Relationship between Health Care Facilities and Staff Nurses' Performance in the Central Qinayate Hospital

Nora Mohamed Abd elrazek ragab [1], Maha Abdeen Abdeen Khedr[2] & Hanan Meslhy Mohamed [3]

[1] B.SC Nursing Zagazig University, [2] Assistant Prof. Nursing Administration, Faculty of Nursing Zagazig University & ([3] Lecturer of Nursing Administration, Faculty of Nursing Zagazig University

Abstract
Background: There is an increase of awareness and application of quality healing environment for better performance. It is proved that staff nurses satisfied with their job and the rate of nurses' performance also increased when nurses worked in better environment. **Aim of the study**: The present study was to assess health care facilities, staff nurses' performance in the Central Qinayate Hospital. **Subject and methods: research design:** Descriptive design was utilized with all available staff nurses working in the Central Qinayate Hospital. Setting: the study was conducted in the central qinayate hospital .Subject:150 staff nurses worked in the central qinayate hospital at the time of data collection .Tool of data collection: two tools were used: Tool I: patient and staff calibration tool kit . **Tool II:** performance observation checklist. **Results**: there was significance relationship between health care facilities, staff nurses performance in the Central Qinayate Hospital and the majority of nurses satisfied with health care facilities and half of them had competent level of performance. **Conclusion**: There was a statistically significant relationship between health care facilities, and performance among staff nurses As well, staff nurses were satisfied with health care facilities. In addition, half of them had competent level of performance. **Recommendation:** The hospital administration should focus on development of nurses' training schedule in order to increase their technical skills and improve nurse performance , The hospital administration should focus on developing a system of communication between hospital administration and nursing staff to give chance to nurses to share in work problems and put their opinions into consideration to enhance work satisfaction.

Key words: health care facilities, performance and staff nurses.

Introduction:

The nursing professional practice environment is defined as the organizational properties that facilitate or constrain the nursing professional practice. To create a positive practice environment appropriate support is needed to attract and retain nurses so that positive consequences can be achieved for patients and a nurse's satisfaction[2]. The professional work environment is characterized by nurse participation in hospital affairs, nursing foundations for quality of care, nursing management ability, support and leadership, adequate staffing and resource, and collaborative nurse physician relationships **[2]**.

Favorable nursing practice environment associated with greater nurse professionalism, improved job satisfaction, enhance performance, improved patient outcomes, highly committed to the organization, higher self-efficacy and good interpersonal relationship at work[3] .

Nurses with a healthy work environment reportedly provide quality nursing care. Also, engaging in health-promoting behaviors and maintaining a healthy lifestyle can improve functional ability. Consequently, these positive outcomes increase working efficiency, which can improve nursing performance quality[4] .

The performance of the nurse is necessary to meet the increasing demands and quality care of the patients to maintain the credibility of health care settings. Nurses" performance depends upon their knowledge and skills, which is only possible through good education and quality experience [5].

Job performance is known as important element and central topic in

determining organization's outcome Job performance defined as actions that can be altered, behavior and product that contributed to organization's objective. [6].

Nurse performance is a critical factor in organizations ' success[7]. Performance defined as the quality and quantity of work done by nurses and groups after performing a task. Performance refers to the outcome of any organizational activity over a specified duration [8]. Where the competitive in Health environment today, hospitals need extremely performing staff to accomplish their objectives and competitive advantage [9].

Moreover performance is the capacity of the nurse to perform activities that contribute to the growth of the technical core of the organization. Meanwhile, Performance is a phase where particular work is accomplished. It implies job performance is a phase of achievement as an accomplishment of the organization's job by nurse. Job performance extremely impacted by the three major elements these are: organizational support, skills or efficiency of leadership and job performance of each employee who works at the organization [10].

Identifying health care facilities related to healthy work environment ,nurse performance and relation between them is required for effective quality care ,fewer constrains ,achieving hospital goals , increasing productivity and effective team work among nurses. Nurses working in a better practice environment are empowered to practice professionally, become deeply engaged in the job, have a lower level of burnout and intention to leave their current job positions, motivate nurses to perform better and have a higher level of job performance.   .

