

## Staff Nurses Perception of Power and its Relation to Job Satisfaction in Hospitals of Ministry of Health

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### Abstract

**Background:** Power in an organization is derived from the employee's ability to gain access to effective support, information, opportunity, and needed resources. Power enables nurses to have control over their own practice. Studies revealed that nurses who obtained power perceived high level of job satisfaction.

**Aim of Study:** The present study aimed to assess the staff nursing perception of power and its relation to job satisfaction.

**Material and Methods:**

**Design:** A descriptive correlational design was used to carry out this study.

**Setting:** The study was conducted at Ismailia General Hospital is one hospital of ministry of health.

**Sample:** A convenient sample of nursing staff (300 nurses) working at the study setting was included.

**Data Collection Tools:** Two data collection tools namely; nurse's power questionnaire sheet composed of six dimensions (20 items) and Nurses' Job Satisfaction questionnaire constituted from nine dimensions (36 items).

**Results:** Study results revealed that (53.7%) of staff nurses perceived low level of power and the lowest percentage of (10.3%) of them had high level of power. More than half of them (51.7%) of them had moderate level of job satisfaction while the least percent (2.3%) had high level of job satisfaction. There is a significant statically relation between power and job satisfaction ( $p=0.00$ ).

**Conclusion:** The study concluded that staff nurses perceived low level of power and moderate level of job satisfaction. Also, there is a significant positive relation between total power score and total satisfaction score of the staff nurses.

**Recommendations:** Design a training program for staff nurses about sources of power and how to improve it and developing reward and reinforcement strategies to improve nurse's satisfaction.

**Key Words:** Staff nurses – Power – Job satisfaction.

### Introduction

**WORLDWIDE** job satisfaction is very important in the workplace its commitment comprise the employees intention to gain their high degree of performance and demonstrate loyalty to achieve their organizational goals [1]. It is directly influenced by the human resource management practices such as employee learning, development, employee voice, involvement and work-life balance practices [2].

Job satisfaction is defined as an emotional response to individual's task similar to the social and physical conditions of the workplace it is an attitudinal judgment of individuals regarding their job [3,4]. Also; it is defined as pleasurable emotional state of an employee regarding job duties. Adding that, It is determined by a comparison of one's prior expectations about the job and the actual experience of the job, it provides a supportive work environment, and through it health care facility achieve better outcomes for patients and organizations. Shortage of nursing staff is the problem in the global from the past to the present. Nurses need to fulfill the high demand of public expectation with shortage of nursing staffs. These problems may affect job satisfaction of nurses [5].

Lorber & Skela Savic, [6] found that job satisfaction relates to beliefs and emotions that individuals have about their work and their job. It has been described as an attitude with an affective and cognitive component. Job satisfaction establishment should focus on how employees feel about their work and personal relationships in the workplace and on how leaders affect their employees' satisfaction, satisfied employees are the ultimate goal of every leader. On the other hand, the goal of every employee is to find the kind of work that matches their abilities and interests as closely as

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possible, help in their success, and provides them with opportunities for promotion further more satisfied employees tend to be more productive empowered, and committed to their employers.

Manojlovich, [7] Power enables nurses to have control over their own nursing practice and the things that influence their practice. There are many types of power that include the following scientific power, skill, communicative, participation, implementation and financial power. Nurses who have power tend to favorably influence organizational behaviors and policies. Several studies have found that nurses who obtained power, perceived high level of loyalty to the organization and job satisfaction, and decreased job turnover. Powerful nurses have favorable influences on organizational efficiency and productivity [8].

Sieloff & Bularzik [9] & Bularzik et al. [10] stated that nurses are able to achieve their professional aims and goals when they understand, possess and effectively use power, clarifying that it influence nurses' ability to attain their goals. Power viewed as positive resources to achieve goals, improve patient safety, lead more efficient and effective staff functioning, and increase professional nurse autonomy and increase job satisfaction. A powerful staff nurse can increase her patients' power and give them a sense of empowerment and positively affect their outcomes [11].

