



Organizational Features of Work Environment

Health education is defined as consciously constructed opportunities for learning, involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills which are conducive to individual and community health. Health education aimed to make individuals aware of the negative consequences for health of their behavior. In order to implement effective health education focus shifted to determinants of behavior other than knowledge such as social influence skills and opportunities and the possibility of changing behavior Health education is the combination of learning and being informed to develop knowledge, attitude and skills (*Koelen & Vanden, 2009*).

Education is any combination of planned learning experiences based on sound theories that provide individuals, groups, and communities the opportunity to acquire the information and the skills needed to make quality health decision, this process involves several key components. First, health education involves the use of learning teaching strategies. Second, learners maintain voluntary control over the decision to make changes in their actions. Third, health education focuses on behavior changes that have been found to improve health status (*Edelman & Mandle, 2006*).

Organizational Features this dimension addresses organizational interface with external influences and the ability to assess changes in the environment and make needed adjustments (*Anthony et al., 2008*).



Work environment refers to the qualities and characteristics of the experience of working in your agency. Put simply it is an expression of what it is like to work in your organization - the employer-employee relationships and work setting. Understanding which aspects of your work environment appeal to applicants and which do not can help you prioritize work environment changes (*Barden & Distrito, 2007*).

The work environment is comprised of the physical location, equipment, materials processed or used, and the activities of an employee while engaged in the performance of his work, whether on or off the railroads property. There are no stated exclusions of place or circumstance. Work Environment is a set of concrete abstract & psychological features, such as job characteristics, autonomy & promotions opportunities perceived by job incumbents who compare these perceptions a set of standards, values or needs. Organization's environment includes all the internal and external factors and conditions that can affect how well you achieve your objectives and how you treat interested parties (*Hayward, 2006*).

The term work environment refers to working conditions. It refers to all of the conditions and factors that influence work. In general, these include physical, social, psychological, and environmental conditions and factors. Work environment includes lighting, temperature, and noise factors, as well as the whole range of ergonomic influences. It also includes things like supervisory practices as well as reward and recognition programs. All of these things influence work. A healthy work environment is the totality of all factors that influence satisfaction and performance of the job (*American Association of Critical-Care Nurses, 2007*).



Work in hospitals has been conceptualized in different ways. "Keeping Patients Safe: Transforming the Work Environment of Nurses" hospital nursing work is conceptualized as encompassing both visible and invisible activities. Visible activities are observable, such as helping a patient to walk changing a dressing, or inserting an intravenous catheter. Invisible activities are not readily observable, knowledge predicated and based on formal education and subsequently acquired expertise. In providing direct care to patients in hospitals, nurses perform numerous interventions that encompass monitoring, administration of physiologic therapies, compensation for patients' loss of function, provision of emotional support, patient and family education, and coordination of care across settings (*Bjorklund & McQueen, 2010*).

As a specific type of work environment in society, hospital nursing work environments are viewed as being complex, dynamic, and multidimensional. The multiple dimensions of the modern work environment social, physical, internal, and external have been theorized as being fluid and interacting. The social dimension of *nursing* work environments includes internal phenomena such as organizational culture, reward systems, and leadership approaches, as well as external phenomena such as the financing of nursing care and societal expectations related to nursing. The physical dimension of nursing work environments includes internal phenomena such as geographic setting, size, and facility design as well as external phenomena such as state, and professional construction and safety standards (*Facilities Guidelines Institute, 2010*).

In essence nursing work can be conceptualized as: 1) surveillance; 2) care execution; 3) patient and family support; and 4) care integration within and across settings. The degree to which nursing work varies across settings (that is



intensive versus long term care, surgical versus medical, psychiatric versus pediatric) may impact the types of attributes needed within physical work environments. Such an assumption is consistent with research findings that demonstrate differences in nursing practice environments across nursing specialties within single hospitals (*Estabrooks et al., 2009*).

Theoretical framework of work environment

Sociotechnical systems theory:

Socio-technical systems theory views an organization as an open & living system in interaction with the environment. The theory recommends simultaneous modification of technical and social systems to create work designs that can lead both to greater task productivity and to increased fulfillment of organization members. In viewing organizations as open and living systems interacting with the environment emphasizes that organizations are embedded in, and affected by, an outside environment. Thus, the way in which work is accomplished in any given organization is inextricably linked to society at large. In the socio-technical view, both systems need to be considered when jointly optimizing the two. Unlike top-down managerial approaches, they emphasize bottom up participation, discretionary behavior, internalized regulation, and work-group autonomy. Technical view, both systems need to be considered when jointly optimizing the two. Unlike top-down managerial approaches, they emphasize bottom up participation, discretionary behavior, internalized regulation, and work-group autonomy (*Tourangeau et al., 2007*).

Socio-technical systems theory is based on two underlying assumptions:
(a) organizational performance can be improved by allowing employees at lower



levels to assume more responsibility for their efforts, and (b) employees will become more responsible and self-directed as their work offers opportunities to fulfill important psychological needs, such as learning, growth, self-esteem and significance in their working lives. The quality of nursing work life and includes both social and technical aspects of health care work environments. Aspects that address social issues of concern to nurses who work in hospitals may include supervisory-subordinate relationships, nurse-physician relationships, skill levels of employees, and workers' attitudes and expectations of the work environment. Technical aspects of work may include procedures, skills, knowledge, technology, and equipment (*Needleman et al., 2008*).

Socio-technical systems in organizational development is an approach to complex organizational work design that recognizes the interaction between people and technology in workplaces. The term also refers to the interaction between society's complex infrastructures and human behavior. In this sense, society itself, and most of its substructures, are complex sociotechnical systems (*Jose & Andres, 2009*).

A sociotechnical system is the term usually given to any instantiation of socio and technical elements engaged in goal directed behavior. Sociotechnical systems are a particular expression of sociotechnical theory (*Carvalho, 2008*). The term sociotechnical system recognizes that organizations have boundaries and that transactions occur within the system and its sub-systems and between the wider context and dynamics of the environment. It is an extension of Sociotechnical Theory which provides a richer descriptive and conceptual language for describing, analyzing and designing organizations. A Sociotechnical



System therefore often describes a ‘thing’ (an interlinked, systems based mixture of people, technology and their environment) (*Storr, 2008*).

Technical and social components that interact together and affect group members’ behaviors. Certain environmental components may be more important than others in determining behavior .The social component of the environment is concerned with the reciprocal activities, interactions and sentiments (feeling) among the group members within a certain environment. Using nursing as an example, the daily activities that occur within a specific nursing unit require frequent interaction among nurses as well as between nurses and their nurse manager. As a result of these interactions nurses forma perception regarding their nurse manager’s leadership style as well as what it feels like to work on that unit climate (*Minnis, 2010*).

Socio-technical systems theory is theory about the social aspects of people and society and technical aspects of organizational structure and processes. Here, technical does not imply technology. "Technical" was a term used in those times to refer to structure and a broader sense of technicalities. Sociotechnical refers to the interrelatedness of social and technical aspects of an organization. Sociotechnical theory therefore is about joint optimization, with a shared emphasis on achievement of both excellence in technical performance and quality in people's work lives. Sociotechnical theory, as distinct from sociotechnical systems, proposes a number of different ways of achieving joint optimization. They are usually based on designing different kinds of organization, ones in which the relationships between socio and technical elements lead to the emergence of productivity and wellbeing (*Clark, 2007*).



