



Original Research Article

Relationship between Organizational Culture, Occupational Stress and Locus of Control among Staff Nurses at Zagazig University Hospitals in Egypt

Manal Saleh Moustafa, Magda Atiya Gaber

Lecturer of Nursing Administration, Faculty of Nursing, Zagazig University, Egypt.

Corresponding Author: Manal Saleh Moustafa

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ABSTRACT

Background: Culture within an organization is very important; playing a large role in the hospital and occupational stress is increasing globally in all countries, organizations, among employees and nurses. Additionally, locus of control is viewed as an important element to affect and deal to the occupational stress. The study determines relationship between organizational culture, occupational stress and locus of control among staff nurses at Zagazig University Hospital in Egypt.

Methods: A descriptive correlation design was conducted at Zagazig University hospitals. A stratified proportionate sample included all nurses who have more than one year of experience. Four tools were used: the Demographic form, Organizational Culture Inventory, Stress Rating Scale and Internal – external locus of control scale.

Results: A total of 315 staff nurses agreed to participate in the study; most of them they were female with age ranged from 26-30years and had diploma degree in nursing. Half of the participants had 5-10 years of experience and highest of nurses was married. The highest percentage of nurses satisfying with constructive culture and considered was positive culture style, most of staff nurses were highly stressed and majority nurses had both external- internal locus of control.

Conclusions: there were statistically significant differences between organizational culture, norms and locus of control. Conversely, no significant relation between factors contributing to stress and locus of control except lack of support from leadership and nurses capabilities statistically significant differences with locus of control.

Key words: organizational culture, occupational stress, internal locus of control, external locus of control.

INTRODUCTION

Culture within an organization is very important, playing a large role in whether or not the organization is a happy and healthy place to work. [1] Organizational Culture is defined as a pattern of basic assumptions invented, discovered, or developed by a given group as it learns to cope with the problems of external

adaptation and internal integration - that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems. [2] Organizational culture functions includes: Creates distinctions among organizations, provides the organization with a sense of identity, facilitates development of

commitment to the group, enhances stability in the social system, and provides the appropriate standards of behavior. Organizational culture includes an organization's expectations, experiences, philosophy, and values that hold it together, and is expressed in its self-image, inner workings, interactions with the outside world, and future expectations. [3]

The types of cultures: Constructive cultures, in which members are encouraged to interact with people and approach tasks in ways that help them, meet their higher-order satisfaction needs. Passive/defensive cultures, in which members believe they must interact with people in ways that will not threaten their own security. Aggressive/defensive cultures, in which members are expected to approach tasks in forceful ways to protect their status and security. [4] In addition, four types of culture in organizations as following; power culture, role culture, task culture and person culture. [5] A nice list of what management can do to create a more ethical organizational culture. They suggest a combination of the following practices: Be a role model and be visible, communicate ethical expectations, reduced ethical ambiguities, offer ethics training and protective mechanisms. [6,7]

Stress is a natural part of life, and occurs whenever there are significant changes in individuals' lives, whether positive or negative. It is generally believed that some stress is okay, sometimes referred to as challenge or positive stress but when stress occurs in amounts that individuals cannot cope with, both mental and physical changes may occur. [8] Occupational stress is an individual's response to a strong stimulus. [9] Furthermore, defined occupational stress as the physical and emotional responses that arise when the occupational requirements do not match the abilities, resources, or needs of the workers. [10] In addition, stressors are anything an individual perceives as a threat

and produce a state of stress by disrupting homeostasis. Moreover, mentioned that occupational stressors include factors such as work conditions, technological advancements, work responsibilities, underutilization, lack of autonomy, role conflict, and lack of support from supervisors and colleagues, organizational climate and transferable occupational skills. [11,12]

Symptoms of stress: High levels accumulated over several months are likely to result in physical and psychological reactions such as, feelings of vague, anxiety, depression, boredom, apathy, emotional fatigue, sleep disturbances, more frequent headaches / colds, muscle aches, intensified physical and emotional fatigue, Withdrawal from contact with others, and irritability. [13,14]