Kimolo, [12] power can be a source of competitive advantage for contemporary organizations. It enhances organizational performance and to develop a flexible organization that was capable of adapting to a changing external environment. Therefore, maintain employee power was critical to organizational innovativeness and effectiveness as well as, it plays an important role in improving job satisfaction [8,13-16].

Degago [15] clarifies that employee who is psychologically empowered shows increase in productivity, job satisfaction and reduced in their turnover.

#### *Significance of the study:*

Satisfied staff nurses play a crucial role in an organization's success, so health care organizations must be aware of the importance of staff nurse's job satisfaction it is recommended to monitor nurse's job satisfaction levels on an annual basis. Inegypt Abdel-Rahman, Sanaa, Wafaa & El-Hosan, (17 reported that there is a relation between turnover and job satisfaction. Also, analysis revealed that internal environmental factors such as stress staff-

ing shortages, leadership style, supervisory relation, advancement opportunities and inflexibility administrative polices were significantly highly related to staff nurses turnover.

Power is a complex and extensive concept in nursing, which has a decisive impact on the accomplishment of duties, satisfaction and achievement of professional goals. Explaining the concept of power in nursing from the perspective of nurses and accessing its various dimensions may result in a better understanding of this issue. The concept of power in nursing can be considered a purposeful issue based on the nurses' viewpoint, which flourishes in the context of human, moral and caring nature of the nursing profession. According to its dependence on the nature of profession and on the basis of professional communication, Power of nursing structure, linked with human values, reaches maturity and results in outcomes such as improving the quality of care and professional excellence, A Bradbury, Jones et al. [18]. Nurse's perception of power is an important component in the development of nurse's sense of job satisfaction, especially there is a little research done about this concept in Egypt. The aim of the current study is to assess the staff nursing perception of power and its relation to job satisfaction.

### **Subjects and Methods**

#### *Aim of the study:*

The aim of the study is to assess the staff nursing perception of power and its relation to job satisfaction.

#### *Research questions:*

*The current study has been carried out to answer the following questions:*

- What is the nurse's perception of power?
- What is level of nurse's job satisfaction?
- What is relation between staff nurses perception of power and their job satisfaction?

#### *Research design:*

A descriptive correlational design was utilized in this study.

#### *Setting:*

The study was conducted in Ismailia General Hospital which considered one hospital of ministry of health at Ismailia. The total hospital bed capacity (317) beds the hospital involved different especially included (medical, surgical, pediatric and others), it provide free services. After completion of filling the questionnaire the investigator collected them.

Data was collected over a period of 6 months from December 2016 to May 2017.

*Sample:*

Total sample (n300) who met the inclusion criteria (89.7%) of them female, while, (10.3%) were male. (77.7%) of them were married. Associated degree (61.3%) of them had male and female staff nurses working at Ismailia General Hospital having more one-year experience in current position, and who agreed to participate in the study. The number of nurses working at the hospital was 300 nurses' staff working at different nursing units male and female.

*Tools of data collection:*

The required data was collected using two questionnaires. First questionnaire nurse's power questionnaire developed guided by Cavanaugh (1997). This questionnaire was used to asses' nurses' perception of power it composed of two parts:

- A- The first part: Personal characteristics date sheet that include age, sex, unit, experience, level of education, course of training.
- B- Second part (power questionnaires) to asses nurses perception of power that compost of (20 items) that divided into six dimention that include power as good (5 items), power as resource dependency and power as control and autonomy (4 items), power as indistinctive drive (3 items), power as political and power as charisma (2 items).

*Respondents answer for each item were relate on a five point likert scale as following:*

- 1- Scoring system (1 for strongly agree - 2 for agree - 3 for undecided - 4 for disagree - 5 for strongly disagree.

Total perception of power score were expanded at percentages score divided into three levels, low (<50%), moderate (50-<70%) and high (70-100%).

