

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

Samar jallad. Sumaya Sayej
Nursing Department, Al-Quds University, Palestine

Abstract

The effectiveness of an organizational climate is one of many essential requirements for many health care institutions all over the world to be succeeded. **Aim:** This study aimed to assess the selected organizational climate factors (motivation, social interpersonal relations and leadership style) that affect nurse's performance and patient's satisfaction in dialysis units in West Bank Hospitals. **Methods:** This study was a descriptive purposeful study. It described the relations between organizational climate and nursing performance and the effectiveness of this performance on patient's satisfaction in renal dialysis units in West Bank governmental hospitals.

The study sample consisted of 69 nurses who work in 10 dialysis units in West Bank Hospitals and 198 renal patients.

Data collection was through 2 questionnaires, one for nurses which consisted of 2 sections; the first one consisted of socio-demographic variables (Nurse's age, gender, years of experience, academic degree and work place) and the second one consisted of 3 domains and 23 statements to identify the organizational climate factors affecting nursing performance in dialysis units in West Bank Hospitals, these domains were: leadership style with six statements, social interpersonal relations with six statements and motivations with eleven statements. In addition, there were 15 statements to investigate the nursing performance.

The second questionnaire was for the patients which consisted of 2 sections; the first one consisted of socio-demographic and health conditions of patients attending to dialysis units, the second section consisted of patient's satisfaction with 3 domains (leadership style with six statements, social interpersonal relations with 4 statements and motivation with 7 statements).

Results and Recommendations: Nursing performance in dialysis units was with moderate response (69.3%) for many reasons; there was significant shortage in nursing staff in dialysis units in 10 West Bank Hospitals, insufficient time for doing all nursing procedures, lack of breaks during shift period, lack of knowledge and skills about dialysis equipments and tools (59.4%) of nurses hold Diploma Degree (2 years), and there were no administrative punishment or reward system for evaluation of nursing performance in dialysis units, so that it is recommended to inform policy makers in Palestinian ministry of health to stand on this significant problem and to increase the skillful staff members as quick as possible and to hold training and educational sessions in that regard.

Patient satisfaction was with moderate response (73.3%) for many reasons; inflexible working hours, lack the Renal specialist, social workers specialist and diet specialist, and insufficient using of developed dialysis machines, tools, signs and educational plates in all dialysis units in West Bank Hospitals. So that, it is recommended to increase the specialist staff members and to develop the awareness of nursing staff with the proper using of machines in these units.

Motivation factor was with moderate response (54.5%) because of low salary in comparing with effort, no equal opportunities between staff members in term of motivation, training sessions and scholarships, insufficient working vacations, no transportation and risk allowance, and administration dose not encourage the relation between nursing staff, so that it is recommended to pay attention for nurses by improving motivation system (Training sessions, scholarship). Female (58%) nursing staff was more than male (42%) nursing staff in dialysis units which affect the nursing performance and the nature of work (vacations, opportunities and Work load).

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 factors of environment which are many factors including but not limited to as leadership, motivation and social interpersonal relationship (James and McIntyre, 1996), where this the 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 a choices about what motivate

to satisfy. Motivation is followed by instrumental behavior and concluded with the motivate being satisfied (Ciccarelli & Meyer, 2006). The relationship of organizational climate to individual behavior often emphasizes the role of employee perceptions of formal and informal policies, practices, procedures of the organization and overall organizational climate (Schneider, 2008).

Nurses are the front line of health care system. They are the largest group among professionals; 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 patient in West Bank governmental hospitals (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, Tulkarm, Jenin, 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 satisfaction. Therefore, the aim of this study was to assessing selected organizational climate factors (motivation, social-interpersonal relationship and leadership style) affecting nurses performance and patient satisfaction in dialysis unit in West Bank hospitals.

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, raises 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). However, there are no relevant studies for organizational climate factors in dialysis unit in West Bank, but there are few studies for organizational climate such as the impact of organizational climate on patient satisfaction abstractly co-workers in West Bank governmental hospitals, studied at AL-Najah university. Therefore, this study aims to assess selected organizational climate factors (motivation, social-interpersonal relationship, and leadership style) that affect nurses performance and patients satisfaction in dialysis unit in West Bank hospitals.

Palestinian Ministry of Health is the main health care provider for the ESRD management program in Palestine and the different treatment modalities of ESRD are free of charge. Patients with ESRD belong to group of Patients with "Special Diseases" and are eligible for a government health insurance.

In West Bank, there are 10 dialysis centers (Nablus, Tulkarm, Jenin, Qalkelieh, Salfeit, Jericho, Ramallah, Bethlehem, Hebron, Yattah), serving 666 patients by 119 machines (PMOH, 2011). Patients usually do three dialysis sessions each week, each dialysis session last between 3–4 hours. Dialysis machines are old and not enough to cover the increasing numbers of patients and this situation keeps technicians working under pressure. In addition, some centers lack nephrologists' doctor and in general where nurse patient ratio is 1:5, while the international standard recommends 1:3 (Rahman and Hoque, 2007), dialysis units are crowded with patients and most of units have small working areas.

