



Arab American University
Faculty of Graduate Studies

**Organizational Culture, Job Satisfaction, and Performance
among Nurses at Geriatric Centers**

By

Falah Jamal Falah Dakka

Supervisor

Prof. Shaher Hamaideh

Co-supervisor

Dr. Emad Fashafsheh

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Thesis Approval

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Falah Jamal Falah Dakka

This thesis was defended successfully on 27/05/2024 and approved by:


Committee members	Signature
1. Prof. Shaher Hamaideh: Supervisor	
2. Dr. Emad Fashafsheh: Co- Supervisor	
3. Dr. Basmah Salameh: Internal Examiner	
4. Prof. Mohammed AlBashtawy: External Examiner	
5. Prof. Malakeh Malak: External Examiner	

Declaration

I hereby declare that the information provided in this thesis, entitled “Organizational Culture, Job Satisfaction, and Performance among Nurses at Geriatric Centers” is trustworthy and reflects my genuine understanding and conviction, regarding the guidance of Prof. Shaher Hamaideh (Supervisor), Dr. Emad Fashafsheh (Co-Supervisor), Arab American University.

The Name of The Student: Falah Jamal Falah Dakka

ID: 202012891

Signature: 

Date: 2024/ 8 /13

Dedication

I dedicate this achievement:

To my mother's soul, may God have mercy on her.

To my father.

To my wife and son Jamal.

To my grandmother Souad and my sister Bayan.

Acknowledgment

First of all, I would like to thank my PhD supervisors, Professor Shaher Hamaideh and Dr. Emad Fashafsheh, for their patience and cooperation in all stages of writing the thesis.

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Abstract

Background: In Israeli geriatric centers, organizational culture affects Nursing Staff Performance and job satisfaction. Organizational culture examines how corporate culture affects staff performance and job satisfaction as an aging population increases healthcare needs.

Methods: A cross-sectional study was adopted to collect data from nursing staff in numerous Israeli geriatric centers. Determine the type of sampling. Data were collected using self-reported a questionnaire consisting of the Organizational Culture Assessment Instrument (OCAI), a Performance Measurement Scale for Hospital Nurses, and a Generic Work Satisfaction Scale assessed job satisfaction. This study was conducted from October 5th, 2023 to January 7th, 2024,

Results: Out of the 300 participants, 55% were females. About 63% of the nurses had caregiver certifications and 25.3% had bachelor's degrees. A total of 40% of the participants had experience ≤ 5 years and 45% were married. Organizational culture, including organizational leadership, teamwork, and strategic emphases were positively correlated with nursing staff performance and job satisfaction. A positive correlation was found between organizational culture (including leadership, teamwork, and strategic emphasis) and both nursing staff performance and job satisfaction. Organizational culture explained 81.5% of the variance in nursing staff performance and 75.3% of the variance in job satisfaction. Demographic factors such as gender, age, or education did not significantly affect job satisfaction and performance outcomes, though experience did influence job satisfaction, with more experienced workers reporting higher satisfaction levels.

Conclusion: Organizational culture profoundly affects the performance and job satisfaction of nurses in geriatric care. Enhancing organizational culture through effective leadership, strategic management, and teamwork can improve these outcomes. These findings can guide geriatric center managers and policymakers in fostering a supportive and dynamic organizational culture to enhance aged care services.

Keywords: Organizational culture, Nursing staff performance, Job satisfaction, Geriatric centers.

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List of Abbreviations

OCAI	Organizational Culture Assessment Instrument
LMICs	Low- and Middle-Income Countries
CINAHL	Cumulative Index of Nursing and Allied Health Literature
EHRs	Electronic Health Records
RACFs	Residential Aged Care Facilities
HCWs	Healthcare Workers
QNWL	Quality of Nursing Work Life
LTC	Long-Term Care
RN	Registered Nurses
LPN	Licensed Practical Nurses
NA	Nursing Assistant
QWL	Quality of Work-Life
ICF	Disability and Health
EI	Emotional Intelligence
SPSS	Statistical Package for Social Sciences
PCC	Person-Centered Care
NHs	Nursing Homes
QOC	Quality of Care
GEE	Generalized Estimating Equation
PMS	Performance Measurement Scale
GJSS	Generic Job Satisfaction Scale
VIF	Variance Inflation Factor

SD	Standard Deviation
OR	Odd Ratio
IRB	Institutional Review Board

Chapter One

Introduction

This study explores organizational culture's effect on Nursing Staff Performance at geriatric centers in Israel. This chapter introduces the reader to the background, problem statement, aims, significance, questions, the study's hypotheses, and the definition of variables.

1.1 Background

The global issue of eldercare is an increasingly pressing challenge driven by the aging population and the longer lifespans of individuals (Perruchoud et al., 2021). This demographic shift significantly impacts healthcare services for the elderly, influencing healthcare providers' attitudes and the quality of aging-related services. Nurses, being the backbone of many healthcare systems, play a crucial role in this context. Their knowledge and behaviors can profoundly affect their preference for and delivery of care, thereby impacting the quality of care provided to older individuals (Zhou et al., 2022).

The consequences of the growing aging population are observed globally, posing significant challenges and increasing demands on health and care services (Salia et al., 2022). Aging is accompanied by an elevated risk of developing multiple chronic conditions, resulting in complex long-term care needs. This phenomenon is particularly evident in European countries, where aging populations necessitate a greater demand for healthcare professionals specialized in geriatric or psychogeriatric care to cater to the unique needs of older adults with age-related somatic and psychopathological conditions (Maresova et al., 2019). Consequently, there is a shifting emphasis from

hospital-based care to home healthcare or assisted living teams, underscoring the growing need for highly specialized geriatric care services to address the complex care requirements of the ageing population effectively (Demiris et al., 2020).

The challenge of eldercare is becoming increasingly pronounced due to population aging worldwide, particularly in low- and middle-income countries (LMICs) where aged care policies and services are lagging. In China, for example, the current number of individuals aged 65 years or older is around 153 million, or 11% of the total population. This figure is projected to more than double by 2050, reaching 358 million or 26% of the total population (Feng, 2019).

Providing long-term care for the elderly is an essential function of senior centers or nursing homes. However, families often express concern about the safety and quality of healthcare services provided by these facilities. Reports of safety shortcomings include inappropriate prescription practices, adverse drug events, insufficient fall deterrence and risk management strategies, poor infection control, and extensive pressure ulcers (Li et al., 2019). Several factors, both internationally and in Israel, significantly impact nursing staff performance in geriatric centers, including organizational culture and work environment (Mannion & Davies, 2018). A supportive and encouraging work atmosphere that fosters collaboration, communication, and professional advancement can lead to improved performance and outcomes (Mudallal et al., 2017).

Workload and staffing levels also impact nursing staff performance. Adequate staffing levels and moderate workloads are crucial for delivering high-quality care. Burnout, job dissatisfaction, and poor performance can result from inadequate staffing

levels and heavy workloads (Gottlieb et al., 2021). Training and education are equally important, as ongoing training and professional development programs can enhance nursing staff's knowledge and abilities, enabling them to provide better care and make more informed decisions. Additionally, access to educational and training opportunities can support improved staff retention and job satisfaction (Meira & Hancer, 2021).

Organizational culture is a significant factor in shaping the organization and understanding crucial organizational components such as empowerment (Crawford et al., 2019). A positive organizational culture can enhance job satisfaction, performance, and problem-solving confidence, enabling staff to participate actively in the process of innovation (Sharifi et al., 2019). Organizational culture includes various components such as internal communication, work-life balance, leadership approach, professional growth, employee contentment, incentive structure, and organizational achievement (Lee & Jang, 2020). When any of these attributes are compromised, it can negatively impact an organization's productivity and financial performance (Karatuna et al., 2020).

Job satisfaction is a fundamental construct in industrial relations research, defined as an attitude that individuals have about their jobs (Locke & psychology, 1976; Yuzuk, 1961), encompassing both intrinsic and extrinsic aspects (Bhuiyan, Mengue, & Management, 2002). It is directly related to organizational commitment and turnover intentions, making it a critical factor in workforce research (Boles, Wood, Johnson, & Management, 2003). High job satisfaction is associated with clear responsibilities, development opportunities, and a positive workplace climate, while low job satisfaction is linked to factors such as low salaries, lack of recognition, and a negative organizational image (Niedzielski, 2017).

The link between organizational culture, nursing staff performance, and job satisfaction in eldercare is complex and influenced by demographic changes, healthcare needs, and organizational traits. A supportive organizational culture that prioritizes empowerment and professional growth can improve nursing staff performance and job satisfaction, particularly with the growing demand for geriatric care due to an aging population (Ahmad, Barattucci, Ramayah, Ramaci, & Khalid, 2022; Josephine H. Silvestre, 2015). The shift towards home-based and assisted living models in eldercare requires changes in organizational culture and staff training to ensure high job satisfaction and performance levels (Boland et al., 2017). Understanding and addressing these factors is essential to ensure that nursing staff can provide high-quality care to elderly populations and improve their overall well-being (National Academies of Sciences, 2021).

1.2 Problem Statement

Israel's population is also experiencing significant aging. The number of adults aged 65 and over has increased 18-fold since 1950. Despite this, the elderly population in Israel currently constitutes only 11% of the total population, or 978,000 individuals, out of a population of 8.6 million in 2016. Israel's elderly population is unique, as the country welcomes immigrants from 119 countries, including many Holocaust survivors from diverse backgrounds in terms of ethnicity, economics, health, education, and culture (United Nations Geneva, 2020). By 2035, Israel's total population is projected to reach 12.1 million, with individuals aged 65 and over expected to constitute 14% or 1.9 million people. Policymakers acknowledge that the changing demographics will present new challenges and stresses on public services and the Israeli community as a whole,

necessitating comprehensive solutions to prepare for this new reality (Brookdale Institute Israel, 2020).

Israeli society is currently seeing a significant increase in its aging population, leading to a growing demand for high-quality treatment in geriatric centers. The provision of such care presents significant obstacles attributable to issues such as inadequate staffing, burdensome workloads, and constrained resources. The aforementioned issues exert a significant impact on the performance and productivity of nursing personnel, potentially impeding job satisfaction, motivation, and overall effectiveness (Khademi *et al.*, 2015). Moreover, the impact of organizational culture on enhancing the nursing staff performance of personnel in Israeli geriatric centers is still inadequately comprehended, despite its potential influence on multiple aspects of their professional duties. Additional investigation is required to thoroughly examine and effectively tackle these concerns to guarantee the delivery of superior care for the expanding older demographic in Israel. The organizational culture plays a crucial role in ensuring high-quality work and positively impacting the overall health of both patients and nurses (Hendel & Kagan, 2014).

In Israel, specific factors such as a diversified population with various languages and cultural backgrounds also impact nursing staff performance. Effective communication with residents and their families is crucial for providing high-quality care, making language and cultural competency important factors (Segalovich *et al.*, 2022). Financial resources for geriatric centers also play a significant role, as the largely public healthcare system in Israel is funded by the government. The level of funds and resources available can impact the quality of care delivered and the nursing staff's ability to perform their duties effectively (Schuster *et al.*, 2018).

1.3 Significance of the Study

This study is important for numerous reasons. Firstly, older persons need complex long-term care since they are more susceptible to developing several chronic diseases as they age. As a result, there is an increasing need for healthcare professionals, particularly nurses with geriatric or psychogeriatric care specializations, to handle the complex needs of elderly people affected by age-related, somatic, and psychopathological problems. This trend is being seen worldwide as the world's population ages, putting enormous strain on healthcare systems to provide comprehensive and specialized care for the elderly. These medical specialists are essential in providing holistic and specialized care to address the particular difficulties and complications related to aging and its related conditions (Podell *et al.*, 2018).

Also, the study focuses on the role of organizational culture in influencing nursing staff performance, which is a critical yet understudied area. Organizational culture has been shown to affect employee inspiration, job satisfaction, and performance substantially. By finding the reasons that outline organizational culture in geriatric centers in Israel, the study can update the development of actual interference strategies that can improve nursing staff performance and advance patient outcomes (Goyal *et al.*, 2023).

This study has the potential to influence national policy and practice. The study can offer useful insights to policymakers and healthcare administrators by pinpointing the variables that affect Nursing Staff Performance and outlining relevant intervention techniques. The study's findings can be used to create practical policies and procedures that will raise the standard of care given at Israeli geriatric centers and guarantee that the elderly population gets the attention they require and deserve.

1.4 Objectives of the Study

This study aimed to assess the relationship between organizational culture, job satisfaction, and nursing staff performance among nursing staff in Israeli geriatric centers.

This study was guided by the following objectives

1. To assess the levels of organizational culture, job satisfaction, and nursing staff performance.
2. To examine the effect of organizational culture on the nursing staff performance in geriatric centers in Israel.
3. To examine the effect of organizational culture on Job Satisfaction among nursing staff in geriatric centers in Israel.
4. To assess the effect of job satisfaction on the nursing staff performance among nursing staff.
5. To find out the differences between job satisfaction and nursing staff performance in geriatric centers based on gender, age, education level, and experience level.