Significance of the study:

In the light of the current challenges resulting from rapid changes and developments in various areas. Hospitals have sought to achieve the distinction that ensures survival and continuity. Hospitals aspire to the highest levels of performance of staff nurses. The poor and unfavorable conditions of the work environment and the psychological pressures on the staff nurses in the work environment have negative effects on nurses' motivation towards work, as well as many psychological and health problems of the staff nurses, tension in relations between staff nurses and frequent absence.

There is no scientific research in Egypt that studies the relationship between the health facilities and staff nurses' performance. In this study report the researcher studied the relationship between the health facilities, staff nurses' performance.

Aim of the study:

The aim of this study was:
   Assess health care facilities and staff nurses' performance in the central Qinayate Hospital.

Research questions:

1-What are the health care facilities in the central Qinayate Hospital?
2-What is the level of staff nurses' performance in the central Qinayate Hospital?
3- Is there relationship between health care facilities and staff nurses performance in the central Qinayate Hospital?

Subjects and Methods:
Research design:

A Descriptive design was used for the study.

Study Setting:

The study was conducted at El Qinayate Hospital affiliated to Ministry of Health. This hospital is composed of two buildings **First building**: contains outpatient clinics, hematemesis, digestive care unit and obstetrics department. **Second building:** contains reception department, cardio intensive care unit, pediatric department, incubator department, hemodialysis unit and intensive care unit for pediatric.

Study Subjects:

A convenient sample of 150 staff nurses available at El Qinayate Hospital during the time of data collection and fulfill the following incusion criteria:

- Have more than one year experience
- Agree to participate in the study.

Tools for data collection:

Tool I:
A Staff and Patient Environment calibration tool. it was developed by DH Estates and Facilities, [11]. This tool divided into two parts:
- **Part one:** composed of demographic data which includes (name, age, gender, marital status, educational level and year of experience).
- **Part two:** It included (46 statements) and which divided into eight categories namely:

Privacy dimension 5 statements Views dimension 5 statements Nature and outdoor dimension 3 statements Comfort and control dimension 6 statements Legibility of place dimension 6 statements Interior appearance dimension 8 statements Facilities dimension 7 statements Staff dimensions 6 statements.

The questionnaire scored by six-level likert scale as: 6: complete agreement, 5: strong agreement, 4: fair agreement, 3: little agreement, 2: hardly any agreement and 1:no agreement. the average Likert score for health care facilities is calculated by summing up all the scores of eight dimensions in the questionnaire and the total sum will subsequently divided by the total number of items(46).

Scoring system: average Likert score for health care facilities divided to the following level:
No agreement range from 1 to 2.67
Fair agreement range from 2.68 to 4.35
Complete agreement range from 4.36 to 6.

Tool II:
Nurses' Performance Evaluation This is an observation checklist was developed by Cobb, [12] which used to evaluate nurse performance in the Central Qinayate Hospital. It consists of 60 statements which divided into four categories as follow :

Expected hospital behavior dimension consisted of 25 statements including (Courtesy, Respect, Communication, Comfort , Responsiveness, Team work and Professionalism),Nursing process dimension consisted of 18 statements including (Assessment, Diagnosis, Implementation, Evaluation and documentation) , Quality of care dimension 13 statements and Education dimension 4 statements. The score given on a five-point likert scale as: 5; Outstanding, 4; Exceeds expectations, 3; Competent, 2; Needs improvement and 1; Unacceptable. The average Likert score for nurse' performance is calculated by summing up all the scores of domains in the questionnaire and the total sum will subsequently divided by the total number of items (60).
Scoring system : average likert score for nurse' performance divided to the following level: Need improvement range from 1 to 2.59 . Moderate range from 2.6 to 3.39 . Competent range from 3.4 to 5.

Content Validity and Reliability:
The validity of study tools (health care facilities and performance evaluation check list) performed by taking the opinions of three experts: two professor of nursing administration and professor of medical surgical nursing at faculty of nursing at zagazig university. They were requested to express their opinions and comments on the tools and provided any suggestions for any additional or omissions of items. The necessary modifications were done. Cronbach's Alpha that used to measure the internal consistency (reliability of used tool) was 0.95 for health care facilities questionnaire, while performance checklist was 0.976.