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).

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.

Rezvan M. R., etc., (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.

Swaha Bh. & Monimala M., (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.

Hanan AL., (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.

2. Subjects and Method

2.1 Aim of the study:

The aim 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.

2.2 Objectives:

To achieve this goal, the following objectives are set:

1. Assess the extent of motivation on the performance of nurses in dialysis unit.
2. Identify the social relationship between workers and health professional as an organizational factor, and 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 extent of impact of organizational climate on patient satisfaction in dialysis unit in West Bank.

2.3 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?"

2.4 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.

2.5 Study design: This study utilized quantitative approach

2.6 Study setting 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).

2.7 Study population : The sample of the study consisted of (69) nurses who were selected as a purposive sample from the whole population (100). The researcher agreed to target (71.9%) of the study population of all nurses' working in dialysis units in each target hospital setting

2.8 Instrument development

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 (3) domains and (17) statements to identify the organizational climate factors that affect satisfaction patients in dialysis units in West Bank governmental Hospitals. The domains of the study are; leadership style with (7) statements, motivation (6) statements, social-interpersonal relationship with (4) statements (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 = 5 points, agree = 4 points, uncertain = 3 points, disagree = 2 points, strongly disagree = 1 point.

2.9 Validity

instruments was ensured including all the key concepts relevant to the research topic.

Experts included the researcher's thesis adviser, nursing educators and experts in the field 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.

2.10 Pilot study

Before starting data collection process, a pilot study was conducted, as a pre-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.

2.11 Reliability

Reliability of the questionnaire ensured by pilot study and measured 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 .682 and patient satisfaction was .898 which is considered high and suitable for research purpose

3.Result

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)).

We notice from table (4.2), 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 few nurses 1.4% less than 25 years and 5.8% more than 45years. Most of nurses are young. We notice from table (4.2), 58% of nurses who are working in dialysis unit in West Bank governmental hospitals female, which confirms the fact that nursing is a profession for women regardless of units, only 42% of respondents were males. Table (4.2), 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. We notice from table (4.2), 34.8% nurses are from 5 to 9 years of experience, followed by nurses are from 10-14 years 29%, few nurses with experience work in dialysis unit more than 15 years 26.1% and 7% less than 5 years. 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%, the least nurses hold diploma(3 years)8.7% and graduate degree 1.4%.

Table (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 of 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%
		Ramallah	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%

3.1 Descriptive Selected organizational climate factors on nurses performance

This part of description 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 and patient satisfaction.

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 (2) 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

3.1.1 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 message 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).

3.1.2 Socio-interpersonal relations

This section consists of six items. Its moderate level 71% (mean=3.55,SD=.63), statement (3) (I feel that such relations 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 my boss) that 74.5%, statements (2,4) responses moderate level, and the lowest level statement (5) (I feel that the administration is satisfied with social relation between the employees)62.9% which average 3.14 and SD=1.02 (see table 4.3.2).

3.1.3 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

3.2 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) (I feel that the number of employees is suitable to the number of patients in the department) that 48.7%(mean=2.43,SD=1.37) (see table 4.4).

Table (3) 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 complete the job duties and requirements	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 emergent circumstances	4.13	.91	82.6	High
5	I feel that the number of employees is suitable to the number of patients in the department	2.43	1.37	48.7	Low
6	In working times , I can do the 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, in the shifts period.	2.55	1.18	51.0	moderate
8	The working hours are suitable to the number of patients during the shifts.	2.93	1.32	58.6	moderate
9	The employees experience is suitable for the work in the department	3.39	1.17	67.8	moderate
10	The department administration provides training and workshops for nurses.	2.55	1.41	51.0	moderate
11	The department 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 manager is satisfied with the level of our performance.	3.70	.75	73.9	High
	Nurses performance	3.47	.47	69.3	Moderate

3.3 Descriptive Selected organizational climate factors on Patient satisfaction

The baseline data included 198 renal failure patient in dialysis units in West Bank governmental hospitals. This section consists of seventeen items, divided to three categories about organizational climate factors (leadership style, social-interpersonal relations and motivation).

The results show in table (4.5) which signifies the socio-interpersonal relationship between team of health workers received the highest level of organizational climate factors 81.28%(mean=4.07,SD=.81), followed motivation by 74.9% (mean=3.74,SD=.98), the lowest level of organizational climate factors is leadership style 67.37%(mean=3.37, SD= 1.08). The average of organizational climate factors is moderate level 73.3% (mean=3.66, SD=.62), which are effecting on patient satisfaction in dialysis unit.