1.5 Research Questions

The following research questions were formulated:

1. What are the levels of organizational culture, job satisfaction, and nursing staff performance among nurses in geriatric centers?
2. Does organizational culture at geriatric centers in Israel affect the nursing staff performance?
3. Does the organizational culture at geriatric centers in Israel affect generic job satisfaction?

4. Does job satisfaction affect the nursing staff's performance?
5. Are there any differences in job satisfaction and nursing staff performance among nursing staff in geriatric centers in Israel based on gender, age, education levels, and experience?

1.6 Definitions of Variables

1.6.1 Conceptual Definitions

Organizational Culture: It is a complex mix of values, beliefs, norms, and practices that shape behavior and performance (Mannion & Davies, 2018). It includes aspects like leadership style, communication patterns, team orientation, employee empowerment, and decision-making processes (Mannion & Davies, 2018). The

Nursing Staff Performance: Nursing staff performance is influenced by the prevailing organizational culture. A supportive culture that promotes teamwork, communication, and professional development is likely to enhance staff performance, motivation, and job satisfaction (Aydoğdu, 2023). Conversely, a negative culture can lead to burnout, dissatisfaction, and poor performance.

Job Satisfaction: Job satisfaction is a critical mediator between organizational culture and staff performance. Satisfied employees are more engaged, motivated, and committed to providing high-quality care. Factors influencing job satisfaction in healthcare include leadership support, workload, recognition, and opportunities for professional growth (Kalamawei, Abeki, & Dienye, 2016; Ramasodi, 2012).

1.6.2 Operational Definitions

- **Organizational Culture.** It was measured using the Organizational Culture Assessment Instrument (OCAI). This instrument assesses four archetypal profiles: Clan, Adhocracy, Market, and Hierarchy. The OCAI consists of 24 items, with each profile represented by six items (Dominant Characteristics, Organizational Leadership, Management of Employees, Organization Glue, Strategic Emphases, and Criteria of Success) (Caliskan & Zhu, 2019). Participants rate each item on a 5-point Likert scale, with higher scores indicating stronger alignment with the corresponding archetypal profile (Bertram, 2007; Framework; Tanujaya, Prahmana, & Mumu, 2022).
- **Nursing Staff Performance.** It is being evaluated using the Performance Measurement Scale, which includes 17 items and is based on four factors: competency, attitude, readiness to improve, and implementation of the nursing process (Ko, Lee, & Lim, 2007). The Performance Measurement Scale items were scored by participants on a 5-point Likert scale, with 1 (lowest score) and 5 (highest score).
- **Job Satisfaction.** It was assessed using the Generic Job Satisfaction Scale (S. Macdonald & P. MacIntyre, 1997) which consists of 10 items. This instrument has ten items with a 5-point Likert scale (1 = Totally disagree to 5 = Totally agree) (Andrade, Omar, & Salessi, 2020; S. Macdonald & P. J. E. A. Q. MacIntyre, 1997). The scoring system was on a 5-point Likert scale ranging from 1 (lowest score) and 5 (highest score).

1.7 Summary

Chapter One introduces the study examining the relationship between organizational culture, job satisfaction, and nursing staff performance in geriatric centers in Israel. It highlights the growing demand for quality geriatric care due to the aging population and underscores the importance of organizational culture in influencing job satisfaction and performance among nursing staff. The study aims to fill the research gap by exploring these relationships, with objectives focused on examining the effects of organizational culture on job satisfaction, assessing the impact of job satisfaction on performance, and investigating their combined impact. Key research questions address these objectives. The significance of the study lies in its potential to inform healthcare managers and policymakers on strategies to improve the working environment and care quality. The scope is limited to geriatric centers in Israel, employing quantitative methods, while acknowledging limitations such as the cross-sectional design and potential bias in self-reported data. Definitions of key terms like organizational culture, job satisfaction, and nursing staff performance are provided, setting the stage for the following chapters.

Chapter Two

Literature Review

This chapter provides a Search strategy, background information about the Israeli healthcare system with a focus on geriatric healthcare, and the main variables of this study: organizational culture, Nursing Staff Performance, and job satisfaction, followed by a literature gap and summary.

2.1 Search Strategy

A search of the following electronic databases (i.e., Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medline, PubMed, and Google Scholar) was performed in order to search for studies that could provide data on the current evidence about organizational culture, Nursing Staff Performance and job satisfaction.

The keywords used in the search were *Organizational culture, Nursing staff performance, Job satisfaction, Geriatric centers*.

Inclusion criteria were (1) original or primary research, (2) secondary analysis of aggregate data (e.g., systematic review, integrative review, concept analysis, etc.), and (3) study that utilized a quantitative, qualitative, or mixed method design. (4) The studies were covered ten years ago. On the other hand, exclusion criteria were (1) case studies, (2) case series, and (3) opinionated articles or editorials. A total of 19 studies met these criteria and were included in the analysis.

2.2 The Israel Healthcare System and Primary Care

The healthcare system worldwide encompasses diverse structures, policies, and practices aimed at delivering comprehensive and accessible medical services to populations (Behera *et al.*, 2022). A specific focus on primary care within the healthcare system of Israel provides insight into the country's approach to promoting public health, preventing disease, and managing medical needs at the grassroots level (Brammli-Greenberg *et al.*, 2019).

Israel's healthcare system is known for its universal coverage, offering medical services to all citizens, residents, and even unauthorized immigrants. The system is governed by the National Health Insurance Law, which mandates that every citizen must be a member of one of four competing health funds, known as "Kupot Holim." These health funds provide a wide range of services, including primary care, specialist consultations, hospital care, and prescription medications (Tikkanen *et al.*, 2020).

Primary care is a fundamental pillar of Israel's healthcare system, acting as a gateway to broader medical services. Primary care places a strong emphasis on health promotion, disease prevention, and early intervention. Primary care providers, including general practitioners and family physicians, are crucial in delivering comprehensive and continuous care to individuals and families. They conduct regular check-ups, administer vaccinations, manage chronic conditions, and offer guidance on healthy lifestyles (Rosen *et al.*, 2015).

One distinctive feature of Israel's primary care is the focus on community-based healthcare centers known as "Tipat Halav" (Mother and Child Health Centers). These centers provide various maternal and child health services, including prenatal care, child

immunizations, and growth monitoring. The Tipat Halav centers foster a strong connection between healthcare providers and families, ensuring that health needs are addressed comprehensively from birth through adolescence (Ministry of Health, 2018).

Moreover, Israel's primary care system emphasizes the integration of electronic health records (EHRs) to facilitate seamless information sharing among healthcare providers. This digital infrastructure enhances care coordination, reduces duplication of tests, and supports evidence-based decision-making. In recent years, Israel has also promoted the concept of "Healthy Aging" within primary care. As the population ages, primary care providers focus on proactive measures to maintain the health and well-being of older adults, emphasizing preventive screenings, geriatric assessments, and comprehensive care planning (Nissanholtz-Gannot *et al.*, 2017).

Despite these strengths, challenges remain within Israel's primary care system, including workforce distribution, access to care in rural areas, and the rising demand for specialized services. The government continually seeks ways to address these challenges and strengthen primary care delivery through initiatives aimed at recruiting and retaining healthcare professionals, expanding telemedicine, and further integrating community-based services (Rosen *et al.*, 2015).

2.3 The Israel Geriatric Healthcare

Geriatric healthcare holds a paramount role in addressing the unique and evolving healthcare needs of older adults in Israel. As a nation with a rapidly ageing population, Israel significantly emphasizes providing comprehensive and specialized care to its elderly citizens within primary care settings. This approach promotes healthy

ageing, prevents and manages age-related conditions, and enhances the overall quality of life for older individuals (Muir, 2017).

In Israel, geriatric healthcare involves a multifaceted approach encompassing a wide range of medical, psychosocial, and functional aspects. Primary care providers collaborate with geriatric specialists, nurses, social workers, and other healthcare professionals to offer holistic care tailored to the individual needs of older adults. The focus extends beyond medical treatment to address psychological well-being, social support, and maintaining independence (Chernichovsky *et al.*, 217).

Primary care providers in Israel's geriatric healthcare system are well-equipped to conduct comprehensive geriatric assessments, which include evaluating physical health, cognitive function, nutritional status, and social interactions. These assessments are pivotal in identifying potential health risks, cognitive impairments, and other factors that influence an older adult's quality of life (Horev and Avni, 2016).

A cornerstone of Israel's geriatric healthcare in primary care is the emphasis on preventive measures. This includes regular health screenings, vaccinations, and promoting a healthy lifestyle to prevent the onset or progression of chronic conditions commonly associated with aging. Additionally, primary care providers in Israel collaborate closely with community resources to offer services such as home healthcare, rehabilitation, and support groups to ensure older adults receive well-rounded care that addresses their unique needs (Dwolatzy *et al.*, 2017).

Furthermore, integrating technology and telemedicine has gained prominence in Israel's geriatric primary care, facilitating remote consultations and monitoring for older

adults facing mobility challenges. This innovative approach enhances accessibility to healthcare services and ensures timely interventions (Segalovich *et al.*, 2022).

Israel's commitment to geriatric healthcare in primary care settings aligns with its cultural emphasis on respecting and valuing older generations. By providing specialized care that encompasses medical, emotional, and social well-being, Israel's primary care system is pivotal in enabling its elderly population to age gracefully, maintain independence, and enjoy an enhanced quality of life (Schuster *et al.*, 2018).

2.4 Organizational Culture

The organizational culture of nursing homes significantly impacts the outcomes and experiences of residents and care workers. Organizational culture in nursing homes significantly influences the care environment and its possible effects on residents' functional performance (Aloisio *et al.*, 2021). A positive culture based on partnership, open communication, job satisfaction, and person-centered care can promote resident engagement, staff coordination, and staff motivation, all of which contribute to better functional abilities and quality of life. In contrast, a bad culture can result in staff fatigue, impacting resident outcomes and the quality of care. Optimizing residents' functional performance and well-being in nursing home environments requires recognizing and fostering a conducive corporate culture (Mannion *et al.*, 2018).

The organizational culture of healthcare institutions, specifically residential aged care facilities (RACFs), and the quality of care they deliver significantly correlate, according to a thorough study by (Churruca *et al.* 2023). A greater focus has been placed on assuring the quality of care due to the increase in the RACF population worldwide. This review aimed to clarify the research methodology used to examine

organizational culture, interpret the findings of earlier studies, and identify the treatments used to improve organizational culture within RACFs. An integrative review design was used to understand the complex subject of organizational culture thoroughly. Examining academic databases, including Ovid Medline, Scopus, PsycINFO, CINAHL, and Embase, was part of the review. Empirical research carried out in RACF contexts, published in English-language peer-reviewed journals, and largely concentrating on organizational culture or climate were all considered for inclusion. Ninety-two articles in all were carefully considered for inclusion in the review. Forty-nine of this research (64.1%) used quantitative procedures, 24 (26.0%) used a qualitative strategy, and 9 (9.8%) combined both qualitative and quantitative techniques. Notably, although the majority of 65 studies (70.7%) sought to understand the complex interactions between culture and other variables, indicating a range of mixed and indeterminate correlations, 22 studies (23.9%) sought to define the culture present inside RACFs. Surprisingly, only five studies (5.4%) examined culture change intervention evaluations. In conclusion, this study highlights the dispersed environment of research in this field, emphasizing how different cultural demarcations, conceptualizations, and operationalizations may have contributed to the disparate results seen. The review emphasizes the need for additional research projects supported by solid theoretical frameworks to strengthen the empirical basis on which culture change interventions may be successfully planned and carried out.

The urgent need for hospitals to increase competitiveness in the modern healthcare landscape is addressed by (Almutairi *et al.* 2022). Numerous studies have revealed the gap between corporate culture and improved performance of healthcare professionals. Although it is well known that an organization's culture has a major

impact on the performance of healthcare professionals in clinical practice, the precise processes via which culture encourages such enhancement remain unclear. In-depth database searches across platforms, including ScienceDirect, PubMed, and Google Scholar, and relevant articles from 2011 to 2021 are used to analyze data from 22 literature reviews. The accumulated evidence demonstrates how an organization's culture can significantly impact the performance and efficacy of its healthcare workers. This complex issue is broken down into distinct themes that cover nurse performance as mediated by discipline, the existence of cultural groups, the importance of healthcare professional management, and individual, organizational, and psychological components. Optimizing nurse performance and patient care outcomes depends on healthcare management's firm understanding of workplace cultural norms.