Field work:

Field work of this study was executed in four months, from December 2019 to march 2020 .Researcher met the respondents during three shifts to distribute the questionnaires. The respondents filled out the questionnaires sheets individually and took 20–30 minutes to complete it. In relation to job

performance, an observational method was utilized to determine staff nurses 'performance level. Researcher observed every nurse by observational check list tool to ensure their level of performance. The researcher made three observations for each skill of performance and calculated the average score of each item in the observational checklist to assess the level of performance.

Pilot study:

The pilot study was carried out on 15 nurses to test the clarity of the questions, and determine the time needed to fill in the questions and also to remove the difficult questions .they were selected randomly, and they were later excluded from the main sample of research work to assure stability of the answers. The necessary modifications were done according to the answers and comments made by the nurses.

Administration and Ethical consideration:

An official letter was sent from the Faculty of Nursing to hospital medical and nursing directors requesting their formal agreement to the study being carried out. The study was approved by the medical director of the central Qinayate Hospital after checking the study proposal and tools. Also individual consent was obtained from each participant in the study after explaining the purpose of the study and they were assured about the confidentiality of the information gathered and assured that it will be used only for the purpose of the study. They were informed about their right to refuse or to withdraw at any time.

Statistical Analysis:

All data were collected, tabulated and statistically analyzed using SPSS 20.0 for windows (SPSS Inc., Chicago, IL, USA 2011). Quantitative data were expressed as the mean ± SD & median (range), and qualitative data& relative frequencies were expressed as absolute frequency) number percentage). Percent of categorical variables were compared using Chi-square test. Pearson correlation coefficient was

calculated to assess association between various study variables, (+) sign indicate direct correlation & (-) sign indicate inverse correlation, also values near to 1 indicate strong correlation & values near 0 indicate weak correlation. All tests were two sided. P-value < 0.05 was considered statistically significant (S), and p-value ≥ 0.05 was considered statistically insignificant(NS) .

Results:

Table (1) shows personal and job characteristics of staff nurses. According to the table, 70.7% of studied nurses were females. Regarding age, 47.3% of staff nurses aged more than 30 years. As well, 88.7% were married, 46.7% of studied nurses had diploma degree, in addition, 43.3% of nurses experience period more than ten years.

Table (2), Illustrates the ranking of the assessment health care facilities dimensions according to their mean score. The assessment dimension "Legibility of place" is ranked with highest mean score of 4.5 while Least mean score for interior appearance 3.5.

Figure(1): Bie chart shows percent of nurses' performance in the Central Qinayate Hospital illustrates that 50% of nurses had competent level of performance ,while 28.67% of nurses had moderate level of performance and 21.33% need improvement from performance.

Table (3) clarifies Relation between socio-demographic characteristics of studied nurses and health care facilities in the Central Qinayate Hospital. Table shows there was statistical insignificant relation between socio-demographic characteristics of studied nurses and health care facilities p>0.05.

Table (4) clarifies relation between socio-demographic characteristics of studied nurses and their performance in the Central Qinayate Hospital. Table shows there was statistical significant relation between nurses age, sex and experience per year among studied nurses and their performance p=0.0001. p=0.008 p=0.0001 in that order.

Table (5) clarifies that The current study shows there was statistically significant positive correlation between Total health Facilities score and nurses 'performance of studied nurses p<0.05.

Discussion:

The nursing work environment has been considered an important factor influencing the quality of nursing care and wellbeing. The American Nurses Association Center [13] grants hospitals that have a favorable nursing work environment for retaining well-performing nurses and providing high-quality nursing services. Compared to nurses working in non-favorable nursing work environment, reported that nursing care is of a higher quality Stimpfel, et al [14]. As nurses interact with individuals in their social and work contexts, a positive nursing work environment may be important to motivate them to perform better Christiansen, et al [15] so the present study aims to assess health care facilities, staff nurses' wellbeing and performance in the central qinayate hospital.