Table (4) Total Score of Selected Organizational climate Factors on patient satisfaction

Serial	Term	Mean	S.D	Percent
1	Leadership style in dialysis unit	3.37	1.08	67.37
2	socio-interpersonal relationship between team of health workers	4.07	.81	81.28
3	Motivation	3.74	.98	74.9
	Total Questionnaire of organizational climate factor	3.66	.62	73.3

patients response about motivation category is high 74.9% (mean=3.74, SD=.98); statement (5) (Employees in the department are highly organized, and professionals in handling their works) is the highest level 82.2%(mean=4.11,SD=.73), followed by statements (6,2,1) which responses high level, and statement(3,4) (The department is equipped with the developed machines and tools that are sufficient for my case), which mean=3.51,SD=1.19, and (The department uses signs ,and educational plates), which mean=2.86,SD=1.32 response moderate level (see table 4.5.1) . Social-interpersonal relations category is high 81.28% (mean=4.07, SD=.81), it is higher than motivation category; all of statements are high, and statement (3) (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), followed by statements (1, 2, 4) that response high level (see table 4.5.1). while leadership style category responses moderate 67.37% (mean=3.37, SD=1.08); 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 (3, 5, 6) which response moderate and statement (1) (The department is committed to provide health service to me on time) is the highest level 82.4%(mean=4.12, SD= .85), followed by statements (7, 2) which response high(see table 4.5.1).

Table (5) Descriptive 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.	One of the department's advantages, the presence of specialists in kidney's and renal failure diseases	3.14	1.27	62.8	Moderate
4.	A department other advantages, the presence of social specialists to care for my case.	2.34	1.17	46.8	Low
5.	The presence of diet specialist to follow up the kinds of provided is another advantage.	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 queries.	3.90	1.00	78.1	High
	Leader ship style	3.37	1.08	67.37	Moderate
1.	I trust doctors, nurses and specialists working in the department.	4.10	.83	81.9	High
2.	The employees in the department are highly qualified and posses knowledge to answer all of my queries.	4.09	.77	81.8	High
3.	The department is equipped with the developed machines and tools that are sufficient for my case.	3.51	1.19	70.1	Moderate
4.	The department uses signs ,and educational plates	2.86	1.32	57.2	Moderate
5.	Employees in the department are highly organized, and professionals in handling their works.	4.11	.73	82.2	High
6.	The department is clean and waiting area is suitable.	3.79	1.06	75.9	High
	motivation	3.74	.98	74.9	High
1.	Employees in the department deal with information related to my case confidentially.	4.07	.78	81.4	High
2.	Employees in the department are concerned to follow up my case.	4.04	.83	80.7	High
3.	The employees in the department are characterized by the spirit of humor and friendship in dealing with me.	4.21	.74	84.2	High
4.	Employees in the department respond to my requests quickly and effectively.	3.94	.88	78.8	High
	Social-interpersonal relations	4.07	.81	81.28	High
	Total of patient satisfaction	3.66	.62	73.3	Moderate

Hypothesis 1

In order to study the truth of the hypotheses “There is no statistically significant differences ,in the significance level 0.05, of the effective organizational climate factors (motivation, social-interpersonal relationship and leadership style) in dialysis unit in West Bank according to Academic degree”. We use one way ANOVA in the variable of the Academic degree. Table (4.6.1.5) shows the result of the test. Table below shows that there are differences between the means of this variable, and to test if these differences reach to significant value we use one way ANOVA test and the table bellows show the results.

Table (6). One way ANOVA Test of the Effective organizational climate factors in dialysis unit in West Bank according to Academic degree.

Factors	Academic degree	Sum of Squares	df	Mean Square	F	Sig.
leadership style	Between Groups	.261	3	.087	.158	.924
	Within Groups	35.787	65	.551		
	Total	36.048	68			
social-interpersonal relationship	Between Groups	3.084	3	1.028	2.755	.049
	Within Groups	24.255	65	.373		
	Total	27.339	68			
Motivation	Between Groups	.782	3	.261	.777	.511
	Within Groups	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 .049, is less than 0.05, so we reject the 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)”.

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 (7). 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 .989 is 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 nurses performance in dialysis unit in West Bank according to gender ”

1. In order to study the truth of the hypotheses “There are no statistically significant differences, in the significance level 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 below shows that there are differences between the means of these variables, and to test if these differences reach to significant value we use one way ANOVA test and the table bellows show the results.

Table (8). One way ANOVA Test of the Effective nurses performance in dialysis unit in West Bank according to age, Workplace, Years of experience, Academic degree.