Socio-technical theory was pioneering for its shift in emphasis, a shift towards considering teams or groups as the primary unit of analysis and not the individual. Sociotechnical theory pays particular attention to internal supervision and leadership at the level of the 'group' and refers to it as 'responsible autonomy. The overriding point seems to be that having the simple ability of individual team members being able to perform their function is not the only predictor of combat effectiveness (*Hongbin, 2009*).

Socio-technical systems approach

In organizational development the term sociotechnical systems describe an approach to complex organizational work design that recognizes the interaction between people and technology in workplaces. The term also refers to the interaction between society's complex infrastructures and human behavior. In this sense, society itself and most of its sub-structures are complex sociotechnical systems (*Richard, 2008*).

Organizational development, socio-technical systems is an approach to complex organizational work design that recognizes the interaction between people and technology in workplaces. The term socio-technical system also refers to the interaction between society's complex infrastructures and human behavior. In this sense, society itself, and most of its sub-structures are complex socio-technical systems. At the heart of successful, sustainable improvement is a well designed program that strikes a balance between the technical and the social aspects of improvement (*Weis & Schank, 2007*).

Socio-technical systems theory is a theory stating that effective work sites have joint optimization of their social and technological systems, and that teams should have sufficient autonomy to control key variances in the work process. It



is often used in the context of self directed work teams which are cross functional work groups organized around work processes that complete an entire piece of work, requiring several interdependent tasks, and that have substantial autonomy over the execution of those tasks (*Takase et al., 2008*).

Critics of socio-technical systems have pointed out that improvements while real are only as good as the current manager's knowledge and willingness to use the concepts. The real challenge to organizations is to create socio-technical systems that can be sustained over long periods of time. Organizational culture is an important component in creating effective socio-technical systems. Systems theory must be carefully understood by organizational management to have a positive impact on productivity. Management that integrates socio-technical systems into planning for performance, show long term consistent gains in productivity and performance. The basic premise of involving your employees in workplace decision-making has proven to be a key component in sustained performance improvement (*Stuenkel et al., 2009*).

The technical subsystem comprises the devices, tools and techniques needed to transform inputs into outputs in a way which enhances the economic performance of the organization. The social system comprises the employees at all levels and the knowledge, skills, attitudes, values and needs they bring to the work environment as well as the reward system and authority structures that exist in the organization (*Lin, A. and Cornford,, 2010*).

The technical Subsystem refers to the knowledge required for the performance of tasks, including the techniques used the transformation of inputs into output. The objectives of formal organization have technical requirements,



that is, some work has to be completed to meet the objectives. The basic component of the technical subsystem is a job which is a group of tasks or activities that can be performed by one man. The person, who is assigned a job, must perform certain duties. In essence, he is asked to play a role and his role may involve decision-making, communication and other action which relates him with other parts of the organization. Behavior in the technical subsystem is governed by rules, procedures, and policies. The purpose of the regulations is to make sure that jobs are performed as planned and to stabilize behavior so that organization members may develop reasonable expectations of other's work behavior in the organization (*Adman & Warren. 2008*).

Technical subsystem constitutes formal organization that is the formal arrangement of the functions. The formal organization is the interrelated pattern of jobs which make up the structure, rules, and procedures of the organization. The behavior in the organization is not explained fully by the technical subsystem alone because there is a fundamental conflict between individual- a part of the system-and system itself resulting from the demands made by the system and the individual expectancies regarding the work he has to perform. Thus his behavior, as required by technical subsystem, is modified by the existence of social subsystem. Unless this fact is taken into account, the organization can not be understood accurately, nor operated at its full potential (*Clegg, 2009*).

Social Sub-system every organization has a social subsystem which is composed of individuals and groups in interaction. As such there are various elements of social subsystem. The first basic element of the social subsystem is the individuals. Organizations exist because persons need them to do things that either they could not do as well or could not do at all without organization the



individuals bring personality structure with motives and attitudes which condition the range of expectancies which they hope to satisfy by participating in the organization(*Eason,2010*).

Another element of the social subsystem is the informal organization which is the result of the operation of socio-psychological forces at work place. An interaction exists between an individual and informal group. This interaction can be interpreted in terms of mutual modification of expectancies. The informal organization expects certain norms of behavior from its members and individual has expectancies of psychological satisfaction he hopes to derive from association with people on the job. Both these expectancies interact, resulting in the individual modifying his behavior according to group norms and the group modifying what it expects from individual because of the impact of this personality on group norms (*Kling etal.,2009*).

The element of the social subsystem comprises status, role, norm and value. Status is a position that is determined as being important in the interpersonal relationships of the group. Thus it is a social rank of a person in comparison with a social system. Role is the patterns of actions expected of a person in his position involving others. Thus it describes specific form of behavior and develops originally form task requirement. Norm is the general expectation of demand character for all role incumbent of system or subsystem. Value is the more generalized ideological justification and aspirations. Role, norm, and value differ both with respect to generality and with respect of the type of justification mobilized to sanction behavior. At the level of the behavior, it is simply a matter of following the legitimate requirements of the system; at the level of values, it is a matter of realizing higher moral demands. All these



elements of social subsystems interact in shaping the behavior of individuals (*Lamb et al., 2008*).

The social subsystem, comprising people who work in the organization and the relationships among them must be able to attain the goals of the organization, adapt to the environment, integrate the activities of the people in the organization, and provide for continued occupation of the essential roles through recruitment, socialization, and retention. More broadly the social subsystem includes the reasons that organizational members choose to work in the organization, their attitudes toward it, their expectations of it, patterns of supervisory-subordinate relationships, skill levels of employees, and the nature of the subgroups within the population. The social subsystem encompasses all of the human qualities that members of an organization bring with them to work (*Aiken et al., 2007*).

The technical subsystem of an organization consists of the tools, techniques, procedures, skills, knowledge, and devices used by members of the social subsystem to accomplish the organization's tasks. The most direct impact of technology is upon organizational productivity; this is not surprising since organizations acquire technology to increase speed and efficiency (*Bauman et al., 2009*).

The work design dimension is the composition of nursing work, or the actual work nurses do. Here are items that define nurses' immediate work environment such as workload, staffing, and autonomy. The practice settings in which nurses work and the impact of the work environment on both nurse and patient systems is the work context dimension. Closely aligned to the work design dimension, the work context dimension is broader. It includes



relationships with supervisory personnel, co-workers, inter-disciplinary health team colleagues, the provision of resources to do the job, and promotion of lifelong learning by the institution. The fourth dimension, the work world, is defined as the effects of broad societal influences and change on the practice of nursing. The image of the profession, economic issues, and job security are concerns of most employees, regardless of role or setting (**Bandura, 2007**).

Healthcare Work Environments

Work environment outcomes are a concern for patients and healthcare employees. As health care organizations attempt to increase production with leaner workforces, valid measures of workplace characteristics become increasingly important to determine what job features increase worker production without detrimental health effects (**Fields, 2009**).