Regarding health care facilities, the highest mean percentage of health care facilities are Interior appearance, Legibility of place and Facilities the present study findings showed that nurses satisfied with their work environment this might be due to good working environment in the hospital could make comfort to the staff, thus increase their motivation to work and provide a better quality healthcare environment to nurses. And hospital design isn't complicated. Healthcare building layouts lie out orderly and logically and offer with alternative map and signage, particularly for hospitals involved with a large number of users and facilities for emergency activities. Thus, signage within a hospitals design should have a clear identity and be able to differentiate from others universal public facilities.

This result is supported by lesley &mcintyre[16] who studied the effects of built environment design on opportunities for wellbeing in care homes at United Kingdom reported that a view outside health care facilities provided a focus for attention and in some examples impetus to physical activity where residents are drawn to walk up to and look out of windows . Views also provided background setting to a group sitting around a window. Openings to outside also contributed connections which were not views; such as natural light ,fresh air, a sound of rain and sunshine. Combinations of seating and circulation areas within the same space, or readily connected spaces, contributed appropriate rest stops, opportunities for people watching and increased social activity ,In addition this result is supported by Medeiros, Enders, & Lira[17]who studied the Florence nightingale's environmental theory and indicated that specific design elements, such as good ventilation, cleanliness, light and noise, were crucial for health outcomes.

Nightingale also emphasized the importance of always considering the individual in the interaction with the environment to design environments that support the best possible conditions for healing to occur. This view corresponds with today's person-centered approaches for healthcare service .This result is contraindicated with Zhen et al [18]who studied quality of healing environment in healthcare facilities in Malaysia and mentioned that this results has low mean score.

Regarding nurses' performance, the current study indicated that the performance level among the staff nurses were relatively high. This might be due to that nurses perform better when they are happy with their job and ensuring all documentation is up to date and complete. Nurses are able to manage their distressing feelings. As well, the nature of nursing profession which needs self-control, trustworthiness, conscientiousness and adaptability. This result is supported with Rujnan Tuna [19]who studied the relationships between organizational identification, job performance, and job crafting among nurses and mentioned that performance levels of the nurses were above the median.

These findings were contracted with that of Kamal [20] who revealed that the level of performance among the staff nurses was relatively low. In addition Al-Banna [21] who studied impact of nurse's satisfaction on work performance and mentioned that there are no nurses meet the expectations in their work performance of providing health care. This is because of that most of the nurses were fairly or not satisfied with their job. And also with Gaballah [22] who studied the relationship between organizational climate and nurses' performance at Mansoura University Hospital and mentioned that the majority of nurses had incompetent level of performance .

Concerning relation between health care facilities and nurses 'performance, the present study proved that there is statistically significant relation between health care facilities and nurses 'performance. This might be due to the moral appreciation has a great effect on raising the morale of nurses in the hospital, and motivating nurses to give more, and to work hard, including working to improve self-development.

These result was supported by many researchers as follow: Nojehdehi et al [23] who compared organizational climate and nurses' intention to leave among different hospitals, and reported that organizational climate is a critical issue in increasing the quality of performance and achieving the hospitals goals. So positive work climate motivates staff and pushes them to use their capabilities to perform extra effort, consequently, job performance becomes more competent. Moreover, Langton, Robbins, & Judge [24] who studied organizational behavior: concept, controversies, and applications and mentioned that environment is also one of the factors that affect performance.

As well ,Wei et al[25] who studied the state of the science of nurse work environments in the United States and indicated that healthy work environments are advantageous in maintaining a stable and sufficient nursing workforce, encouraging nurse performance and productivity. These results is also supported by Mohamed[26] who studied the relationship between organizational climate and nurses' performance that confirmed that organizational climate reflected staff behavior and performance.

Regarding Relation between socio-demographic characteristics of health care facilities, performance in the Central Qinayate Hospital, the findings of the present study proved that there is statistical insignificant relation between socio-demographic characteristics of studied nurses and health care facilities while there is significance between socio-demographic characteristics and performance.

Regarding the relation between socio-demographic characteristics of studied nurses and their performance, the study confirmed that there is statistical significant relation between nurses' age, sex and experience and their performance. This might be due to nurses' become more aware of their mood, can call their feelings and handle performance better with time, which lead to more job performance. Moreover, older nurses face more complication situations through frequent interactions with others. This result is supported by Elsayed [27] who studied relationship between head Nurses' Job Performance and Staff Nurses' Commitment at Port-Said University which aimed to investigate the relationship between head nurses' performance and staff nurses' commitment.