A thorough study was undertaken by (Debesay *et al.* 2022) to meet the growing need for care brought on by an aging population and a lack of healthcare professionals, which led to a clear ethnic variety among healthcare workers (HCWs) in many different nations. The main goal of this article is to explore the practical aspects of a multicultural workplace, as described by nursing home administrators and HCWs (Debesay, Arora, & Fougner, 2022). The study's methodology includes qualitative interviews with 16 HCWs and managers from nursing homes in Oslo. In-depth interviews were conducted in August and September 2021. The information gathered from these conversations was evaluated through in-depth analysis using a reflective thematic methodology informed by hermeneutic phenomenology rules (Debesay *et al.*, 2022). The findings include six key themes that appeared in the interview data: (1) the understanding of diversity through shared norms and multicultural experiences; (2) the increased flexibility inherent to a multicultural workforce; (3) the challenge to conventional norms within

such a milieu; (4) the importance of language proficiency and potential exclusionary practices at the workplace; (5) varying perceptions of the role of the ward nurse; and (6) the existence of prejudices and instances of harassment committed by patients. The study's key finding is that managers must establish an inclusive organizational culture to manage and develop HCWs within a heterogeneous workforce. Promoting the general health and functionality of healthcare workers requires managers to have the ability to discuss complex subjects and resolve possible disputes that may arise in the workplace (Debesay et al., 2022).

Ekasari *et al.* (2020) conducted a thorough investigation to analyze how organizational culture affects nurses' performance and their quality of nursing work life (QNWL). Additionally, the study examined how QNWL and nurse performance interacted, as well as its ability to act as a mediator in the interaction between organizational culture and nurse performance in the Baptist Batu Hospital setting. Data was rigorously gathered using the census method from March to April 2019 with a total of 58 participating nurses, utilizing a cross-sectional approach. Descriptive statistics and partial least squares structural equation modeling were used to analyze the acquired data. The study's findings confirmed organizational culture's crucial role and positive effects on nurse performance and QNWL. However, the study found that QNWL had a negligible impact on nurse performance and did not moderate the effect of organizational culture on nurse performance. In the study's concluding recommendation, it was emphasized how crucial it is to improve the hospital's organizational culture as a strategic method to improve both nurse performance and QNWL.

Runtu *et al.* (2019) conducted a study with the main goals of analyzing organizational culture characteristics that affect care coordination and identifying the

particular organizational culture type that can improve care coordination. Using a systematic review methodology that used resources from Science Direct, ProQuest, and Scopus, the study carefully examined quantitative and qualitative studies relevant to organizational culture and care coordination in hospitals. The PRISMA-P 2015 analysis and reporting checklist was followed while evaluating publications written in English between January 2006 and July 2017. A focused assessment of 66 of the 359 initially discovered publications was done. The research found four general forms of organizational culture: clan, market, hierarchy, and adhocracy. Additionally, the review outlined important organizational culture characteristics, such as intra-team relationships, communication, teamwork, success criteria, conflict management, authority, and autonomy, that impact care coordination. The review's findings concluded by recommending hospital administrators embrace a clan culture to improve care coordination within their organizations.

Hwang (2019) conducted a study to determine how nurses' general well-being was affected by the organizational culture type identified among long-term care (LTC) hospitals, job satisfaction, and stress levels. The study included 226 participants, chosen at random among nurses working in 17 long-term care homes with a total of 100 beds distributed across five cities in South Korea. The study applied multiple regression analysis to identify the factors affecting nurses' happiness.

The results showed that the happiness levels among LTC hospital nurses were not very high. They reported higher job satisfaction due to autonomy, a lower volume of task requests, a positive link with subjective health perception, and a preference for a hierarchical organizational culture as characteristics that contributed to their happiness. The most significant of these factors was job satisfaction fueled by autonomy. Given

these findings, it is essential to adopt individualized health improvement programs to increase nurses' happiness. Hospitals must also ensure that their operations are reliable and efficient to promote organizational security. Nurse managers should actively encourage nurses to carry out their responsibilities independently.

To investigate the effect of organizational culture within nursing homes on staff turnover, Banaszak-Holl *et al.* undertook a thorough study in 2015, acknowledging culture as a fundamental component in creating positive work environments. 419 out of 1,056 administrators contacted for the research provided insights, which involved asking for responses from nursing facility administrators in 2009. The Competing Values Framework was used to evaluate the strength of cultural values and determine the staff turnover rates for registered nurses (RN), licensed practical nurses (LPN), and nursing assistants (NA). Turnover predictions using negative binomial models were calculated. Although NAs still showed much higher turnover compared to RNs or LPNs, the results showed a reduction in turnover rates from prior observations. Higher RN and LPN turnover rates were associated with market-oriented cultural values, but hierarchical internal procedures decreased RN turnover. Through group and developmental values, LPN turnover was reduced, although NA turnover effects were negligible when voluntary turnover reporting was taken into consideration. The results highlight the complex relationship between organizational culture and RN, LPN, and NA turnover, highlighting the need for specific culture-change methods to address these discrepancies. Notably, flexible cultural values were crucial for LPN employees, whereas an emphasis on strict internal regulations was linked to the unexpected retention of RNs. Additionally, a customer-centric approach was associated with higher

turnover across all staff categories, highlighting the complex link between organizational culture and the dynamics of staff turnover.

2.5 Nursing Staff Performance

Nurse performance at residential aged care facilities is crucial in ensuring the well-being and quality of care for elderly residents (Moilanen *et al.*, 2021). Nurses in these settings are responsible for various tasks, including administering medications, monitoring vital signs, providing personal care, and addressing residents' medical and emotional needs (Awosoga *et al.*, 2023).

Effective nurse performance involves technical skills, interpersonal abilities, empathy, and effective communication to establish rapport with residents and their families. Additionally, nurses are essential in promoting residents' functional independence, mobility, and overall quality of life through tailored care plans and interventions (Braithwaite *et al.*, 2017). A high level of nurse performance contributes to a safe and nurturing environment, enhances residents' dignity, and helps maintain their physical and emotional health, fostering a positive living experience in residential aged care facilities (Nurmeksela *et al.*, 2021). Despite this, there is growing concern regarding the intricate relationship between organizational culture, nurse performance, and job satisfaction. Recent literature highlights the significance of healthcare workers' job satisfaction, happiness, and Organizational culture as reflections of perceived nurse performance, influencing the caliber of care provided.

Ikeda-Sonoda *et al.* (2020) conducted a study to address the growing concern about the quality of work life (QWL) among nursing home care personnel and its potential impact on the functional performance of nursing home residents. The study

used a retrospective cohort technique with nursing home residents and included a questionnaire survey directed at the employees who provide care for the residents.

International Classification of Functioning, Disability, and Health (ICF) staging was used to assess functional performance, activities of daily living, cognitive function, and social participation. The result showed that while 23.0% of residents exhibited deterioration in functional performance, 12.7% experienced improvement. Interestingly, the global happiness of care staff was inversely associated with the likelihood of residents' deterioration (adjusted OR, 0.61; CI 0.44 to 0.84). However, no statistically significant correlation was identified between job satisfaction or happiness of care staff and the improvement of residents' functional performance. In conclusion, the findings underscore the linkage between the QWL of care staff and alterations in the functional performance of elderly individuals with severe disabilities residing in nursing homes. 1000 inhabitants in 18 Japanese nursing homes with care needs ranging from levels 3 to 5, and 412 care staff members served as the data source.

In recognition of the crucial role of nurse performance in providing high-quality patient care outcomes and improving patient safety, (Gunawan *et al.* 2019) conducted a study to investigate factors impacting nurse performance in hospital settings. Two hundred nurses were included in the study, which used a cross-sectional methodology and stratified random selection to choose participants. Structured questionnaires were used for data collection, and multivariable logistic regression analysis was used for analysis. The results highlight the significance of several variables that affect nurse performance, such as work motivation, the perception of team method implementation, duration of employment, and educational degree. The study's conclusions indicated that hospital administrators should prioritize programs that promote interpersonal

interactions and career development for nurses to increase nurses' motivation, competence, and performance.

There are several factors affecting the performance of nurses working at aged care facilities; to clarify the factors influencing the work environment and quality of life of long-term care nurses, (Stewart *et al.* 2023) did a comprehensive investigation, incorporating findings from multiple disciplines, periods, and geographical jurisdictions. With an emphasis on English-language or translated studies that reported associations and relationships among nurses' work elements, work environments, attitudes, and outcomes, the eligibility criteria were broad, covering different study methods and nations. Data from sources like Medline, CINAHL, PsychINFO, EMBASE, Scopus, and PSNet up to March 2022 were included in the review. The investigation showed that role confusion, work dissatisfaction, and burnout have frequently arisen due to the long-term care nurses' increasing responsibilities, which now include medical and administrative duties. Despite a lack of resources and a high prevalence of work violence or injury risk factors, nurses reported worries about their ability to provide resident care and the quality of their training. Support from supervisors and the organization was found to be a key component in determining nurses' work experiences. An enhanced working environment, clearer job descriptions, and a sense of worth and security resulted from effective supervisory support. Reduced work stress, improved self-worth, and reduced self-stigmatization were all influenced by organizational support, which also improved attitudes, work output, and resident care standards. The study outlined several unfavorable indicators in the context of long-term care nursing, such as work-related stress, burnout, low morale, and high turnover. It

compromised quality of care, highlighting the need for improved support systems and further study to address these issues and improve nurses' work health and quality of life.

Moreover, Privatization and greater private-sector participation, a notable recent development in the aged care sector in many countries, could affect nurses' performance. To assess the possible effects of increased private sector involvement on the level of care and cost in residential aged-care facilities, Yong *et al.* (2021) conducted a comprehensive study. The study involved three types of ownership in Australia, which has been implementing market-oriented reforms to increase consumer choice and market-driven engagement in elderly care. These ownership types are government-owned, private not-for-profit, and for-profit facilities. The study explored the quality of care and pricing indicators while taking into consideration facility characteristics using a retrospective analysis of facility-level data covering six financial years. It included virtually all residential aged-care institutions in Australia. Notably, government-owned facilities exhibited higher quality of care across multiple measures and charged comparatively lower average prices when compared to private for-profit and not-for-profit counterparts. The results encourage a discussion on the necessity of addressing regulatory difficulties and market failures in the context of private sector participation in aged care reforms to ensure effective competition and desired outcomes. Notably, the study emphasizes the significance of transparent reporting of quality and simple pricing structures to support informed consumer choices and encourage desired market dynamics.

Regarding the emotional role, Karimi *et al.* (2020) carried out a vital study addressing the efficacy of Emotional Intelligence (EI) training in healthcare employees within an Australian elderly care facility, an area with scant empirical evidence. The

study sought to evaluate the effects of EI training on worker well-being, psychological empowerment, and resident care quality using Bar-On's (1997) EI conceptual framework. The study assessed 60 participants in each experimental and control group using a quasi-experimental design using groups from different facilities as the experimental and control groups. There were 17 individuals in the control group and 27 in the training group. The study looked at how well-being, psychological empowerment, and job performance among staff members were affected by EI training over six months. Job performance was assessed by staff and client ratings of the care's improved quality. Notably, the results showed that workers who received EI training significantly improved their EI scores, the quality of care they provided, their overall wellbeing, and their psychological empowerment, whereas no significant differences were seen in the control group. By emphasizing its potential to improve both the work experiences of aged care professionals and the overall quality of care provided to residents within the aged care facility setting, this study highlights the practical consequences of EI training and offers insightful information about its potential benefits.

At a tertiary referral health center in the Volta region of Ghana, Salia *et al.* (2022) conducted a study to evaluate the factors influencing the nursing staff's care of older people. The study was comprised of 150 nurses, with a 95% response rate, and used a descriptive cross-sectional design and quantitative data collection techniques. To predict factors associated with nurses' knowledge and attitude towards the care of elderly people while considering confounding variables and multicollinearity, the data were analyzed using the Statistical Package for Social Sciences (SPSS) version 23. The results showed that a significant percentage of nurses had a good understanding of the aging process (83.8%), provided excellent care for the elderly (88.7%), and had a

compassionate attitude toward elderly individuals (84.5%). Nurses' favorable emotions toward the elderly were correlated with their professional training, credentials, and understanding of aged care. The main perceived hurdles noted by nurses were the lack of specialized wards or facilities and staff motivation for geriatric care. The study suggests that gerontological nursing programs should be strengthened and specialized aged care facilities should be established in Ghana, along with strong policy guidelines and regulations to improve nurses' knowledge and attitudes and ultimately raise the standard of care for elderly individuals. To standardize geriatric care methods across the nation, it is also advised that a national strategy on geriatric care be implemented.

Amsalu *et al.* (2021) conducted a study to evaluate geriatric care knowledge and determine its predictors in the northeast of Ethiopia, (. The study's goal was to provide knowledge for establishing strategies to increase nurses' knowledge, hence raising the level of patient care and the well-being of elderly people. From March 8 to March 28, 2020, a facility-based cross-sectional design was used, which involved 335 nurses randomly chosen. A standardized self-administered questionnaire was used to gather data on nurses' understanding of caring for older adults. Multivariable logistic regression analysis was used to find important predictors. The findings showed that 57.3% of participants had inadequate knowledge about how to care for elderly people. Significant factors that influence knowledge in older adult care include things like education level, years of experience (1–5 and 5–10 years), and prior home-based cohabitation with older individuals.