There are eight essential variables to provide quality care and when they are present, work environments and worker satisfaction improve (**Laschinger et al .,2009**). Which include clinically competent nurses with educational level, collaborative practice relationship between nurses and physicians, nurse autonomy and accountability, supportive and qualified nurse managers/administrators, control over nursing practice and practice environments, educational support, adequate staffing, and concern for the patient being paramount and increase job satisfaction and retention of new nurses (**Kramer & Schmalenberg,2008**).

A work environment has led to patient harm and nurse burnout. (**Lin & Liang ,2007**) poor nursing work environments adversely impacts patient safety and leads to nurse dissatisfaction and attrition. There is a direct relationship



between the number and professional mix of healthcare providers with patient safety outcomes and nurse burnout (*Needleman et al.,2009*) .

A nurse work environment has focused on quantifiable job tasks to evaluate workload and productivity. Characteristics that have been noted to produce unhealthy healthcare work environments include lack of vision and leadership, abusive behavior, no collaborative practice culture, and poor organizational communication .Few nursing studies have evaluated salient environmental workplace dimensions associated with negative worker outcomes. Establishing a baseline assessment of the current healthcare work environments is a necessary first step to redesigning work environments that improve the quality of care for patients) (*American Association of Critical Care Nurses, 2008*).

Workplace stress also comes from multiple job demands. Job demand stressors can include individual job task demands, individual role demands, group demands and organizational demands (*Kinicki & Williams, 2009*).The psychosocial work factors of job demand, decision latitude and social support have been recognized as occupational risk factors. Job demand involves the amount of work, the pace of work, the intensity of work, and the timing of work. High job demand has been positively correlated with psychological distress across a variety of workers (*Escriba-Aguir & Perez-Hoyos, 2007*).

The challenging nature of the current RN work environments and a desire to support the growth of the nursing profession may have been motivating factors for survey completion. People who have a particular interest in the subject matter or the research itself are more likely to return a questionnaire .Respondents were not required to identify themselves by name on the survey but their age, gender,



race, education, practice specialty and workplace setting were obtained on the questionnaire. The coding of survey responses and a brief explanation regarding data storage security was noted on the consent form. Providing a short survey format and a clearly written study introduction letter and consent form may have also encouraged survey completion (*Dillman, 2007*).

Component of work place environment:

A portion of nurses working hours is spent in the work place for this reason alone, the quality of work place maintain is manger concern, yet it- is an area that is neglected to a surprising extent in many health care organization: much of the responsibility for enhancing the work place environment rests with upper – level management people who have the authority& resources to encourage organization – wide growth & change. However, there is still quite a lot that the first line nurse manger can do at lower Level to foster appositve environment **1) social environment** which include: a) working relationship, b) opportunity for growth& development, **2) the technical environment** which include ,a) work redesign& b) the physical environment (*Chisholm,2008*).

The influence of the work environment in shaping individuals' behaviors has been recognized both theoretically and empirically within and outside of nursing .the work environment has become particularly important in assessing nurses' behaviors related to retention. Environment is defined as the collection of physical, cultural and social conditions that surround individuals or groups. in his classical writings about human groups, conceptualizes the work environment as a collection of physical Empirically, the work environment has been shown to have an effect on nurses 'behaviors in terms of productivity, job satisfaction, turnover



rates, work place violence and quality of care (*Dendaas 2010; Heath et al., 2009*). The nurse manager's leadership style and work climate were associated with improved quality of patient care and improved nurse retention (*Sechrest, 2010*).

1-Social environment:

The social climate of work environment is relatively new concept to nursing administration & management science The social climate of work environment can defined as a set of organizational characteristic that are relatively stable, differentiate organization & influence of the behaviors of organizational members , climate generally measures perceptions or feeling about the organization or work environment ,Organizational climate: "refers to a set of measurable properties of the work environment perceived, directly or indirectly, by the people who work in this environment and assumed to influence their motivation and behavior (*Moos, 2009*).

Nurses are introduced to nursing professional values through the socialization process, which takes place during their basic nursing preparation the socialization process, however does not stop after nurses' graduation, instead it continues after they enter the work place. Thus it could be inferred that, similar to nurses' generational values, nurses' professional values may be influenced by their interaction with their peers, nurse managers and work climate (*Fahrenwald et al., 2009*).

A- Working relationship

Unlike personal or therapeutic relationship, professional working relationship exist primarily for the purpose of accomplishing a task as the



emotional aspects is generally secondary to the knowledge & skill aspects, although still quite important. Team building, effective communication & development of leadership skills are essential to the communication skills needed to develop & sustain positive working relationships. Active listening techniques (attending (paying attention), clarifying, responding personalizing, focusing, asking open-ended questions, giving information, support, & confrontation). The first five (attending, responding, clarifying, personalizing & focusing) are primarily listening & confrontation) are action responses practicing each of these techniques adds to leaderships & management skills. (*Canary & Stafford, 2010, Gaborro, 2007*).

B- Professional Growth & innovation:

The difference between a climate that encourages staff & one that does not can be quite subtle. Infact many people are only partly aware, if at all, of whether or not they work in an environment that fosters professional growth & learning yet the effect on the quality of the work done is pervasive & it is an important factor in distinguishing the merely good health care organization from the excellent health care organization. Much of the responsibility for staff development & promotion of innovation also lies with upper- level management people, who can sponsor seminars, conduct organization – wide workshops, establish educational policies, promote career mobility, develop clinical ladder, initiate innovate projects, & reward innovative suggestions. Some of the ways in which the first –line leader- manager can develop & support a climate of a professional growth are to encourage critical thinking, provide opportunities to take advantage of educational programs, encourage new ideas & projects (*Silver, 2008*).



II- Technical Environment:

A- Work Redesign

Job redesign is an exciting concept receiving increased attention in nursing. The traditional nursing unit was really designed to provide a convenient workshop. For the physician Patients are still assigned to units primarily on the basis of their nursing care needs. Also almost the same structure is used for all units within an organization regardless of patient characteristics of staffing needs. The pressure for redesign comes from the need to provide more effective care for more people with reduced resources. It also comes from increasing recognition that we have not been very flexible or creative in our thinking about these designs (*Tappen, 2006*).

Poorly designed work spaces, inefficient patient care layouts, too few process and technological solutions to reduce the nurses' time spent 'hunting and gathering' have been slow to improve. Further, fragmented and duplicative documentation between paper and electronic records continue. Contemporary trends in hospital design include "patient-centered design", enhancing patient safety. Patient-centered Design. (*Henderson & Petersen, 2007*). The trend toward privatization, marketing, and managerialism within healthcare is influencing hospital design as hospital management teams' work to maximize their market share and gain power over clinical professionals (*Hayward, 2006*). Business oriented perspectives within health care see patients as "customers" and medical and nursing services as "product lines" (*Dlugacz, 2009*).