Conclusion:

In the light of the main study findings, it can be concluded that, there was a statistically significant relationship among health care facilities, wellbeing and performance among staff nurses, As well, staff nurses were satisfied with health care facilities. In addition, about half of nurses had high level of wellbeing and half of them had competent level of performance.

Recommendations:

According to the study finding it is recommended that:

The nurse manager should:

- Focus on development of nurses' training schedule in order to increase technical skills and improve nurse 'performance.
- Focus on developing a system of communication between hospital administration and staff nurses to give chance to nurses to share in work problems and put their opinions into consideration to enhance work satisfaction.
- Give a high degree of consideration for nurses through appropriate rewards systems as incentives to motivate nursing staff to improve performance.
- Providing work-related care facilities such as bathrooms and dining areas for staff nurses for every area in the hospital.
- Give chance for nursing staff in Participation of nurses in the identification of workplace health, safety and wellness requirements.
- Make Continuous development for staff nurses relating to patient safety, incident reporting, ethics, nursing processes, documentation principles and updated skills is necessary. It would also be important to implement an effective sanction system in hospitals.

Table (1): Percentage Distributions of Personal Characteristics of the Staff Nurses (N = 150):

Variables	No.	%
Age per years		
≤30	79	52.7
>30	71	47.3
Gender		
Male	44	29.3
Female	106	70.7
Social status		
Married	133	88.7
Single	17	11.3
Education		
Diploma	70	46.7
Technical institute	41	27.3
Bachelors	39	26.0
Experience per year		
<5 years	48	32
5 -10 years	37	24.7
>10 years	65	43.3
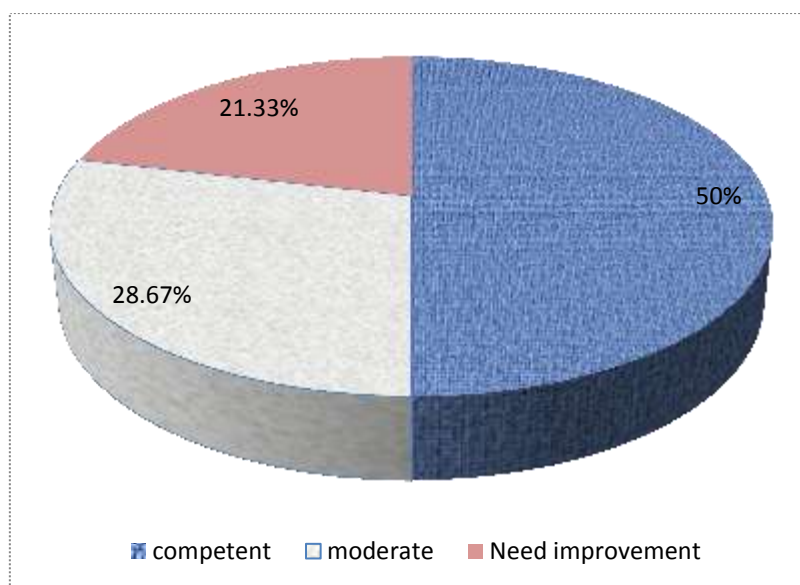
Figure(1): Bie chart shows percent of nurses' performance in the central Qinayate hospital

Table(2): Ranking of Health Care Facilities Dimensions in The Central Qinayate Hospital According their Mean Value:

Health care facilities dimensions	Mean	Rank
Privacy	4.2	3
Views	4.1	4
Nature and outdoor	3.72	6
Comfort and control	4.3	2
Legibility of place	4.5	1
Interior appearance	3.5	8
Facilities	3.8	5
Staff	3.67	7

Table (3): Relation between personal Characteristics of Studied Nurses and Health Care Facilities in The Central Qinayate Hospital (N = 150).