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

*, in the significance level 0.05,

- Since the total level of significance for nurses performance .103 is 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 nurses performance in dialysis unit in West Bank according to age”
- Since the total level of significance for nurses performance .106 is 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 nurses performance in dialysis unit in West Bank according to workplace”
- Since the total level of significance for nurses performance .151 is 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 nurses performance in dialysis unit in West Bank according to years of experience”
- Since the total level of significance for nurses performance .616 is 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 nurses performance in dialysis unit in West Bank according to Academic degree”

4.6.3 Result of the third Hypothesis

Hypothesis 3 There are no exists significant relationship at a level of ($\alpha \leq 0.05$) between the means organizational climate factors (motivation, social-interpersonal relationship and leadership style) and nurses performance. In order to study the truth of the hypotheses “There exists no significant relationship, in the significant level 0.05, between organizational climate factors (motivation, social-interpersonal relationship and leadership style) and nurses performance”. We use Pearson chi square test, the table (4.6.3) shows the result of the test.

Table (9) 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 exists significant relationship, in the significant level 0.05, between organizational climate factors (motivation

and leadership style) and nurses performance, and that there exists significant relationship, in the significant level 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 exists significant relationship at a level of ($\alpha \leq 0.05$) between the means organizational climate factors (motivation, social-interpersonal relationship and leadership style) and patients satisfaction. In order to study the truth of the hypotheses “There exists no significant relationship, in the significant level 0.05, between organizational climate factors (motivation, social-interpersonal relationship and leadership style) and patient satisfaction” .We use Pearson chi square test, the table (4.6.4) shows the result of the test.

Table (10) Correlation between organizational climate factors and patient satisfaction

Organizational climate factors		Nurses performance
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 exists significant relationship, in the significant level 0.05, between organizational climate factors (leadership style, social-interpersonal relations and motivation) and patient satisfaction".

5. Discussion

1. Effectiveness 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.

2. Effectiveness of leadership style on nurse’s performance

Show 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, this result accept with study of Strodure, (2001). One of the most important factors affecting the leadership is clarity of tasks and objectives, while mediating response for the 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. It is related to 63.8% nurses of experience of years from 5 to 15 years, although decrease nurses of higher degree in dialysis units (30.4%) are BA, which this result accept with the study 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, and with study Rezvan, (2013) showed 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, and with study Peter, (2004) which feeling of lack of power was very strong due to nurse’s lack of experience and their feeling of the enormity of tasks and responsibilities liable to in the absence of authorities and ability to making decision, many of them noted to the suffering as of lack of clarity regarding their understanding of the nature of their responsibilities, they pointed to that they often bear the responsibilities of other health workers in their absence, they often are forced to play the roles of other employees to fill the gap, and felt that these responsibilities above capacities, they pointed to the lack of clarity of the tasks that asked to perform and that their responsibilities are more than they can bare.

5.2.2 Effectiveness of socio-interpersonal relations

Showed that percent 71% its 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, this result effect passively on nurses performance, although nurses highly response for good relations with head and these relations support the work and do not

crash. This result accepts with study Hussein, (2007) about nurse efficiency and performance constraints at the Ministry of Health in Riyadh region, that one of the most prominent obstacles to the nurse work is the lack of direct cooperation with the nurse president thus caused to the marginalization of their role in the work decrease efficiency of performance. And with study 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

5.2.3 Effectiveness of motivation

This subcategory consists of 11 items related to motivation in dialysis units in West Bank. Table 2 showed that percent 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, this accept the study Ali, (1997) confirmed that weak monthly salary and financial income of nursing practice were among the most important reasons for leaving work for nurse's profession, which is a burden on the work of nursing. 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, this accept study 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. Nurses in dialysis unit immediate response for 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, these accept of Alomar, (2003) as for hospitals of the Ministry of Health the decision of quitting was connected to three factors, included was the factor of salary and allowances, which includes salary satisfaction and how it meets the needs and experience suitability, added to that are the exerted effort made, a good return for the additional hours and the provision of good bonuses. In spite of this, nurses feel the importance and humanitarian aspects of this job, this effect on performance positively.

5.3 Nurse's performance

This subcategory consists of 15 items related to nursing performance in dialysis units in West Bank. Table (3) which indicate that percent 69.3% it's moderate.

That's mean that performance of nurses in dialysis unit affects organizational climate moderately; nurses low response for the number of nurses is suitable to the number of patients in dialysis unit, this accept the study of peter, (2004) that insufficient numbers of nursing practitioners cause the deterioration of the situation in working environment, in addition it causes nurses suffering of great pressures as a result of variance of work tasks and complexity, which resulting in a failure to serve patients and the occurrence of negative attitudes of the patient. On other wise, nurse's moderate response for they can do the all nursing procedures (documentation, treating patients and giving medicine) because insufficient number of nurses, this accept with study Olofsson, (2003) about nurses confirmed suffering from a lack of time given to patients as a result of the large number of time spent in the performance of administrative and paper work causing them oppression and inability to meet their duties and obligations as nurses; thus affecting the nature their performance. Working hours are unsuitable to the number of patients, during the shifts, it leads to shortage time for relaxing, and it accepts study (Nurse week, 2001). Administration of dialysis unit not provides training and workshops for nurses and new tools and equipments, and it not adopts reward and punishment system for evaluating performance, this effect for nurses performance negatively, these results accept study of Shain, (1999) that confirmed that the reasons for nurse's satisfaction with their work environment are: the focus on continuing education, development, attention to providing a work environment conducive to excellence and complete tasks in a hospital work environment. On other wise, 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 nurses performance.