Causes of stress can be grouped under two broad categories personal and occupational. A) Personal stressors: Personal sources of stress deal with such non work issues as family problems, health issues, and financial problems. [15,16] B) Occupational stressors: Occupational stressors can be grouped under two broad categories: job characteristics and organizational characteristics. Job characteristics: three main job characteristics cause stress: role conflict, role ambiguity, and role overload. [17] Moreover, divided causes of stress into external and internal. A- External causes of stressors related to work include: 1- Work environment, 2-The job itself, 3-Work relationships, 4-Hierarchical factors: 5-Poor leadership: and 6- Outside factors: family, financial, legal, or health concerns. B-Internal causes: internal source of stress can be negative self-talk, such as pessimistic thinking, self-criticism, and over analysis of situation. [18,19] As well, internal sources as lack of confidence or self-esteem due to lack of expertise or experience, health problems resulting in decreased immunity and frequent illness, irrational thinking and,

false perceptions of powerlessnessetc.
[20,21]

Effects of stress includes; Personal effects: such as headaches, elevated blood pressure, fatigue, and depression and organizational effects: which include job performance, absenteeism and turnover, burnout, health care costs, and organizational costs. [22]

Stress process contains: Stage 1-alarm: During this stage the individual feel panic, wonder how to cope, and feel helpless. Stage 2-resistance: The person is resisting the effects of the stressor. On the other hand, prolonged exposure to a stressor without resolution may bring on stage 3, Finally, Stage 3-exhaustion: At this stage, the individual literally gives up and can no longer resist the stressor. [9] **Management of Stress** through some of the techniques that are suggested to proactively reduce stress should be considered during times which individuals actually engaged in stress as exercise, laughter, diet, smoking reduction, sleep, support group or support network, time management, and relaxation. Relaxation technique focuses on full, cleansing breaths and deep breathing. [23]

Organizations have plenty of incentives to decrease stress at work include job redesign, selection and placement, training, teambuilding, and work/family programs. [22] There are a range of personal, social, and environmental moderators that influence individual's susceptibility and coping abilities in relation to the stressors individuals experience such as personality differences, gender differences, ethnicity, and race, locus control. [20]

Locus of control personality factor that has been found to affect individual reactions to stressors is known as the "locus of control". People can be differentiated on the basis of their 'generalized expectancy' concerning internal and external control of life events and outcomes. [13] Specifically, some individuals feel that events are caused by

factors external to them which they have little or no control over (meaning they have an external locus of control), while others tend to feel that events are caused by internal factors which they have a great deal or entire control over (meaning they have an internal locus of control). Locus of Control refers to the extent to which individuals believe that they can control events that affect them. [24-26]

Additionally, the **advantages** of internal control are obvious, since they lead to a more efficiently runs organization, will ensure a company's resources are utilized only for their intended purposes, greatly minimizing the risk of resource misuse. Conversely, internal control also has the potential for **disadvantages**. If internal controls are badly planned or executed, employee frustration or apathy may result. In addition, an internal control system that is too rigidly designed to allow for adaptation to a particular organization may be difficult to sustain. Perhaps the biggest disadvantage to internal control is that it may cause a company's auditors to become over-dependent on the internal control system, which may lead them to relax other measures of checking for fraud and errors. [27]

Benefits external and internal: Individuals who identify with an Internal Locus of Control tend to take more responsibility for their actions, good and bad. This type of individual is often more punctual, self-motivated, likely to be ambitious and successful. An individual with an External Locus of Control is often seen as humble and agreeable. [28]

Theory of locus of control has four main components to his social learning theory model predicting behavior. [29] These are behavior potential, expectancy, reinforcement value, and the psychological situation. Behavior potential is the likelihood of engaging in a particular behavior in a specific situation. Expectancy

is the subjective probability that a given behavior will lead to a particular outcome, or reinforce. Expectancies are formed based on past experience. [30] Reinforcement is another name for the outcomes of our behavior. Reinforcement value refers to the desirability of these outcomes. [31]