Nurses' Job Satisfaction questionnaire developed guided by (Spector 1985) it composed of (36 items) and subdivided into 9 dimension that include: payment, promotion, supervision, Fringe benefits, Contingent rewards, Operating procedures, Coworkers relationship, Nature of work, Communication that each composed of (4 items).

*Respondents answer for each item was rate on a six point's liker scale as following:*

Scoring system (1 for disagree very much - 2 for disagree moderately - 3 for disagree slightly - 4 for agree slightly - 5 for agree moderately - 6 for agree very much).Regarding scoring system

date presented in three level of agreement were developed and utilized as follow (1 disagree - 2 neutral - 3 agree).

Total score job Satisfaction perception was expressed in percentage as divided into three levels, low (<50%), moderate (50-<70%) and high (70-100%).

*Pilot study:*

The pilot study was carried out on (10%) (30 nurse) of the current sample from different units at Ismailia General Hospital to ensure the feasibility of data & estimate the time needed to complete the questionnaire. The result showed that the time spent in filling the questionnaire was ranged between 25-35 minutes. Based on the pilot study analysis no modifications were done in the questionnaire. The pilot was included in the sample.

*Validity and reliability:*

Data collection tools content validity was established by power questionnaires' a jury of three experts from Administration Department, Faculty of Nursing Cairo University. Each expert on the was asked to examine the instrument for content, coverage, clarity, wording, length and format. Data collection tool reliability is tested by Cronbach's Alpha test and the result was (0.96) of power questionnaire and (0.87) job satisfaction that is considered high result of reliability.

*Ethical consideration:*

Before data collection, primary approval of the ethical committee of Faculty of Nursing Cairo University was obtained to carry out the study. Also, an official permission obtained from the General Medical Director, General Nursing Director of Ismailia General Hospital. Participation in the study was voluntary and based on the nurses' acceptance to give informed consent, where it should be signed by participants after reading all its details; the ethical issues considerations include explaining the purpose and nature of the study, stating the possibility to withdraw from the study at any time. Confidentiality of the information will be assured. Their names did not appear on the study and will not be revealed in any reports that result from this study. After data collection, final approval of the Ethical Committee at the Faculty of Nursing Cairo University was obtained.

*Data collection procedure:*

After primary approval of the Ethical Committee in Faculty of Nursing Cairo University was obtained to carry out the study, data collection permission was obtained from the General Medical

Director and General Nursing Director at Ismailia General Hospital. The investigator explained the aim, nature, and significance of the study for every eligible nurse to obtain their acceptance to participate in the study. Then, the investigator obtained their acceptance in a written form. During data collection the investigator handed the questionnaire sheets individually to the participant nurses in their units then the investigator explained the questionnaire to them and asked them to fill it. The investigator waited until the participants filled the questionnaire and was ready to answer any question.

**Results**

Table (1): Of the statistical distribution of the worker nurses demographic characteristics (n=300).

Demographic v'ariables	Values	No.	%
Gender	Male	31	10.3
	Female	269	89.7
Marital status	Single	48	16.0
	Widow	7	2.3
	Married	233	77.7
	Divorced	12	4.0
Crucial Department	Medicine	62	20.7
	Operation room	49	16.3
	Critical departments	48	16.0
	ICU	49	16.3
	Surgery	89	29.7
	Other	3	1.0

Table (1) shows that the highest percentage (89.7%) of the staff nurses were females the majority of them (77.7%) were married, about (29.7%) worked at surgery department.

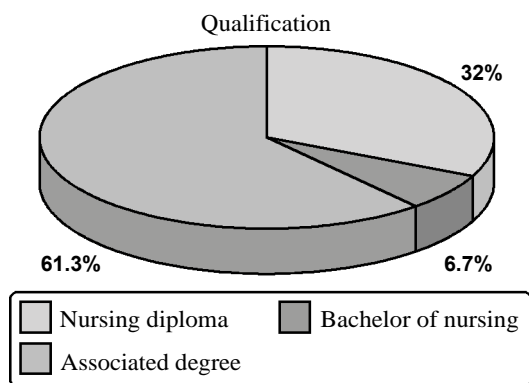


Fig. (1): Distribution of the employees nurses in line with their qualification.

