2.4.2 Effect of organizational climate on patient satisfaction in dialysis unit.**

In Japan, Eleuch, (2011) study recognized the quality of health services in Japan. This study aimed to assess the perceptions of Japanese patients for quality of service and health care and to highlight the service most obvious features. Study used non-linear programming, and relied on a scattered model to detect the importance of health care and health service features for judging the quality of service. The results showed that Japanese patients look to health care services through the written compensatory operation, for example, the quality of technical features and staff behavior compensate each other to determine the quality of service. This study also highlighted the need to adopt a development that enhances technical quality and medical practices in Japanese health care centers.

In U.S, Doris, (2004) studied high levels of nurse burnout that could adversely affect patient outcomes. This study examines the effect of the nurse work environment on nurse burnout and the effects of the nurse work environment on patients' satisfaction with their nursing care. The study sample conducted cross-sectional surveys of 820 nurses and 621 patients from 40 units in 20 urban hospitals across the United States. The result of study Patients cared for on units that nurses characterized as having adequate staff, good administrative support for nursing care, and good relations between doctors and nurses were more than twice likely as other patients to report high satisfaction with their care, and their nurses reported significantly lower burnout. The overall level of nurse burnout on hospital units also affected patient satisfaction which concluded, in this study Improvements in nurses' work environments in hospitals have the potential to simultaneously reduce nurses' high levels of job burnout and risk of turnover and increase patients' satisfaction with their care.

In Australia, Greenslade & Jimmieson, (2011) studied the Organizational factors impacting patient satisfaction. The purpose of this study was to test the model that service climate would increase the effort and performance of nursing groups and increase patient satisfaction. This study incorporated data from 156 nurses, 28 supervisors, and 171 patients. The result showed that service climate was associated with the effort that nurses directed towards technical care and extra-role behaviors. In turn, the effort that nurses exerted predicted their performance, as rated by their supervisors. Finally, task

performance was a significant predictor of patient satisfaction which focused on creating a climate for service, health care managers that can improve nursing performance and patient satisfaction with care.

In Turkey, Ezgi, Parlar, and Ozgur, (2013) studied the relationship between fatigue and social support in hemodialysis patients. The aim of this study was to evaluate the relationship between fatigue and social support in hemodialysis patients in Turkey. This study was conducted on 73 patients receiving hemodialysis treatment in a hemodialysis unit in the province of Malatya. The result of this study concluded that patients with severe fatigue had low mean scores for support from family, friends, a special person and overall, whereas a high level of social support decreased the level of fatigue, when giving care to patients on hemodialysis nurses should consider the effect of social support on fatigue and approach their patients from this perspective.

In Jordan, Shdaifat, (2012) studied Quality of life (QOL) has become an important aspect in assessing the burden of chronic disease. The aims of the study are to measure the patients' and caregivers' QOL, and subsequently to compare QOL of patients and caregivers with general population. The study sample consists of 138 patients and 49 caregivers. While patients' QOL score was less than their caregiver and both have poorer QOL compared to general population. The result of study patients' and caregivers' QOL were found to be considerable impaired compared to general population.

Al-Husban and Abu al-Rub, (2009) study assessed the level of expertise of patients for nursing care provided to them to identify the important aspects that concern their satisfaction. It has been applied according to several demographic variables related to patients; the research was designed according to the conditions of the hospitals in Jordan (cross-sectional study) on a sample size of 300. The study showed that the level of satisfaction among Jordanians patients was moderate, and that females are more satisfied than males, and the level of education was irrelevant regarding satisfaction with the service. The recommendations concluded that the nursing team can reinforce the positive experiences of patients through spending more time on them and respond to their needs.

In Palestine, Al- Sharif, (2008) studied patients satisfaction in services in hospitals. The study has been carried out in Nablus public hospitals and private hospitals in West Bank. The research was designed in accordance to (cross-sectional study), in order to measure the extent of patient satisfaction with the provided services. The research adopted measurement factors such as room patient services, technical and self aspects of service providers, and its availability to patients. Data was collected through interviewes and distribution of 365 questionnaires on patients, residents and visitors to the hospital, using preview random sample and analyzed using the programs of statistical processers. The most important results are: patients in private hospitals are more satisfied than those in the government. The results of the study differed on age, income and degree of the disease with minor or severe disease. Many recommendations were incorporated such as: reducing waiting time in the reception area, the improve of the level of satisfaction with the services in the room, including the development of policies to guide good hygiene and food preparation, and update building hospital furniture, good training for staff rooms and dealing with patients.

### **Summary**

Job performance is positively correlated with organizational commitment, job satisfaction, personal and professional variables and some personal factors, including years of experience, nationality, gender, and marital status except Level of education (AL-Ahmadi, 2009). There is positive relationship between organizational climate and performance, when climate is better the performance is best (Dawson, et al., 2008).on the other hand, there is positive relationship between organizational climate and work motivation (Bhattacharya, 2013), it plays an important role in enhancing job performance to maintain effectiveness and development, managers need to adopt a clear and attainable motivational system in their organization (Ayyash, 2011). The highest satisfaction degrees were concentrated in performance standards, regulatory environment and belonging. While the lowest levels of satisfaction are in the area of incentives, responsibilities, human relationships and risks (Allawzi, 1994). There is relationship between leadership styles and job satisfaction. Leadership is viewed as an important predictor and plays a central role; it is a management function, which is mostly directed towards people and social interaction, as well as the process of influencing people so that they will achieve the goals of the organization (Rizi, et al., 2013).

Improvements in nurses' work environments in hospitals have the potential to simultaneously reduce nurses' high levels of job burnout and risk of turnover and increase patients' satisfaction with their care (Doris, 2004). The level of satisfaction among Jordanians patients was moderate, and that females are more satisfied than males, and the level of education was irrelevant regarding satisfaction with the service (Al-Husban and Abu al-Rub, 2009). The quality of health services in Japan depend on technical quality and medical practices in Japanese health care centers (Eleuch, 2011). Patients in private hospitals are more satisfied than those in the government. The results of the study differed on age, income and degree of the disease with minor or severe disease (Al- Sharif, 2008).

## **2.5 Conceptual framework**

### **2.5.1 Variables of the study**

#### **Independent variables**

Age: less than 25, 26-35, 36-45, 46-55.

Gender: Male and female.

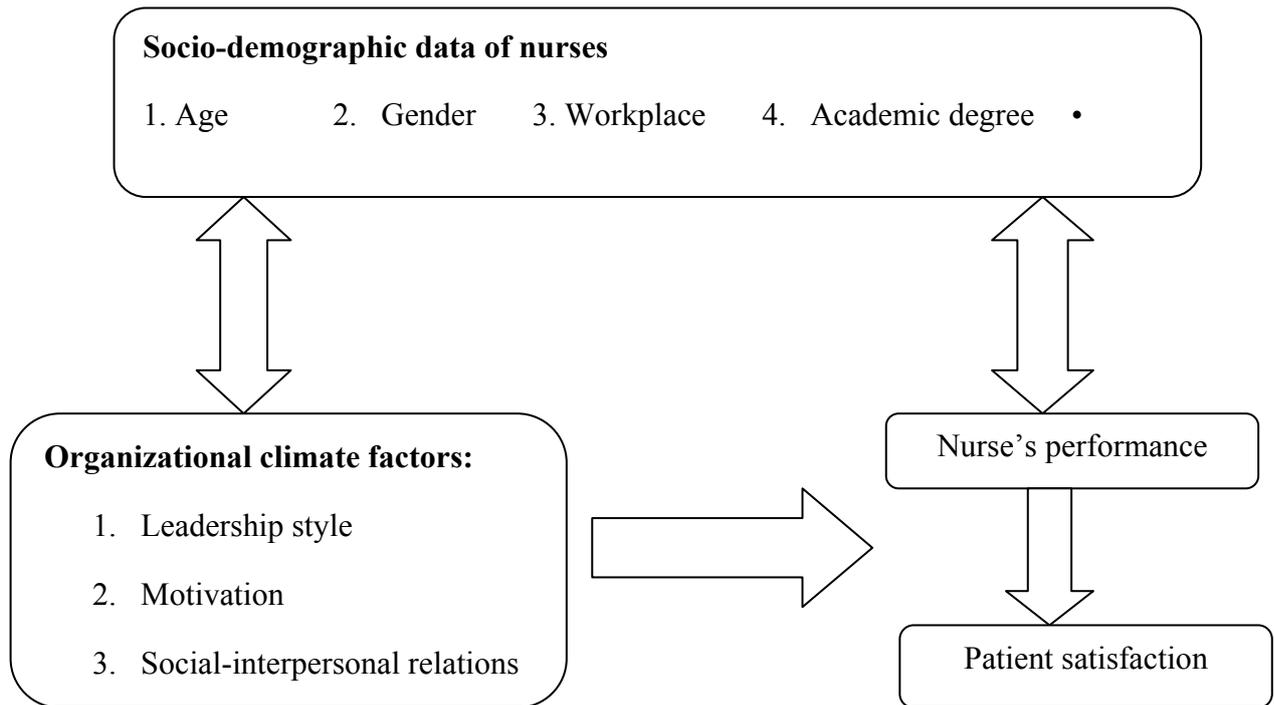
Years of experience: less than five years, 5-9, 10-14, and 15 and above.