5.4 Effectiveness of organizational climate factors on patient's satisfaction

study organizational climate factors and effectiveness in patient's satisfaction in dialysis units in West Bank hospitals, questionnaire items distributed first leadership style, second motivation, and third social-interpersonal relations measure patients' satisfaction. That percent 73.3% it's moderate

5.4.1 Effectiveness of leadership style on patient's satisfaction

This organizational climate factor consists of 7 items related to leadership style in dialysis units in West Bank hospitals (Table 4).

Indicate the response is moderate 67.37% and that's mean that the leadership style in dialysis unit effect

on patient satisfaction; 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, keep to solve the problems associated with providing drugs, conflict with study of (Doris C., et., 2004).

5.4.2 Effectiveness of motivation on patient's satisfaction

This organizational climate factor consists of 6 items related to motivation in dialysis units in West Bank hospitals (Table 5).

Indicate the response is high 74.9% and this mean shows that the motivation in dialysis unit affects patient satisfaction; 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 and educational plates in it, accept study of (Eleuch, 2011).

5.4.3 Effectiveness of social-interpersonal relations on patient's satisfaction

This organizational climate factor consists of 4 items related to social-interpersonal relations in dialysis units in West Bank hospitals (Table 4.5).

Indicate the response is high 81.28% and this mean shows that the social-interpersonal relations in dialysis unit affect on patient satisfaction; 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 accept with study (Ezgi, Parlar K., and Ozgur M., 2013), and there All of these reflect positive reaction for patients and feel them with satisfaction of health serviced that provide in dialysis unit in west bank.

6.1 Conclusion

This study assess selected organizational climate factors (motivation, social relationship and leadership style) affecting nurses performance and patients satisfaction in dialysis unit in West Bank hospitals. This study assess the influence of leadership style on organizational factor on the performance of nurses in dialysis unit, which shows strong positive relation between leadership style and nurses performance and patient satisfaction in dialysis units, if leadership style better nurses performance and patient satisfaction increased, and identify relation between the social-interpersonal relations between workers, health professionals and the performance of nurses and patient satisfaction in dialysis unit which appear moderate response on nurses performance and high response for patient satisfaction, in addition this study assess the extent of motivation on performance of nurses in dialysis unit, there is strong positive relation between motivation and nurses performance, and motivation and patient satisfaction in dialysis unit, it is moderate on performance of nurses and it is high on patient satisfaction, 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- making, and involvement nurses in decision –making and problem solving, regardless of age, gender, workplace, experience, and qualification.
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 rehabilitation of team and health professional by opened opportunities for education by providing scholarship and training courses.

References

- Abramowitz S., Cote A., Berry E.,(1987). Analyzing patient satisfaction with nursing care. *Nurse Res*, 5, 100–108.
- Al husban M. & Abu arub R., (2009). Patient satisfaction with nursing care in Jordan. *Journal of Nursing Management*, 17, 749–758.
- Ali, Abeer, (1997). Rate And Causes Of Turnover Among Nurses In Selected Hospitals In Cairo. Master's Thesis. Cairo. High Institute of Cairo.
- AL-Omar & Badran, (2003). Job Dissatisfaction and Nurses With drawl from Hospitals in Riyadh City. *Journal of King Saud University*, 15(2), 67-122.
- Al- Qatawneh, Manar I., (2000). Organizational Climate and its Impact on Creative Conduct: A Field Study of

