

Nurses' Perception of Organizational Climate and its Relationship with their Involvement in Decision Making and Work Productivity.

Anwaar Gamal Abd-Alla, B.Sc., in nursing, Alexandria university

Teacher at the Maternity Nursing Institute in Alexandria

Zeinab Nabawy, Prof Emeritus

Nursing Administration, Faculty of Nursing, Alexandria University

Amal Diab Ghanem Atalla, Assistant professor

Nursing Administration, Faculty of Nursing, Alexandria University

Abstract

Background: Today's healthcare organizational climate become more complex than before due to its impact on nurses' productivity as well as their involvement in decision-making (Munyewende et al.,2014). Healthcare members not fully understand organizational climate effect on nurses' involvement in decision making and work productivity. This lack of understanding may cause negative patient outcomes. **Aim:** The study aims to assess nurses' perception of organizational climate and its relationship with their involvement in decision making and work productivity. **Study design:** A descriptive correlational study was utilized. **Subjects and setting:** A sample of 297 nurses were included in this study classified as 195 nurses in surgical care units and 102 nurses in medical care units of the Alexandria Main University Hospital. **Tools:** Three tools were utilized namely organizational climate measure, decisional involvement scale and healthcare productivity survey. **Results:** The study finding highlighted that the majority (88.2%) of studied nurses perceived their organizational climate as good, less than half (43.1%) of the studied subjects had a moderate level of decision involvement, there was a high level of work productivity and decision involvement with excellent organizational climate. **Conclusion:** The study concluded that there was a statistically significant relationships between organizational climate and both decision involvement ($r=0.130$, $p=0.025$), and health care productivity ($r=0.345$, $p=0.000$). **Recommendations:** hospital nursing administrators should conduct periodic meetings with nurses, motivate them through appropriate reward system and encouraging open and transparent communication to improve climate and nurses' decision-making abilities.

Keywords: Nurses' perception, Organizational Climate, Involvement in Decision Making and Work Productivity.

Introduction

Significance of the health workforce to health systems' development is acknowledged in highly competitive global health care environments (Munyewende & Rispel ,2014). It is essential to create a favorable work climate in order to increase nurses' job satisfaction, work productivity, and performance as well as their ability to be involved in decision-making (Munyewende et al.,2014).

The term "organizational climate" refers to a set of elements concerning the workplace that personnel encounter and that affect their motivation for their jobs as well as their ability

to figure out and influence performance (Were, 2016). The definition of organizational climate in the literature on healthcare is "the work environment that comprises organizational traits to enable healthcare professionals, particularly nurses, to perform to their maximum capacity" (Ali et al.,2019). The goals of healthcare organizations are to improve nurses' performance by providing them a good work climate and supporting them to increase their work productivity (Boyd,2017).

Smith & Wallace (2018) established a relationship between nurses' involvement in

decision-making and organizational climate. A supportive organizational climate encourages nurses to be competent, ethically sound, and responsible for their decisions (Seymore, 2018). Decision making is an art that requires careful thought and judgement. It is a crucial aspect of professional nursing practice, and nurses' capacity to make wise decisions is the primary factor influencing quality of care (Jeffreys, 2015). Nurses feel constrained in their involvement in decision-making while having the abilities necessary to make decisions regarding patient care (Melin, 2017).

Jing et al., (2011) found that supportive organizational climate causes higher organizational performance and work productivity. Moreover, work productivity emerges when nurses' views are encouraged and they are given the opportunity to participate in decision-making (Avery, 2010). Nurses' work productivity can be measured by looking at what they accomplish at work and how they execute their task (Ali et al., 2019).

Internationally there was a study performed by Edaham (2009) to examine the relationship between organizational climate and job performance. This study showed that the overall organizational climate has a significant positive correlation with job performance. Another study was done by Jing et al., (2011) to examine the relationship between organizational climate and performance. This study concluded that supportive organizational climate caused higher organizational performance.