Fig. (1) show that around 2 third (61.3%) of the employees nurses had associated degree qualification. Additionally around one third (32%) was credentials nurses.

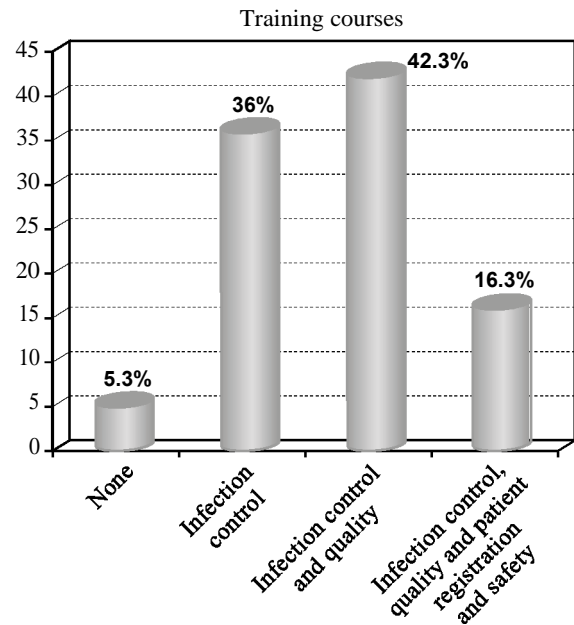


Fig. (2): Shows that around half of the sample (42.3%) had infection control and quality courses.

Fig. (2) shows that around half of the sample (42.3%) had infection control and quality courses.

Table (2): Mean & mean percent of total power domains as perceived by staff nurses (n=300).

No	Main domains	Mean	SD	Mean %
1	Power as good	2.33	1.11	46.52
2	Power as resource dependency	2.33	1.16	46.50
3	Power as indistinctive drive	2.58	1.30	51.67
4	Power as political	2.61	1.31	52.10
5	Power as charisma	2.29	1.08	45.80
6	Power as control and autonomy	2.35	1.05	47.05

Table (2) demonstrates it that the highest mean percent (52.10%) of the power as political while the lowest percent (45.80%) power as charisma.

Table (3): Percentage disruption of staff nurses perception regarding total power levels (n=300).

Power levels	No.	%
Low (0-<50%)	161	53.7
Moderate (50%-<70%)	108	36.0
High (70%-100%)	31	10.3

Table (3) shows it that around half of the sample (53.7%) perceived low power level. While the least percent (10.3%) had high level of power.

Table (4): Mean & mean percent of staff nurses perception regarding job satisfaction domains (n=300).

No	Domains	Mean	SD	%
1	Payment	2.8	1.4	46.7
2	Promotion	2.5	1.2	40.8
3	Supervision	3.0	2.1	49.6
4	Fringe benefits	2.7	1.4	45.0
5	Contingent rewards	3.5	1.4	57.9
6	Operating procedures	3.4	1.4	55.8
7	Coworkers relationship	3.2	1.4	53.3
8	Nature of work	2.6	1.5	43.3
9	Communication	3.6	1.4	59.6
Mean		±27.3	±11.81	

Table (4) show it that the high mean percent (59.6%) of the job satisfaction questionnaire regarding communication. Also, the lowest mean percent (40.8%) of the job satisfaction questionnaire regarding promotion.

Table (5): Percentage distribution of job satisfaction levels as perceived by staff nurses (n=300).

Job satisfaction levels	No.	%
Low (0-<50%)	138	46.0
Moderate (50%-<70%)	155	51.7
High (70%-100%)	7	2.3

Table (5) displays that more than half of the sample (51.7%) had moderate level of job satisfaction while the least percent (2.3%) had high level of job satisfaction.

Table (6): Correlation between powers and job satisfaction as perceived by staff nurses (n=300).