Academic degree: Diploma (2 years), Diploma (Three years), Bachelor degree (four years), Master degree.

Workplace: all dialysis units in the West Bank.

#### **Dependent variables**

Selected organizational climate factors (leadership style, social-interpersonal relationship and motivation), nurse's performance and patient satisfaction.



**Figure 2.5.1 organizational climate factors and nurses performance and patient satisfaction**

## **Chapter III**

### **Methodology**

#### **Introduction**

This chapter describes the methodology used in this study. It also includes the study design, study population, accessibility and ethical considerations, study period and eligibility criteria. In addition, it illustrates the validity and reliability of the instrument constructed, data collection and data analysis procedures implemented.

#### **3.1 Study design**

Descriptive analytical method was constructed to describe, analyze and compares the collected data in this study, in order to generalize the results and demonstrate the strengths and weaknesses about the effects of organizational climate factors on nurse's performance and patient's satisfaction, in which in turn, will result in useful recommendation to improve nurse's performance and increase patient's satisfaction.

This study was quantitative and used numerical data, quantitative research and analysis of numeric information that is typically conducted within the traditional scientific method which is systematic and control (Polit and Beck, 2004). It is design that provides information about the phenomenon through observation, picture of situation as naturally happen, and identifies problems with current practice (Burns and Grove, 1997).

#### **3.2 Study instrument**

Questionnaire was constructed to identify the effect of organizational climate factors on nurse's performance and patient's satisfaction, through the perspective of nurses and patients; this tool is practical way, associable, important and effective of purpose of the study, which it is used widely to get the facts about the circumstances and methods which

related to trends and opinions intent collect the data needed, which it will confirm the hypotheses or denied, that provides suggested solutions to the problem of study.

This study utilizes two types of questionnaires, first questionnaire for nurses and consisted of two sections: The first section consisted of socio-demographic variables (nurse's age, gender, work place, years of experience and academic degree). The second section consisted of (3) domains and (23) statements to identify the organizational climate factors affecting performance of nurses in dialysis units in West Bank governmental Hospitals. The domains of the study are; leadership style with (6) statements, social-interpersonal relations with (6) statements, motivation (11) statements, nurses performance (15) statements (Annex 1). Second questionnaire for patients and consisted of two sections: the first section consisted of socio-demographic and health condition of patients attending the dialysis units, the second section consist of (17) statements to identify the organizational climate factors that affect satisfaction patients in dialysis units in West Bank governmental Hospitals (Annex 2).

Both questionnaire items were constructed using a 5-point likert –scale. According to Polit and Beck (2012), Likert- scale consists of several items that express a viewpoint of a topic to indicate the degree to which the respondent agree or disagree with each statement. Accordingly, the scores of responses of the nurses and patients to each statement were calculated according to the five-point-scale, “Likert scale”, in which strongly agree = 4 points, agree = 3 points, uncertain = 2 points, disagree = 1 point, strongly disagree = 0 point.

5-point likert	Strongly disagree	disagree	uncertain	agree	Strongly agree
Likert scale	0	1	2	3	4
Percent (%)	0	25	50	75	100

### **3.2.1 Pilot, validity and reliability of the study instrument**

#### **Pilot study**

Before starting data collection process, a pilot study was conducted to test for the questionnaire in order to assess the appropriateness of the instrument and to detect if there is need for any modification to be done. A sample consisted of 7 nurses and 21 patients in Ramallah hospital dialysis unit to ensure the validity of the study where no changes or

modification was needed for this sample dedicated for the study; it was calculated of the study sample as whole.

### **Validity**

Validity refers to the degree to which an instrument has an appropriate sample of items for the construct being measured and adequately covers the construct domain (Polit & Beck 2012:p336). Content validity refers to how relevant to questions for the subject under study. In this study, the content validity of instruments was ensured including all the key concepts relevant to the research topic.

Experts included the researcher's thesis adviser, nursing educators (Annex3), they evaluated the instrument for wording, adequacy, coverage of items and approved the contents of both nurses and patients questionnaires. After revising the items in questionnaire and summarizing the expert's suggestions, modifications were made in wording and content where some items were added and others were deleted.

### **Reliability**

The reliability of a quantitative instrument is a major criterion for assessing quality and adequacy of an instrument which can be equated to clarity, stability, consistency and accuracy of a measuring tool; it is the major criterion for assessing its quality and adequacy (Polit and Beck 2012).

Reliability of the questionnaire ensured by using Coefficient alpha (or Cronbach's alpha). The normal range between 0.00 and 1.00, where the higher value reflected a higher internal consistency (Polit & Beck, 2004). The Cronbach's alpha obtained from questionnaire reliability for organizational climate factors was 0.861 and nursing performance was 0.682 and patient satisfaction was 0.898 which is considered high and suitable for research purpose (please refer to table 3.2.1 for reliability coefficient values for all items).

**Table 3.2.1: reliability coefficients for study instrument and its standards**

<b>Standard</b>	<b>No. of items</b>	<b>Reliability coefficient</b>
Leadership style in dialysis unit	<b>6</b>	<b>0.823</b>
Social relationship	<b>6</b>	<b>0.733</b>
Motivation	<b>11</b>	<b>0.714</b>
Total score(organizational climate factors)	<b>23</b>	<b>0.861</b>
Nurses performance	<b>15</b>	<b>0.682</b>
Patient satisfaction	<b>17</b>	<b>0.898</b>

### **3.3 Study population and sampling approach**

#### **3.3.1 Population of the study**

According to MOH report (2012) there were 100 nurses in all dialysis units (10 units) and 718 renal failure patients utilizing these units in governmental hospitals in West Bank. The study targeted all nurses working in dialysis units and patients receiving renal dialysis care. The study setting included nurses and patients in the dialysis units in 10 hospitals; Dr. Thabet Thabet Hospital(Tulkarm), Dr. Khalil Suleiman Hospital(Jenin), Dr. Darweesh Nazal Hospital(Qalqelieh), Al-Watani Hospital(Nablus), Dr.Yasser Arafat Hospital(Salfeit), Jericho Public hospital(Jericho), Ramallah Public Hospital(Ramallah), Alia Public Hospital (Hebron), Abu Hassan Qasem Public Hospital(Yattah), Al-Hussein Public Hospital(Beit Jala).

#### **3.3.2 Eligibility criteria**

Inclusion criteria: Participants included in this study were purposive of all nurses working in dialysis unit in governmental hospitals in West Bank and used purposive and random sample of patients who existed in renal dialysis unit.

### 3.3.3 Sample of the study

According to Polit and Beck, (2012) purposive sampling involves the researcher's intentional choice of individuals or groups of people who will help the study.

One hundred nurses who work in all dialysis units in 10 governmental hospitals were targeted the whole population (100) nurses (see table 3.3.3.1).

**Table (3.3.3.1) Total number of nurses' population and study sample**

<b>Workplace</b>	<b>City</b>	<b>No. of nurses (Population)</b>	<b>Respondents</b>	<b>Percentage</b>
Dr. khaleel Suleiman	Jenin	10	6	8.7%
Dr. Thabet Thabet	Tulkarim	11	8	11.6%
Dr. Darweesh Nazal	Qalqelyah	6	6	8.7%
Al-Watani	Nablus	19	13	18.8%
Yasser Arafat	Sulfeet	4	4	5.8%
Jericho public hospital	Jericho	5	4	5.8%
Alia public hospital	Hebron	21	17	24.6%
Ramallah public hospital	Ramallah	15	7	10.1%
Al-Hussein Public Hospital	Bethlehem	9	4	5.8%
<b>Total</b>		<b>100</b>	<b>69</b>	<b>100%</b>

The study showed other sample of renal failure patients consisted of (198) who were selected as purposive sample from renal failure patients (256) who is setting in dialysis unit from (718) patients in all dialysis unit in governmental hospital at research period (Oct.17- Nov.23 in the year 2012). The researcher and the statistician agreed to target (27.6%) of the study population of renal failure patients in dialysis units (see table 3.3.3.2).

**Table (3.3.3.2) Total number of patient population and study sample**

Workplace	City	No. of patients (Population)	No. of patients selected	Response	Percentage	Response% from selected	Response %
Dr. Khaleel Suleiman	Jenin	83	25	14	7.1 %	56 %	17%
Dr. Thabet Thabet	Tulkarim	65	19	19	9.6 %	100%	29%
Dr. Darweesh Nazal	Qalqelyah	33	16	16	8.1%	100%	48%
Al-Watani	Nablus	142	42	24	12.1%	57 %	16%
Yasser Arafat	Sulfeet	18	12	12	6.1%	100%	67%
Jericho public hospital	Jericho	17	13	13	6.6 %	100%	76%
Alia public hospital and Yattah	Hebron	167	70	56	28.3%	80 %	34%
Palestine Medical Complex	Ramallah	120	35	21	10.6 %	60 %	18%
Al-Hussein Public Hospital	Bethlehem	73	24	23	11.6 %	95 %	32%
<b>Total</b>		<b>718</b>	<b>256</b>	<b>198</b>	<b>100 %</b>	<b>77.3%</b>	<b>27.6%</b>

### **3.3.4 Study settings:**

This study was conducted in all governmental hospitals equipped with dialysis units in West Bank, these were Dr. Thabet Thabet Hospital (Tulkarm), Dr. Khalil Suleiman Hospital (Jenin), Dr. Darweesh Nazal Hospital(Qalqelieh), Al-Watani Hospital(Nablus), Dr. Yasser Arafat Hospital(Salfeit), Jericho Public hospital (Jericho), Ramallah Public Hospital (Ramallah), Alia Public Hospital (Hebron), Abu Hassan Qasem Public Hospital (Yattah), Al-Hussein Public Hospital (Beit Jala).