In Egypt, a study was done to investigate the relationship between organizational climate and nurses' job outcomes. This study clarified that a suitable organizational climate led to more nurses' job outcome and higher work productivity (Zayan et al., 2013). Another study was carried out by Mohamed & Gaballah (2018) to investigate the relationship between nurses' perception about organizational climate and work productivity. This study clarified that a significant positive association was identified between nurses' perception about organizational climate, work performance and productivity.

Aim of the study:

This study aims to assess nurses' perception of organizational climate and its relationship with their involvement in decision making and work productivity.

Research questions:

1. What is nurses' perception of organizational climate?
2. What is the level of nurses' involvement in decision making as perceived by the studied nurses?
3. What are the levels of nurses' work productivity as perceived by the studied nurses?
4. Is there a relationship between organizational climate and nurses' involvement in decision making and their work productivity?

Materials and Method

Materials

Design: A descriptive correlational research design was used in this study.

Setting: The study was conducted in all medical and surgical care units at Alexandria Main University Hospital, surgical care units (N=12) and medical units (N=10).

Subjects: The target population of this study included all nurses who provide direct and indirect nursing care (N=342). From this total target population, nurses with more than one year of experience in the current working unit and accepting to participate in this study (N=297) out of (N=342) were included in this study. They were classified as 195 nurses in surgical care units and 102 nurses in medical care units.

Tools

Three tools were utilized for data collection as follows:

Tool I: Organizational Climate Measure (OCM).

It was developed by Patterson (2005). It was adapted, validated and used by Maus (2018) to examine organizational climate within hospitals as perceived by nurses. The validated version of this tool (Maus 2018) was adopted by the researcher. It consists of 34 items divided into seven domains classified as follows, Welfare (4items), Autonomy (5items), Involvement (6items), Effort (5items), Training (4items), Integration (5items), Supervisory support (5items). Nurses' responses were measured on a 4-point Likert scale ranging from (1) Definitely false to (4) Definitely true. The overall score was ranging from (34-136). The score ranged from (34-68) indicated poor organizational climate, score ranged from (69-102) revealed good organizational climate, and score from (103-136) indicated excellent organizational climate. Cronbach's alpha coefficient for internal consistency reliability of the tool was 0.762.

Tool II: The Decisional Involvement Scale.

It was developed by Havens & Vasey (2005) to assess the level of nurses' involvement in decision-making. It was adopted by the researcher. It consists of 21 items classified into six domains classified as follows, Unit staffing (2items), quality of professional practice (4items), professional recruitment (3items), unit governance and leadership (6items), quality of support staff practice (3items), collaboration or liaison activities (3items). Nurses' responses were measured on a 5-point Likert scale ranging from (1) Administration –management only to (5) Staff nurses only. The overall score was ranging from (21-105). The score ranged from (21-49) indicated low decisional involvement, score ranged from (50-77) revealed moderate decisional involvement, and score ranged from (78-105) indicated high decisional involvement. Cronbach's alpha coefficient for internal consistency reliability of the tool was 0.725.

Tool (III): Healthcare Productivity Survey (HPS)

It was developed by Gillespie et al., (2010) to measure work productivity as perceived by nurses. It was adopted by the researcher. It consists of 29 items classified into four domains as follows, cognitive demands (5items), Handle/Manage Workload (6items), Support and Communication with Patients and Visitors (7items), Safety and Competency (11items). Nurses' responses were measured on a 5-point Likert scale ranging from (-2) Decreased productivity to (+2) Increased productivity. The overall score was ranging from (-58) to (+58). The score ranged from (-58) to (-20) indicated low work productivity, score ranged from (-19) to (+20) revealed moderate work productivity, and score ranged from (+21) to (+58) indicated high work productivity. Cronbach's alpha coefficient for internal consistency reliability of the tool was 0.940.

In addition, personal and work-related characteristics data sheet was developed by the researcher. It included items related to gender, age, marital status, current working unit, educational qualification, years of experience in nursing profession, years of experience in this hospital, years of experience in the current working unit.

Method

-An approval for conducting the study was obtained from the Research Ethics Committee of the Faculty of Nursing, Alexandria University.

-Permission for conducting the study was obtained from the Dean of Faculty of Nursing, Alexandria University, and the hospital administrators to collect the necessary data.