socio-demographic items	Health care facilities						No	χ^2	p-value
	complete agreement		Fair agreement		No agreement				
	No	%	No	%	No	%			
Age per years									
≤30	24	30.38	50	63.29	5	6.33	79	0.93	0.63
>30	18	25.35	50	70.42	3	4.23	71		
Gender		.		.		.			
Male	15	34.09	27	61.36	2	4.55	44	1.16	0.65
Female	27	25.47	73	68.87	6	5.66	106		
Social status		.		.		.			
Married	35	26.32	91	68.42	7	5.26	133	1.7	0.42
Single	7	41.18	9	52.94	1	5.88	17		
Education		.		.		.			
Diploma	21	30.00	45	64.29	4	5.71	70	4.5	0.34
Technical institute	11	26.83	30	73.17	0	.00	41		
Bachelors	10	25.64	25	64.10	4	10.26	39		
Experience per year		.		.		.			
<5 years	14	29.17	30	62.50	4	8.33	48	3.2	0.52
5 -10 years	10	27.03	27	72.97	0	.00	37		
>10 years	18	27.69	43	66.15	4	6.15	65		

χ^2 chi square test   p>0.05 non-significant

Table (4): Relation between Socio-Demographic Characteristics of Studied Nurses and their Performance in the Central Qinayate Hospital (N = 150)

socio-demographic items	Nurses 'performance						no	χ^2	p-value
	Competent		Moderate		Need improvement				
	no	%	no	%	no	%			
Age per years									
≤30	27	34.18	22	27.85	30	37.97	79	30.1	.0001(S)
>30	48	67.61	21	29.58	2	2.82	71		
gender		.		.		.			
Male	15	34.09	13	29.55	16	36.36	44	9.7	0.008(S)
Female	60	56.60	30	28.30	16	15.09	106		
Social status		.		.		.			
Married	69	51.88	39	29.32	25	18.80	133	4.5	0.13
Single	6	35.29	4	23.53	7	41.18	17		
Education		.		.		.			
Diploma	34	48.57	21	30.00	15	21.43	70		
Technical institute	19	46.34	13	31.71	9	21.95	41	1.08	0.89
Bachelors	22	56.41	9	23.08	8	20.51	39		
Experience per year		.		.		.			
<5 years	14	29.17	12	25.00	22	45.83	48		
5 -10 years	16	43.24	13	35.14	8	21.62	37	33.7	0.0001(S)
>10 years	45	69.23	18	27.69	2	3.08	65		

Table (5): Association between Total Health Facilities Score, Assess Nurses 'Performance of Studied Nurses(N=150):

variables	Total health Facilities score	
	(r)	P
Assess nurses 'performance	0.25	0.002(S)

(r) correlation coefficient   s= significant p<0.05

References

1. Dutta, S. Employee motivation- A comprehensive guide. Retrieved on from www.blog.vantagecircle.com. 02/02/2020.

2. Rivaz, M.,Momennasab, M.,Yektatalab, S.H.,& Ebadi, A. AdequateResources as Essential Component in theNursing Practice Environment.: doi: 10.7860/JCDR/2017/25349.9986.2017 ,11(6):ICo1-Ic04.

3. Lizar, A,A. ,&Mangundiaya, W, L.,Rachmawan,A. The Role of Psychological Capital and Psychological Empowerment on Individual Readiness for Change. Proceeding of the Australian Academy of Business and Social Science Conference (In Partnership with theJournal of Developing Areas).ISBN 978-0-9925622-0-5. 2014,49(5),343-352.

4. Rongen, A., Robroek, S. J., Schaufeli, W., & Burdorf, A. The contribution of work engagement to self-perceived health, work ability, and sickness absence beyond health behaviors and work-related factors. *Journal of Occupational and Environmental Medicine*, 2014, 56(8), 892–897.

5. Kousar, S., Hussainet,M., Afzal,M., Gilanial,A., Azhar,M.Saudi J. Nurs. Health. Care.; 2018, Vol-1, Iss-1 (Feb-Mar,):49-55.

6. Krishnaveni, R., & Monica, R.“Factors influencing employee performance: The role of human resource management practices and work engagement”, International Journal Business Performance Management, 2019, 19,4, pp. 450-475.

7. Gunapalan, S., & Ekanayake, E, M.,R, D. Factors Affecting on Job Performance of Employees in Apparel Industry. Proceedings of 8th International Conference on Industrial Technology and Management, ICITM 2019, 105–109.