Variable	r	p
<i>Power:</i>		
Job satisfaction	0.331	0.000

\*: Correlation significant at *p*-value <0.05.

Table (6) demonstrates that there is a significant positive relation between total power score and total satisfaction score of the staff nurses.

### Discussion

Job satisfaction is the feeling employees have about their job in general. It is a multifaceted construct encompassing specific aspects of satisfaction related to pay, work, supervision, professional opportunities, benefits, organizational practices and relationships with coworkers. Previous research shows that employees who experience job satisfaction are more likely to be productive and stay on the job. Also, nurses' power is crucial for influencing others and to achieve personal and

organizational goals (Owen, Boswell, Opton, Franco, and Meriwether, 2018).

Regarding mean and mean percent of total power domains as perceived by staff nurses, the present study revealed that the highest mean percent of the power as political .While, the lowest percent power as charisma. Form the researcher point of view, this result may be due to the importance of political power while charisma is not obvious as a source of power. In the same line, Slemon, Bungay, Jenkins, and Brown [19] reported that majority of the participants perceive political power as a real source of power that affect all the subordinates. On disagreement with the present study result, Viinikainen, et al., [20] who stated that more than half of the participants indicated the importance of charismatic power over any other sources of power.

Results revealed that around half of the participants perceived low power level. While, the least percent had high level of power. From the investigator point of view this may be due to nurses experience low status, autonomy and lack of their influence in health care organization as a result of different educational categories as (diploma nurses, bachelor technical) and there is little chance of promotion through professional education due to economic constrains and massive nurses shortage. Also, bad image of nursing profession over all society and by media. Therefore, they don't have control over nursing practice. In congruent with the study; Ellis [21] found that less than one quarter of the participants has high level of power while the majority of them have low level of power. power and didn't able to control their problems. Gadallah, et al., [22] stated that more than two fifths of the participants had low power while the level of power increased with higher positions.

Regarding mean & mean percent of staff nurses perception regarding job satisfaction domains, the current study showed that the high mean percent of the job satisfaction questionnaire regarding communication. Also, the lowest mean percent of the job satisfaction questionnaire regarding promotion. From the researcher point of view, this result may be due to importance of communication to nurses' professional practice. While, low mean regarding promotion domain as it they realized the nature of their status as most of them (61.3%) were associate degree who had little chances for promotion than nurses who had bachelor degree. In the same line, Ismail, Aboushady and Eswi [23] reported that more than half of the participants were satisfied with level of communication with their coworkers

while dissatisfied with their promotion. On contrary, Özbaş and Tel [24] reported that majority of the participants dissatisfied with communication of their managers and leaders who communicated with bad way.

Regarding total job satisfaction level as perceived by staff nurses, the current study revealed that more than half of the participants had moderate level of job satisfaction. While, the least percent had high level of job satisfaction. From the researcher point of view, this result may be due to low salary, lack of promotion chances, and bad communication among nursing personnel, unclear policies and procedures, these factors level of job satisfaction level among nursing personnel. From the researcher point of view, this result may be due to low salary, lack of promotion chances, and bad communication among nursing personnel, unclear policies and procedures, these factors level of job satisfaction level among nursing personnel

In the same line, Holmberg, Sobis and Carlström [11] stated that more than half of the participants had moderate level of job satisfaction.

Regarding the correlation between total power scores and total job satisfaction as perceived by staff nurses, the current study reported that there is a significant positive correlation between total power score and total satisfaction score of the staff nurses. From the research point of view this may be due to nurses who have power can communicate effectively, fight for her rights and share in decision which lead to their satisfaction and vice versa. This result is in agreement with Parveen, et al., [25] who reported that nurses' power affect job satisfaction and vice versa. Also, Monroe and Wofford [26] indicated presence of mutual effect of job satisfaction and power among nursing personnel.

#### Conclusion:

The current study concluded that highest percent of the study sample perceived low level of power. Also, study results revealed that more than half of staff nurses perceived moderate satisfaction level. Finally, there is a significant positive relation between total staff nurses perception of power and job satisfaction.