Zagazig University Hospital is experiencing challenges such as diversity, international competition or globalization, mergers, take-over, etc. Thus, there is a need to develop their own unique organizational cultures and culture shapes the character of an organization. In addition studies show that the cost of stress –related consequences, such as absenteeism, deficient productivity and direct medical expenses, is estimated to be \$200 billion to \$300 billion per year. Stress-related incidents account for 12 percent of all workers compensation claims. leading more accidents, costly errors, and decreases in task performance levels and impede the proper implementation of nursing processes and procedures, thus leading to negative care outcomes. [32] Finally, In Egypt, few researches were undertaken to study relationship between` organizational culture, occupational stress and locus of control among staff nurses at Zagazig University. Researches handled only the relationship between health care organizational culture and nurses' commitment to the work in Alexandria, [33] organizational culture versus occupational stress among staff nurses at Mansoura University Hospital. [34] However, in this research, the aim of this study was to determine relationship between organizational culture, occupational stress and locus of control among staff nurses at Zagazig University Hospital in Egypt. **The objectives were to:**

- a) Identifying types of organizational culture among staff nurses.
- b) Identifying levels of occupational stress among staff nurses.

- c) Identifying locus of control level among staff nurses.
- d) Finding out the relationship between organizational culture, occupational stress and locus of control among staff nurses.
- e) Relationship between organizational culture, occupational stress, locus of control and personal data.

MATERIALS AND METHODS

Research Design: A descriptive correlation design was used to achieve the objectives of the present study. **Setting:** This study was conducted at Zagazig University hospitals- Egypt. That includes two sectors involving 8 hospitals are: new surgery, emergency, general medicine, delivery and premature, cardio thoracic, pediatric, el- Salam and economic treatment hospital.

Subjects: A stratified proportionate sample was taken and sample size was 315 subjects included all nurses who have more than one year of experience, responsible for providing nursing care to patients at time of data collection and nurse who accept to participate in the study.

Four tools of data collection were used; personal characteristics of the nurse educators, these were: age, educational qualification, years of experience, and marital status. Organizational Culture Inventory developed by [35] it was modified by the researcher. It includes 84 items categorized into three general types of organizational culture namely: constructive, passive- defense and aggressive – defense cultural. Internal – external locus of control scale developed by [31] and modified by [36] composed of 20 items. Stress Rating Scale developed by [37] and it was modified by the researcher guided by [34] consists of 52 items.

Validity: The study tools were translated into Arabic. Face and content validity was established and tested by taking the opinions

of a panel of seven expertise from faculties of nursing: professors and assistant professor from Nursing Administration Department at the Faculty of Nursing, Cairo, Ain Shams and Zagazig University-Egypt.

Reliability: Test-retest reliability was done using Cronbach's alpha to compute correlation between the items on the first and second time of applied tools. This was done with four weeks interval on the same nurse. Test-retest reliability for organizational culture (0.90, 0.83, & 0.90) constructive, passive- defense and aggressive – defense respectively. Internal-external locus of control scale $r = 0.970$ $p < 0.05$, and for Occupational stress Rating Scale (0.80, 0.95, 0.90, 0.85, 0.90, 0.96, 0.90 & 0.89) death and dying, disagreement among nurses, uncertainty concerning treatment, conflict with physician, lack of support from leadership, workload, understaffing and nurses capabilities respectively.

Data collection from participants was carried out through distribution of the

questionnaire sheet to the subjects and handed back to the researcher upon completion after an official permission was obtained from the hospitals directors and oral consent of participants. They were given an opportunity to refuse or to participate, and assured that the information would be utilized confidentially. This study was executed in two months started in January, 2013 and was completed by the end of February, 2013. Suitable descriptive statistics were used such as frequencies, and percentages for qualitative variables, means, and standards deviations for quantitative variables. Chi-square test (χ^2) was used to detect the relation between the variables. Whenever the expected values in one or more of the cells in a 2x2 tables were less than 5, Fisher exact test was used instead and correlation coefficient (r) test was used to estimate the closeness association between variables. For all the tests used, statistical significance was considered at p -value < 0.05 .