-Study tools were translated into Arabic, back to back translation (Arabic-English) was done. The study tools were tested for its content validity by a jury consisted of five experts in the field of the study.

-Reliability analysis: internal consistency of

the study tools was assessed using Cronbach's alpha co-efficient test. The results of the three tools revealed that they are reliable. Organizational climate tool (tool I) was reliable with value $r=0.762$, decisional involvement tool (tool II) was reliable with value $r=0.725$ and work productivity tool (tool III) was highly reliable with value $r=0.940$.

-A pilot study was carried out on 10 % of nurses (N=29) rather than study subjects, in order to check and ensure the clarity of the tools, applicability, feasibility, identify obstacles and problems.

-Data collection

- Data were collected from the staff nurses through self-administered questionnaire. The needed instructions were given by the researcher.
- The questionnaire was completed in the presence of the researcher to ensure the objectivity of staff nurses' responses.
- Data collection took a period of two months starting from 3/12/2022 - 2/2/2023.

- Statistical analysis

- The collected data were coded and entered in special format to be suitable for computer feeding.
- Following data entry, checking and verification process were carried out in order to avoid any errors.
- Data were analyzed using the statistical package for social science SPSS (version 25).
- The following statistical analysis measures were used:
 - Descriptive statistical measures**, which included: numbers, percentages, and averages (Minimum, Maximum, Arithmetic mean (\bar{X}), Standard deviation (SD)).
 - Analytical analysis tests**, which included: Chi square, student T test and ANOVA test. In addition to Pearson correlation coefficient.

Ethical Considerations

- Written informed consent from the study

subjects was obtained after explaining the aim of this study.

- Study subjects' participation were on voluntary base.
- Confidentiality of data was assured, and anonymity of the study subjects was maintained.
- The subjects' right to withdraw from the study at any time was emphasized.

Results

Distribution of the studied medical and surgical nurses according to their socio-demographic characteristics

Table 1 illustrates that 16.8% of nurses aged less than 30 years, while slightly less than one quarter (21.5%) of them aged 50 years and more. Furthermore, the majority (88.9%) of nurses were females and 11.1% of them were males. Moreover, less than two thirds (62.3%) of nurses were married and 18.9% of them were single.

Distribution of the studied nurses according to the level of their organizational climate

Table 2 shows that the majority (88.2%) of studied nurses perceived their organizational climate as good. While, 5.1% of them viewed it as poor.

Distribution of the studied nurses according to the level of decision involvement

Table 3 shows that the level of decision involvement was low value for professional recruitment and unit governance & leadership domains, while it was moderate for quality of support staff practice and high for unit staffing, liaison activities and quality of professional practices. More than half (58.6%) of studied nurses had high level of unit staffing whereas 11.8% of the nurses had a low level. Moreover, less than one quarter (23.6%) of studied nurses had a high level of total decision involvement and 43.1% had a moderate level. While, one third (33.3%) had a low level.

Distribution of the studied nurses according to the level of work productivity

Table 4 illustrates that the majority of nurses had high level of cognitive demands as well safety & competence (80.8% and 81.5% respectively). Also, more than three quarters of nurses (78.5%) had high level of total health care productivity, and 16.8% of the nurses had a moderate level, while, a minority (4.7%) had a low level of total health care productivity.

Correlation matrix between organizational climate, decision involvement and work productivity

Table 5 portrays that there were statistically significant positive correlations between organizational climate with both decision involvement ($r=0.130$, $p=0.025$), and work productivity ($r=0.345$, $p=0.000$).

Discussion

Organizational climate is one of the most significant factors that influence organization and attract researchers to study it (Madhukar & Sharma, 2017). It forms nurses' perception and description of their environment (Rožman & Štrukelj, 2021). The success of healthcare organizations is largely dependent on the organizational climate, which shapes the actions and behaviors of nurses.

In this context, the current study found that the majority of studied nurses had a good level of organizational climate as well as its seven dimensions namely; welfare, autonomy, involvement, effort, training, integration and supervisory support. This may be attributed to stability of working environment, trust between nurses and management, involvement in decision making and sharing information.