Because continually enhancing patient satisfaction is seen as a means toward "staying competitive", continual efforts are made to better meet the needs of customers. "Healing Design" emphasizes human-scaled environments that



incorporate nature, environmental psychology principles, and the construct of sustainability emphasizes human-scaled environments that incorporate nature, environmental psychology principles, and the construct of sustainability. The Patient Safety Initiative, healthcare design improving patient safety, reducing health care related error, and improving the quality of care within health care environments. Keeping patients Safe raises conceptual issues related to hospital design, including organizational factors, work and workspace design, and patient acuity. The physical design of work environments, informed by the work of industrial and systems engineers, is highlighted (*Carayon et al., 2008*).

B- Physical Environment:

The physical environment greatly influences the physical facility. The environment is the place in which both the nurse & the patient work together to achieve health care goals. Factors within the environment that contribute to or interfere with health care goals need to be determined so that health care goals can net fully realized. Unfortunate, many of these factors are over looked. The design of a unit, its location & accessibility to equipment & space allotted for a nursing station, all seemingly small concerns, play an important port in how nurses deliver health care similarly a patient's wellbeing is influenced by location, accessibility, & design of lounge areas, hallways & individual patient rooms, noise levels, the degree of privacy, the use of color within the environment, & the resulting emotional stress involved in given or receiving health care are equally important to consider, each of these factors has a direct relationship to mental & physic health of both nurse & the patient (*Ulrich & Zimring, 2008*).



The nursing staff plays a significant role in establishing & maintaining the physical environment because the staff members are so aware of the varied services needed for the proper therapeutic plan for patient care, they should be involved in the overall planning of a hospital facility. Before designing a nursing unit, its objectives function must be clearly defined. A nursing unit design should seek to achieve such objectives as: 1) maintain quality care for patient, 2) be built at the lowest possible cost, 3) function at the lowest possible cost, 4) provide adequate space for patient services, 5) promote job satisfaction for the medical & nursing staff as well as other hospital personnel who provide services to patients, 6) consider needs of families of patients or other visitors, 7) allows work to be done with the greatest ease & the least waste of personnel time (*Divicenti, 2007*).

The physical (structural, built, material) dimension of nursing work environments has received less attention. This is noteworthy for a number of reasons. First, existing research has demonstrated the importance of physically supportive work environments on organizational outcomes of interest. Second, a recent review of over 600 recent studies found support for the importance of the physical environment on patient and staff health and performance outcomes. Third, the founder of modern nursing, Florence Nightingale argued for the importance of a supportive physical environment for both patients and nurses. The importance of the physical work environment on worker satisfaction and organizational productivity; 2) chronic hospital nursing shortages are expected to continue for the foreseeable future; and 3) minimal research about the physical dimension of hospital nursing work environments has been done (*Dendaas, 2010*).

Positive & negative work environment:





Appositive healthy Work Environment Initiative is a multi-pronged, multi-year effort to engage nurses, employers and the nursing profession in recognizing the urgency and importance of working collaboratively to improve the environments in which nurse's work. This initiative is focused, not on the physical environment, but on creating environments where the more difficult, less tangible barriers to employee and patient safety are addressed Work Attractors are those features of employer-employee relationships and work arrangements that engage interest and commitment from job applicants and employees (*Dennis et al., 2010*).

Positive work environments generally have the same characteristics associated with professional practice environments such as empowerment, collaboration of health care workers, and participation in decision making, accountability and control over practice. Several studies have also linked satisfaction of nurses and patients to improved patient outcomes. Work environment also affects nurse satisfaction and the rate of turnover Control over practice or autonomy is defined as the extent to which the job provides opportunity for participation in decision-making that affects patient care (*Sayler & Wan, 2010*). Autonomy in decision making and empowerment are seen as key to an agile workforce .Control over nursing practice has also been found to be an important attribute of professional practice and has been positively associated with nurse satisfaction and patient outcomes (*Verran et al., 2009*) .

A negative work environment characterized by work overload, poor nurses' physical, mental health and low job satisfaction. This environment in turn increases nurse withdrawal behavior and adversely affects nurse performance. Implications for public policy, management and future (*Lynn et al., 2008*).



Poor work environments for nurses(including inadequate staffing levels) are associated with nurse job dissatisfaction and burnout, which in turn often increase turnover rates (*Hayes et al., 2008*). Inadequate staffing levels are associated with increases in adverse events in hospital care. Since the current shortage of nurses is a major international problem, identifying methods for creating more supportive nurse work environments for nurses across health care systems and cultures is critical (*Estabrooks et al., 2010*).

Health system managers strive to create innovative, healthy work environments so their teams can provide care focused on the patient. In a public organization, the effective and efficient use of human resources is a key enabler in meeting the needs of patients and the organization. Health care organizations are "clinical Microsystems, the small, functional, front-line units that provide most health care to most people" (*Wasson et al., 2009*).

Healthy work environments are supportive of the whole human being, are patient focused, and are joyful workplaces" (*Shirey, 2007*). Satisfaction and productivity and patient outcomes, few address registered nurses as knowledge workers in health care and their work environment. Which describe healthy work environments is extensive. Scholars use quality, workplace, work, healing, and practice environment to refer to the work environment. In striving to create an ideal unit environment for professional teams, it is necessary to first examine the definition of a healthy work environment (*O'Brien et al., 2007*). The characteristics of a healthy work environment believe that key attributes include respect, autonomy, leadership, and maximized scopes of practice for nurses in all roles and settings (*Baumann et al., 2010*).



The attributes of a quality setting for nursing are those that stress workplace safety, personal satisfaction, teamwork, a reasonable workload, and adequate physical surroundings. A number of factors impact the work environment of nurses, as one of the most demanding across all types of work settings (*McGillis, 2008*).

The work environment to be major factors in recruitment, retention and successful patient outcomes. Nurses are attracted to hospital work environments that foster autonomy, offer influence, and promote good nurse-physician relationships. These environments facilitate professional nursing practice and have lower levels of burnout and greater levels of job satisfaction (*Lowe, 2007*).

First the Gripe environment in this work environment workers are always complaining about everything ‘ We don’t have the right or enough equipment or supplies’ or ‘the meetings are so boring it hurts’ or ‘Workers do little to try to improve things but seem content to gripe. Second ’Distrust environment in this environment staff and management distrust each other. Even when the behaviors of one or the other are positive and constructive and are meant to improve things the motives of these behavioral efforts are requested (*Bennett, 2010*).

Types of work environment

Physical environment:

The physical (structural, built, material) dimension of nursing work environments has received less attention (*Dendaas, 2007*). This is noteworthy for



a number of reasons. *First*, existing research has demonstrated the importance of physically supportive work environments on organizational outcomes of interest. *Second*, a recent review of over 600 recent studies found support for the importance of the physical environment on patient and staff health and performance outcomes. *Third*, the founder of modern nursing, Florence Nightingale argued for the importance of a supportive physical environment for both patients and nurses (*Ulrich & Zimring, 2008*).

A group of individuals develop excessive work related symptoms such as headaches, eye, nose and throat irritation, fatigue and dizziness without an identified cause possibly related to other factor e.g. no fresh air, humidity and temperature. Work place stressors related to physical environment involves temperature, noise, vibration, noxious odors. Lighting, ventilating unsafe & working conditions, crowding and isolation (*Clarke & Aiken, 2007*).