- the Administrative Supervisors in the Ministries of Jordan, unpublished Master thesis, University of Jordan, Amman.
- Alsharif B. F. T., (2008). Patient's satisfaction with hospital services at Nablus district. West Bank. Palestine. *Unpublished master thesis*, Al- Najah national university. Palestine.
- American Nurses Association, (1996). *Nursing Quality Indicators*, Definitions and Implications.
- American Nurses Association, (2012). What is Nursing? . Inc. Retrieved 16 June 2012.
- Aragon S.J., Gesell S.B., (2003). A patient satisfaction theory and its robustness across gender in emergency departments. *Am J of Medical Quality*, 18, 229-40.
- Awamleh N. A. H. K., (1994). Managerial Innovation in the Civil Service in Jordan: A Field Study. *Journal of Management Development*, 13(9), 52-60.
- Babbie E. R., (2007). *The basics of social research* (4th ed).
- Best M., & Thurston N., (2004). Measuring nurse job satisfaction. *Journal of Nursing Administration*, 34(6), 283-290.
- Brown S. P., & Leigh T. W., (1996). A new look at psychological climate and its relationship to job involvement, effort and performance. *Journal of Applied Psychology*, 81(4), 358-368.
- Campbell J.P., et al., (1993). Personnel selection in organizations, New York: Jossey Bass. 35-70.
- Chaaya M., Rabal B., Morou G., & Kaiss N., (2003). Implementing patient-centered care in Lebanon. *Journal of Nursing Administration*, 33(9), 437-440.
- Ciccarelli S.K., & Meyer G.E., (2006). Psychology, Upper Saddle River, NJ Pearson Prentice Hall. P. 4.
- Cleary P. D. S., Edgman-Levitan S., McMullen W., & Delbanco T. L., (1992). The relationship between reported problems and patient summary evaluations of hospital care. *Qual Rev Bull*. 18, 53-59.
- Daft, R.N., & Noe, R.A., (2001). *Organizational behavior*. Florida: Harcourt College Publishers.
- Daresh J. C., (2002). *What it means to be a Principal: your guide to leadership*. California. Corwin Press Inc
- Doris C., Linda H., Aiken., Douglas M., Sean P., Delfino V., (2004). Nurse Burnout and Patient Satisfaction. *Medical Care*. 42(2)
- Duncan D., (2007). The importance of managing performance processes well. *Kai Tiaki Nursing New Zealand*, 13(10), 25.
- Emad A., Shdaifat, (2012). Quality of Life of Caregivers and Patients Undergoing Haemodialysis at Ministry of Health of Jordan. *International Journal of Applied Science and Technology*, 2 (3), 75.
- Ezgi, Parlar K., Ozgur M., (2013). Relationship between fatigue and social support in hemodialysis patients. *Nursing and Health Sciences*, 15, 164-171
- Eleuch, Amira E.K., (2011). Healthcare service quality perception in Japan. *International Journal of Health Care Quality Assurance*, 24(6), 417-429(13). Emerald Group Publishing Limited.
- Ellenbecker C.H., Porell F.W., Samia L., Byleckie J.J., Milburn M., (2008). Predictors of home health care. *Nurse Retention. J Nurse Scholarsh*, 40, 60-151.
- Fredrick H., Bernard M., and Barbara S., (1959). The motivation of work. *New York: John Wiley*.
- Goldsmith D., Jayewardene S., Ackland P., (2007). ABC of kidney disease, *Blackwell Publishing Ltd*. 5-8
- Gray R., (2007). A Climate of Success. Creating the right organizational climate for high performance. Amsterdam. Elsevier
- Greenslade J. H., & Jimmieson N.L., (2011). Organizational factors impacting on patient satisfaction: A cross sectional examination of service climate and linkages to nurses' effort and performance. *International Journal of Nursing Studies*, 48(10), 1188-1198.
- Hafiza N., Shah S., Jamsheed H., Zamam K., (2011). Relationship between rewards and employee motivation in the non-profit organization of Pakistan. *Business intelligence Journal*, 4(2), 327-334.
- Hala A., & Yousef Al., (2011). Nurses' Motivation and their Performance at European Gaza Hospital in Gaza Strip. *Journal of Al Azhar University-Gaza (Natural Sciences)*, 13, 55-68.
- Hanan AL., (2009). Factors affecting performance of hospital nurses in Riyadh. *International Journal of Health Care Quality Assurance*, 22 (1), 40-54.
- Hawley , MP.(1992) . Sources of Stress for Emergency Nurses in Four Urban Canadian Emergency Departments . *Journal of Emergency Nursing*, 18 (3),211- 216.
- Hegney, D., Plank, A., & Parker, V. (2003). Nursing workloads: The results of a study of Queensland nurses. *Journal of Nursing Management*, 11, 307-314.
- Helm, C., Holladay, C. L., & Tortorella, F. R. (2007). The performance management system: Applying and evaluating a pay-for-performance initiative. Including commentary by candio *Journal of Healthcare Management*, 52(1), 49-63.
- Horrocks S., Anderson E., Salisbury C., (2002). Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. *BMJ*, 324(7341), 819-823.
- Husseini A., Abu-Rmeileh N., Mikki N., & Abu Ghosh H., (2009). Cardiovascular diseases, diabetes mellitus, and cancer in the occupied Palestinian territory. *The Lancet*, 373(9668), 1041- 1049.