It's consistent with ElAdly (2014) who found that study subjects perceive their organizational climate as good due to stability and fairness at the unit and it's inconsistent with Abed El-Moez Radwan et al., (2017) who clarified that nurses perceive their organizational climate negatively due to lack of participation in goal setting, pressure on

time, lack of reward and inadequate resources and facilities.

This result was supported by Kassem (2015), Giacomo (2011), and Mryyan (2009) who pointed out that nurses perceive their organizational climate as good. Moreover, Suandi et al., (2014) concluded that more than three thirds of nurses had a good level of organizational climate. Also, Shahnnavazi et al., (2021) declared that more than half of nurses inferred a good level of organizational climate, as well as El-Ghabor (2014).

This result is compatible with previous results of El-Demerdash & Mostafa (2018), Askari et al., (2017), Sudariani and Putra (2015), Muñoz et al., (2014), Al-Saude (2012) whose revealed that organizational climate was evaluated at a good level. Also, Rakha et al., (2022) found that nurses had a moderate level of organizational climate at the governmental hospitals in Ismailia.

Opposing to the study finding, a study done by Abed El-salam et al., (2008) found that nurses in specified hospitals perceived their organizational climate as low. Moreover, Van Bogaert et al., (2013) found that nurses had a low level of satisfaction with their organizational climate.

Regarding involvement in decision making, results of the present study found that less than half of studied nurses had a moderate level of decision involvement. This may be related to that nurses have an access to resources and information required to perform their work effectively, equitable distribution of resources between nursing units, a flexible work schedule with equal days off and working hours for all nurses, providing orientation to newly hired nurses who recruited in the hospital and conduct training programs to enhance decision making abilities and positive feedback from nurse managers to nurses when they perform their work duties effectively.

It's consistent with Jaafarpour & Khani (2011) who found that less than half of subjects had a moderate level of decisional involvement as a consequence of cooperation among nurses

and flexible administration. Inconsistent with Yousef & Abed (2021) who found that decisions are actually done by the administration due to lack of trust and nursing training.

Incongruent with this finding, the result of Choi et al., (2015) who found that less than one third of nurses were involved in decision making. Also, Nooritajer & Mahfozpour (2008) found that less than half of study subjects had a moderate level of decisional involvement. So, as results of Maloch et al., et al (2003) who found that highest percentage of their study subjects had a moderate level of involvement in decision making.

Inconsistent with the findings which reported by El Demerdash & Obied (2016) illustrated that the majority of study subjects had low level in actual participation in decision making. In the same line, results of Fetouh et al., (2023) revealed that the great majority of nurses viewed that decision making is actually done by the administration, either in part or fully. Moreover, Eid et al (2009) found that nurses' involvement in decision making was limited.

Pertaining to productivity as it's an essential component for the existence and success of each organization including health care facilities and hospitals (Terzioglu et al., 2016). There are advantages of raising nurses' productivity including lower hospital expenses, higher job retention rates and higher work productivity (Borhani et al., 2016). The results of the present study found that more than three quarters of study subjects had high level of productivity and a minority of them had a low level. These findings could be attributed to that more than half of studied nurses aged less than 40 years, which is considered the most productive age, knowledgeable and skillful, deeper awareness of care processes, more self confidence in their level of competency at work and attending workshops and conferences which reflects positively on productivity.

It's consistent with Nayeri et al., (2011) who found that about two thirds of the subjects considered their productivity as high and very satisfactory which related to higher competency and skillful nurses. This is incongruent with Nayeri et al., (2009) who stated that one third of Iranian nurses have a high productivity due to stressful working condition and lack of training.

Moreover, the current study concluded that there were statistically significant positive relationships between organizational climate, decision involvement and work productivity. This result may be related to that organization climate is characterized by good interpersonal relationships, understandable work procedures and work policies which influence on decisional involvement and work productivity.

This result is supported with Berberoglu (2018) and Koles & Kondath (2015) who declared that to achieve higher productivity, organizations need to make a positive climate to work in and give individuals the opportunity to participate in making decisions, as known that perceived organizational climate influences the motivation of individuals and motivation will result in higher work productivity so, a positive climate is said to encourage work productivity and decrease turnover.