The ward to be comfortable and attractive it should be light and airy, kept at a comfortable temperature good decorative state, walls and cup boards should decorated in washable paint wall covering so that they may be cleaned regularly, reduction of unnecessary noise more over in the planning of new buildings, type of construction has bearing on noise and provision of control department for cleaning and sterilization of equipment and washing up dishes which makes the ward much quieter place when the procedure performed in the word and preparation room. (*Rivers, et al., 2009*).

Social work environment:

Social climate defines the environment can either promote or interface with homeostasis and well being of individuals. As seen in Maslow's hierarchy of





needs, there is a dynamic interaction between a person need which are internal and the satisfaction of those needs, which is often. Environmentally determined individuals are also influenced by the social environment in which they live. Social institutions such as families, professional association and recreational groups all constitute a form of social support Poor working relationship with supervisors, co-workers, subordinate, job roles and demands conflict with family life consider the main work place stressors related to interpersonal relationships(*Schryer, 2010*).

The social dimension. Professional practice models promote the incorporation of organizational (social) structures to facilitate clinical autonomy, collaborative practice and shared governance. Professional nursing and nursing research leadership has also, for the most part, embraced "Evidence-Based Practice" as a means toward improving patient care outcomes (*Rich, 2008; Turkel, et al., 2009*).

Psychological environment:

Stress in the work place is defined as any characteristic of job environment that poses a threat to the individuals. Either excessive demand or, insufficient supplies to meet the needs, the existence of stress has negative effects on both the individual and organization, stress appear physiologically in cardio vascular problems, gastro intestinal disorder, severs nervous condition and a number of both physical and mental disorder in addition organizational stress result in low moral and job dissatisfaction (*Ekstedt , 2007*).



Environmental psychologists have argued that the design of the physical work environment is an under recognized factor in work-related stress. They further note that the relationship between the physical environment and work-related stress can be studied using Person-Environment Fit theory. Person-Environment Fit theory argues that high levels of congruence, that is, a "good fit", needs to be present between workers and the physical work environment if work-related stress is to be minimized. There are two types of congruence exist—functional and psychosocial. Functional congruence is conceptualized as the capacity of the physical environment to facilitate workers' completion of tasks. Psychosocial congruence is conceptualized as the capacity of the physical environment to facilitate workers' psychosocial well-being.² Together, functional and psychosocial congruence constitute environmental congruence. Environmental congruence in hospital nursing work environments has not been studied. Doing so requires consideration of the relations between the physical environment, nurses' psychosocial needs within work environments, and nursing work (*Pinkerton, 2010*).

Administrative work environment:

Excessive stress can cause an explosive situation which affect directly the care of patient and increase turn over among nurse and quality of nursing service. Work over load, role strain and ambiguity, decisions made by superiors, without consultation are factors that increase stress level among nurses organizational policies such as un fair or arbitrary performance reviews, inadequate pay and benefits and organizational structure, another factors such as line staff conflicts, centralized decision making, role ambiguity, role conflicts, role overload consider to be cause of stress effect of work environment on nurses performance (*El-Demerdash, 2007*) .



Barriers of work environment:

Barriers concerning the place of work are sources contributing to occupational stress, as the condition in which some factors or combination of factors at the work place interact with the worker to disrupt his/her psychological stress at work is most likely to occur when there is poor fit between person and environment. Problems arise when working condition are in opposition to human needs and resources over a long period of time, with failure to cope with consequence (*Sloutal, et al., 2010*).

Environmental changes occur, and depending on many other variables, there is a response which may be absorbed or may create further turbulence. Obstruction to wind flow can be likened to barriers to providing patient care such as the inability to admit patients because there were no beds creating a disruption in the flow of patient care (e.g., emergency departments). Regulatory requirements could also create an obstruction to providing patient care by mandating unreasonable rules be followed such as locking medication room doors (*Ebright et al., 2010*).

The experience level of the nurses could also create an obstruction by the nurse not knowing how to implement a procedure. Wind shear can be comparable to acute changes in patient conditions, such as a cardiac arrest, or environmental conditions, such as an epidemic, creating an unexpected massive influx of patients and a further shortage of workers A sudden decrease of health care workers, such as at times of war or a natural disaster, could also create this environment which may occur with little or no warning. The four levels of turbulence, described in aviation, can also be identified in health care. In the health care setting, turbulence can range anywhere on the same continuum such



as a physician writing new orders or a unit receiving a new admission, to extreme turbulence when there is a state such as inadequate staffing levels that don't match the patient acuity. Complex work environments, such as health care organizations, require worker flexibility in adapting to variations in patient needs as well as adapting to the environment .This may be accomplished through the employment of Workforce Agility (*Breu et al., 2009*).

Perceived environmental uncertainty is defined as a function of the person and the environment .It is a psychological reaction to turbulence and the inability to choose the correct actions or to predict the consequences of these actions in a changing environment .Perceived environmental uncertainty influences organizations through the need for information about the environment and the need for resources. When uncertainty becomes excessive, it may become difficult for nurses to obtain information about their patients thereby impacting patient outcomes (*Begun & Kaissi, 2008*) .

Failure to achieve desired outcomes and the occurrence of errors reflected a complex work environment. Examples of environmental issues that add layers of complexity to the nurses. work were missing information, lack of resources, missing medications and equipment; defective equipment and a culture lacking effective communication and team work. In health care, internal and external environmental factors may change quickly and unpredictably, altering the characteristics of patients, the units and the available resources(e.g., equipment, money and/or number of nurses) (*Ebright, et al., 2009*).

(*Garrett & McDaniel, 2008*), has been linked to unsafe work environments. Burnout is usually a consequence of long term involvement in



emotionally demanding situations, such as with health care workers, and ineffective coping with long term stress. It has been found that nurses who have been in the profession a long time were more prone to burnout and were at a higher risk for leaving the organization .The internal environment includes the health care organization, unit and/or individuals. The external environment includes forces operating outside of the organization to which it is exposed (e.g., regulatory groups, personal issues, customers, suppliers and competition for markets and resources). The internal environment has been shown to have an impact on job satisfaction which has been linked to patient outcomes. Emotional exhaustion, a component of burnout

The external environment can create turbulence such as creating too many rules, unrealistic mandates and/or decreasing reimbursement. This may negatively impact the internal environment which, in turn, may create changes in the external environment. The internal environment (including the perception of turbulence) may also change, creating perceived environmental uncertainty and further creating more turbulence (*Yun et al., 2008*).

Barriers at work unit level classified in to (physical environment, professional growth, inter personal relation, and educational development). Institutional level (institutional policy factors and level and quality of staffing), patient level specific disability of patient, the relationship with patient and family and specific types of patient) Barrier at personal level (relating to personality factor, the employment self image and event occurring at shed the work place). The work environment involves physical environment, social environment, psychological environment and Administrative environment (*Shamban et al., 2010*).



Nurses Role and Behavior in work environment:

Healthy work environment provides people with opportunities to meet work and personal goals. Undoubtedly earning a living is necessary, but people also need to balance work life with family life, social opportunities outside work and physical well-being. Two indicators currently track health aspects of work environment (*Savery, 2009*).