According to previous studies findings, the quality level of elderly care is affected by several factors; a large percentage of nurses lacked adequate knowledge of how to care for elderly patients. This knowledge gap was influenced by nurses'

education, experience, and personal contact with older adults. It is advised that professional organizations concentrate on updating nursing curricula and offering focused professional development workshops to improve nurses' understanding of geriatric care in light of these findings.

2.6 Job Satisfaction

Job satisfaction is a key mediating factor in the complex relationship between organizational culture and work performance. Employee attitudes and behaviors are greatly influenced by organizational culture, which includes common beliefs, values, and rules within an organization. A positive and supportive organizational culture fosters an environment where workers feel engaged, motivated, and appreciated, which raises their job satisfaction.

By affecting employees' commitment, productivity, and willingness to go above and beyond their obligations, job satisfaction directly impacts job performance. Employees are more likely to display higher levels of job engagement, loyalty, and job-related well-being when they feel satisfied with their working environment, which ultimately results in better job performance. The complicated interaction between these three elements within the workplace ecosystem is highlighted by how organizational culture affects employees' job satisfaction, which serves as a crucial link between the organizational environment and individual performance outcomes.

To investigate the connections between work environment, care quality, registered nurse (RN) burnout, and job dissatisfaction in nursing homes, (Elizabeth *et al.* 2020) carried out a cross-sectional study. The study included a sample of 245 Medicare and Medicaid-certified nursing homes in four states, together with 674 RN

staff. It connected 2015 RN4CAST-US nurse survey data with LTC focus and Nursing Home Compare databases. The results showed that nursing homes with positive work environments had significant advantages, such as 1.8% fewer residents with pressure ulcers and a reduction of 16 hospitalizations per 100 residents annually. Although not statistically significant, these nursing homes also displayed lower antipsychotic usage. RNs were noticeably less likely to express job dissatisfaction and burnout compared to those who worked in unfavorable conditions. These findings highlight the importance of focusing on the workplace when implementing interventions targeted at improving nursing home nurse retention and care quality.

In the context of Person-Centered Care (PCC) nursing homes (NHs), Rajamohan *et al.* (2019) investigated the theoretical relationship between staff and job satisfaction, stress, turnover, and staff outcomes. The study used an integrated review methodology to examine literature that was published in English between 2000 and 2015 using Cohen-Mansfield's, 1995 complete occupational stress model. Reviewing the 11 papers that were chosen produced several important observations. The quality of life for residents of NH was increased, and job satisfaction in the nursing profession showed positive relationships with consistent Quality of Care (QOC) delivery. Enhancing QOC, staff satisfaction, and staff retention were found to be favorably linked with management support and PCC practice. Overall, the review emphasized the beneficial effects of PCC training and intervention, which are essential workplace resources, on reducing job stress and raising staff job satisfaction.

In a study conducted by Schwendimann *et al.* (2016) to understand the dynamics of job satisfaction among nursing home caregivers in Switzerland and explore the complex relationships between these variables and aspects of the workplace

environment, stressors at work, and health issues. The study used a cross-sectional methodology and data collected from a nationally representative sample of 4145 healthcare workers from 162 nursing homes in Switzerland, representing a range of educational backgrounds, including registered nurses, licensed practical nurses, nursing assistants, and aides. A single item was used to measure care workers' job satisfaction, and existing instruments like the Practice Environment Scale - Nursing Work Index were used to investigate explanatory factors. Generalized Estimating Equation (GEE) models examined factors associated with job satisfaction. The results showed that 50.4% of respondents expressed a relatively satisfied belief, and 36.2% reported high satisfaction at work. Supportive leadership (OR = 3.76), enhanced teamwork and resident safety climate (OR = 2.60), a resonant nursing home administrator (OR = 2.30), ample staffing resources (OR = 1.40), fewer workplace conflicts (OR = .61), diminished sense of depletion post-work (OR = .88) and decreased physical health issues (OR = .91) are notable associations with increased job satisfaction. The study emphasized the critical role of nursing home leadership quality in influencing care workers' job satisfaction at the unit supervisor and executive administrator levels.

A comprehensive investigation that focused on the relationships between nursing home personnel's job satisfaction and residents' satisfaction with care and medical outcomes was carried out by Plaku-Alakbarova *et al.* (2018). To conduct the study, 175 skilled nursing institutions in the eastern United States were surveyed between 2005 and 2009 using a questionnaire-based method to assess resident and personnel satisfaction. Data at the facility level, including signs such as pressure ulcers in residents, medically unexplained weight loss, and falls, were obtained from the Centers for Medicare and Medicaid Services Long-Term Care Minimum Data Set. The study used a diverse

analytical technique to investigate the relationship between resident and employee satisfaction using multiple and multilevel linear regression. Additionally, the study used both simple and multilevel Poisson regression techniques to examine the relationships between employee satisfaction and incidences of pressure ulcers, weight loss, and falls. The results showed a notable correlation: each one-point increase in overall employee satisfaction was accompanied by a 17.4-point increase (on a scale of 0 to 100) in resident and family satisfaction.

Additionally, there was a notable 19% drop in the combined incidence of resident falls, weight loss, and pressure ulcers. These relationships were still strong even after considering the staffing ratio and the proportion of Medicaid-covered resident days. The study concluded that improving job satisfaction among nursing home staff has the potential to reduce resident injury rates and raise resident satisfaction with the care received. These findings highlight the value of creating a supportive workplace culture to raise the general standard of care across the nursing home sector.

To shed light on the administrative burden faced by care workers in Swiss nursing homes and its potential correlation with a variety of care worker outcomes, such as job dissatisfaction, emotional exhaustion, intention to leave the current job, and the profession as a whole, Ausserhofer *et al.* (2023) conducted a comprehensive investigation. The study utilized a multicenter cross-sectional design and survey information from the 2018 Swiss Nursing Homes Human Resources Project. The sample included 118 nursing facilities and 2,207 care providers from Switzerland's German- and French-speaking regions, including registered nurses and licensed practical nurses. Care workers presented insights into administrative duties and burdens, staffing and resource adequacy, leadership skills, implicit rationing of nursing care, and

their personal qualities and outcomes using carefully developed questionnaires. Generalized linear mixed models were used in the analysis, and they were applied to data from individual-level nurse surveys as well as unit and facility characteristics. The findings showed that a significant 73.9% of care workers faced a significant administrative load, with 36.6% reporting spending two hours or more each day on administrative chores on average. Ratings of the administrative load ranged from 42.6% for jobs like placing supply orders and managing inventory to 75.3% for others like completing the president's health record. Importantly, 25.5% of care employees stated that they planned to leave their jobs, and it was discovered that these individuals were more likely to have these intentions if they reported having a heavier administrative duty burden. The study's conclusions imply that nursing home managers could reduce workloads, improve job satisfaction, and increase retention within the healthcare sector by strategically offloading the burdensome administrative tasks currently carried by care workers and possibly reallocating these tasks to appropriate personnel.

With a focus on the workload of home care staff members, the requirements and satisfaction of home care people, and the rabblement strategy, Darwich *et al.* (2023) conducted a comprehensive investigation to describe the factors and interactions intrinsic to the home care system. This study aimed to determine how interventions—including the person-centered rabblement approach—affected the provision of home care services, workplace stress, user experiences, and organizational characteristics. The study's main focus was the Swedish home care system within the context of tax-funded universal welfare systems. The study team cooperatively created a causal loop diagram using a mixed methods technique. Participatory approaches served as the foundation for this diagram, which was then strengthened using theoretical frameworks and pertinent

literature to produce a thorough model that was approved by a panel of experts and supported by actual data. The ultimate causal loop diagram included a range of components and links that included stress, the social support system of care receivers, home care workers, organizational dynamics, and broader societal impacts. The model was useful in identifying crucial areas for prospective improvement, estimating the potential effects of researched treatments, and qualitatively summarizing observed intervention outcomes from existing literature. For instance, factors like "workload" and "distress" have been identified as significant determinants affecting home care employees' health, care delivery, and general service quality. The created model has the potential to influence how hypotheses are formed, direct study design, and promote conversation in the field of bettering home care. The authors state their intention to investigate the conversion of this qualitative model into a quantitative framework in future initiatives and recognize the necessity for broader stakeholder involvement to reduce potential bias.

2.7 Literature Gap

Based on this review, several significant gaps in the literature still exist despite the enormous volume of research done in the healthcare field, notably in nursing homes and home care settings. First, even though many studies have looked at the connections between organizational culture, job satisfaction, and job performance among healthcare professionals, in-depth studies that thoroughly examine the role of job satisfaction as a mediator between organizational culture and job performance are still lacking. This mediation pathway might offer insightful information on how organizational culture affects the performance results of healthcare workers.

Although numerous studies have examined the impact of different factors on nurse performance and the standard of care in nursing homes, there is still a lack of knowledge regarding the direct and indirect effects of these factors, such as the work environment, stress, and burnout, on residents' functional outcomes and the standard of care as a whole. The literature on the impact of administrative responsibilities on care worker outcomes, such as job dissatisfaction, emotional tiredness, and desire to leave the profession, is also still comparatively underdeveloped. Even though a limited number of research have looked at the connections between administrative duties, staff satisfaction, and patient outcomes, more thorough studies are required to comprehend the complex interactions and potential solutions to lighten these loads.

Additionally, even though numerous studies have looked at how interventions like the reablement approach affect home care services, workload, and user satisfaction, a comprehensive model that takes into account the interactions between home care system variables, user needs, staff workload, and intervention outcomes is largely lacking. In light of this, a comprehensive framework that considers all of these factors can offer a more complete understanding of the dynamics in home care settings. Last but not least, while a plethora of studies have examined the factors influencing nurses' knowledge, attitudes, and performance in caring for elderly patients, few of them have specifically centered on the intersection of geriatric care training and the enhancement of nurses' job satisfaction and general well-being, and their subsequent impact on the standard of care given to the elderly population. It is essential to fill in these knowledge gaps to improve patient outcomes, increase the efficacy of healthcare interventions, and promote the well-being of healthcare professionals in various healthcare settings. To address this research gap, the current study examines the impact of promoting corporate

culture on staff performance at three geriatric centers. The results of this study will offer valuable insights to nursing managers and leaders who aim to develop and maintain an organizational culture that improves staff performance.

2.8 Review of Studies on Organizational Culture and Job Performance

Findings from research on how organizational culture affects Nursing Staff Performance at geriatric centers are essential for pinpointing areas that need to be improved. It can direct the creation of interventions and strategies to promote a work environment that encourages teamwork, supports employees, and improves the general standard of care for senior citizens. Geriatric centers may build cultures that support excellence in care, contribute to employee satisfaction, and ultimately improve the lives of the older persons they serve by understanding how organizational culture influences Nursing Staff Performance (**Appendix A**).

2.9 Theoretical Framework

Nevertheless, a comprehensive elucidation regarding the methods of its genesis or emergence has yet to be established. The primary issue with the development of organizational climate is how individuals who are exposed to various stimuli possess generally similar perceptions of themselves and assign significant significance to their experiences within the organization (Schneider and Reichers, 1983). This paper demonstrates that the two constructs, although conceptually distinct, are bound by the influence that organizational culture exerts on the establishment of organizational climate. The significance of the research unit focused on culture and climate arises from the recognition that these constructs hold considerable value and influence. Researchers must incorporate both expressive dimensions and communicative aspects to understand

the role they play in shaping organizational life (Ott, 1989; Daft, 2000). The potential confusion between these two conceptions is often underestimated in recent studies (Hofstede et al., 1990). In a comprehensive empirical study that examined ten distinct organizations, researchers discovered that their findings contradicted the theoretical assumptions put forth by (Ekval, 1987; Ozbilgin & Tatli, 2008).

The theoretical framework for this study, which examines the impact of organizational culture on Nursing Staff Performance at geriatric centers in Israel, draws from several key concepts and theories discussed in the chapters provided. The framework integrates insights from organizational culture theory, performance measurement in healthcare settings, job satisfaction, and the dynamics of geriatric care in the context of an aging population. System theory (Wilkinson, 2011) views the geriatric center as an interrelated system where various elements like organizational culture, staff performance, and job satisfaction interact and influence each other. Also, Human Resources Management Theories particularly focusing on motivation, job satisfaction, and employee engagement, are relevant to understanding how organizational culture impacts staff performance (Khuong et al., 2020; Saks, 2022).

The theoretical framework posits that organizational culture influences nursing staff performance, and job satisfaction may mediate this relationship. By measuring these variables, the study aims to assess the effect of organizational culture on nursing staff performance and its impact on the standards of care delivered in Israeli geriatric centers.

2.10 Summary

Chapter Two synthesizes a wide range of studies to provide a comprehensive understanding of the variables under investigation. It discusses the importance of organizational culture in healthcare, its impact on nursing performance and job satisfaction, and the specific challenges faced by geriatric centers. The chapter highlights significant gaps in the existing research, particularly the need for studies that examine the direct and indirect effects of organizational culture on nursing staff outcomes in geriatric settings. The literature review sets the stage for the empirical investigation presented in subsequent chapters.