### **3.3.5 Description of the sample socio-demographic data**

The study sample consisted of 69 nurses affiliated to targeted governmental hospitals. This sample represented the study population in ten dialysis unit in governmental hospitals.

These nurses participated in the study according to (age, gender, work place, years of experience and academic degree).

### **3.4 Data collection procedures:**

The questionnaire was given to purposed nurses who work in dialysis unit in the targeted hospitals and patients who exist in this unit. Accordingly, the researcher was distributed the questionnaire to a sample of study in all dialysis units in governmental hospitals in West Bank, explained the purpose and discussed their right to answer or not (voluntary). The data was collected in two months period from 17 October 2012 to 23 November 2012.

### **3.5 Ethical consideration and accessibility:**

The title and research methods were approved by the higher studies and nursing committee of the faculty of health professions at Al-Quds University. Permission obtained to access the MOH hospitals and Ramallah hospital when approval of the director of hospital services was granted.

The study participants received explanations about the purpose of the study, confidentially and honestly. In addition, the participants were informed about his/her right to refuse or to withdraw at any time during the study through the informed consent attached with each questionnaire.

### **3.6 Data analysis procedures**

Kruger, et.al, (2005) stated that the purpose of analysis is to reduce data to an intelligible and interpretable form so that the relations of research problems can be studied and tested and conclusions can be dawn. After data collection, the compiled data was refined, entered and analyzed using the Statistical Package for Social Science program (computer soft ware SPSS V.17) for descriptive and inferential statistics.

#### **3.6.1 Descriptive analysis**

Descriptive statistics used to describe and summarize data as means, frequencies were used to present the distribution of study variables and standard deviation (Polit and Beck, 2012). In this study used Means, frequencies, percentages, and standard deviations to estimate the nurse's and patients responses towards the study statements.

#### **3.6.2 Inferential analysis**

Inferential statistics means statistics that permit inferences about whether results observed in a sample are likely to occur in the larger population (Polit and Beck, 2012). According to Polit and Beck (2012), the t-test and analysis of variance (ANOVA), are both parametric tests which are used to test the significance of the difference between group means; t- test is used for two group and ANOVA is used for more than two groups. Parametric test is used of interval or ratio- level data, and assumption of normally distributed variables.

In this study, the researcher and statistician used Cronbach's Alpha, to measure the questionnaire reliability and to test the data collection instrument for reliability. Prior to analysis data were cleaned and questionnaires were coded. T-Test for Independent samples

to test the hypothesis related to gender, One-Way Analysis of Variance (ANOVA) to test the hypotheses related to age, workplace, years of experience and academic degree and Pearson chi square to test the correlation between organizational climate factors and nurses performance and patients satisfaction .

### **3.7 Limitation of study**

There were some limitations faced researcher, as insufficient detections of nurses and patients names, the researcher obtains their by dialysis unit, disallowing some of nurses and patients to response questionnaire; regardless, workload and insufficient time, lack of Palestinian resources in this field (thesis, literature review, journal), the study setting in ten dialysis in all West Bank, although there are 12 governmental hospital in west bank but there are not include dialysis unit in addition researcher not take sample from Gaza Strip because constraints for this. There was also the financials limitation since the study was self funded and the researcher face financial problem.

### **Summary**

This study was quantitative in nature; it utilized the descriptive analytical design. The respondents in this study was 69 nurses ( 29 male and 40 female) out of 100 nurses ( study population), and (198) renal failure patients who were selected a purposive sample from the whole population (718) in the study with a 27.6% response rate. It was validated by experts and researcher in the field of nursing. The questionnaire reliability was measured by using coefficient alpha of 0.682 of nurse's performance and 0.898 of patient's satisfaction questionnaire; there was a high degree of reliability and high internal consistency.

For data analysis, the researcher utilized the SPSS program. Frequency distribution was used to present results of study variables. Means and standard deviation were computed for continuous numeric variables. The Independent t-test and one-way ANOVA statistical test were also used. Pearson chi square to test the correlation between organizational climate factors and nurse's performance and patient's satisfaction in dialysis units in West Bank.

## **Chapter I □**

### **Results of the study**

#### **Introduction**

This chapter present analysis and interpretation of the data result, analytical statistic utilized the Frequencies and Percentages, Mean, Standard Deviation, Independent Sample T-Test, One way ANOVA, Qi – square, items presented into tables for each section of the questionnaire.

The purpose of this study is to measure the effects of organizational climate on nursing performance and patient satisfaction in dialysis unit in West Bank.

#### **4.1 Description of demographic data**

The baseline data included 69 nurses, who are working in 10 dialysis units in West Bank in governmental hospitals. This part consists of socio-demographic data of nurses (Age, Gender, Workplace of dialysis, Years of experience, Qualification (Academic degree)).

##### **4.1.1. Age**

We notice from table (4.1), 62.3% nurses between 26-35 years who are working in dialysis unit in west bank governmental hospitals, followed by nurses between 36-45 years 30.4% and 1.4% less than 25 years.

##### **4.1.2. Gender**

We notice from table (4.1), 58% of nurses who are working in dialysis unit in West Bank governmental hospitals female and 42% of respondents were males.

##### **4.1.3. Workplace of dialysis**

Table (4.1), shows among 10 dialysis unit in West Bank governmental hospitals, 24.6% nurses from Hebron and Yatta, followed by nurses working in Nablus 18.8%, Tulkarem 11.6%, Ramallah 10.1%, 8.7% nurses from Qalqiliy and Jenin, the least

degree of nurses who are working in dialysis unit 5.8% from Bethlehem, Jericho, Salfit.

#### **4.1.4. Years of experience**

We notice from table (4.1), 34.8% nurses are from 5 to 9 years of experience and 7% less than 5 years.

#### **4.1.5. Qualification (Academic degree)**

We notice from table (4.2), 59.4% nurses who are working in dialysis unit in West Bank governmental hospitals hold diploma(2 years), followed by nurses who hold bachelors degree 30.4%.

**Table (4.1) Frequency of socio-demographic data of nurses in dialysis unit**

#	Demographic data	Category	Repetition	Percentage
1.	Age	Less than 25	1	1.4%
		26-35	43	62.3%
		36-45	21	30.4%
		46-55	4	5.8%
2.	Gender	Male	29	42%
		Female	40	.58%
3.	Workplace dialysis unit	Bethlehe	4	5.8%
		Hebron, Yatta	17	24.6%
		Jenin	6	8.7%
		Jericho	4	5.8%
		Nablus	13	18.8%
		Qalqiliy	6	8.7%
		Ramllah	7	10.1%
		Salfit	4	5.8%
		Tulkarem	8	11.6%
4.	Years of experience	Less than 5 years	7	7%
		5-9 years	24	34.8%
		10-14 years	20	29%
		More than 15 years	18	26.1%
5.	Qualification (Academic degree)	Diploma(2 years)	41	59.4%
		Diploma(3 years)	6	8.7%
		Bachelors	21	30.4%
		Graduate degree	1	1.4%

## 4.2 Research question

"What are the effects of selected organizational climate factors on performance of nurses and patient satisfaction in dialysis unit in West Bank governmental Hospitals?"

In order to answer this question, the researcher calculated the means, percentages and Standard Deviations for descriptive data and utilized five-level likert scale to evaluate the degree of agreement of the respondents regarding the use of each item: when mean above 3.70 (high) 2.30-3.70 (moderate) Less than 2.30 (low). The results are presented in a descending form from the highest rank of responses to the lowest.

## 4.3 Description of Selected organizational climate factors on nurses performance

This part shows selected organizational factors of 23 items distributed in three variables which are (leadership style, socio-interpersonal relationship between team of health workers and motivation) affecting nurses performance.

The results in table (4.3) show the leadership style received the highest level of organizational climate factors 74.1% (mean=3.70, SD=.73), followed by socio-interpersonal relationship between team of health workers 71% (mean=3.55, SD=.63), the lowest level of organizational climate factors is motivation 54.5 % (mean=2.73, SD=.58). The average of organizational climate factors is 3.36, SD=.47, at ratio 67.2%, which are effecting on nurses performance in dialysis unit.