Healthy work environments are empirically linked to patients' satisfaction and to retention, reduced turnover, increased attraction, job satisfaction, and lower degree of job stress and burnout among nurses. Professional organizations and state and national commissions are challenging nurses, hospital administrators, and health-care organizations to improve the practice environment for staff nurses (*Hall , 2007*).

Healthy work environment is that which is conducive to healing as well as to the safety and well-being of the patients. But a healthy work environment is necessary for nurses as well. in this environment, nurses are able to meet the needs of their patients and their families as well as the goals of the unit and the organization. And then somewhere along the way, nurses should gain personal satisfaction from their work.1) A healthy work environment leads to improved patient outcomes and increased nursing satisfaction.2) In a healthy work environment, the healthcare team works together to deliver quality patient care and create an atmosphere conducive to healing for patients and increased well-being for nurses (*Shirey, 2006*).

There are negative impacts to an unhealthy work environment. These include, but are not limited to, (1) medication errors, (2) high staff turnover, (3)



burnout, (4) ineffective delivery of patient care, (5) high stress levels, and (6) unsafe working conditions. These environments are not conducive to healing for patients and are detrimental to the staff (*Ulrich, 2007*).

So the necessary components for a healthy work environment. First, effective leadership must be present; All nurses have the capacity to be leaders. A healthy work environment fosters leadership growth in its staff and recognizes the importance and expertise of the nursing staff. In a healthy work environment, nurses are a valued resource. Second, communication is critical to a healthy work environment. This includes communication among nurses, physicians, allied health professionals, patients, families, and management. The healthcare team must work together to foster good communication skills. In a healthy work environment, nurses participate in the decision-making process concerning patient care and their work environment their thoughts and opinions are sought and valued. Nurses are treated with respect (*Kitchener, 2008*) the third component of a healthy work environment is adequate staffing. We are all aware of the dangers of understaffing: increase in medication errors, high stress levels, low morale, burnout, and ineffective delivery of patient care. A healthy work environment is well staffed and plans are made accordingly to ensure adequate staffing to provide the high quality of care to our critically ill patients (*Unruh, 2007*).

Work climate is the second important dimension of the work environment that influences nurses' behaviors. Work climate is a multidimensional construct and is defined as "a set of measurable properties of the work that is perceived directly or indirectly by people who live and work in this environment, and it is assumed to influence their motivation and behavior, the concept of an



organizational climate emerged as an attempt to incorporate motivational theories with organizational behavior. The individuals are motivated to display favorable behavior if the work climate is consistent with their values. Additionally, several dimensions of climate that influence what it is like to work in an environment. These dimensions are structure, responsibility, reward, risk, warmth, support, standards, conflict and identity. Conceptual definitions for these dimensions. Climate has often been described as “what it feels like to work” in a particular setting (*Wahl, 2008*).

Work climate is developed based on individuals’ interactions and observations of the daily unit as well as the organizational activities that take place around them. Based on individual’s observations, they develop a conclusion not only about organizational goals and priorities, but also about the overall organizational culture (*Tosh., 2006*). Through evaluating their perceptions about their work climate, individuals tend to develop their own priorities and directions, determine ways in which they should invest themselves, and behave in accordance with this conclusion . climate was found to have significant effects on organizational commitment, productivity, and performance as well as individuals’ work attitude, motivation and performance. Additionally, climate has been found to significantly affect nurses’ job satisfaction, turnover intentions, and empowerment (*Stordeur et al., 2009*).

To understand & intervene in the stress of nursing & nursing work, the important contextual variables affecting stress in nursing must be explored, physical aspects of the environment that contribute to stress include high level of noise, light & toxins & lack of space & privacy, nurses in intensive care setting are often exposed to the constant noise of machinery & intense lighting. Exposure to toxic drugs & radiation may also be a physical stressor. Nurses have



private space in which to work or rest, the social environment includes relationships with peers, subordinated, & supervisors, peer & subordinate relationships are negatively affected by stress. Work stress also has a negative impact on work group interaction (*Wade, 2010*).

Stress is a part of the staff nurses work environment and can play a role in burnout and turnover. Stress in the nurses' work environment may contribute to problems associated with retaining registered nurses. Nurses' perceptions of the effects of change in the work environment are important to consider when Planning the change of a health care delivery system. The nurse's work environment is continuously subject to stress (*Calarco ,2008*).A change, such as reengineering, can summon fear and anxiety by the nurse who is experiencing it. Stated that the stressors present in the nurse's work environment such as cross-training, delegating, and working during a merger, or redesign, are far greater today than a few years ago. However, the stressor may not be evident, because it is not a result of major changes that are taking place on. The unit or in the hospital. Nurses need the opportunity to attend to the stressors that are not physically observable, such as lack of support by the organization (*Terry 2007*).

The specific nursing work environment improvement initiatives presented throughout this report suggest that six critical factors are essential for achieving work environment excellence .these success factors is briefly described below, Leadership Development and Effectiveness, Empowered Collaborative Decision-Making, Work Design and Service Delivery Innovation, Values-Driven Organizational Culture, cognition and Reward Systems , professional Growth and Accountability (*McManis& Monsalve,2006*).



Fig.(1) Organizational Success Factors



Staff Nurses Performance

The concept of performance has engendered problems of definition and this is apparent not only in nursing but also in the fields of medicine and teacher education most studies which evaluate clinical nurse performance define it as “what is actually carried out in practice”. Direct observation of nurse performance is potentially more comprehensive method to ascertain how a nurse perform in a real situation and to identify differences, if any, in the practice of nurses (*Fitzpatrick et al., 2007*).

Performance Appraisal is defined as structured formal interaction between a subordinate and supervisor, where the work performance of the subordinate is to be taken into consideration, with a view to identifying weaknesses and strengths as well as opportunities for improvement and skills development. Appraisal results are used to determine reward outcomes. That is, the appraisal results are used to identify the better performing employees who should get the majority of available merit pay increases, bonuses, and promotion. Simultaneously appraisal results are also used to identify the poorer performers who may require some form of counseling, or in extreme cases, demotion, dismissal or decrease in pay. Performance Appraisal is a part of career development (*Dachler, 2008*).

Performance appraisal used to support and improve workers’ performance and effectiveness. Therefore, it makes sense for an appraisal to include an assessment of factors in the work environment (e.g., access to clinical supervision) that help or hinder a worker’s capacity to perform effectively.



Explicit assessment of environmental factors is also likely to increase the perceived fairness and acceptability of performance appraisals. (*Losyk, 2007*).

Performance appraisal is a management tool designed to encourage communications in the office, improve the quality of work produced, and promote individual accountability. This is the concept underpinning the legal requirement that all agencies evaluate employee performance (*Wright, & Cheung, 2007*).

Performance appraisals are a systematic way of evaluating the standard of a worker's performance appraisals can be used to Make employment decisions such as determining pay and promotions, Identify professional development needs , Identify factors in the work environment that help or hinder performance effectiveness (*Poon, 2009*).

The performance of an organization is contingent upon how well people in that organization for their jobs. While it is generally acknowledge that performance is ultimately an individual phenomenon it is also widely accepted that multiple factors influence performance through their effects on individual determinants of performance (*Rees et al, 2008*).