RESULTS

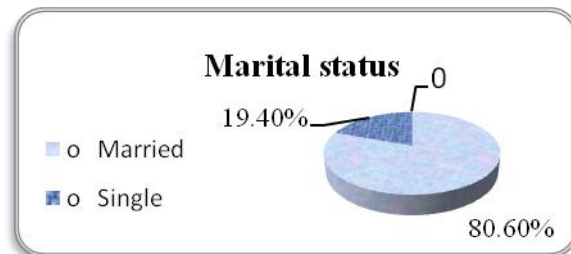
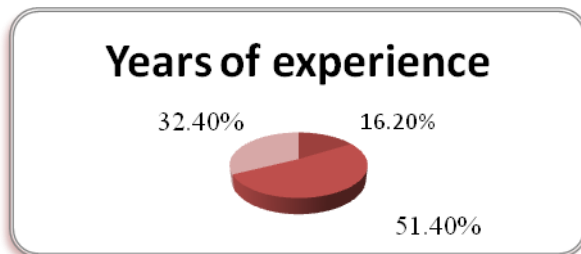
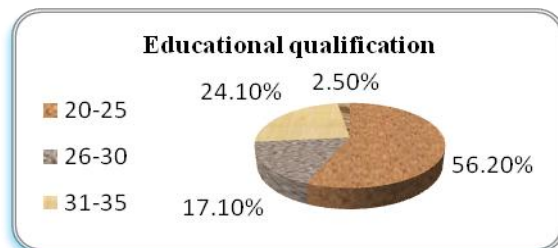
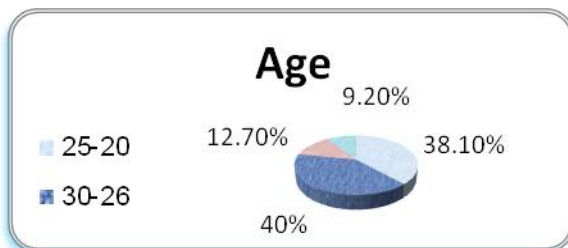


Figure (1): Frequency distribution of staff nurses as regards personal characteristics at Zagazig University Hospitals (n=315)

Finger (1): According to personal characteristics, the nurse age for (40%) their age ranged from 26-30, and the least (9.2%) of them >35. The highest percentage (56.2%) of nurses had diploma degree in nursing, and the least 2.5% of nurses had master degree of nursing. Concerning years of experience highest (51.4%) of nurses range from 5-10 years of experience, and the least (16.2%) of nurses had years of experience less than 5 years and the highest (80.6%) of nurses was married.

Table (1): Total organizational cultural types and their norms as reported by staff nurses.

| Cultural types & their norms | Satisfactory or Positive cultural | | Negative cultural | |
|---|-----------------------------------|------|-------------------|------|
| | No. | % | No. | % |
| <u>Constructive cultural norms:</u> | | | | |
| ▪ Achievement | 264 | 83.8 | 51 | 16.2 |
| ▪ Self-actualization | 260 | 82.5 | 55 | 17.5 |
| ▪ Humanistic | 208 | 66 | 107 | 34.0 |
| ▪ Affiliation | 244 | 77.5 | 71 | 22.5 |
| Total constructive culture | 247 | 78.4 | 68 | 21.6 |
| <u>Passive- defense cultural norms:</u> | | | | |
| ▪ Approval | 181 | 57.5 | 134 | 42.5 |
| ▪ Conventional | 155 | 49.2 | 160 | 50.8 |
| ▪ Dependant | 84 | 26.7 | 231 | 73.3 |
| ▪ Avoidance | 124 | 39.4 | 191 | 60.6 |
| Total Passive- defense culture | | | | |
| <u>Aggressive – defense cultural</u> | | | | |
| ▪ Oppositional | 66 | 21 | 249 | 79.0 |
| ▪ Power | 105 | 33.3 | 210 | 66.6 |
| ▪ Competitive | 185 | 58.7 | 130 | 41.3 |
| ▪ Perfectionist | 177 | 56.2 | 138 | 43.8 |
| Total Aggressive - defense culture | 88 | 27.9 | 227 | 72.1 |