**Table (4.3) Total Score of Selected Organizational climate Factors on nurses performance**

Serial	Term	Mean	S.D	Percent
1	Leadership style in dialysis unit	3.70	.73	74.1
2	socio-interpersonal relationship between team of health workers	3.55	.63	71.0
3	Motivation	2.73	.58	54.5
	Total Questionnaire of organizational climate factor	3.36	.47	67.2

### 4.3.1 Leadership style

This section consists of six items. The statistician used the mean score, Standard Deviation, and percentage to assess the extent of leadership style, its high level 74.1% (mean=3.70,SD=.73), statement (1) (There is a clear goal ,vision and mission for kidney's department) is the highest level 86.4%(mean=4.32,SD=.70), followed by statement(2) (The kidney's department management determines the rules and regulations required from the employees)82.9%(mean=4.32,SD=.70), statements (6,5,3) responses moderate level, and the lowest level statement (4) (The administration cares for encouraging, innovation and change)64.1% which average 3,20 and SD=1.17 (see table 4.3.1).

**Table (4.3.1) Leadership style in dialysis unit**

Serial	Term	Mean	S.D	Percent	Rank
1	There is a clear goal ,vision and mission for kidney's department	4.32	.70	86.4	High
2	The kidney's department management is concerned in applying the required policies and instructions.	4.14	.71	82.9	High
3	The administration cares for the participation of employees in decision making.	3.30	1.17	66.1	moderate
4	The administration cares for encouraging, innovation and change.	3.20	1.26	64.1	moderate
5	The head of kidneys department encourages the progress of work.	3.58	1.01	71.6	moderate
6	There is a trust and cooperation between the head of the department and the employees	3.67	1.02	73.3	moderate
	Leadership style in dialysis unit	3.70	.73	74.1	High

### 4.3.2 Socio-interpersonal relationship between team of health workers

This section consists of six items. Its moderate level 71% (mean=3.55,SD=.63), statement (3) (The relationships in the department support the work and do not crash.) is the highest level 75.9%(mean=3.80,SD=.74), followed by statement (1) (The atmosphere of friendship and fellowship in the department makes me feel relieve)74.8% which higher level than statement (6)( I have a good relation with head of department) that 74.5%, statements (2,4) responses moderate level, and the lowest level statement (5) (There is satisfaction from administration of the social relation between the employees)62.9% which average 3.14 and SD=1.02 (see table 4.3.2).

**Table (4.3.2) Social-interpersonal relationship**

Serial	Term	Mean	S.D	Percent	Rank
1	The atmosphere of friendship and fellowship in the department makes me feel relieve.	3.74	1.02	74.8	High
2	The relationship in the department encourages challenge and competition	3.48	1.02	69.6	moderate
3	The relationships in the department support the work and do not crash.	3.80	.74	75.9	High
4	There is a coordination between the department employee and other departments	3.41	1.05	68.1	moderate
5	There is satisfaction of the social relation between the employees from administration.	3.14	1.02	62.9	moderate
6	I have a good relation with head of department.	3.72	.92	74.5	High
	Socio-interpersonal relationship between team of health workers.	3.55	.63	71.0	moderate

### 4.3.3 Motivation

This section consists of eleven items. Its moderate level 54.5% (mean=2.73,SD=.58), statement (7) (I feel in important and humanitarian aspects of my job) is the highest level 84.3%(mean=4.22,SD=.98), followed by statements (5,4,6,8,9,10,1) which responses moderate level, and the lowest level statement (2) (The dues given commensurate the size of tender efforts)39.7% which average 1.99 and SD=1.09 (see table 4.3.3).

**Table (4.3.3) Motivation**

Serial	Term	Mean	S.D	Percent	Rank
1	I feel satisfied about the salary that I get	2.33	1.22	46.7	moderate
2	The dues given commensurate the size of tender efforts.	1.99	1.09	39.7	Low
3	Equal promotion opportunities for all.	2.00	1.07	40.0	Low
4	Retirement and insurance system prompts me to hold on to work.	3.33	1.15	66.7	moderate
5	I want to keep working in the department	3.67	1.09	73.3	moderate
6	Offered working vacations, Transportation allowance, Risk allowance for nurses	2.83	1.27	56.5	moderate
7	I feel that the job which I carry out as a nurse is important and humanitarian.	4.22	.98	84.3	High
8	The administration cares for the moral side and encourages it	2.55	1.21	51.0	moderate
9	Administration cares for suggestions and submitted initiatives	2.57	1.16	51.3	moderate
10	I get the benefits of participating in training sessions	2.35	1.04	47.0	moderate
11	Provide scholarships for nurses	2.17	1.14	43.5	Low
	motivation	2.73	.58	54.5	moderate

#### 4.4 Nurse's performance

This section consists of fifteen items. Its moderate level 69.3% (mean=3.47,SD=.47), statement (1) (Committed to working time within the department) is the highest level 89.3%(mean=4.46,SD=.81), followed by statements (4,2,3,13,12,15) which responses high level, and statements (6,9,11,14,8,10,7) responses moderate level, the lowest level responses of nurses performance statement (5) (There is suitable number of employees to the number of patients in the department) that 48.7%( mean=2.43,SD=1.37) (see table 4.4).

**Table (4.4) Nurses performance**

Serial	Term	Mean	S.D	Percent	Rank
1	Committed to working time within the department.	4.46	.81	89.3	High
2	I carry out the duties and requirements of the job.	4.10	.91	82.0	High
3	I complete my work with enthusiasm and desire	4.10	.84	82.0	High
4	I can work in urgent circumstances.	4.13	.91	82.6	High
5	There is suitable number of employees to the number of patients in the department	2.43	1.37	48.7	Low
6	I can do all nursing procedures (documentation , treating patients and giving medicine)	3.54	1.36	70.7	moderate
7	The department provides a suitable time for relaxing.	2.55	1.18	51.0	moderate
8	There is suitable working hours to the number of patients during the shifts.	2.93	1.32	58.6	moderate
9	suitable experience of employees for the work in the department	3.39	1.17	67.8	moderate
10	The training and workshops that offered to nurses affect my job.	2.55	1.41	51.0	moderate
11	Dialysis unit has a developed and new tools and equipment's.	3.17	1.22	63.5	moderate
12	Using of the kidney's tools and equipments in a highly experienced and professional way	3.94	.82	78.8	High
13	Cooperation is dominated by my relation with others for the benefit of public interest.	3.99	.76	79.7	High

14	The administration adopts reward and punishment system for evaluating performance.	3.00	1.21	60.0	moderate
15	I feel that the head is satisfied with the level of our performance.	3.70	.75	73.9	High
	Nurses performance	3.47	.47	69.3	Moderate

#### 4.5 Patient satisfaction

The baseline data included 198 renal failure patients in dialysis units in West Bank governmental hospitals. This section consists of seventeen items.

The table (4.5) signifies the total selected organizational climate factors which are effecting on patient satisfaction in dialysis unit.

**Table (4.5) Total Score of Selected Organizational climate Factors on patient satisfaction**

Serial	Term	Mean	S.D	Percent
	Total Questionnaire of organizational climate factor	3.66	.62	73.3

patients response is moderate 73.3 (mean=3.66, SD=.62); statement (4) (A department other advantages, the presence of social specialists to care for my case) is the least level 46.8%(mean=2.34, SD= 1.17), followed by statements (5, 11, 3, 6) which are response moderate, statement (16) (The employees in the department are characterized by the spirit of humor and friendship in dealing with me) is the highest level 84.2% (mean=4.21, SD=.74), and followed by statement (1) (The department is committed to provide health service to me on time)which response high level 82.4%(mean=4.12, SD= .85),followed by statements (12,8, 9, 14, 15, 17, 7,2,13) which response high(see table 4.5.1).

**Table (4.5.1) Description of Selected Organizational climate Factors on patient satisfaction**

Serial	Term	Mean	S.D	Percent	Rank
1.	The department is committed to provide health service to me on time	4.12	.85	82.4	High
2.	The department is keen to solve the problems associated as providing drugs that I need.	3.82	.92	76.4	High
3.	There is presence of specialists in kidney's and renal failure diseases	3.14	1.27	62.8	Moderate
4.	There is presence of social specialists to care for my case.	2.34	1.17	46.8	Low
5.	There is presence of diet specialist to follow up the kinds of provided.	2.58	1.26	51.6	Moderate
6.	Working hours in the department is flexible and that enables me to check over any time	3.68	1.11	73.5	Moderate
7.	I feel the department administration is ready to respond to my requests and inquires.	3.90	1.00	78.1	High
8.	I trust doctors, nurses and specialists working in the department.	4.10	.83	81.9	High
9.	The employees in the department are highly qualified and posses knowledge to answer all of my queries	4.09	.77	81.8	High
10.	The department is equipped with the developed machines and tools that are sufficient for my case.	3.51	1.19	70.1	Moderate
11.	The department uses signs ,and educational <u>plates</u>	2.86	1.32	57.2	Moderate
12.	Employees in the department are highly organized, and professionals in handling their works	4.11	.73	82.2	High
13.	The department is clean and waiting area is	3.79	1.06	75.9	High
14.	Employees in the department deal with information related to my case confidentially.	4.07	.78	81.4	High
15.	Employees in the department are concerned to follow up my case.	4.04	.83	80.7	High
16.	The employees in the department are characterized by the spirit of humor and friendship in dealing with me	4.21	.74	84.2	High
17.	Employees in the department respond to my requests quickly and effectively.	3.94	.88	78.8	High
	<b>Total of patient satisfaction</b>	3.66	.62	73.3	Moderate

## 4.6 Hypothesis Analysis

### 4.6.1 Result of the First Hypothesis:

#### Hypothesis 1

There are no significant differences at ( $\alpha \leq 0.05$ ) between the means of selected organizational climate factors (motivation, social-interpersonal relationship and leadership style) in dialysis unit in West Bank attributed to socio-demographic variables (age, gender, Workplace, Years of experience, Academic degree)

#### 4.6.1.1 There are no significant differences at ( $\alpha \leq 0.05$ ) between the means of selected organizational climate factors in dialysis unit in West Bank attributed to age variable.