Performance as the “accomplishment, execution, carrying out, and working out of anything ordered or undertaken”.(*Armstrong & Baron ,2007*)
Performance is a matter not only of what people achieve, but how they achieve it. performance is a multidimensional construct, the measurement of which depends on a variety of factors. . “Performance means both behaviors' and results. Behaviors are also outcomes in their own right and can be judged apart



from results. Performance Appraisal is increasingly considered one of the most important human resource practices (*Boswell & Boudreau , 2007*).

(*Roberts & Pregitzer, 2007*). suggest performance appraisal is the assessment of what we produce and how. or measurement of what we do and how . Performance appraisal is a yearly right of passage that triggers dread and apprehension in the most experienced, battle hardened managers

Purpose of Assessing nurses performance:

The overall purpose of performance appraisals is to increase organizational effectiveness and productivity. However, the most important single purpose served by performance appraisals is to let employees know where they stand. Humans have natural dislikes for uncertainty and prefer bad news about their positions and destinies in the organization instead of not knowing what those positions and destinies are. (*Roberts, 2009*).

Performance appraisals are useful for organizations in several ways including Professional development (identifying strengths and weaknesses in performance, implementing strategies for improvement),Determining organizational training and development needs, Making and validating administrative decisions (e.g., pay, promotion, placement, termination), Identifying systemic factors that are barriers to, or facilitators of, effective performance. (*Scott & Einstein, 2009*).

Also purpose of performance appraisal is to let an employee know how his or her performance compares with the manager's expectations. Again, this is a



one dimensional view. (*Fletcher, 2006*) performance appraisal to be constructive and useful, there needs to be something in it for appraiser and appraisee. (*Young court et al., 2007*) .The common purpose of performance appraisal tends to be aimed at the measurement of individuals, and consider that this focus is insufficient From the organization perspective, successful performance management is key to achievement of corporate goals. It is argued above that performance appraisal is the central component of performance management, and so it must be that for an organization, the purpose of performance appraisal is attainment of corporate goals. (*Caruth & Humphreys ,2008*) .

Performance appraisals are conducted to give constrictive feed back. Performance appraisal is used to provide a basis for making employment decision, including promotion, transfer, lay offs, discharge and pay rises. This decision can be fair if appraisal is consistent. A consistent performance appraisal system helps control arbitrary employment decision based on like, dislike, bias and personalities .Performance appraisals of ten serve as the basis on which administrative decisions, such as the size of a salary increase or who gets promoted, are made, ideally accurate appraisal information allows the organization to tie, rewards to performance (*Mc Connel, 2007*).

Performance appraisal systems

As with most organizations, a formal Performance Appraisal system embedded within the performance and planning cycle. There should always be a definitive written and communicated procedure for performance appraisal. Developing an appraisal system that accurately reflects employee performance is a difficult task .A successful performance appraisal system is one that has



resulted from hard work, careful thinking, planning and integrated with the strategy and needs of the organization (*Caruth & Humphreys, 2008*).

Criteria for assessing nurse performance:

It is evident that, in order to perform effectively within the sub roles identified and to provide high quality care, each nurse must be competent in the application of theory and skill in the clinical situation. They must possess the necessary knowledge as well as having mastery in psychomotor, cognitive and affective skills .The performance appraisal in health care provides a profile of the employee's strengths and weaknesses. The weaknesses or performance discrepancies can then be analyzed so that they must be eliminated, corrected or altered to benefit both employee and organization (*Langridge, 2010*).

Performance reviews several important functions. First, they are the basis for coaching and counseling toward improvement. We all have areas that we can improve. We also have areas in which we excel. A good performance analysis helps the employee identify the weak areas and potential strategies to strengthen them. It also can help the employee maximize his or her positive attributes. A good analysis makes the employee feel appreciated for the valuable work he or she is doing. Second, the analysis is a means of telling the employee how he or she is doing and suggesting needed changes. Third, a performance review can provide systematic judgments to back up salary increases, promotions, and transfers. The purpose of an analysis is not to criticize and find fault. It is to help the employee grow and develop).Quality of practice can be determined. A standard is a predetermined baseline condition or level of excellence that comprises a model to be followed and practiced. (*Marquis & Huston, 2009*).



Elements and factors affecting nursing performance:

Standardized elements and standards that adopt similar elements for similar positions will be used wherever logical. However, this does not preclude the use of nonstandard elements and/or standards. Employees, employee groups, and/or employee representatives will participate in the development of performance plans. All performance plans must align performance expectations with strategic plans and the Department's customer service (*Sobh & Perry, 2006*).

The performance appraisal process can play a remarkably powerful role in building your employees, as well as their performance and productivity —when it's done right. Accurate appraisals require a real understanding of your employees' performance throughout the evaluation period. The only way to effectively reach that high level of understanding is by sharpening your observational skills, continuously managing by wandering around, and using all your senses in the process (*Manville, 2007*).

In order to sharpen the concept of performance, two other elements must be considered: process and structure. Process refers to those activities that contribute to the final output, and structure refers to the factors of production. The primary inputs, or factors in the production function are labor, technology, organizational arrangements, and environments. Labor includes the characteristics of the worker and the work itself; while technology characterizes the machinery, technological processes, and knowledge required in the process. And environments include the external market place and the internal work environment. (*Kuvaas, 2008*).



These four factors apply at the individual, group, and organizational levels, as well as across industries and professions. In the health care industry, nursing contributes to the outcomes of patient care through implementation of the nursing process. This process-assessment, nursing diagnosis, planning and implementation of goal-directed care and evaluation of the plan and the patient's progress toward the goal-represents a systems model of input, throughput, output, and feedback.) The structures or factors of production include characteristics of the nurse, the technology in the environment and the numerous factors influence nurse performance, defined in this investigation as the quality of implementation of the nursing process. Of all factors thought to affect nurses' job performance (*Hartley, 2008*).

There are three dimensions interact to affect performance. These dimensions include capacity, willingness, and opportunity to perform. Capacity affects and is affected by such factors as ability, age, intelligence, educations, knowledge, skills, health, and endurance; while willingness to perform is thought to affect and be affected by motivation, job status and satisfaction, role expectations, task characteristics, and personality. Opportunity, a missing dimension in most performance models, affects and is affected by factors in the environment thought to facilitate or impede performance. These include equipment and supplies, working conditions, leader behavior (*Simmons , 2009*).

Physical elements of the nurse-patient environment have been examined as contextual factors that influence nurses and how they care for hospitalized patients defines the physical sphere of the practice environment as the observable, objective realities that constitute the concrete, matter-based aspects. Physical elements comprise the sensory-known territory in which nurses work and include sensory and material components. Consciously or unconsciously, the



nurse incorporates aspects of the physical environment and their meaning into decisions about care and again, when actually enacting it. (*Wilson, & Western, 2008*).

The hospital physical environment can be studied on several levels. It may refer to the immediate and intimate space in which nurse-patient interactions actually occur, such as the patient's bedside. On another level, the physical environment may be conceived as the nursing unit or specific area where a group of nurses care for a specific patient population. Or, more broadly defined, physical context may refer to the location of nursing services within the larger physical organization of the hospital of the relationship of nursing practice to the community as the context of care. (*Wisniewski, & Olafson, 2007*).