- James L. A., & James L. R., (1989). Integrating work environment perceptions: Explorations into the measurement of meaning. *Journal of Applied Psychology*, 74, 739-751.
- James L. R., & McIntyre M. D., (1996). Perceptions of Organizational Climate. Individual Differences and Behavior in Organizations, Jossey-Bass, San Francisco, CA. 416-450.
- James, L. R., Carol, C. C., Emily, K., Patrick, K. M., Matthew, K. M., Mary Ann, W., et al., (2008). Organizational and psychological climate: A review of theory and research. *European Journal of Work and Organizational Psychology*, 17(1), 5–32.
- Johansson P., Oleni M., & Fridlund B., (2002). Patient satisfaction with nursing care in the context of health care: a literature study. *Scand J Caring Sci*, 16, 337 – 344.
- Josten J.C., Ngatham J.E., Thierry H., (2003). The effects of extended workdays on fatigue, health, performance and satisfaction in nursing. *J Adv Nurse*, 4 (6): 643–652.
- Kaissi A., Kralewski J., & Curoe A., (2004). How does the culture of medical group practices influence the types of programs used to assure quality of care? *Health Care Manage Rev*, 29, 129–138.
- Kane J. S., & Lawler E.E., (1979). Performance appraisal effectiveness: Its assessment and determinants. In B.M. Staw (Ed.). *Research in organizational behavior*, 425-478. Greenwich, CT: JAI Press.
- Kangis P., & Williams D.G.S., (2000). Organizational climate and corporate performance: an empirical investigation. *Management Decision*, 38 (8), 531-540.
- Keegan O., McDarby V., Tansey A., and McGee H., (2003). Community involvement in A/E satisfaction survey. [Submitted for publication.]
- Knights K. A., (2006). Psychometric evaluation of Queensland Health's Better Workplaces Staff Opinion Survey. Unpublished honor's thesis. University of Southern Queensland, Toowoomba, Australia.
- Kozlowski S. W. J., Doherty M. L., (1989). Integration of climate and leadership: examination of a neglected issue. *Journal of Applied Psychology*, 74(4), 546-553.
- Larrabee J. H., Ostrow C. L., Withrow M. L., Janney M. A., Hobbs G. R. & Burant C. (2004). Predictors of patient satisfaction with inpatient hospital nursing care. *Research in Nursing & Health*, 27, 254-268.
- Laschinger H.K.S., Shamian, J., & Thomson D., (2001). Impact of Magnet Hospital Characteristics on Nurses' Perceptions of Trust, Burnout, *Quality of Care, and Work Satisfaction*. *Nursing Economics*, 19(5), 209–219.
- Likert R., (1961) *New patterns of management*. New York: McGraw Hill.
- Lezzoni L., Davis B., Soukup J., & O'Day B., (2002). Satisfaction with quality and access to health care among people with disabling conditions. *International Journal for Quality in Health care*, 14(5), 369 – 381.
- Litwin G.H., & Stringer R.A., (1968). Motivation and Organizational Climate. Boston, MA: Harvard University Press.
- Lysaght M. J., (2002). Maintenance dialysis population dynamics: Current trends and long-term implications. *J Am Soc Nephrol*, 13, 37-40.
- Marquis B., & Huston C., (2006). Leadership roles and management functions in nursing (5th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Mathis R., & Jackson J., (2000). Human Resource Development and Careers, 9th ed., South-Western College Publishing, USA.
- McGuire E., & Kennerly S., (2006). Nurse Managers as transformational and transactional leaders. *Nursing Economics*, 24(4), 179-185.
- McLaney M.A., and Hurrell J.J., (1988). Control, stress and job satisfaction in Canadian nurses. *Work and Stress*, 2, 217-224.
- Mollaoglu, M. (2006). Perceived social support anxiety and self-care among patients receiving haemodialysis. *Dialysis and Transplantation Journal*, 35(3), 144-155.
- National kidney foundation, (2012) the fact sheet about renal nurse profession. 2012.
- Northouse, G. (2007). Leadership theory and practice, (3rd ed), Sage Publication, Inc. 65-66.
- Nurse Week . (2001) .OnNurse Burnout Worsens as Conditions Deteriorate . May :10.
- Olofsson , Brita ; Bengtsson , Claire & Brink , Eva . (2003) . Absence of Response : A study of Nurses Experience of Stress in The Workplace . *Journal of Nursing Management*, 11, 351-358 .
- Palestinian National Authority. Ministry Of Health, Annual Report, (2012).
- Parsons M., (2004). Capacity building for magnetism at multiple levels. *Topics in Emergency Medicine*, 26(4), 287-294.
- Peplau H., (1989). Interpersonal relationships:The purpose and characteristics of professional nursing. In A. W. O'Toole & S. R.Welt (Eds.), *Interpersonal theory in nursing practice: Selected works of Hildegard E. Peplau* (pp. 5–55). New York, NY: Springer.
- Peter E.H., Macfarlane A.V., & O'brien-Pallas L.L., (2004). Analysis of the Moral Habitability of Nursing Work Environment. *Journal of Advanced Nursing*, 47(4), 356– 367.