We use one way ANOVA in the variable of the age. The table (4.6.1.1) shows the result of the test.

**Table (4.6.1.1). One way ANOVA Test of the Effective organizational climate factors in dialysis unit in West Bank according to age.**

Factors	Age	Sum of Squares	df	Mean Square	F	Sig.
leadership style	Between Groups	2.490	3	.830	1.607	.196
	Within Groups	33.559	65	.516		
	Total	36.048	68			
social-interpersonal relationship	Between Groups	.683	3	.228	.555	.647
	Within Groups	26.656	65	.410		
	Total	27.339	68			
Motivation	Between Groups	1.201	3	.400	1.218	.310

	Within Groups					
	Total					

\*, in the significance level 0.05,

Since the total level of significance for (leadership style .196, social-interpersonal relationship .647 and motivation .310) are higher than 0.05. So we accept the hypothesis and conclude that “There are no statistically significant differences, in the significance level 0.05, of Effective organizational climate factors in dialysis unit in West Bank according to age”.

**4.6.1.2 There are no significant differences at ( $\alpha \leq 0.05$ ) between the means of selected organizational climate factors in dialysis unit in West Bank attributed to gender variable.**

We use Independent Sample T-Test in the variable of the gender because compares the means between two unrelated groups on the same continuous and the table (4.6.1.2) shows the result of the test.

**Table (4.6.1.2) Independent Sample T-Test for gender Variable**

Factors	Gender	N	Mean	S.D.	t	df	Sig. (2-tailed)
leadership style	male	29	3.6207	.80413	-.796	67	.429
	female	40	3.7625	.67187	-.774		
social-interpersonal relationship	male	29	3.6092	.56743	.676	67	.501
	female	40	3.5042	.68197	.697		
Motivation	male	29	2.6708	.47388	-.690	67	.493
	female	40	2.7682	.64314	-.724		

\*, in the significance level 0.05,

Since the total level of significance for (leadership style .429, social-interpersonal relationship .501 and motivation .493) are higher than 0.05. So we accept the hypothesis

and conclude that “There are no statistically significant differences, in the significance level 0.05, of Effective organizational climate factors in dialysis unit in West Bank according to gender ”.

**4.6.1.3 There are no significant differences at ( $\alpha \leq 0.05$ ) between the means of selected organizational climate factors in dialysis unit in West Bank attributed to workplace dialysis unit variable.**

We use one way ANOVA in the variable of the workplace the table (4.6.1.3) shows the result of the test.

**Table (4.6.1.3). One way ANOVA Test of the Effective organizational climate factors in dialysis unit in West Bank according to workplace.**

Factors	workplace	Sum of	df	Mean	F	Sig.
leadership style	Between	5.842	8	.730	1.450	.195
	Within Groups					
	Total	30.207	60	.503		
social-interpersonal relationship	Between	6.345	8	.793	2.267	.034
	Within Groups					
	Total	20.994	60	.350		
Motivation	Between	2.860	8	.357	1.088	.384
	Within					
	Total	19.719	60	.329		
		22.579	68			

\*, in the significance level 0.05,

Since the total level of significance for (leadership style .195 and motivation .384) are higher than 0.05. So we accept the hypothesis and conclude that “ There are no statistically significant differences ,in the significance level 0.05, of Effective organizational climate factors(leadership style and motivation) in dialysis unit in West Bank according to workplace ”, while social-interpersonal relations between health worker team in dialysis unit according to workplace is less than 0.05, so we reject the hypothesis.

**4.6.1.4 There are no significant differences at ( $\alpha \leq 0.05$ ) between the means of selected organizational climate factors in dialysis unit in West Bank attributed to years of experience variable.**

We use one way ANOVA in the variable of the years of experience, the table (4.6.1.4) shows the result of the test.

**Table (4.6.1.4). One way ANOVA Test of the Effective organizational climate factors in dialysis unit in West Bank according to years of experience.**

Factors	years of experience	Sum of Squares	df	Mean Square	F	Sig.
leadership style	Between Groups	.138	3	.046	.083	.969
	Within Groups	35.910	65	.552		
	Total	36.048	68			
social-interpersonal relationship	Between Groups	.307	3	.102	.246	.864
	Within Groups	27.032	65	.416		
	Total	27.339	68			
Motivation	Between Groups	.049	3	.016	.047	.986
	Within Groups	22.530	65	.347		
	Total	22.579	68			

\*, in the significance level 0.05,

Since the total level of significance for (leadership style .969, social-interpersonal relationship .864 and motivation .986) are higher than 0.05. So we accept the hypothesis and conclude that “There are no statistically significant differences, in the significance level 0.05, of Effective organizational climate factors in dialysis unit in West Bank according to years of experience”.

**4.6.1.5 There are no significant differences at ( $\alpha \leq 0.05$ ) between the means of selected organizational climate factors in dialysis unit in West Bank attributed to Academic degree variable.**

We use one way ANOVA in the variable of the Academic degree. Table (4.6.1.5) shows the result of the test.

**Table (4.6.1.5). One way ANOVA Test of the Effective organizational climate factors in dialysis unit in West Bank according to Academic degree.**

Factors	Academic	Sum of	df	Mean	F	Sig.
leadership style	Between	.261	3	.087	.158	.924
	Within	35.787	65	.551		
	Total					
		36.048	68			
social-interpersonal relationship	Between	3.084	3	1.028	2.755	.049
	Within	24.255	65	.373		
	Total					
		27.339	68			
Motivation	Between	.782	3	.261	.777	.511
	Within	21.797	65	.335		
	Total					
		22.579	68			

\*, in the significance level 0.05,

Since the total level of significance for (leadership style .924 and motivation .511) are higher than 0.05. So we accept the hypothesis and conclude that “ There is no statistically significant differences ,in the significance level 0.05, of Effective organizational climate factors(leadership style and motivation) in dialysis unit in West Bank according to Academic degree ”, while social-interpersonal relations between health worker team in dialysis unit according to Academic degree is less than 0.05, so we reject the hypothesis.

#### 4.6.2 Result\_of the second Hypothesis:

##### Hypothesis 2

There are no significant differences at ( $\alpha \leq 0.05$ ) between the means of effective nurses performance in dialysis unit in West Bank attributed to socio-demographic variables (gender, age, Workplace, Years of experience, Academic degree)

##### 4.6.2.1 There are no significant differences at ( $\alpha \leq 0.05$ ) of the effective nurses performance in dialysis unit in West Bank according to gender.

We use Independent Sample T-Test in the variable of the gender because compares the means between two unrelated groups on the same continuous and the table (4.6.2.1) shows the result of the test.

**Table (4.6.2.1). Independent Sample T-Test for gender Variable**

	Gender	N	Mean	S.D.	t	df	Sig. (2-tailed)
Nurses performance	male	29	3.47	.43	.014	67	.989
	female	40	3.47	.50			

\*, in the significance level 0.05,

Since the total level of significance for nurses performance according to gender is higher than 0.05. So we accept the hypothesis and conclude that “There are no significant differences at ( $\alpha \leq 0.05$ ) of Effective nurse’s performance in dialysis unit in West Bank according to gender”

##### 4.6.2.2 There are no significant differences at ( $\alpha \leq 0.05$ ) of the effective nurses performance in dialysis unit in West Bank according to age, Workplace, Years of experience, Academic degree”.

We use one way ANOVA in the variable of the Academic degree the table (4.6.2.2) shows the result of the test.

**Table (4.6.2.2). One way ANOVA Test of the Effective nurses performance in dialysis unit in West Bank according to age, Workplace, Years of experience, Academic degree.**

<b>Nurses performance</b>		<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Age	Between Groups	1.346	3	.449	2.143	.103
		13.609	65	.209		
	Within Groups	14.955	68			
	Total					
Workplace	Between Groups	2.828	8	.353	1.749	.106
		12.128	60	.202		
	Within Groups	14.955	68			
	Total					
Years of experience	Between Groups	1.162	3	.387	1.826	.151
		13.793	65	.212		
	Within Groups	14.955	68			
	Total					
Academic degree	Between Groups	.404	3	.135	.602	.616
		14.551	65	.224		
	Within Groups	14.955	68			
	Total					

\*, in the significance level 0.05,

Since the total level of significance for nurses performance according to age, Workplace, Years of experience, Academic degree are higher than 0.05, so we accept the hypothesis and conclude that “There are no significant differences at ( $\alpha \leq 0.05$ ) of effective nurses

performance in dialysis unit in West Bank according to age, Workplace, Years of experience, Academic degree.