The majority of the work environment as a social setting. it refer to the practice environment of practice as the nursing work climate. Climate characterizes the generalized "feeling" of the organization and reflects its structures and processes (*Bach,2006*). Work climate studies generally reflect individual perceptions of the environment rather than group responses. The organizational climate has long been recognized as a source of influence on individual behavior and can be perceived as the personality of a work setting team relationships, and a sense of ownership and group pride the practice environment as a social setting represents a sociological perspective on workplace variables. Structures and processes within the organization define how the organization functions as a human institution. (*Simmons., 2006*).

Hospitals are seen as complex and dynamic social institutions that determine roles, assign work, distribute resources, disperse power, determine



relationships, and hire, train, reward, promote and discipline employees to accomplish the organization's mission and objectives. Worker behavior is viewed as largely adaptive. Employees make sense of their work situations-what they feel, how they behave, what constrains or enables their performance- as they come to understand how the organization functions as a whole. While the content of the job itself is important, it is not enough to explain behavior. Employees carry out their job responsibilities as a "reasonable" response to how the organization is socially organized. How nursing services are administered and organized at the department and unit level effect nursing practice. (*Ingersoll et al., 2007*).

All of the nursing services management models described in the literature integrate social dimensions of the workplace as preferred organizational attributes for managing nursing services found that work environment that fostered a sense of community promoted professional growth and development of the nursing staff (*Radnor, & McGuire, 2009*). The organizational variables as social elements of the work environment are clustered around five sub-categories. Included are (a) nurse role characteristics, (b) nurse staffing and work distribution, (c) work relationships, (d) distribution of power and authority and shared governance models and (e) leadership and management characteristics and relationship. (*Mabey, 2009*).

The symbolic environment as an abstract and ideational influential on nursing practice (*Manville, 2007*). The symbolic environment in which nurse's work includes ideational elements such as ideas, values, beliefs, history, and knowledge. Normative elements encompass rules, laws, expectations, and constraints that help shape behavior and attitudes. Institutional elements may



include the roles, organizations, institutions, and cultures. Considered together, these elements constitute specific artifacts of history that are products of life stories and traditions carried over successions of generations. Organizational Culture" Corporate culture" As an integral part any social system, culture is evident in the internal and external environments of that *system (Pettijohn et al, 2010)*.

Organizational culture is the pattern of basic assumptions and shared meanings, or values, that a group develops to survive their tasks and that works well enough to be taught to new members. Culture is explained by others as a set of solutions (behaviors) devised by a group to meet the problems posed by situations that group members share in common (*Rose & Dipasquale, 2008*).

Performance measurement:

Techniques of measurement:

Essay technique:

The nurse manager is required to describe the employee's performance over the entire, evaluation period by writing the narrative detailing the strengths can provide a good deal of valuable data for discussion in the appraisal interview if used alone. However, an essay evaluation is subject to a number of constraints that can limit its effectiveness (*Hershey & Blanchard, 2007*).

Traditional rating scale:

In this evaluation method, an employee's performance is described through a detailed written narrative. Many organizations use traditional rating scales for all



employees regardless their specific job settings whether outpatient surgery; or neonatal intensive care.

Employee comparison:

There are two options

a- Forced distribution evaluation: it is an evaluation method in which employees are rated in a fixed method, similar to grading on a curve. The manager is required to rate employees in a fixed manner.

b- Ranking technique: the evaluator ranks his or her sub or donates on an overall basis according to job performance and value to organization.

Behavior based evaluation:

It has been shown to be an effective method of performance appraisal The use of B.B.E has been shown to significantly increase workers' job satisfaction, adaptability and self- efficacy while decreasing their role conflict and role ambiguity (*Mitchell, 2007*).

Check lists:

Checklists evaluation systems require a great deal of development effort. The weighted checklist consists of a large number of a statement describing types of behavior associated with specific job or family of related job. The descriptions cover a number of variations in the appropriateness of behavior in fulfilling the requirements of job (*Mc Connell, 2008*).



Field review:

The most appealing feature of this approach, at least to the evaluators is that the evaluators fill out no forms and do very little paper work at all.

Group appraisal methods:

Peer review is the examination and evaluation of an the examination and evaluation of an employee's practice by associates who are working with and at the same level as the employee it is the examination of some on'es work by other people of equal standing (*kuren, 2006*).

Nursing audits:

An audit is a systematic and official examination of a record , process, structure, environment or account to evaluate performance. Where as standards provide the yardstick for the measurement of quality care audit are the measurement tools auditing in health care organization provides managers with a mean to determine the quality of services rendered (*Marquis & Huston, 2007*).

Training and development:

Training is very important to develop the staff knowledge, skills and attitudes that have been defined as necessary for the effective performance of work . organizations in vest in training to enhance individual. Training is some times wished from development. Training refers to teaching to learned employees how to perform their present job, while development involved teaching managers and



professional employees the skills needs for their present and future jobs. (*Kline & Sulsky, 2009*).

Performance Obstacles:

Performance obstacles as inhibiting work factors (as opposed to the persons responsible for those work factors) that were closely associated with the immediate work setting (as opposed to the broader organizational context). The performance obstacles in the immediate work setting of the individual, regardless of who was hindered because supervisors failed to provide needed information that was the obstacle. In this manner, they focused on the constraining event rather than on the agent who was responsible for that constraining event. This conceptualization assumes that performance is inhibited by the failure to obtain a needed task-relevant resource (e.g., faulty information, inadequate materials), regardless of who (e.g., supervisor, coworker, client) may be responsible for that inhibiting circumstance (*Kuvaas, 2008*).

The concept of an obstacle needs to be closely tied to person's assigned job duties. While not denying the importance of other sources of situational variance, it is those factors in the immediate work setting that appear to have a direct impact on ability utilization. The work system elements of the Balance are conceptualized as sources of the performance obstacles and facilitators. The five elements of the work system are task, organizational factors, environment, equipment and technology, and individual. Workload is conceptualized in two ways; (1) perceived workload, and (2) nursing requirements. According to the first conceptualization, workload is a subjective experience or cost incurred by an individual in performing direct and indirect activities of care that reflect the combined effects of demands imposed by various obstacles and facilitators in the



work environment. The second conceptualization considers workload as the total time a nurse needs to complete all the required nursing activities. Time needed is assumed to depend on patient characteristics and their needs. Quality of working life is defined as the nurses' reactions to the outcomes of the complex interactions of the different elements in the work system. Various nurse reactions can result from these outcomes (*Mabey, 2007*).

Improving Performance

The nursing practice enhancement principle in to main five principles. Healing health care philosophy: "healing ourselves, our relationships, our communities" responsibility for therapeutic relationship and plan of care, work allocation and assignments, communication, leadership (*Maccauley, & Cook, 2010*).

One of the key components of performance appraisal is solving problems improving performance. Many managers may have the skills to identify the need to improve performance; they may need much more support than is currently made available to sort them. Poor performance can arise from a host of reasons, including inadequate leadership, bad management or defective work systems (*Wisniewski, 2007*)