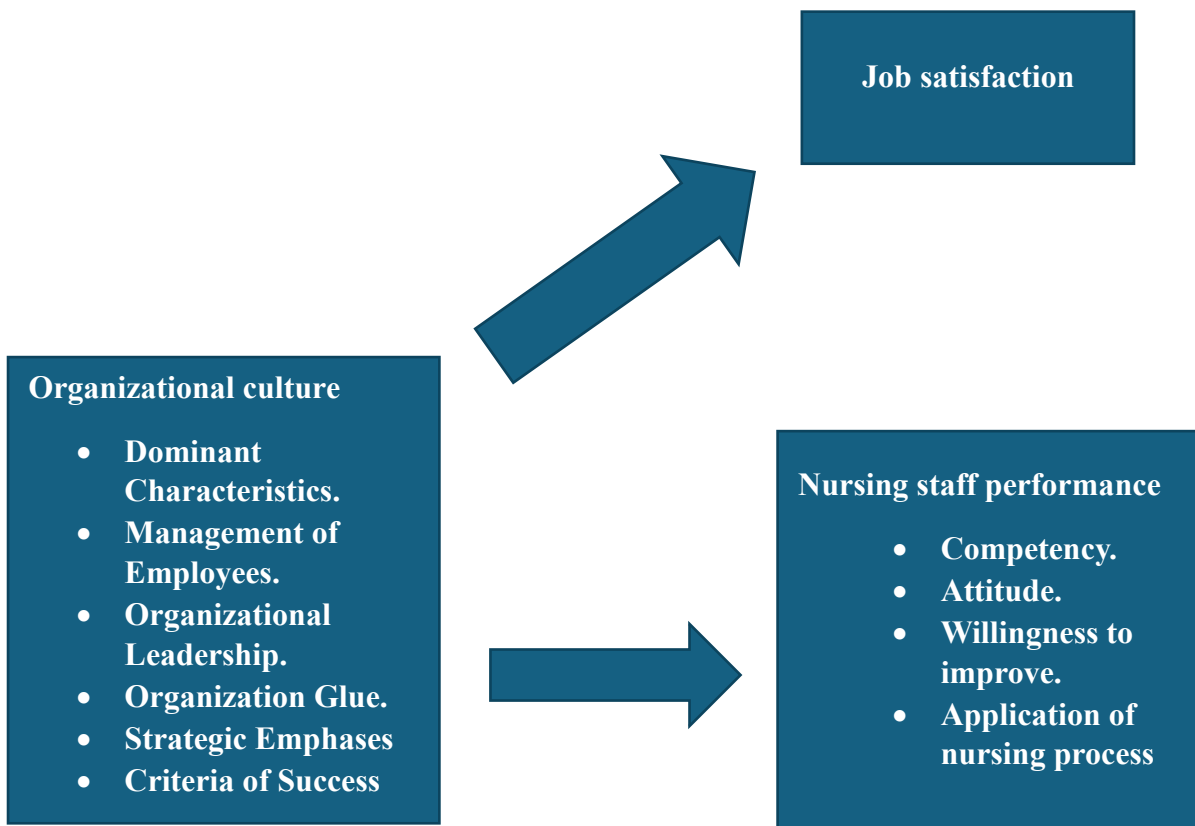


Figure 2.1:The conceptual framework for this study's variables.

Chapter Three

Methodology

This chapter presents the methodological approach used to examine organizational culture's effect on Nursing Staff Performance at geriatric centers in Israel, including study design, setting, target population, sampling process, data collection, instruments and tools, Data analysis, and ethical consideration.

3.1 Study Design

To obtain data from a wide sample of nursing staff, a cross-sectional survey study was used. This study is crucial to assess some of the relevant data related to the level of agreement about satisfaction, performance, and effectiveness. A Cross-sectional is a suitable study as it provides evidence that either supports or refutes certain beliefs. The procedure is relatively inexpensive and time-efficient. The statement captures a particular moment in time. The dataset encompasses several factors at the moment of data collection, and it possesses the potential to be utilized for diverse research purposes.

3.2 Settings

The total number of geriatrics centers in Israel is estimated to be more than 420. This study was carried out in three elderly facilities in Israel due to the ease and approval of the centers to conduct the study: The Rekanati Geriatric Center in Petah Tikva, the Moriah Carmel Geriatric Center in Haifa, and the Arbel Geriatric Center in Petah Tikva. These facilities had everything necessary to offer elderly individuals overall care, including medical, physical, and mental treatment. In addition to the agreement of these centers participating in the research.

Arbel Petach Tikva Geriatric Center is a medical center specializing in recovery and nursing. It was founded in 1973 (Moria Group, 2024a). Arbel operates under the license and supervision of the Ministry of Health and operates approximately 217 beds and six nursing wards, with all rooms accommodating up to two people and equipped with modern medical equipment, orthopedic beds, and safety accessories. The public areas include a lobby, spacious courtyard, dining room, library, computer room, and club. The center provides social activities, classes, and therapy sessions, among other activities. Arbel operates under the supervision of the Ministry of Health and has a multidisciplinary team consisting of about 150 employees. Arbel has undergone extensive renovations and employs new medical technologies. The center's staff strives to provide quality medical care with a personal and caring approach, emphasizing the importance of family involvement.

Moriah Carmel Geriatric Center is a new geriatric center located between Haifa and Usofia in Israel (Moria Group, 2024b). It offers advanced medical care in modern facilities and is accessible by public transportation. The nursing home employs about 150 professional staff members, including doctors, nurses, physiotherapists, and social workers. There are five wards, including one for mentally exhausted patients and four for nursing patients in poor functional health. The residents' rooms are spacious and equipped with modern medical equipment. The nursing home offers a wide variety of activities, including physical therapy and social activities. Other services and facilities include a dining room, laundry services, and doctor services. The director emphasizes the importance of warm and personal treatment for each resident while providing professional care.

Rekanati Petah Tikva is a geriatric center and sheltered housing complex that offers an integrated medical Center for recovery, nursing, and quality of life for the elderly (MoriaMoria Group, 2024c). It has been around for over 60 years and is one of the cornerstones of nursing homes in Israel. The house is in a quiet, peaceful villa neighborhood surrounded by green and timeless public areas. The staff is multi-professional, veteran, experienced, and speaks different languages. The nursing home offers three departments designed for the exhausted, one ward designated for nursing patients, and sheltered housing. The public areas are well-kept and adapted for the elderly. The nursing home offers various activities to strengthen and preserve mobility and enrich the minds and spirits of the elderly. The nursing home also offers a fully equipped physiotherapy institute, occupational therapy, social services, and doctor services. The manager of Rekanati believes in sharing, informing, and updating the tenants and their families on everything happening and giving them a sense of real partnership in what is happening daily.

3.3 Target Population

Participant selection started immediately after approvals were obtained from the university and centers. The study population for this quantitative study will consist of all nursing staff working at geriatric centers in Israel. Participants of this study were selected based on the following inclusion and exclusion criteria: Participants must be nursing staff currently working in geriatric centers in Israel, having been employed at their present facility for a minimum of six months. Additionally, they should possess at least one year of experience in geriatric nursing and be proficient in reading, writing, and understanding Hebrew, English, or Arabic. Participants were excluded if they were staff members other than nurses working in these geriatric centers.

3.4 Sampling Process

A convenient sampling technique was used for the sample process. There are many advantages to this sampling technique as it is efficiently gathering data. This approach has several advantages, including cost-effectiveness in sample creation, ease of doing research, affordability, accessibility of samples, and a reduced number of procedural requirements.

Sample size calculation was done according to Stephen Thompson's equation. According to Steven Thompson's equation, the minimum sample size needed was 210 to produce a 95% confidence interval and 5% margin of error to give reliable results (Thompson, 2012). The study population for this quantitative study consisted of all nursing staff and nursing caregivers working at geriatric centers in Israel (N=300).

3.5 The Study Instruments and Tools

This study utilized a questionnaire containing four sections as its data-collecting tools. The first section asks for the demographic characteristics (age, gender, level of education, marital status, type of shift work, time of shift work, place of employment, number of years of experience, and the current position). The second section was developed as an Organizational Culture Assessment Instrument (OCAI). The third section was the Performance Measurement Scale (PMS), and the fourth section was intended to evaluate job satisfaction using the Generic Job Satisfaction Scale (GJSS).

3.5.1 Organizational Culture Assessment Instrument (OCAI)

The four archetypical organizational culture profiles were measured by the Organizational Culture Assessment Instrument (OCAI) (Cameron & Quinn, 1999). This instrument assesses four archetypal profiles: Clan, Adhocracy, Market, and Hierarchy. It

is a psychometric tool developed by (Cameron & Quinn, 2006). Each profile is represented by six items in the OCAI items (Dominant Characteristics, Organizational Leadership, Management of Employees, Organization Glue, Strategic Emphases, and Criteria of Success), with 24 total items.

The scale is based on a middle ground that shows how strongly people feel about various issues (McLeod, 2008). To gauge the opinions of participants, the questions typically center around how much the respondents agree or disagree with a given statement or set of questions. The research type for evaluating the validity measuring scale included a 5-point Likert scale for participants' perspectives. Participants were asked to respond to each item using a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree) (Bertram, 2007; Framework; Tanujaya, Prahmana, & Mumu, 2022). Based on the foregoing, the values of the arithmetic averages reached by the study dealt with as follows: 3.67 and above indicated high, 2.34-3.66 reflected: medium), and 2.33-and below 1 indicated low) (Al-Shawabkeh et al., 2022).

The reliability of the scale for each of the four archetypal profiles was deemed sufficient, as indicated by Cronbach's α values ranging from 0.71 to 0.80.

3.5.2 The Performance Measurement Scale (PMS)

Actual scale is Each item was measured using a 5-point Likert scale to indicate a range from 0 "not at all" to 4 "very well." For purposes of comparison, the Likert scale could be divided roughly into low scores less than 2, average (2– 2.5), and above average (2.5 and above).

The nursing staff's performance was measured using the Performance Measurement Scale (PMS). This scale was used as the data collection tool for this study.

It has 17 items and is based on four factors: competency, attitude, readiness to improve, and implementation of the nursing process (Ko et al., 2007).

These four subscales are listed as:

- **Competency:** This subscale comprises seven items focused on patient-centered care.
- **Attitude:** The second subscale includes six items related to teamwork and collaboration.
- **Readiness to Improve:** This subscale has two items that assess the evidence-based practice.
- **Implementation of the Nursing Process:** The final subscale includes two items focusing on quality improvement.

Based on this grading system, the arithmetic means obtained by the study were categorized as high (3.67 and above), medium (2.34-3.66), and low (2.33 and below) (Al-Shawabkeh et al., 2022).

The scale is a valid and reliable measure that is frequently used to assess the performance of hospital nurses. It has a high level of internal consistency, with a Cronbach's alpha of 0.92 (Ko et al., 2007)

This research was tested for its data validity using triangulation techniques, which refers to the practice of combining findings from several different sources into a more complete picture of whatever phenomenon is being studied. Triangulation has been considered a research approach for establishing reliability by combining data from several distinct sources, as designed by Carter (1969) and modified by Patton (1999).

3.5.3 Generic Job Satisfaction Assessment Scale (GJSS)

Job Satisfaction was measured by a Generic Job Satisfaction Scale created by (S. Macdonald & P. MacIntyre, 1997). This instrument has been developed as one of the limited tools available for assessing satisfaction within the context of the one-dimensional approach. In contrast to other general scales encompassing a range of 50 to 100 items, this scale provides valid and reliable scores with only 10 items. The measure has 10 items with a 5-point Likert scale (1 = totally disagree), (2= Disagree), (3= Partly agree), (4= Agree), and (5 = totally agree), This scale is valid and reliable with Cronbach's alpha of 0.77 (Andrade et al., 2020; Macdonald & MacIntyre, 1997). Based on this grading system, the arithmetic means obtained by the study were categorized as high (3.67 and above), medium (2.34-3.66), and low (2.33 and below) (Al-Shawabkeh et al., 2022).

3.5.4. The Validity and Reliability of the Resolution

Validity and reliability are crucial aspects of statistical analysis that help researchers validate their results and determine if they can be generalized to the entire study population. These factors are closely related to the research tools the researcher uses to obtain accurate and reliable information. Cronbach's Alpha coefficient is used to measure reliability, while the coefficient of self-honesty measures validity, which is the square root of the reliability coefficient.

To assess the validity and reliability of the research tool, a survey sample of 27 participants was used. Validity and reliability in research studies are based on an exploratory, experimental sample ranging in size from 15-40.

Table 3.1 shows that Cronbach's Alpha value of the questionnaire variables ranged from 64% to 96%, while the coefficient of self-validity ranged from 80% to

98%, and all were above the minimum acceptable (60%) in social and educational studies.