Nasution et al., (2016) clarified that there was a strong relationship between organizational climate and productivity. Zayan et al., (2013) found that suitable organizational climate led to more nurses' job outcome and higher work productivity. Also, Patterson (2004) concluded that organizational climate was significantly correlated with subsequent productivity.

In this respect, researches carried out by Phipps et al., (2013) and Dede (2019) concluded that offering opportunities for workers to participate in decision-making enhances work productivity. This is consistent with Ladyshevsky & Taplin (2018) who found a positive association between nurses' involvement in decision making and work

productivity. Also, a high correlation found among productivity and participation in decisions (Bhatti & Qureshi, 2007).

In the same line, Berberoglu (2018) declared that there was a direct and favorable correlation between nurses' involvement in decision making and organizational climate. Moreover, the organizational climate that inspires and involves nurses promotes organizational productivity (Mutonyi & Slitten, 2020). Inconsistent with this study finding, a study done by Vanaki and Vagharseyyedin (2009) who concluded that organizational climate was not associated with high level of productivity.

Conclusion

The finding of the present study revealed that there is a statistically significant positive relationships between organizational climate and both decision involvement ($r=0.130$, $p=0.025$), and health care productivity ($r=0.345$, $p=0.000$). Majority (88.2%) of studied nurses perceived their organizational climate as good. While less than half of nurses (43.1%) had a moderate level of decision involvement. Moreover, more than three quarters of nurses (78.5%) had high level of health care productivity.

Recommendations

In the light of the finding, the following recommendations are presented and directed to the different levels of nursing administration and staff nurses:

Hospital nursing administrators should:

1-Arrange for a series of workshops and training programs to nurses to explain the concept and importance of organizational climate in decision making and work productivity.

2- Use interactive teaching techniques as brainstorming to enhance nurses' critical thinking and decision-making abilities.

3- Create and carry out change management techniques that will enhance nurses' organizational climate, such as flexible scheduling and providing clear feedback.

4- Encourage open and transparent communication which improves nurses' decision-making abilities.

First line nurse manager should:

1- Provide successful compensation plans such as flexible working hours and psychological rewards to motivate nurses toward higher productivity.

2- Structuring a climate with more autonomy which enable nurses to play a key role in establishing their own performance goals and to be more involved in decision making.

3- Hold regular meetings to get nurses' feedback and to involve them in decisions relating to issues and challenges they are facing.

4- Increase information sharing and improve communication with nursing managers, an effort to be involved in problem solving and toward a less stressful organizational climate.

Staff nurses should:

1-Attend regular training programs, courses, workshops and online training to enhance decision making abilities and work productivity to overcome possible obstacles to achieve better organizational growth.

2- Participate in decision making to solve their problems at the unit.

3- Enhance interpersonal relations with colleagues and other healthcare providers to achieve a healthy organizational climate and towards higher involvement in decision making and productivity

Table (1): Distribution of the studied medical and surgical nurses according to their socio-demographic characteristics