Table (1): is regarded to types of organizational cultural the highest percentage of nurses (78.4%) satisfying with constructive culture and considered was positive culture style. Conversely, the highest percentage of them (60.6% - 72.1%) not satisfying with passive- defense and Aggressive - defense culture respectively and considered was negative culture style. As regard to positive norms, achievement and self-actualization (83.8% & 82.5%) the highest positive norms reported by staff nurses. On the contrary highest percentage

(73.3% & 79%) of nurse's negative norms related to avoidance and oppositional norms.

Table (2): Total levels of factors contributing to stress as reported by staff nurses.

| Factors contributing to stress | levels of stress | | | | | |
|----------------------------------|------------------|-----|-------------------|------|-----------|------|
| | Low 0 - 40% | | Moderate 41 – 60% | | High ≥60% | |
| | No | % | No | % | No | % |
| Death and Dying | 10 | 3.2 | 68 | 21.6 | 237 | 75.2 |
| Disagreement among nurses | 3 | 1 | 45 | 14.3 | 267 | 84.8 |
| Uncertainty concerning treatment | 5 | 1.6 | 89 | 28.3 | 221 | 70.2 |
| Conflict with physician | 5 | 1.6 | 46 | 14.6 | 264 | 83.8 |
| Lack of support from leadership | 3 | 1 | 45 | 14.3 | 267 | 84.8 |
| Workload | 4 | 1.3 | 93 | 29.5 | 218 | 69.2 |
| understaffing | 0 | 0 | 39 | 12.4 | 276 | 87.6 |
| Nurses capabilities | 27 | 8.6 | 128 | 40.6 | 160 | 50.8 |
| Total: | 0 | 0 | 37 | 11.7 | 278 | 88.3 |

Table (2) illustrates that most of staff nurses were highly stressed regarding total occupational stress 88.3%. Also most of staff nurses were suffer from all factors contributing to stress as understaffing, lack of support from leadership, Disagreement among nurses and conflict with physician (87.6% - 84.8% - 84.8% - 83.8%) respectively. Followed by majority of nurses contributing death and dying, workload and uncertainty concerning treatment 70.2% the highest factors to stress.

Table (3): Types of Locus of control among staff nurses (n=315).

| Locus of control | No. | % |
|--|-----|------|
| Very strong external locus of control(0-15) | 0 | 0 |
| External locus of control(15-35) | 34 | 10.8 |
| Both external- internal locus of control (35-60) | 179 | 56.8 |
| Internal locus of control(60-80) | 97 | 30.8 |
| Very strong internal locus of control(≥80) | 5 | 1.6 |
| Total | 315 | 100 |

Table (3) indicates that majority (56.8%) of studied nurses had both external- internal locus of control. Moreover, (30.8%) of them had internal locus of control. On the other hand, no one of staff nurses had very strong external locus of control and the lowest

percentage (1. 6%) of them about very strong internal locus of control.

Table (4): Correlation between organizational culture types & norms, factors contributing to stress and locus of control (n=315).

| Study Variables | Locus of control | |
|----------------------------------|------------------|-------|
| | r | p |
| Organizational culture & norms: | | |
| 1. Constructive cultural | | |
| Achievement | 0.232** | 0.000 |
| Self-actualization | 0.291** | 0.000 |
| affiliation | 0.400** | 0.000 |
| Humanistic | 0.360** | 0.000 |
| Total | 0.404** | 0.000 |
| 2. Passive- defense culture | | |
| Approval | 0.367** | 0.000 |
| Conventional | 0.377** | 0.000 |
| Dependant | 0.319** | 0.000 |
| Avoidance | 0.517** | 0.000 |
| Total | 0.492** | 0.000 |
| 3. Aggressive – defense culture | | |
| Oppositional | 0.503** | 0.000 |
| Power | 0.587** | 0.000 |
| Competitive | 0.652** | 0.000 |
| perfectionist | 0.554** | 0.000 |
| Total | 0.710** | 0.000 |
| Total organizational culture: | 0.689** | 0.000 |
| Factors contributing to stress: | | |
| Death and Dying | 0.031 | 0.579 |
| Disagreement among nurses | 0.138* | 0.015 |
| Uncertainty concerning treatment | 0.035 | 0.539 |
| Conflict with physician | -0.062 | 0.274 |
| Lack of support from leadership | **0.148 | 0.008 |
| Workload | 0.089 | 0.114 |
| understaffing | 0.091 | 0.105 |
| Nurses capabilities | **0.285 | 0.000 |
| Total occupational stress: | 0.110 | 0.050 |