Table 3.1 : Validity and reliability.

Variables	Number of items	Cronbach's Alpha %	Coefficient of self-validity
Dominant Characteristics	4	0.64	0.80
Organizational Leadership	4	0.71	0.84
Management of Employees	4	0.65	0.81
Organization Glue	4	0.79	0.89
Strategic Emphases	4	0.68	0.82
Criteria of Success	4	0.67	0.82
Performance Measurement Scale for Hospital Nurses	17	0.87	0.93
Generic job Satisfaction	10	0.96	0.98

3.6 Data Collection

Following approval from the Arbel Petach Tikva Geriatric Center (**Appendix B**), Moriah Carmel Geriatric Center (**Appendix C**), and Rekanati Geriatric Center (**Appendix D**), the researcher convened a meeting with nurses who worked in these Geriatric Centers to discuss the study's nature and the data collection process. The data collection process was conducted by the researcher, who guided how to approach the participants.

To ensure broad participation, the researcher met with the nursing staff at different times and during different shifts. During these meetings, the researcher explained the study and its objectives to each group. After receiving the explanation, the nurses who agreed to participate in the study were asked to sign a written consent form (**Appendix E, F, and G**), in line with participants' rights of full disclosure and self-

determination. The consent form served as the first page of the questionnaire, containing the researcher's contact information and the study's purpose and nature.

It was emphasized that participation was voluntary and that participants could withdraw at any time without being penalized. Participants were informed that anonymity would be maintained, and their identifying information would not be collected. All data collected was kept confidential and only used for research purposes. Participants were asked to complete the online questionnaires after they completed the informed consent form (**Appendix H, I, and J**). All data was gathered by asking each participant online, and every survey was coded.

To protect the confidentiality of the study participants, the researcher placed all records in a secure location. Data was gathered from October 5th, 2023, to January 7th, 2024. Throughout this period, the researcher visited the three centers once or twice a week to meet with the staff. This was to ensure that if any participant faced issues or needed clarification while filling out the questionnaire, the researcher could assist. All participants had a thorough understanding of the study's goals, procedures, and significance. A participant information page provided them with the researcher's contact details so they could indicate interest in taking part. The researchers were clear about their goals and the impact of the study on nursing and healthcare practice, and they answered all questions raised by the participants.

3.7 Statistical Processing

After collecting the data and the necessary information about the variables of the study, it was coded and entered into the computer to extract the statistical results, Where the software for the statistical packages for social sciences (SPSS version 25).

It was used to process the data obtained through the field study from the members of the study sample, and specifically the researcher. He used the following statistical methods to answer the study questions and test its hypotheses.

The analysis utilized several statistical methods to ensure comprehensive results. Descriptive statistics were employed to describe the characteristics of the study sample and to indicate the extent to which it represents the characteristics of the community from which it was drawn. Variance Inflation Factor (VIF) and Tolerance were used to ensure there was no high correlation (multi-collinearity) between the independent variables. Multiple and simple linear regression analyses were conducted to test the effects between the study variables. Additionally, a T-test for independent samples was utilized to determine the differences between two variables, one quantitative and the other qualitative consisting of two categories. Lastly, a ONE-WAY ANOVA test was used to identify differences between two variables, one quantitative and the other qualitative with more than two categories.

3.8 Ethical Considerations

In this study, all phases were conducted under strict adherence to ethical principles. Before participating, potential participants were given a thorough explanation of the study's goals, objectives, risks, and benefits, and they gave their written informed consent. The study was started after receiving authorization from the AAUP Institutional Review Board (IRB) (**Appendix K**). The ability to withdraw from the study at any moment was also granted to the participants. All chosen hospitals received official letters of consent to perform the study in the designated areas. Each participant received a code of identification to maintain confidentiality, and all study materials and software were stored in a locked cabinet with IRB approval.

To protect participant privacy, the discussions were held in separate rooms within the Centers' offices. By the participants' rights to full information and self-determination, the nurses who agreed to participate in the study were required to sign a written consent form. The first page of the online questionnaire, the consent form, contained the researcher's contact information as well as information about the nature and aim of the study. It was highlighted that participants could withdraw at any time without being penalized and that participation was entirely voluntary.

In summary, this methodology chapter explored the impact of organizational culture on the performance of nursing staff in Israeli geriatric centers through a cross-sectional survey. Utilizing a convenient sampling technique, data was collected from 300 nursing staff across three facilities, employing a structured online questionnaire in Arabic, English, or Hebrew. The questionnaire evaluated aspects such as organizational culture, job performance, and satisfaction. Methodological tools included the Organizational Culture Assessment Instrument, the Performance Measurement Scale, and the Generic Job Satisfaction Scale. Statistical analysis was performed using SPSS, incorporating various methods to test hypotheses and analyze data relationships. Ethical considerations were meticulously adhered to, with participants providing informed consent. This methodology enables a comprehensive understanding of the interplay between organizational culture and staff performance within the specified geriatric settings.

3.9 Summary

Chapter Three outlines the systematic approach taken to conduct the research. It explains the cross-sectional study design, the selection of geriatric centers and nursing staff participants, and the use of validated instruments for data collection. The chapter

ensures the reliability and validity of the study by detailing the processes involved in data collection and analysis. Ethical considerations, such as informed consent and confidentiality, are emphasized to ensure the integrity of the research.

Chapter Four

Results

This chapter presents the findings of the study. It provides a detailed description of the participant characteristics and the results of the organizational culture assessment, nursing staff performance evaluation, and job satisfaction survey. The chapter includes statistical analyses that explore the relationships between these variables.

4.1. Description of the Total Population

The total population of nursing staff and caregivers working at Israel's geriatric centers is 300.

4.1.1 The Characteristics of the Participants

As part of our research, researchers examined the demographic, educational, and professional characteristics of nursing staff across different geriatric centers. Table 4.1 shows that the study included 300 nursing staff and caregivers, of which 45.0% were male (n=135) and 55.0% were female (n=165), indicating a higher representation of female staff in the nursing field. The age of the participants was divided into three groups, with the largest proportion (n=131, 43.7%) falling in the 23-34 years range, followed by 35-44 years (n=99, 33.0%), and those over 44 years making up 23.3% (n=70) of the sample.

Among the participants, the highest level of education in nursing was dominated by those who held a certificate for a Caregiver training course, which accounted for 63.0% (n=189). On the other hand, 25.3% (n=76) possessed a bachelor's degree or its equivalent, while 6.0% (n=18) held a master's degree or its equivalent. Licensed

practical nurse program was obtained by 3.7% (n=11), and the least common qualification was Registered Nurse at 2.0% (n=6).

Experience levels among the nursing staff varied, 40.0% (n=120) had 5 years or less of experience, 35.0% (n=105) had between 6-10 years, 16.0% (n=48) had 11-20 years of experience, and 32.3% (n=27) had more than 21 years of experience.

Marital status was recorded as follows: 40% (n=120) were single, 45% (n=135) were married, and 15.0% (n=45) were separated or divorced.

In terms of positions held within the nursing staff, Nursing Caregivers represented the majority at 63.0% (n=189), followed by Staff Nurses at 30.0% (n=90), Head Nurses at 5.0% (n=15), and both Nursing Managers and Directors at 1.0% (n=3 each).

The study covered employees from three geriatric centers: Arbel Geriatric Center in Petah Tikva (42.7%, n=128), Moriah Carmel Geriatric Center in Haifa (25.0%, n=75), and Rekanati Geriatric Center in Petah Tikva (32.3%, n=97).

The following data shows the shift work patterns of staff members: 53.3% (n=160) of the staff worked double shifts, while 46.7% (n=140) worked single shifts. In terms of shift times, 38.0% (n=114) covered all shifts, 28.3% (n=85) worked both morning and evening, 15.3% (n=46) worked mornings, 11.7% (n=35) worked nights, and 6.7% (n=20) worked evenings.

Finally, the distribution of participants by district showed that 75.0% (n=225) were from the Central District and 25.0% (n=75) from the Haifa District, indicating a significant sample concentration in the Central District of Israel.

Table 4. 1: The demographic characteristics of participants.

Variables	Frequency N=300	Percentage %
Gender		
Male	135	45.0
Female	165	55.0
Age groups, in years		
23-34	131	43.7
35-44	99	33.0
Above 44 years old	70	23.3
Highest level of education in nursing		
Bachelor or equivalent	76	25.3
Master or equivalent	18	6.0
Licensed practical nurse program	11	3.7
Registered Nurse	6	2.0
Caregiver training course	189	63.0
Experience		
5 years and less	120	40.0
6-10 years	105	35.0
11-20 years	48	16.0
21 years and more	27	9.0
Marital status		
Single	120	40.0
Married	135	45.0
Separated or divorced	45	15.0
Position		
Director	3	1.0
Nursing Manager	3	1.0
Head nurse	15	5.0
Staff Nurse	90	30.0
Nursing Caregivers	189	63.0
Place of Work		
Arbel geriatric center in Petah Tikva	128	42.7
Moriah Carmel Geriatric Center in Haifa	75	25.0
Rekanati geriatric center in Petah Tikva	97	32.3
Shifts work (type)		
Single shift	140	46.7
Double shift	160	53.3
Shifts work (time)		
Morning	46	15.3
Evening	20	6.7
Night	35	11.7
Morning and evening	85	28.3

All shifts	114	38.0
Area		
Haifa District	75	25.0
Central District	225	75.0

4.2. Assess the Participant's Organizational Culture Assessment Instrument (OCAI).

4.2.1. Descriptive Statistics for the Study Items (Use the categories according to original scales)

The statistical analysis of the research data involved computing means, standard deviations, and evaluations for all study variables. A Likert-type scale was used in the study, with the following grading system: Strongly Agree (5), Agree (4), Not Sure (3), Disagree (2), and Strongly Disagree (1).

Based on the foregoing, the values of the arithmetic averages reached by the study were as follows: 3.67-and above high), (2.34-3.66: medium), (2.33-and below: low). The division is made according to the following law: the upper limit of the categories, which is 5 minus the minimum limit of the categories, which is 1, is divided by the number of categories, which is 3, and the result is the length of the category (1.33). Therefore, the three categories are as follows: Category 1: $1+1.33\approx 2.33$, Category 2: $2.33+1.33\approx 3.66$, Category 3: $3.66+1.33=5$

4.2.2. The Responses of the Study Sample Members to the Organizational Subscales

The overall mean for 24 items related to organization subscales is shown in (Table 4.2). The overall mean for the Dominant Characteristics variable (1-4 items)

shown in Table 4.2 is high, suggesting a predominant positive perception of the organization's dominant characteristics among the study sample members.

In summary, the organization is generally viewed positively, with high agreement on characteristics such as being personal, dynamic, result-oriented, and structured. There is slightly less consensus on being competitive and achievement-oriented, as reflected by the medium evaluation. These results provide insights into the cultural aspects of the organization perceived by the study participants.

Table 4.2 (5-8 items) shows that the overall mean for all leadership items is high, suggesting a generally positive perception of leadership in the organization among the study sample members. In summary, the leadership in the organization is predominantly perceived positively, with high agreement on mentoring, entrepreneurship, and results-oriented focus. However, there is slightly less consensus on leadership associated with coordinating and organizing, as reflected by the medium evaluation.

The overall mean for all management styles (9-12 items) is high (Table 4.2), suggesting a generally positive perception of the management of employees in the organization among the study sample members. In summary, the management of employees in the organization is predominantly perceived positively, with high agreement on management styles related to individual risk-taking, competitiveness, and security of employment. However, there is slightly less consensus on the management style associated with teamwork, consensus, and participation, as reflected by the medium evaluation.

Table 4.2 shows that the overall mean for all organization glue (13-16 items) is high, suggesting a generally positive perception of the factors holding the organization

together among the study sample members. In summary, the factors holding the organization together are predominantly perceived positively, with high agreement on the emphasis on innovation, achievement, and adherence to formal rules and policies. However, there is slightly less consensus on the importance of loyalty and mutual trust, as reflected by the medium evaluation.

The overall mean for all strategic emphasis (17-20 items) is high (Table 4.2), suggesting a generally positive perception of the strategic priorities in the organization among the study sample members. In summary, the strategic emphases of the organization are predominantly perceived positively, with high agreement on the emphasis on human development, competitive actions, and permanence/stability. However, there is slightly less consensus on the emphasis on acquiring new resources and creating new challenges, as reflected by the medium evaluation.

The overall mean for all success criteria (20-24 items) is high (Table 4.2), suggesting a generally positive perception of the organization's criteria of success among the study sample members. In summary, the criteria of success for the organization are predominantly perceived positively, with high agreement on the importance of human resources development, marketplace success, and efficiency. However, there is slightly less consensus on the significance of having the most unique or newest products, as reflected by the medium evaluation.

Table 4.2: The responses of the study sample members to the organizational subscales.