Nurses' characteristics	Work Department				Total N=297		Test of Significance
	Surgical N= 195		Medical N= 102		No.	%	
	No.	%	No.	%			
Age (years)							
▪ <30	25	12.8	25	24.5	50	16.8	X ² =9.875 P=0.020*
▪ 30-	70	35.9	24	23.5	94	31.6	
▪ 40-	55	28.2	34	33.3	89	30.0	
▪ ≥50	45	23.1	19	18.6	64	21.5	
Sex							
▪ Male	16	8.2	17	16.7	33	11.1	X ² =4.855 P=0.028*
▪ Female	179	91.8	85	83.3	264	88.9	
Marital status							
▪ Single	22	11.3	34	33.3	56	18.9	X ² =28.264 P=0.000*
▪ Married	139	71.3	46	45.1	185	62.3	
▪ Widowed	17	8.7	16	15.7	33	11.1	
▪ Divorced	17	8.7	6	5.9	23	7.7	
Level of education							
▪ Secondary school diploma	132	67.7	49	48.0	181	60.9	X ² =13.785 P=0.005*
▪ Technical institute diploma	25	12.8	29	28.4	54	18.2	
▪ Bachelor degree	36	18.5	23	22.5	59	19.9	
▪ Post graduate studies	2	1.0	1	1.0	3	1.0	
Years of experience since graduation							
▪ <5	21	10.8	21	20.6	42	14.1	X ² =12.290 P=0.023*
▪ 5-	7	3.6	8	7.8	15	5.1	
▪ 10-	11	5.6	5	4.9	16	5.4	
▪ 15-	36	18.5	9	8.8	45	15.2	
▪ ≥20	120	61.5	59	57.8	179	60.3	
Years of experience in the hospital							
▪ <5	16	8.2	24	23.5	40	13.5	X ² =16.668 P=0.002*
▪ 5-	11	5.6	6	5.9	17	5.7	
▪ 10-	20	10.3	5	4.9	25	8.4	
▪ 15-	44	22.6	14	13.7	58	19.5	
▪ ≥20	104	53.3	53	52.0	157	52.9	
Years of experience in the current working unit							
▪ <5	36	18.5	32	31.4	68	22.9	X ² =8.492 P=0.075
▪ 5-	17	8.7	6	5.9	23	7.7	
▪ 10-	23	11.8	6	5.9	29	9.8	
▪ 15-	30	15.4	17	16.7	47	15.8	
▪ ≥20	89	45.6	41	40.2	130	43.8	

X² Chi Square Test

* statistically significant at p ≤ 0.05

Table (2): Distribution of the studied nurses according to the level of their organizational climate

Items	Levels of Organizational Climate					
	Poor		Good		Excellent	
	No.	%	No.	%	No.	%
▪ Welfare	22	7.4	145	48.8	130	43.8
▪ Autonomy	45	15.2	205	69.0	47	15.8
▪ Involvement	20	6.7	182	61.3	95	32.0
▪ Efforts	22	7.4	210	70.7	65	21.9
▪ Training	59	19.9	149	50.2	89	30.0
▪ Integration	74	24.9	190	64.0	33	11.1
▪ Supervisory support	31	10.4	173	58.2	93	31.3
Total Organizational Climate	15	5.1	262	88.2	20	6.7

Score from (34-68) indicates poor organizational climate

Score from (69-102) indicates good organizational climate

Score from (103-136) indicates excellent organizational climate

Table (3): Distribution of the studied nurses according to the level of decision involvement

Items	Levels of Decision Involvement					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
▪ Unit staffing	35	11.8	88	29.6	174	58.6
▪ Quality of professional practices	96	32.3	96	32.3	105	35.4
▪ Professional recruitment	129	43.4	77	25.9	91	30.6
▪ Unit governance & leadership	133	44.8	105	35.4	59	19.9
▪ Quality of support staff practice	99	33.3	129	43.4	69	23.2
▪ Liaison activities	68	22.9	98	33.0	131	44.1
Total Decision Involvement	99	33.3	128	43.1	70	23.6

Score from (21-49) indicates low decisional involvement

Score from (50-77) indicates moderate decisional involvement

Score from (78-105) indicates high decisional involvement

Table (4): Distribution of the studied nurses according to the level of work productivity

Items	Levels of work productivity					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
▪ Cognitive demands	21	7.1	36	12.1	240	80.8
▪ Manage workload	17	5.7	46	15.5	234	78.8
▪ Support & Communicate with patients	13	4.4	61	20.5	223	75.1
▪ Safety & Competence	9	3.0	46	15.5	242	81.5
Total Work Productivity	14	4.7	50	16.8	233	78.5

Table (5): Correlation matrix between organizational climate, decision involvement and work productivity

		Organizational climate	Decision involvement
Organizational climate	r		
	P		
Decision involvement	r	0.130	
	P	0.025*	
Work Productivity	r	0.345	0.074
	P	0.000*	0.204

r = Pearson correlation * Significant p at ≤ 0.05

$r \geq 0.9$ very high correlation $r 0.7 - < 0.9$ high correlation $r 0.5 - < 0.7$ moderate correlation

$r < 0.5$ low correlation

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