#### 4.6.3 Result\_of the third Hypothesis

**Hypothesis 3** There are no significant differences relationship at ( $\alpha \leq 0.05$ ) between the means organizational climate factors (motivation, social-interpersonal relationship and leadership style) and nurses' performance. We use Pearson chi square test to exist the relationship between organizational climate factors and nurses' performance, the table (4.6.3) shows the result of the test.

**Table (4.6.3) Correlation between organizational climate factors and nurses performance**

Organizational climate factors		Nurses performance
Leadership style	Person correlation	.435**
	Sig.(2 tailed)	.000
	n	69
Social relations	Person correlation	.304*
	Sig.(2 tailed)	.011
	n	69
motivation	Person correlation	.494**
	Sig.(2 tailed)	.000
	n	69
Total Questionnaire of Nurses	Person correlation	.667**
	Sig.(2 tailed)	.000
	n	69

\* Correlation is significant at the 0.05 level (2-tailed). \*\* Correlation is significant at the 0.01 level (2-tailed).

Since the level of significance (0.00) is less than 0.05, we reject the hypothesis and conclude that "There are significant differences relationship at ( $\alpha \leq 0.05$ ) between organizational climate factors (motivation and leadership style) and nurses performance, and that there are significant differences relationship at ( $\alpha \leq 0.05$ ) between social-interpersonal relations and nurses performance, which the level of significance (0.011) is less than 0.05, we reject the hypothesis.

#### 4.6.4 Result of the fourth Hypothesis:

**Hypothesis 4** There are no significant differences relationship at ( $\alpha \leq 0.05$ ) between the means organizational climate factors (motivation, social-interpersonal relationship and leadership style) and patients' satisfaction. We use Pearson chi square test, the table (4.6.4) shows the result of the test.

**Table (4.6.4) Correlation between organizational climate factors and patient satisfaction**

Organizational climate factors		Patient satisfaction
Leadership style	Person correlation	.454**
	Sig.(2 tailed)	.000
	N	198
Social-interpersonal relations	Person correlation	.565**
	Sig.(2 tailed)	.000
	n	198
motivation	Person correlation	.309**
	Sig.(2 tailed)	.000
	n	198

\*\* Correlation is significant at the 0.01 level (2-tailed).

Since the level of significance (0.00) is less than 0.05, we reject the hypothesis and conclude that "There are significant differences relationship at ( $\alpha \leq 0.05$ ) between organizational climate factors (leadership style, social-interpersonal relations and motivation) and patient satisfaction.

## **Summary**

Nurse's performance in dialysis units has moderate response (69.3%) for many reasons; unsuitable number of nurses to number of patients which it leads to workload, fatigue, job dissatisfaction, insufficient time that nurses can do the all nursing procedures (documentation, treating patients and giving medicine), and lack of breaks during shifts period because increase number of patients, lack of knowledge, skills, experience about dialysis units for equipments and tools, administration of dialysis unit does not adopt reward and punishment system for evaluation nurses performance.

Patient satisfaction dialysis units have moderate response (73.3%) for many reasons; lack the presence of renal specialists, social workers specialists and diet specialist to follow up the kinds of provided is another advantage, insufficient using for developed dialysis machines, tools, signs, inflexible of working hours in dialysis units in some cities because increase number of patients for decrease equipments, dialysis machines, specialist, and nurses.

Female who are working in dialysis units more than male, which affect on the nature of work as (workload, vacations, opportunities, etc) and affect of these on performance, 59.4% of nurses hold diploma degree ( 2 years ), it shows lack of interest administration for continue education, training sessions, suggestions, submitted initiatives, and provide scholarships for nurses.

Leadership style factor is high response (74.1%) on nurses performance (See table 4.3.1), motivation factor is moderate response (54.5%) on nurses performance in dialysis units (See table 4.3.3), it affects passively for salary; do not dues given commensurate the size of tender efforts, not equal opportunities for all, insufficient working vacations,

transportation allowance, risk allowance for nurses, administration does not encourage of relations between co-workers, suggestions, submitted initiatives, administration does not provide training sessions and scholarships for nurses and social-interpersonal relations factor is moderate response (71%) on nurse performance (see table 4.3.1).

There are no significant differences between socio-demographic variables and selected organizational climate factors (leadership style, motivation) except social-interpersonal relationship for workplace dialysis units and academic degree, there are exists significant relations between selected organizational climate factors (leadership style, social-interpersonal relationship, motivation) and nurses performance in dialysis units in West Bank hospitals.

## **Chapter □**

### **Discussion**

#### **Introduction**

In this chapter, results of the study are discussed followed by key conclusions and recommendations. The researcher proposes some further research that may provide additional insight to organizational climate factors and effect on nursing performance and patient satisfaction.

#### **5.1 Effect of organizational climate factors**

To study the organizational climate factors and effectiveness in nursing performance in dialysis units in West Bank hospitals, questionnaire items distributed first leadership style, second the social-interpersonal relations, motivation third measure nursing performance.

##### **5.1.1 Effect of leadership style on nurse's performance**

This organizational climate factor consists of 6 items related to leadership style in dialysis units in West Bank hospitals (Table 4.3.1), which shows response is high and that's mean that the leadership style in dialysis unit effect on nurses performance; there is a clear goal and vision in dialysis unit, and nurses determine the rules and regulations. One of the most important factors affecting the leadership is clarity of tasks and objectives, this result also was agreed study of Rizi, (2013) that showed leadership is viewed as an important predictor and plays a central role in organizational climate, leadership is a management function, which is mostly directed towards people and social interaction, as well as the process of influencing people so that they will achieve the goals of the organization. While administration allow nurses to take decisions making which affect trust and cooperation between head of dialysis unit and nurses, and affect encouraging, innovation, change and motivation work of nurses are mediating response, theses result based on few of nurses of higher degree in dialysis units (30.4%) are BA, although 63.8% nurses of experience of years from 5 to 15 years, recurrent study is consistent the study of Alomar, (2003) that showed dimension of management style also contained nursing staff's participation in

decision making regarding the management of their departments and the ability to plan and execute their work.

### **5.1.2 Effect of socio-interpersonal relations**

This subcategory consists of 6 items related to socio-interpersonal relations in dialysis units in West Bank. Table (4.3.2) showed that 71% it's moderate. That's mean that the socio-interpersonal relations between co-workers and professional health in dialysis unit affect on nurses performance; mediating response of nurses in dialysis unit about the relationship in the department encourages challenge and competition, connection and cooperation between the department employee and other departments, and nurses feeling that the administration is not satisfied of the social relation between the employees, which effect passively on nurses performance, this result inconsistent study of Safey-Eddiin, (2003) which has confirmed that among the most important factors that affect the positive behavior of the nurses are the human relations, specially the relationship of the supervisor with her subordinates of nurses. The study consequently; support, assistance, encouragement and help the nurse to feel secure create a positive impact on the performance and behavior.

### **5.1.3 Effect of motivation**

This subcategory consists of 11 items related to motivation in dialysis units in West Bank. Table (4.3.3) showed that 54.5% it's moderate. That's mean that the motivation in dialysis unit affects nurses performance passively; dues given not commensurate the size of tender efforts, not equal promotion opportunities for all, don't provide scholarships and training sessions for nurses, while mediating response for nurses feel satisfied about the salary that their get, keep working in dialysis unit, retirement and insurance system prompts them to hold on to work, insufficient working vacations, transportation allowance and risk allowance for nurses, and administration not attention for suggestions, submitted initiatives and not encourages moral sides. In spite of this, nurses feel the importance and humanitarian aspects of this job, this effect on performance positively. These results are consistent study of Hawley, (1992) confirmed that among these are lack of opportunities

sources for education and training and development, lack of staff development and promotions and inadequate rewards with the level of performance.

## **5.2 Nurse's performance**

This subcategory consists of 15 items related to nursing performance in dialysis units in West Bank. Table (4.4) which indicate that 69.3% it's moderate.

organizational climate effect on nurses performance moderately; nurses low response for the number of nurses is suitable to the number of patients in dialysis unit, nurse's moderate response for they can do the all nursing procedures (documentation, treating patients and giving medicine) because insufficient number of nurses, working hours are unsuitable to the number of patients, during the shifts, it leads to shortage time for relaxing, these results are inconsistent study of Dawson, et al., (2008) showed that there is a clear relationship between performance and climate, the more the climate is better the performance is best. Administration of dialysis unit did not provide training and workshops for nurses and new tools and equipments, and it did not adopt reward and punishment system for evaluating performance, this effect for nurses performance negatively, this result is inconsistent study of Ayyash, (2011) concluded that nurses working at EGH are generally motivated and their performance is high and the results of the study raised the need of training and equitable work schedule to enhance motivation and reinforce. High responses of nurses in dialysis units commit to work time within the department, work in emergent circumstances, complete the job duties and requirements, cooperation with others, using of the kidney's tools and equipments in a highly experienced and professional way, then all of these make satisfaction of manager on the level of nurse's performance, this result is consistent study of Al-Shanty, (2006) showed that there is a positive attitude of study sample toward organizational climate at the Palestinian National Authority (P.N.A), positive effect of organizational climate at PNA on the level of PNA level of performance.