Rank	Item	Mean	SD	Evaluation
1	The organization is a very personal place. It is like an extended family. People seem to share a lot of personal information and features.	4.32	0.587	high
2	The organization is a very dynamic entrepreneurial place. People are willing to stick out their necks and take risks.	4.15	0.620	high
3	The organization is very result-oriented. A major concern is getting the job done. People are very competitive and achievement-oriented.	4.20	0.559	high
4	The organization is a very controlled and structured place. Formal procedures generally govern what people do	3.65	0.982	high
5	The leadership in the organization is generally considered to exemplify mentoring, facilitating, or nurturing.	3.90	0.858	high
6	The leadership in the organization is generally considered to exemplify entrepreneurship, innovation, or risk-taking	3.78	0.921	high
7	The leadership in the organization is generally considered to exemplify a no-nonsense, aggressive, results-oriented focus.	4.01	0.776	high
8	The leadership in the organization is generally considered to exemplify coordinating, organizing, or smooth-running efficiency.	3.35	1.069	medium
9	The management style in the organization is characterized by teamwork, consensus, and participation.	3.49	1.030	medium
10	The management style in the organization is characterized by individual risk-taking, innovation, freedom, and uniqueness.	3.80	0.733	high
11	Hard-driving competitiveness, high demands, and achievement characterize the management style in the organization.	3.82	0.740	high
12	The management style in the organization is characterized by security of employment, conformity, predictability, and stability in relationships.	3.69	0.842	high

13	The glue that holds the organization together is loyalty and mutual trust. Commitment to this organization runs high.	3.40	0.981	medium
14	The glue that holds the organization together is a commitment to innovation and development. There is an emphasis on being on the cutting edge.	3.99	0.639	high
15	The glue that holds the organization together is an emphasis on achievement and goal accomplishment. Aggressiveness and winning are common themes.	4.19	0.623	high
16	The glue that holds the organization together is formal rules and policies. Maintaining a smooth-running organization is important	4.00	0.679	high
17	The organization emphasizes human development. High trust, openness, and participation persist.	3.95	0.772	high
18	The organization emphasizes acquiring new resources and creating new challenges. Trying new things and prospecting for opportunities are valued.	3.52	0.923	medium
19	The organization emphasizes competitive actions and achievement. Attaining targets and winning in the marketplace are dominant.	3.84	0.692	high
20	The organization emphasizes permanence and stability. Efficiency, control, and smooth operations are important.	3.72	0.755	high
21	The organization defines success on the basis of the development of human resources, teamwork, employee commitment, and concern for people.	3.68	0.829	high
22	The organization defines success on the basis of having the most unique or newest products. It is a product leader and innovator.	3.35	1.034	medium
23	The organization defines success on the basis of winning in the marketplace and outpacing the competition. Competitive market leadership is key.	3.95	0.582	high
24	The organization defines success on the basis of efficiency. Dependable delivery, smooth scheduling, and low-cost production are critical	3.88	0.724	high

4.3. Evaluate the Nursing Staff Performance using the Performance Measurement Scale

The overall mean for all performance measurement items is high (Table 4.3), suggesting a generally positive perception of the performance of hospital nurses among the study sample members. The overall findings suggest that the study sample members have positive perceptions of various organizational aspects, such as leadership, management, and the performance of hospital nurses. However, there are some areas where perceptions vary, particularly in the importance of certain organizational characteristics and the definition of success. Overall, the organization is perceived favorably by the study sample members, indicating a generally positive organizational culture and performance.

Table 4. 3: The responses of the study sample members to the Performance Measurement Scale for Hospital Nurses variable.

N	Item	Mean	SD	Evaluation
1	Understanding prescription content and performing appropriate tasks without error and omission within the given period of time	3.95	0.716	high
2	Dealing with and performing many tasks within reasonable time limit	3.83	0.740	high
3	Performing accurately according to the guiding principles of medication management	3.35	1.021	medium
4	Possessing the knowledge and skills needed to carry out tasks	3.75	0.753	high
5	Accurately taking over patients' information during shift change	3.85	0.743	high
6	Accurately recording data according to the nursing guide	4.04	0.616	high
7	Managing nursing jobs correctly and perfectly	3.90	0.726	high
8	Showing concern and receptive attitudes to patients and their families	3.92	0.665	high
9	Bringing harmony among health team members within the department and promoting a climate of	3.89	0.685	high

	mutual-trust and respect with other health team members			
10	Giving trust to others as a nurse	4.01	0.609	high
11	Taking the initiative and setting an example for others, often seeking additional responsibility	3.45	0.968	medium
12	Reporting and examining equipment, repair of facilities, breakdown of machines, and missing	4.05	0.657	high
13	Completing learning credits to participate in continuing education and crash courses and trying to develop competency development as a professional nurse	3.74	1.019	high
14	Identifying the etiology of problems and utilizing methods for solving the problems	3.91	0.726	high
15	Implementing nursing assessment accurately using instruments of nursing	3.89	0.989	high
16	After assessing patients, planning and implementing nursing care according to an order of priority	3.51	1.003	medium
17	Demonstrating and teaching self-care skills to patients and their families	3.28	1.076	medium

4.4. Evaluate Job Satisfaction Using the Generic Job Satisfaction Scale

The overall mean for all Generic Job Satisfaction items is high (Table 4.4), suggesting a generally positive level of job satisfaction among the study sample members. In summary, the study sample generally expresses high levels of satisfaction with various aspects of their work, including recognition, company culture, coworker relationships, job security, and the company's care for its employees. While there is a moderate level of agreement on certain aspects, the overall sentiment is positive, contributing to a favorable perception of Generic Job Satisfaction among the study participants.

Table 4. 4: The responses of the study sample members to the Generic Job Satisfaction variable.

N	Item	Mean	SD	Evaluation
1	In my work, I can apply my abilities	3.34	1.044	medium
2	I receive recognition for my good performance	3.77	0.737	high
3	I feel good working for this company	3.84	0.756	high
4	I feel comfortable with my coworkers	4.07	0.605	high
5	My job gives me job security	3.89	0.748	high
6	My salary is adequate	3.91	0.689	high
7	In general terms, I have a good job	3.91	0.681	high
8	I think working is good for my health	4.01	0.620	high
9	I get along well with my bosses and supervisors	3.47	0.966	medium
10	The company cares about me	4.06	0.659	high

Generally, tolerance values below 0.2 and Variance Inflation Factor (VIF) values above 5 are considered indicative of significant multicollinearity. In Table 4.5, variables do not show indications of multicollinearity, and none of them have reached critical levels.

Table 4. 5: The values of VIF and tolerance between independent variables.

Variable	Tolerance	VIF
Dominant Characteristics	0.590	1.694
Organizational Leadership	0.810	1.234
Management of Employees	0.380	2.631
Organization Glue	0.351	2.845
Strategic Emphases	0.435	2.296
Criteria of Success	0.363	2.757

All the values for skewness and kurtosis fall within the acceptable range of -2 to 2 (Table 4.6). This means that the distributions of these variables do not deviate significantly from normality in terms of symmetry (skewness) and tailedness (kurtosis).

They are all relatively close to a normal distribution, a positive indication for statistical analysis assuming normality.

Table 4. 6: Normal distribution test.

Variable	Skewness	Kurtosis
Dominant Characteristics	0.220	-0.258
Organizational Leadership	-0.397	0.600
Management of Employees	0.207	-0.173
Organization Glue	0.108	0.420
Strategic Emphases	-0.035	0.677
Criteria of Success	0.079	0.409
nursing staff performance	0.038	0.468
Generic Work Satisfaction	0.322	0.162

4.5. Multiple Regression Analysis for All Independent Variables

Table 4.7 presents the results of a multiple regression analysis examining the effect of various organizational culture factors on Nursing Staff Performance in geriatric centers in Israel. Here's an interpretation of the key statistics:

The statistical analysis shows that there is a strong positive correlation ($R = 0.902$) between the predictors and the dependent variable (nursing staff performance). The adjusted coefficient of determination (adjusted $R^2 = 0.814$) indicates that approximately 81.4% of the variance in nursing staff performance can be predicted from the independent variables (organizational culture factors) included in the analysis. The overall model is statistically significant F (ANOVA)= 214.020, $p < 0.05$), indicating that at least one of the predictors has a significant effect on nursing staff performance.

Finally, the regression coefficients provide information on the specific effect of each predictor on the dependent variable.

The constant term in the regression equation. It is statistically significant, suggesting that even when all predictors are zero, there is still a significant impact on nursing staff performance. Additionally, dominant characteristics, organizational leadership, management of employees, strategic emphases ($p < 0.001$ each), and criteria of success ($p < 0.01$) had a significant positive effect on nursing staff performance. Organization glue is not statistically significant in predicting nursing staff performance ($p > 0.05$).

In terms of adjusted R^2 , the constant term is 8.091. it represents the expected value of Nursing Staff Performance when all independent variables (organizational culture factors) are zero. In practical terms, this constant is the baseline level of Nursing Staff Performance when no specific organizational culture factors are considered. Holding all other variables constant, every one-unit increase in dominant characteristics, organizational leadership, management of employees, and criteria of success is expected to increase Nursing Staff Performance by 0.477, 1.243, 0.950, 0.521, and 0.426 units, respectively, while a change in organization glue, with a small and statistically insignificant coefficient of 0.097, may not significantly impact nursing staff performance.

Table 4. 7: Multiple regression analysis of the effect of the organizational culture on Nursing Staff Performance in geriatric centers in Israel.

organizational culture	B	t-test	P-VALUE
Dominant Characteristics	0.477	3.981	0.000
Organizational Leadership	1.243	15.109	0.000
Management of Employees	0.950	7.344	0.000
Organization Glue	0.097	0.661	0.509
Strategic Emphases	0.521	4.172	0.000
Criteria of Success	0.426	3.175	0.002
R= 0.902, Adjusted R²= 0.814, F= 214.020, P <0. 000			

Table 4.8 presents the results of a multiple regression analysis examining the effect of various organizational culture factors on generic job satisfaction. The statistical analysis indicates a strong positive correlation ($R = 0.861$) between organizational culture factors (predictors) and Generic Job Satisfaction (dependent variable), indicating a strong relationship where changes in the predictors are closely associated with changes in the level of job satisfaction. The adjusted R^2 value of 0.741 means that about 74.1% of the variance in job satisfaction can be explained by these organizational culture factors, suggesting a high level of predictability. Furthermore, the model's F-statistic of 139.787 and a significance level (p-value) of 0.000 confirm the overall statistical significance of the model, indicating that at least one of the predictors significantly impacts generic job satisfaction. This analysis underscores the critical role organizational culture plays in influencing job satisfaction levels among employees.

The regression analysis indicated that the constant term, with a coefficient of 2.304 and a significance level of 0.100, is not statistically significant, implying no significant impact on job satisfaction when all predictors are zero; dominant characteristics, with a coefficient of 0.470 and a $p < 0.001$, significantly positively affect job satisfaction; organizational leadership, with a coefficient of 0.275 and a $p < 0.001$, also significantly positively affects generic job satisfaction; management of employees, with a coefficient of 0.975 and a $p < 0.001$, has a highly significant positive effect on generic job satisfaction; organization glue, with a coefficient of 0.082 and a $p > 0.05$, did not significantly predict job satisfaction; strategic emphases, with a coefficient of 0.244 and a $p < 0.05$, and criteria of success, with a coefficient of 0.322 and a $p < 0.01$, both significantly positively affect generic job satisfaction.

Dominant characteristics, organizational leadership, management of employees, strategic emphases, and criteria of success had coefficients of 0.470, 0.275, 0.975, 0.244, 0.322, and 0.304, respectively, each significantly associated with increases in job satisfaction by their respective units per one-unit increase in the predictor, holding other variables constant, whereas organization glue's small and non-significant coefficient of 0.082 suggested it may not impact job satisfaction significantly.

Table 4. 8: Multiple regression analysis of the effect of the organizational culture on generic job satisfaction.

organizational culture	B	T	SIG
(Constant)	2.304	1.648	0.100
Dominant Characteristics	0.470	4.840	0.000
Organizational Leadership	0.275	4.130	0.000
Management of Employees	0.975	9.299	0.000
Organization Glue	0.082	0.687	0.492
Strategic Emphases	0.244	2.409	0.017
Criteria of Success	0.322	2.965	0.003
R= 0.861, Adjusted R² = 0.741, F= 139.787, P = 0.000			

Table 4.9 presents the results of a multiple regression analysis examining the effect of Generic Job Satisfaction on Nursing Staff Performance in geriatric centers in Israel. The regression analysis reveals a strong positive correlation between Generic Job Satisfaction and nursing staff performance, as indicated by a correlation coefficient (R) of 0.804. This strong correlation suggests a significant relationship between the two variables. The Adjusted R² value of 0.647 further elucidates that approximately 64.7% of the variance in Nursing Staff Performance can be explained by variations in generic job satisfaction, highlighting the substantial impact of job satisfaction on performance outcomes. The overall model's statistical significance is confirmed by an ANOVA F value of 546.176 with a p-value of less than 0.05, underscoring the meaningful effect of Generic Job Satisfaction on nursing staff performance. Additionally, the regression coefficients for the constant term and Nursing Staff Performance coefficient, both with significant t-values and a significance level of 0.000, indicate that while the constant term represents the expected performance level when job satisfaction is zero—a condition not practically meaningful in this context the coefficient of 1.172 for nursing

staff performance signifies a direct and significant increase in performance for each unit increase in job satisfaction, holding other variables constant.