#### Recommendations:

*In the light of results of this study, the following recommendations were suggested:*

1- Hospital administrators should develop a reward and reinforcement strategies to improve nurses satisfaction.

- 2- Providing adequate chance for staff nurses promotion.
- 3- Design a training program for staff nurses about sources of power and how to improve it.
- 4- Empower nurses with high qualifications by recruiting them in all healthcare positions with sharing for all different nursing categories in decision making process.
- 5- Join nurses on human resource development program to achieve power.
- 6- Another research should be done on the effect of staff nurses' power on quality of care.
- 7- Repeated the current study on large number and different care health sectors.

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## إدراك فريق التمريض للقوة وتأثيره على الرضا الوظيفي في مستشفيات وزارة الصحة

القوة لدى التمريض مصدراً للتميز فهي تعزز الأداء التنظيمي داخل المؤسسات وتعمل على تطوير المؤسسات مما يجعلها قادرة على التكيف مع متغيرات ومتطلبات البيئة الداخلية والخارجية. لذلك تعد قوة التمريض أمراً هاماً في الفعالية التنظيمية، كما أنه يلعب دوراً مهماً في تحسين الرضا الوظيفي لدى العاملين. وقد أوضحت الدراسات السابقة أن الموظف الذي يتمتع بحالة نفسية قوية زيادة في الإنتاجية والرضا الوظيفي وينخفض معدل تركهم لمهنة التمريض.

الهدف من هذه الدراسة: تهدف الدراسة الحالية إلى تقييم إدراك فريق التمريض للقوة وتأثيره على الرضا الوظيفي في مستشفيات وزارة الصحة.

طرق ومنهج البحث تصميم البحث: إتباع طريقة البحث الوصفي الإرتباطي لهذه الدراسة.

مكان تنفيذ البحث: أجريت هذه الدراسة في الإسماعيلية العام وهي أحد المستشفيات التابعة لوزارة الصحة وتقدم المستشفى خدمات مجانية وتحتوى المستشفى على ٣١٧ سرير والتي تشمل كل التخصصات التالية (أقسام باطنة - أقسام جراحة - أقسام أطفال - أقسام نساء وتوليد - رعاية مركزة - عمليات - غسيل كلوي - معمل تحاليل - غرفة الأشعة - الصيدلية وغرفة التعقيم المركزي).

عينة البحث: إشتملت عينة الدراسة على جميع أفراد هيئة التمريض المتاحين الذين يعملون بالمستشفى محل الدراسة عددهم ٣٠٠ ممرض وممرضة أكثر من ثلثي العينة خريجي المعهد الفني الصحي.

أدوات جمع البيانات: تم جمع البيانات لهذه الدراسة باستخدام عدد إثنين من أدوات البحث كالتالي:

١- إستمارة إستبيان إدراك القوة لدى التمريض والتي تم تصميمها إسترشاداً (Cavanaugh, 1979) هي تتكون من جزئين هما:

(أ) البيانات الديموغرافية: وتشمل العمر، النوع، مكان العمل، الخبرة، المؤهل، والدورات التدريبية.

(ب) إستبيان إدراك القوة لدى التمريض وهي تشمل على عدد ٦ محاور رئيسية وتضم عدد ٢٠ عنصر محور (القوة كشيء جيد) عدد ٥ عناصر. محور (القوة مصدر يعتمد عليه) عدد ٤ عناصر. محور (القوة تقود إلى الحافز) عدد ٣ عناصر. محور (القوة كمجال سياسى) عدد ٢ عنصر. محور (القوة كمجال للجاذبية) عدد ٢ عنصر. محور (القوة كمجال التحكم والحكم الذاتى) عدد ٤ عناصر.