- Public Health Code, Department of Public Health, (2007) 错误!使用“开始”选项卡将 Regulation Number 应用于要在此处显示的文字。 Current with materials published in Connecticut Law Journal through 11/06/2007.19-13-D55a.
- Rahman M., Hoque A., (2007). Contraceptive behavior among married adolescents in some selected areas of Bangladesh. *Middle east journal of nursing*,1(6), 349- 354.
- Rathert C., & May Douglas R., (2007). Health care work environments, employee satisfaction, and patient safety: Care provider perspectives, *Health Care Management Review*, 32, 1, 2-11.
- Rezvan, M. R., Aida, A., Maryam, E. F., Shahram, A., (2013). Relationship between leadership styles and job satisfaction among physical education organizations employees. *European Journal of Sports and Exercise Science*, 2 (1), 7-11
- Rotundo M., & Sackett P.R., (2002). The relative importance of task, citizenship and counterproductive performance to global ratings of job performance: a policy-capturing approach. *Journal of Applied Psychology*, 87(1), 66–80.
- Safey EL-Din, Dalia, (2003). Factors Affecting Assertive Behavior Of Nurses Working In Different Units Cairo University Hospitals. Master’s Thesis. Cairo, Cairo University.
- Sathvik B., Parthasarathi G., Narahari M., Gurudev K., (2008). An assessment of the quality of life in haemodialysis patients using the WHOQOL-BREF questionnaire. *Indian Journal of Nephrology*, 18(4), 141-149
- Schneider B., (1990). *Organizational climate and culture*. San Francisco, California: Jossey–Bass Inc. Publishers
- Schwirian P. M., (1978). Evaluating the performance of nurses: A multidimensional approach. *Nursing Research*, 27(6), 347-351.
- Shader K., Broome M., Broom C., West Mary E., Nash M., (2001). Factors Influencing Satisfaction and Anticipated Turnover for Nurses in an Academic Medical Center. *The Journal of Nursing Administration*, 31(4), 210-216.
- Shain M., (1999). Satisfaction and Health at Work: Tuning for High Performance. *Occup Health Safety*, April/May, 38-47.
- Sharifah R. A., & Hjh Normala D., (2012). *European Journal of Business and Management*. 4, 93-201.
- Schneider B., (2008). Motivation and organizational climate, *Journal of Personnel Psychology*, 28 (2), 447-479.
- Schulte M., Ostroff C., & Kinicki A.J., (2006). Organizational climate systems and psychological climate perceptions: A cross-level study of climate. *Journal of Occupational and Organizational Psychology*, 79, 645-671.
- Siebens K., DeCasterle B., Abraham I., Dierckx K., Braes T., Darras E., Dubois Y., Milisen K., (2006). The Professional Self-Image of Nurses in Belgian Hospitals: Across-Sectional Questionnaire Survey. *International Journal of Nursing Studies*, 43, 71-82.
- South Africa, (2011). Human resources for health South Africa. *HRH strategy for the health sector: 2012/13–2016/17*, viewed 13 December 2012, from <http://www.psyssa.com/documents/HRH>
- Stordeur S., D’ Hoore W., & Vandenberghe C., (2001). Leadershipe, Organisational Stress and Emotional Exhaustion Among Hospital Nursing Staff. *Journal of Advanced Nursing*, 35, 533 – 542.
- Sunila K., (2009): Motivation and performance – What behavioral scientists say?
- Swaha Bh., & Monimala M., (2013). Organizational Climate and work Motivation - A Study on Private Sector Organization. *Indian journal research*, 2(1).
- Swansburg, R. C. & Swansburg, R. J., (1999). Introductory management and leadership for nurses. 2nd edition. Sudbury: Jones and Bartlett Publishers.
- Thyer G., (2003). Dare to be different: Transformational leadership may hold the key to reducing the nursing shortage. *Journal of Nursing Management*, 11, 73-79.
- Tonges M., Rothstein H., Carter H., (1998). Sources of Job Satisfaction in Hospital Nursing Practice. *Journal of Nursing Administration*, 28, 47-61.
- Upeniaks V., (2000). The relationship of nursing practice models and job satisfaction outcomes. *Journal of Nursing Administration*, 30(6), 330-335.
- Wesorick B., (2004). A leadership story about caring. *Nursing Administration Quarterly*. 28(4), 271-275.
- William M., (1999). Attracting & Retaining Registered Nurses-Survey Results. Internal Document.
- Wilson P., Madary A., Brown J., Gomez L., Martin J., & Molina T., (2004). Using the forces of magnetism to bridge nursing research and practice. *Journal of Nursing Administration*, 24(4), 39-47.
- Wilson M. G., DeJoy D. M., Vandenberg R. J., Richardson H. A., & McGrath A. L., (2004). Work characteristics and employee health and well-being: Test of a model of healthy work organization. *Journal of Occupational & Organizational Psychology*, 77(4), 565-588.