### **5.3 patient's satisfaction**

Organizational climate factors effect on patient's satisfaction in dialysis units in West Bank hospitals, that 73.3% its moderate; dialysis unit insufficient the presence of specialists, social specialists to care for patients cases, and diet specialist to follow up the kinds of provided is another advantage, not flexible of working hours in the department to check over any time. On the other hand, high responses of patient about dialysis department; administration and nurses are committed to provide the health service on time, this result is consistent study of Doris, (2004) showed patients cared for on units that nurses characterized as having adequate staff, good administrative support for nursing care, and good relations between doctors and nurses were more than twice likely as other patients to report high satisfaction with their care, and their nurses reported significantly lower burnout. Patients having trust doctors, nurses and specialists working in the department for their knowledge, skills, employees in the department are highly organized, and professionals in handling their works, and the department is clean and waiting area is suitable, although deficiency of tools, machines, signs, this result is consistent study of Eleuch, (2011) that also highlighted the need to adopt a development that enhances technical quality and medical practices in Japanese health care centers. Employees in the department are characterized by the spirit of humor and friendship, follow up different patients cases, respond for requests confidentially, quickly and effectively, this result is consistent study of Ezgi, et al., (2013), that result a high level of social support decreased the level of fatigue, when giving care to patients on hemodialysis nurses should consider the effect of social support on fatigue and approach their patients from this perspective.

### **5.4 Effect of socio-demographic data on organizational climate factors**

Regarding age, gender, years of experience and according to table (4.6.1.1, 4.6.1.2, 4.6.1.4), there are no significant differences between socio-demographic data (age, gender, years of experience) and organizational climate factors, 62.3% of nurses in dialysis units range of age 26-35 years, they do not have sufficient experience to meet work requirements in dialysis unit, build relationships, they do not have ability to make decisions for themselves, 63.8% nurses who are working in dialysis units in West Bank from 5 to 14 years of experience this effect positively of organizational climate; more years

of service for nurses, increase communication, relations, skills, and job satisfaction they have, reflecting the lack of their sense of problems, these results are consistent study of AL-Ahmadi, (2009) showed that job performance is positively related to some personal factors, including years of experience, nationality, gender, and marital status. The gender in nurse not effect on organizational climate factors because the male and female work together as a team, 58% nurses who are working in dialysis unit in west bank governmental hospitals female, that effect on decision making, work schedules are the most important reason for nurses leave the work, this result is inconsistent study of Bhattacharya, (2013) showed that there is a positive relationship between perceived organizational climate and work motivation for female group of employees who have more favorable attitude towards organizational climate than that of male group. Besides this, work motivation is also better among female group than that of male group. Duration of service has also significant impact in this regards.

Regarding workplace, academic degree and according to table (4.6.1.3, 4.6.1.5), there are no significant differences between academic degree and organizational climate factors (leadership style and motivation), while social-interpersonal relations between health worker team in dialysis unit are differences, This indicate that leadership style and motivation are not affected by academic degree; that the work in dialysis unit is the same for the nurses who hold diploma, bachelor's or higher graduate; there is no reduction of working hours or addition of vacations, motivations and increase positions. 59% of nurses in dialysis unit are diploma, so that it effects for social- interpersonal relations by administration doesn't allow scholarship, equal responsibility for continue education and training, and communication between nurses, this result is consistent study of AL-Ahmadi, (2009) showed Level of education is negatively related to performance and highlights the impact of national culture on job performance and work attitude among nurses in Saudi Arabia, and other countries facing the issue of multi-national work force.

## **Chapter □I**

### **Conclusion and Recommendation**

#### **6.1 Conclusion**

This study assess selected organizational climate factors (motivation, social-interpersonal relationship and leadership style) affecting on nurses performance and patients satisfaction in dialysis unit in West Bank hospitals. The socio-demographic variables not effect on organizational factors which are selected and nursing performance, except workplace dialysis units and academic degree of nurses which effect on social-interpersonal relations and the study give more result.

#### **6.2 Recommendation**

1. Attention of Palestinian Ministry of Health to the structure of dialysis units in West Bank governmental hospital, to meet the requirements of staff working as ( specialist, nurses, employees, workers) and patients, contributing to the improvement of performance and achieve satisfactions and goals.
2. Work to improve methods of decision- makes, and involvement nurses in decision – making and problem solving, regardless of age, gender ....etc.
3. Giving the right of nurses to participate in the elaboration of strategic policies and plans for the future by providing suggestions, putting plans and programs that improving their performance and impact on job satisfaction.
4. Development and improvement team of health professional by opened opportunities for education by providing scholarship and training courses.
5. Opening new channels of communication between administration and staff of workers on the one hand, and between staff of workers and patients on the other hand, and providing contact and communication between dialysis units and other units in hospitals.
6. Increasing the degree of trust between the administration and the nurses on the one hand, and between nurses and patients on the other hand.
7. Exploit properly technological development, by providing adequate training and acquire the skills needed.

8. Distribution nurses those occupying jobs that are fit with their qualifications and experiences.
9. Providing financial allocations and capabilities needed by Palestinian Ministry of Health to support and develop the performance of nurses.
10. Conducting a lot of studies and researches related to organizational climate factors and nurses performance in dialysis unit and other units in hospitals

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بسم الله الرحمن الرحيم



ملحق رقم (1)

الممرضين/ الممرضات

جامعة القدس

كلية التمريض/ ماجستير ادارة في التمريض

الدراسات العليا

م/ نموذج استبانة خاصة بالممرضين/ الممرضات الذين يعملون في قسم الكلية في مختلف محافظات الضفة الغربية

الممرض الكريم/ الممرضة الكريمة

السلام عليكم ورحمة الله وبركاته

نضع بين ايديكم استبانة الدراسة التي تتعلق في (أثر عوامل المناخ التنظيمي على اداء الممرضين و رضا المرضى في وحدة غسيل الكلى في مستشفيات الحكومة بالضفة الغربية) ، و هي جزء من متطلبات شهادة الماجستير في ادارة التمريض في جامعة القدس ، و تود الباحثة في ان تتقدم بوافر الشكر و الامتنان مقدماً لانكم ستخصصون جزءاً من وقتكم الثمين للاجابة على فقراتها ، كما تود الباحثة ان تبين ما يلي :

1. لا حاجة لذكر الاسم حيث سيتم التعامل مع البيانات بسرية تامة و ان البيانات ستستخدم لاغراض البحث العلمي حصراً

2. ان نجاح هذه الدراسة يتوقف على صحة الاجابة و دقتها ، لذا يرجى التريث و الموضوعية في تحديد الرأي لغرض تحقيق الاهداف التي ترجوها المؤسسات الصحية .

3. لا توجد اجابات صحيحة و اخرى خاطئة بقدر ما تعكس الاجابة وجهة نظركم عن كل فقرة من فقرات الاستبانة.

4. يرجى عدم ترك اي فقرة دون اجابة

5. ان الباحثة مستعدة للاجابة عن اية تساؤلات او اشكالات قد تواجهكم

مع الشكر و التقدير

الباحثة سمر الجراد

اسم المحافظة :

اسم المستشفى :

البيانات الشخصية :

1. الجنس : ذكر  انثى
2. العمر :
- اقل من 25 سنة  25-35 سنة  36-45 سنة
- 46-55 سنة  56 سنة فما فوق
3. المؤهل العلمي :
- دبلوم (سنتان)  بلوم (3 سنوات)
- ماجستير  دبلوم عالي
4. المسمى الوظيفي :
- ممرض مساعد  ممرض قانوني
- ممرض بالخبرة
5. الحالة الاجتماعية :
- متزوج/ة  اعزب /عزباء
- مل/ة  لقة
6. سنوات الخدمة :
- اقل من 5 سنوات  من 5-9 سنوات
- من 10-14 سنة  من 15 سنة فأكثر
7. مكان السكن بالنسبة للعمل :
- في نفس المحافظة  في محافظة اخرى
8. الدخل (شيقل) :
- اقل من 2500  2500-3499  3500 فأكثر

## 1. النمط القيادي السائد في وحدة غسيل الكلية

الرقم	العبارة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
1.	يوجد هدف واضح ورؤيا ورسالة واضحة لقسم الكلية					
2.	تهتم ادارة القسم بتطبيق السياسات و التعليمات المطلوبة منها					
3.	تسمح ادارة القسم بمشاركة الموظفين باتخاذ القرار					
4.	تهتم ادارة القسم بالتشجيع و الإبداع و التغيير					
5.	يساعد نمط رئيس/ة قسم الكلية على تقدم العمل .					
6.	يوجد ثقة و تعاون بين الرئيس / ة و الممرضين داخل وحدة غسيل الكلية					

## 2. العلاقات الاجتماعية و الزمالة التي تسود داخل القسم

الرقم	العبارة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
1.	يسود القسم جو من الصداقة و الزمالة يشعرني بالارتياح					
2.	تسود علاقات داخل القسم تشجع التعاون و التحدي و المنافسة					
3.	اشعر بأن تلك العلاقات تدعم العمل و لا تعطله					
4.	يوجد تواصل و تعاون بين ممرضي القسم و ممرضي الأقسام الأخرى					
5.	اشعر بأن الإدارة راضية عن العلاقات الاجتماعية بين الموظفين					
6.	احتفظ بعلاقات طيبة مع الرئيس / ة في القسم					