٢- إستمارة الرضا الوظيفي لدى الممرضات تم تصميمها إسترشاداً ب (Spector, 1985) وتشتمل على ٣٦ عنصر مقسمة تحت تسعة محاور رئيسية هي محور (الرضا الوظيفي نتيجة لدفع الأجر) عدد ٤ عناصر. محور (الرضا الوظيفي إتجاه تعزيز الدفع) عدد ٤ عناصر. محور (الرضا الوظيفي إتجاه الأشرف) عدد ٤ عناصر. محور (مزايا الرضا الوظيفي) عدد ٤ عناصر. محور (الرضا الوظيفي إتجاه المكافآت) عدد ٤ عناصر. محور (الرضا الوظيفي إتجاه الإجراءات العملية للتشغيل) عدد ٤ عناصر. محور (الرضا الوظيفي إتجاه العلاقات مع الزملاء الآخرين) عدد ٤ عناصر. محور (الرضا الوظيفي إتجاه طبيعة العمل) عدد ٤ عناصر. محور (الرضا الوظيفي إتجاه الإتصالات الآخرين) عدد ٤ عناصر.

النتائج الرئيسية للبحث:

أسفرت الدراسة عن النتائج التالية:

- حوالى نصف عينة الدراسة (٥٢.١٠٪) كان إدراكهم لمحور القوة كمجال سياسى. بينما كان (٤٥.٨٠٪) إدراكهم للقوة كمجال للجاذبية.
- غالبية عينة الدراسة (٥٣.٧٪) لديها مستوى منخفض للقوة.
- أكثر من نصف المشاركين (٥٩.٦٪) لديهم الرضا الوظيفي إتجاه علاقتهم بالآخرين.
- المشاركين (٥١.٧٪) لديهم مستوى معتدل من الرضا الوظيفي، بينما كان لدى (٢.٣٪) مستوى عالى من الرضا الوظيفي.
- هناك علاقة إيجابية ذات دلالة إحصائية بين مجموع درجات إدراك القوة ودرجة الرضا الوظيفي للممرضات.
- لا توجد علاقة ذات دلالة إحصائية بين الخصائص الديموغرافية للممرضات وإدراكهم للقوة لديهم.
- لا توجد علاقة ذات دلالة إحصائية بين الخصائص الديموغرافية للممرضات وإدراكهم للرضا الوظيفي.



الخلاصة: تشير الدراسة إلى أن أكثر من نصف المشاركين لديهم مستوى منخفض من إدراك القوة. كما أن المشاركين لديهم مستوى متوسط من الرضا الوظيفي. كما أوضحت الدراسة وجود علاقة إيجابية ذات دلالة إحصائية بين إدراك القوة والرضا الوظيفي للمرضات.

#### التوصيات:

في ضوء نتائج هذه الدراسة، تم إقتراح التوصيات التالية:

- ١- يجب على مديري المستشفيات إنشاء/عمل إستراتيجيات للمكافآت لتشجيع المرضات على العمل.
- ٢- دعم المرضات بالفرص المناسبة لتطوير أنفسهم.
- ٣- تصميم برنامج تدريبي لتعريف المرضات بمصادر القوة.
- ٤- تمكين المرضات الحاصلين على مؤهلات عليا من المناصب الإدارية بالمستشفيات ومشاركة مختلف الفئات في إتخاذ القرارات.
- ٥- مشاركة المرضات في برامج لتنميتهم بشرياً للحصول على القوة.
- ٦- إجراء أبحاث أخرى على تأثير قوة المرضات على جودة الرعاية التمريضية.
- ٧- إعادة البحث على عينة أكبر بمختلف قطاعات الرعاية الصحية.
- ٨- توفير المزيد من الدعم للمرضين والمرضات الموظفين لزيادة الإحتفاظ بهم.
- ٩- توفير التدريب للمرضات والموظفين حول مصادر القوة وكيفية تحسينها.
- ١٠- تنمية القدرات القيادية للعاملين في التمريض.
- ١١- تأثير قوة المرضات على جودة الرعاية التمريضية.
- ١٢- تأثير الرضا الوظيفي للمرضات على جودة الرعاية التمريض.
- ١٣- تكرار الدراسة على عدد كبير.