8. Islam, R., Othman, M. F., Osman, N., & Raihan, M. A. Impact of Global Leadership Behaviors on Performance of Multinational Companies. Humanities & Social Sciences Reviews, 2019, 7(3), 661–670.

9. Jameel, A,S., & Ahmed, A,R. Leadership and Performance of Academic Staff in Developing Countries. In Proceedings of the 33rd International Business Information Management Association: 10-11 April 2019, Granada, Spain, 6101–6106. Granada: IBIMA.

10. Santos, A, S., Reis Neto, M, T., & Verwaal, E. Does cultural capital matter for individual job performance? A large-scale survey of the impact of cultural, social and psychological capital on individual job performance in Brazil. International Journal of Productivity and Performance Management, 2018, 67(8), 1352–1370.

11. A Staff and Patient Environment Calibration Tool (ASPECT) (2008). Ceilings are designed to look interesting, PCT CEs, NHS Trust CEs, SHA CEs and managing the design quality of their healthcare facilities (new and existing).

12. Cobb, J. R.Registered Nurse-Performance Evaluation.Retrieved, from http/www.halogen software.com. Apr. 30,2008.

13. American Association of Critical-Care Nurses .AACN standards for establishing and sustaining healthy work environments: a journey to excellence. American Journal Critcal Care;2016, 14(3),187–197.

14. Stimpfel, A.W., Sloane, D.M., McHugh, M.D., & Aiken, L.H.Hospitals Known for Nursing Excellence Associated with Better Hospital Experience for Patients. Health Services Research, 2016, 51(3): 1120–1134.

15. Christiansen, C.H., Baum, C.M. & Bass-Haugen, J. Occupational therapy: Performance, participation and well-being 2015. (4th ed), 7–22.

16. Lesley ,J., McIntyre, 1., Harrison,I.R.The Effects Of Built Environment Design On Opportunities For Wellbeing In Care Homes. Faculty of Engineering and Built Environment, Northumbria University, .2017 . Newcastle-Upon-Tyne, United Kingdom.

17. Medeiros,A.B.A., Enders,B.C., Lira,A.L.B.The Florence Nightingale's Environmental Theory: A Critical Analysis .Corresponding author: Ana Beatriz de Almeida Medeiros. E-mail: abamedeiros@gmail.com. 2015.

18. Zhen ,S., Choong ,W.W., Tian ,T.Y. Quality of Healing Environment in Healthcare Facilities ,2015, 74(2):101-108.

19. Rujnan Tuna, Bacaksız,F.E& Harmancı Seren,A.K. The Effects of Organizational Identification and Organizational Cynicism on Employee Performance Among Nurses International Journal of Caring Sciences.2017, 11 (3): 1707.

20. Kamal, N.Relationship between Head Nurses' Leadership Styles and Staff Nurses' Job Performance. Feb. 2016, PP 66-74 www.iosrjournals.org.

21. .Al-Banna ,D.A.Impact of Nurse's Satisfaction on Work Performance Department of Nursing, College of Nursing, Hawler Medical University, 2018. Erbil, Iraq.

22. Gaballah,S.Study of the Relationship between Organizational Climate and Nurses' Performance American Journal of Nursing Research, 2018, Vol. 6, No. 4, 191-197.

23. Nojehdehi, M.M., Farahani, M.A., Rafii, F. and Bahrani, N. A. Comparison of Organizational Climate and Nurses' Intention to Leave Among Excellence Awarded Hospitals and Other Hospitals. Iran Red Crescent Med J, May; 2015, Vol (17), No (5): e19000.

24. Langton, s. Stephen, P. Robbins.organizational behavior: concept, controversies, and applications ,2016,University of British Columbia.

25. Wei,H., Sewell, K.A., Woody ,G., Rose, M.A.The state of the science of nurse work environments in the United States East Carolina University College of Nursing, Greenville, NC, USA.2018.

26. Mohamed,H.A..Study of the Relationship between Organizational Climate and Nurses' Performance, Lecturer of Nursing Administration, Faculty of Nursing, Port Said University, Egypt.2018.

27. Elsayed ,W.M.M.Relationship between Head Nurses' Job Performance and Staff Nurses' Commitment,2019 ,6(1): 261-277.