(*) Statistically significant at $p < .05$

(**) statistically significant at $p < .01$

Table (4) reveals that there were statistically significant differences between organizational culture, norms and locus of control (0.000). Conversely, no significant relation between factors contributing to stress and locus of control except lack of support from leadership and nurses capabilities statistically significant differences with locus of control (0.008, 0.000) respectively.

Additional analyses

- Data were examined represents relationship between organizational culture, occupational stress, locus of

control and personal data. As following;

- There are statistically significant differences between type of organizational cultural, most of their norms and personal educational qualification (p at 0.000).
- There is positive statistically relationship between level of stress and educational qualification of staff nurses.
- There are statistically significant differences between level of Locus of control and educational qualification of staff nurses (p at 0.000).
- There are statistically significant differences between level of Locus of control and years of nurses experience (p at 0.001).

DISCUSSION

A major responsibility of each hospital leadership is to create and maintain a culture that will enable the organization to execute its mission effectively and cope successfully with stress. [38,39]

Types of organizational culture at Zagazig University Hospital. The results of the present study revealed that the constructive cultures style was the highest positive style among staff nurses at Zagazig University Hospital. Conversely, the highest negative style was passive- defense and Aggressive - defense culture respectively. It is due to that staff nurses who were working at hospital worked through group cohesiveness, value consensus and commitment to collective goals which promote self actualization and achievement behaviours which are important characters in constructive style. [34] This finding was supported by [33] who reported that the constructive cultural style was the most dominant among nurses working in

intensive care, surgical, and medical units at Alexandria Main University Hospital. In the same respect, [40] approved the results that a constructive culture is a strong culture and is one of the characteristics of a healthy organization. Moreover, many researches supported this result: as [41] found that constructive cultures style was the highest style among staff nurses at Pediatric Hospital at Mansoura University. [42] added that every individual has different culture and beliefs that he works with and when he comes to an organization that has a completely different culture and beliefs from his own, he must be allow to internalize himself first with the organization's culture and beliefs to know whether he can cope with them or not. In disagreement with these results, [43] were found the main dominant type of organizational culture in public Hospitals at Jordan is the bureaucratic.

Level of total occupational stress among nurses in this study results, it was notable that high level of total occupational stress among nurses. Also staff nurses were highly stresses regarding all factors contributing to stress as understaffing, lack of support from leadership, disagreement among nurses, and conflict with physician, death and dying and workload. This may be attributed to poor communication is a big barrier and so handover between doctors, between nurses, between shifts, so I think that is another one, a biggie. In addition, there was no close relation between subordinates, and direct supervisor, workload and lack of communication methods between them. And this might be due to large numbers of nurse patients who were assigned to nurse for providing daily nursing care, great responsibilities of nurse basic and special duty, shortage of staff nurses in different hospital unite , lack of job description, and job dissatisfaction. On the same line, [44] the level of work-stress among the MOH hospital staff seems to be high.

This was due to insufficient technical facilities, absence of appreciation, long working hours, and short breaks. In addition, the older the employee and the more experience he/she has the less work-stress is experienced. Many researches supported this result: as [45] found that workload was a primary stress factor. Additionally, [46-48] mentioned that the most sources of occupational stress were related to workload and task Overload. Moreover [49] and [50] found that a high level of occupational stress is related to workload and responsibility. Recently, [51] showed high level of stress among staff nurses and poor quality of nursing care at Mansoura University Hospital. On the same line, [52] in Canada mentioned that lack of respect and positive reinforcement from administrators creates job dissatisfaction and the risk of burnout. Similarly, [53] reveals that variables affecting occupational stress varied in both study hospitals and there was high level of occupational stress among nurses. Furthermore, [54] added that performing too many tasks in too little time are the most frequent complaints among educators. This result was not consistent with [55] who found that half the respondents experience low levels of burnout.