### 3. الحوافز

الرقم	العبارة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
1.	اشعر بالرضا عن الراتب و المكافآت التي اتقاضاها					
2.	يتناسب حجم المستحقات المعطاة مع حجم العطاء المبدول					
3.	تتساوى فرص الترقية امام الجميع					
4.	يوجد نظام تأمين معاشات ( نظام التقاعد ) يدفعني للتمسك بالعمل					
5.	ارغب بالبقاء في العمل داخل القسم					
6.	تصرف اجازات ، بدل مواصلات ، بدل مخاطرة كافية للمرضين					
7.	اشعر بأهمية و إنسانية العمل الذي أقوم به					
8.	تهتم الإدارة بالجانب المعنوي و رفع الروح المعنوية					
9.	تهتم الادارة بالاقترحات و المبادرات المقدمة					
10	احصل على مزايا المشاركة في دورات تدريبية					
11	توفر منح دراسية للمرضين					

## الأداء الوظيفي

الرقم	العبارة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
1.	التزم بالوقت الرسمي للعمل .					
2.	انجز واجبات و متطلبات الوظيفة					
3.	انجز عملي برغبة و حماس					
4.	استطيع العمل في الظروف الطارئة					
5.	يتناسب عدد الممرضين مع عدد المرضى داخل القسم					
6.	استطيع خلال الدوام القيام بالاجراءات التمريضية المختلفة ( توثيق ، رعاية المرضى ، اعطاء الدواء)					
7.	يوفر القسم الوقت الكافي للراحة اثناء المناوبة					
8.	اشعر بأن عدد ساعات العمل مناسبة لعدد المرضى خلال المناوبات ( shift)					
9.	تتناسب قدراتي و امكانياتي مع عملي و دوري					
10.	تؤثر ورشات العمل و تدريب الممرضين التي تقدمها الادارة على طبيعة عملي					
11.	تتوفر الاجهزة و المعدات المتطورة و الحديثة داخل القسم					
12.	استخدم الاجهزة و المعدات المتوفرة في قسم الكلية بخبرة و كفاءة					
13.	يسود علاقتي مع الاخرين التعاون لتحقيق المصلحة العامة					
14.	تطبق الإدارة أسلوب الثواب و العقاب لتقييم الأداء					
15.	اشعر بأن الرئيس / ة راضياً عن مستوى أداء عملي					

شكراً لحسن تعاونكم

بسم الله الرحمن الرحيم



ملحق رقم (2)

المرضى

جامعة القدس

كلية التمريض/ ماجستير ادارة فى التمريض

الدراسات العليا

م/ نموذج استبانة لقياس مستوى رضا مرضى الفشل الكلوي عن الرعاية الصحية المقدمة لهم من قبل الممرضين فى قسم الكلية

الاخ الكريم/ الاخت الكريمة

السلام عليكم ورحمة الله وبركاته

نضع بين ايديكم استبانة الدراسة التي تتعلق (أثر عوامل المناخ التنظيمي على اداء الممرضين و رضا المرضى في وحدة غسيل الكلى في مستشفيات الحكومة بالضفة الغربية) ، و هي جزء من متطلبات شهادة الماجستير في ادارة التمريض في جامعة القدس ، و تود الباحثة في ان تتقدم بوافر الشكر و الامتنان مقدماً لانكم ستخصصون جزءاً من وقتكم الثمين للإجابة على فقراتها ، كما تود الباحثة ان تبين ما يلي :

6. لا حاجة لذكر الاسم حيث سيتم التعامل مع البيانات بسرية تامة و ان البيانات ستستخدم لاغراض البحث العلمي حصراً

7. ان نجاح هذه الدراسة يتوقف على صحة الاجابة و دقتها ، لذا يرجى التريث و الموضوعية في تحديد الرأي لغرض تحقيق الاهداف التي ترجوها المؤسسات الصحية .

8. لا توجد اجابات صحيحة و اخرى خاطئة بقدر ما تعكس الاجابة وجهة نظركم عن كل فقرة من فقرات الاستبانة.

9. يرجى عدم ترك اي فقرة دون اجابة

10. ان الباحثة مستعدة للإجابة عن اية تساؤلات او اشكالات قد تواجهكم

مع الشكر و التقدير

الباحثة سمر الجلاذ

اسم المحافظة : \_\_\_\_\_ اسم المستشفى : \_\_\_\_\_

يرجى وضع اشارة (x) فى المربع الذى ينطبق عليك :

المعلومات الشخصية :

1. الجنس : ذكر  انثى
2. العمر : دون ال 25  25-35  36-45  46-55  56- فما فوق
3. الحالة الاجتماعية :  
متزوج/ة  اعزب /عزباء  مطلق/ة  مل/ة
4. المستوى الدراسي :  
امى  ابتدائي  ثانوي  جامعي
5. المهنة :  
موظف/ة  ربة منزل  عامل
- غير ذلك (حددها) \_\_\_\_\_
6. مكان السكن :  
مدينة  رية  مخيم
- غير ذلك (حددها) \_\_\_\_\_
7. وجود مرافق /نوع القرابة:  
لا يوجد  ل/ام  اخ / اخت
- غير ذلك ( حددها) \_\_\_\_\_

الحالة الصحية :

8. موعد المراجعة ( الايام ) :سبت/ اثنين/اربعاء  بد/ ثلاثاء/ خميس
9. فترة المراجعة : صباحاً  ظهراً  مساءً
10. تاريخ الاصابة بالمرض :  
سنة - 2 سنة  5- سنوات  فوق 5 سنوات
11. وجود امراض اخرى :  
لا يوجد  ري  سغط
- غير ذلك ( حددها) \_\_\_\_\_

**رضا المريض عن الخدمة المقدمة له في قسم الكلى :**

الرقم	العبارة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
1.	يلتزم القسم بتقديم الخدمة الصحية لي في المواعيد المحددة					
2.	يحرص القسم على حل المشكلات المرتبطة بتوفير الادوية التي احتاجها					
3.	يمتاز القسم بوجود اخصائيي امراض الكلى و الفشل الكلوي					
4.	يمتاز القسم بوجود اخصائيين اجتماعيين يشرفون على حالتي					
5.	يمتاز القسم بوجود اخصائيي تغذية يشرفون و يتابعون طبيعة غذائي					
6.	اثق في الاطباء و الممرضين و الاخصائيين العاملين في القسم					
7.	يمتلك العاملون في القسم المهارة و المعرفة الكافية التي تمكنهم من الاجابة على تساؤلاتي					
8.	يحرص العاملون في القسم على سرية المعلومات المتعلقة بحالتي					
9.	يحرص العاملون في القسم على الاستمرار بمتابعة حالتي					
10.	يستخدم في القسم الاجهزة المتطورة والحديثة و المعدات الكافية للعلاج الذي اتلقاه					
11.	يستخدم في القسم اللوحات الارشادية و التعليمية					
12.	يمتاز العاملون في القسم بمستوى عال من الترتيب و التنظيم و المهنية في تقديم الخدمة لي					
13.	يمتاز القسم بالنظافة و اماكن الانتظار مناسبة					
14.	تمتاز ساعات العمل في القسم بالسهولة و المرونة و هذا يمكنني من المراجعة في اي وقت					
15.	يتميز العاملون في القسم بالروح المرحة و الصداقة في التعامل معي					
16.	يستجيب العاملون في القسم لطلباتي بشكل سريع و فعال					
17.	اشعر ان ادارة القسم لديها استعداد تام للرد على طلباتي و استفساراتي					

شكراً لحسن تعاونكم

بسم الله الرحمن الرحيم



ملحق رقم (3)

تحكيم الاستبانة

جامعة القدس

كلية التمريض/ ماجستير ادارة فى التمريض

الدراسات العليا

م/ نموذج يبين اسماء المحكمين و الخبراء الذين قاموا بتحكيم الاستبانة

لقد تم عرض الأداة الدراسة الرئيسية ( الاستبانة ) على مجموعة من اساتذة الجامعات من المختصين والخبراء والتربويين لتحكيم الاداة و الاطلاع عليها و هم :

د. فارسين : محاضرة في كلية التمريض في تخصص الادارة في التمريض/ الدراسات العليا

د. عايدة القيسي : عميدة كلية التمريض في جامعة النجاح الوطنية

د. امل ابو عوض : عميدة كلية ابن سينا للتمريض و القبالة

بالاضافة الى كل من د. جهاد نزال و الاستاذ محمد عبد الله للتدقيق اللغوي و الاملائي .

و بناء على ملاحظات المختصين و المحكمين اعتمدت هذه الاستبانات، و قد كان لهم الدور الكبير في تحسين الاستبانة من حيث الصياغة اللغوية او درجة الانسجام بين الفقرات و على ضوء ذلك تم اعداد فقرات الاستبانة بصورتها النهائية و توزيعها على الممرضين و المرضى في وحدات غسيل الكلى في جميع المستشفيات الحكومية في الضفة الغربية .

الباحثة سمر الجلاذ