Another important finding of the present study findings proved that majority of nurses had both external- internal locus of control and internal locus of control. This may be attributed to the nurses seems to be psychologically health and feel that they have choice in their lives and control over their circumstances referred to as self-agency, personal control, self-determination. On the same context, [56] mentioned that nurse more internal locus of control tend to feel happier, more free and less stress. They also enjoy better health and are more satisfied with life in general. In addition, [57] mention that subject with an internal control are more likely to work for achievement, to

tolerate delays in rewards and to plan for long-term goals. In congruent with the previous findings, in Nigeria, [58] revealed highest percent of Personnel had both external- internal locus of control and internal locus of control. Moreover, added that, internal locus of control acted as a vulnerability factor involving job satisfaction, mental and physical well-being. On the other hand, the result of the present study revealed that no one of staff nurses had very strong external locus of control. Many researches supported these results. In Egypt, [59] who stated that no one of nurses scored external and very strong external locus of control. In accordance, [60] who mentioned that externals control often expressing failing task, are more likely to lower their goals, and raise their expectations of success.

One of the major finding is that regarding the relation between organizational culture types, factors contributing to stress and locus of control, there were statistically significant differences between organizational culture, norms and locus of control. Conversely, no significant relation between factors contributing to stress and locus of control except lack of support from leadership and nurses capabilities statistically significant differences with locus of control. In agreement with the previous result, [61] found that subject with an internal LOC performed better than those with an external LOC in terms of adjusting themselves to cultural conditions in different organization and country. On the same way, [62] examined locus of control among 200 nurses and asserted stress which occurs caused by organizational can be reduced by locus of control since people who have high locus of control will cope the stress positively. In addition, this result was consistent with, [34] who found statistically significant relation between total organizational culture and

total occupational stress among 172 nurses at Mansoura University Hospital. In this aspect, [51] reported that there was a statistically significant relation between organizational culture types (constructive and aggressive - defense), total organizational culture and total occupational stress.

There are statistically significant differences between type of organizational cultural, most of their norms and personal educational qualification. In agreement with the previous result, [63] and disagreement with, [64] In Nigeria .There was a positive statistically relationship between level of stress and educational qualification of staff nurses. In agreement with the previous findings, [50,65-67] On the other hand, in Saudi Arabia, [44] found that there was a statistically significant relation between job stressors, age and years of experience. Finally, there are statistically significant differences between level of Locus of control (both external- internal locus of control and internal locus of control), educational qualification and years of nurse's experience. Many researches supported these finding. [58,59] This result was in disagreement with, [68] conducted a study at USA.

CONCLUSIONS

There were statistically significant differences between organizational culture, norms and locus of control. Conversely, no significant relation between factors contributing to stress and locus of control except lack of support from leadership and nurses capabilities statistically significant differences with locus of control.

Recommendations

1. Following regularly scheduled meetings with staff nurses to convey leadership's goals.
2. Rewards are another forceful tool in constructive cultures, as employees

- quickly learn through the reward system.
3. Recruiting individuals with consistent cultural values, the health care organization should reinforce such values through training and socialization.
 4. Form a diverse team of interested and enthusiastic people in an organization to enhance the organizational culture.
 5. Maintain open communication channels between administrator and their subordinates.
 6. Time management program should be provided to nurses in order to decrease task stressors, providing a clear objective of responsibilities and duties by supervisor and managers can decrease occupational stress among nurses,
 7. Increasing nurses' sense of control through programs such as job development and enrichment, decision making in order to increase the nurses' sense of control over their jobs and the work environment,
 8. Supervisors create innovative methods to encourage their nurses in their job satisfaction and promotion so as to have high performance.

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