Table 4. 9: Multiple regression analysis of the effect of Generic Job Satisfaction on Nursing Staff Performance in geriatric centers in Israel

Generic Job Satisfaction	B	T	SIG
(Constant)	19.463	10.051	0.000
Nursing staff performance	1.172	23.370	0.000
R= 0.804, Adjusted R²= 0.647, F= 546.176, p =0.000			

4.6 T-test and One-Way ANOVA Test

Table 4.10 presents the results of independent samples t-tests to examine the differences in Generic Job Satisfaction and Nursing Staff Performance in geriatric centers in Israel based on gender.

The t-tests for Generic Job Satisfaction and Nursing Staff Performance reveal no statistically significant differences between male and female groups. For generic job satisfaction, the mean scores are 38.50 for males and 38.08 for females, with a t-value of 0.69 and a significance level (p-value) of 0.49, indicating that the difference in means is not significant as the p-value exceeds the conventional threshold of 0.05. Similarly, for nursing staff performance, the mean scores are 64.45 for males and 64.19 for females, with a t-value of 0.29 and a p-value of 0.77, further confirming the absence of a significant difference in performance between the genders. These results suggest that gender does not play a decisive role in determining levels of Generic Job Satisfaction or Nursing Staff Performance, as both t-values are below critical values, and both p-values are well above the 0.05 significance level.

Table 4. 10: T-test for independent samples to study the differences in Generic Job Satisfaction and Nursing Staff Performance in geriatric centers in Israel to gender.

	Male	Female	t	sig
Generic Job Satisfaction	38.50	38.08	0.69	0.49
Nursing Staff Performance	64.45	64.19	0.29	0.77

The one-way ANOVA tests conducted to assess differences in Generic Job Satisfaction and Nursing Staff Performance across various age groups indicate a lack of statistically significant variance. Specifically, for Generic Job Satisfaction, an F-value of 1.24 and a p-value of 0.29 suggest no significant differences among age groups, as the p-value exceeds the standard significance threshold of 0.05. Similarly, the analysis of Nursing Staff Performance, with an F-value of 0.07 and a p-value of 0.93, also fails to demonstrate significant disparities across age groups. These results imply that age does not significantly influence levels of Generic Job Satisfaction or nursing staff performance, highlighting a uniformity in these metrics across different age demographics (Table 4.11).

Table 4. 11: One-way ANOVA test to study the differences in Generic Job Satisfaction and Nursing Staff Performance in geriatric centers in Israel to age.

	23-34 years	35-44 years	Above 44 years old	F	sig
Generic Job Satisfaction	38.51	37.62	38.76	1.24	0.29
Nursing Staff Performance	64.48	64.11	64.27	0.07	0.93

The one-way ANOVA tests conducted to explore the impact of education levels on Generic Job Satisfaction and Nursing Staff Performance both yield results indicating a lack of statistically significant differences. For Generic Job Satisfaction, an F-value of 0.15 and a p-value of 0.96 far exceed the standard significance level of 0.05, suggesting

no significant variance across education levels. A similar pattern is observed for Nursing Staff Performance, with an F-value of 0.22 and a p-value of 0.93, again significantly higher than the 0.05 threshold. These findings imply that the level of education does not have a discernible impact on either Generic Job Satisfaction or nursing staff performance, pointing to a consistent experience across different educational backgrounds (Table 4.12).

Table 4. 12: One-way ANOVA test to study the differences in Generic Job Satisfaction and Nursing Staff Performance in geriatric centers in Israel to education.

	Bachelor or equivalent	Master or equivalent	practical nurse	Licensure Nurse	Registered Nurse	Caregiver training course	F	sig
Generic Job Satisfaction	38.64	37.94	38.45	37.83	38.16	0.15	0.96	
Nursing Staff Performance	63.78	63.44	64.82	64.33	64.58	0.22	0.93	

The analysis of variance for Generic Job Satisfaction and Nursing Staff Performance across different experience levels yields contrasting results. For Generic Job Satisfaction, an F-value of 2.87 and a p-value of 0.04 suggest a significant variance across experience levels, as ($p < 0.05$), indicating a notable difference in job satisfaction among various experience groups. Conversely, Nursing Staff Performance, with an F-value of 0.86 and a p-value of 0.46, does not exhibit significant differences across experience levels, as ($p\text{-value} > 0.05$) benchmark. This implies that while experience may influence job satisfaction, it does not appear to significantly affect Nursing Staff Performance metrics in the same manner Table 4.13.

Table 4. 13: One-way ANOVA test to study the differences in Generic Job Satisfaction and Nursing Staff Performance in geriatric centers in Israel to experience.

	Five years and less	6-10 years	11-20 years	≥21 years	F	Sig
Generic Job satisfaction	37.58	39.28	37.31	39.15	2.87	0.04
Nursing staff performance	63.742	64.476	64.250	66.296	0.86	0.46

4.7 Summary

The study used the Organizational Culture Assessment Instrument (OCAI) to measure the levels of organizational culture, the Generic Job Satisfaction Scale (GJSS) to assess job satisfaction, and the Performance Measurement Scale (PMS) to evaluate nursing staff performance. These instruments were selected for their validated reliability and relevance to the study's objectives. The majority of participants rated their organizational culture highly, particularly in aspects related to leadership, teamwork, and strategic emphasis. This indicates a generally positive perception of the organizational culture within the geriatric centers. The nursing staff reported high levels of job satisfaction, with the mean scores indicating overall agreement with positive job satisfaction statements. Factors contributing to job satisfaction included recognition, support, and opportunities for professional development. The performance scores were high across all subscales, indicating that the nursing staff generally performed well in their roles. Competency and readiness to improve were particularly strong, reflecting a commitment to maintaining high standards of care and continuous professional development. In summary, the results indicate that the levels of organizational culture, job satisfaction, and nursing staff performance are generally high among the participants

in the study. The positive scores across these metrics suggest a well-functioning work environment in the geriatric centers studied, contributing to both high job satisfaction and strong performance outcomes.

Organizational culture, including leadership, teamwork, and strategic emphasis, was found to correlate positively with nursing staff performance and job satisfaction. The characteristics of organizational culture explain a significant portion (81.5%) of the variance in nursing staff performance, highlighting its profound impact.

Organizational culture was shown to explain 75.3% of the variance in job satisfaction, indicating its critical role in influencing employee satisfaction levels. This suggests that factors within the organizational culture substantially contribute to how satisfied the nursing staff feel about their job.

The multiple regression analysis results showed that Generic Job Satisfaction has a significant positive impact on nursing staff performance ($B = 1.172$, $T = 23.370$, $P < 0.001$), indicating that higher job satisfaction leads to better performance among nursing staff in geriatric centers in Israel

The analysis found no significant differences in job satisfaction and performance based on gender (Generic Job Satisfaction: $t = 0.69$, $p = 0.49$; Nursing Staff Performance: $t = 0.29$, $p = 0.77$), age (Generic Job Satisfaction: $F = 1.24$, $p = 0.29$; Nursing Staff Performance: $F = 0.07$, $p = 0.93$), or education level (Generic Job Satisfaction: $F = 0.15$, $p = 0.96$; Nursing Staff Performance: $F = 0.22$, $p = 0.93$). However, experience levels did influence job satisfaction ($F = 2.87$, $p = 0.04$), with more experienced staff reporting higher satisfaction, though this did not translate into significant differences in performance ($F = 0.86$, $p = 0.46$).

Chapter Five

Discussion

This chapter discusses in detail the main findings of this study findings by comparing the findings with the previous research and discussing the limitations of this current study.

The results of this study provide a comprehensive overview of the characteristics and perceptions of nursing staff and caregivers working in Israel's geriatric centers. The demographic data reveals a diverse workforce with varying levels of education, experience, and work patterns, highlighting the complexity of the healthcare environment in geriatric care. The higher representation of female staff aligns with global trends in nursing and caregiving professions, where women predominantly occupy these roles (Organization, 2020). The age distribution and educational levels reflect a workforce that is relatively young and primarily trained through caregiver training courses, indicating potential areas for further professional development and education.

The study's findings on organizational culture, leadership, management styles, and job satisfaction provide insights into the factors that contribute to a positive work environment and high levels of nursing staff performance. The significant positive correlations between various aspects of organizational culture and both Nursing Staff Performance and job satisfaction underscore the importance of a supportive and dynamic organizational culture in enhancing employee outcomes. These results are consistent with previous research that has demonstrated the critical role of

organizational culture in influencing job satisfaction and performance in healthcare settings (Alvesson, 2015; Schein, 2010).

The lack of significant differences in job satisfaction and Nursing Staff Performance based on gender, age, and education level suggests that these demographic variables do not play a decisive role in determining these outcomes within this sample. This finding is particularly relevant in the context of gender, as previous studies have shown mixed results regarding the impact of gender on job satisfaction and performance in healthcare settings (Liu et al., 2019).

Interestingly, the study found a significant variance in job satisfaction across different levels of experience but not in nursing staff performance. This indicates that while experience levels may influence how satisfied employees feel with their work, it does not necessarily translate into differences in performance. This could be attributed to the standardization of care practices and performance expectations across experience levels in geriatric centers, ensuring consistent quality of care regardless of the caregiver's experience.

The results of the multiple regression analysis further highlight the specific aspects of organizational culture that are most influential in predicting Nursing Staff Performance and job satisfaction. The significant positive effects of dominant characteristics, organizational leadership, management of employees, strategic emphases, and criteria of success on nursing staff performance, and the similar pattern observed for job satisfaction, emphasize the multifaceted nature of organizational culture's impact on employee outcomes. These findings align with the theoretical framework proposed by Schein (2010), which suggests that organizational culture

operates at multiple levels, influencing employee behavior and performance through shared values, beliefs, and norms (Schein, 2010).

Recent studies have highlighted the importance of organizational resilience in healthcare settings, particularly in geriatric care. The staff in these settings face unique stressors and challenges, which make resilience even more critical. Organizational resilience is the ability of an organization to handle stress, recover its critical functions, and thrive even in altered conditions. It has increasingly been recognized as an essential component of organizational culture, which supports nursing staff performance and well-being. For example, Meneghini et al. (2024) have emphasized the connection between organizational resilience and job satisfaction in healthcare settings. They suggest that organizations that actively develop resilience through continuous learning, adaptability, and staff support not only enhance job satisfaction but also improve patient care outcomes. This perspective is particularly crucial in geriatric care, where the complexity of patients' needs requires a resilient workforce capable of navigating stressful situations while maintaining high levels of care (Cooper, Brown, & Leslie, 2021).

Furthermore, the concept of psychological safety within the workplace offers valuable insights into how organizational culture impacts nursing staff performance (Edmondson, 2018). Psychological safety, the belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes, is fundamental in healthcare settings for fostering an environment where staff feel empowered to improve care delivery and innovation. Implementing policies and practices that promote psychological safety can lead to enhanced job satisfaction, reduced turnover, and better patient outcomes, as nurses and caregivers feel valued and supported to share their insights and concerns.

5.1. Conclusion

This study contributes to the understanding of the factors that influence Nursing Staff Performance and job satisfaction in geriatric care settings. The findings highlight the critical role of organizational culture and suggest that interventions aimed at enhancing job satisfaction and performance should consider the complex interplay of leadership, management styles, and strategic emphases. Building on these insights, healthcare administrators and policymakers can develop targeted strategies to foster a supportive organizational culture, thereby enhancing the quality of care provided to the elderly population.

5.2. Strengths of the Study

This is the first study that examined these variables. The study presents several notable strengths that significantly enhance its contribution to understanding the impact of organizational culture on nursing staff.

1. **This is the first study that examined these variables**
2. **Comprehensive Demographic Representation:** The study includes a diverse and comprehensive demographic profile of the participants, ensuring that the findings are representative of the nursing staff and caregivers in geriatric centers in Israel. The inclusion of various job positions and work shifts adds depth to the analysis, providing a holistic view of the workforce.
3. **Use of Validated Instruments:** The methodology employed, particularly the use of validated scales such as the Organizational Culture Assessment Instrument (OCAI) and the Generic Job Satisfaction Scale, enhances the reliability and validity of the findings. The high response rates to these scales indicate strong

engagement from participants and suggest that the results reflect genuine perceptions and experiences.

4. **Robust Statistical Analyses:** The study employs robust statistical analyses, including multiple regression analyses and ANOVA tests, to reveal significant correlations between organizational culture factors and both nursing staff performance and job satisfaction. The absence of multicollinearity among independent variables underscores the precision of these findings.
5. **Significant Variance Explanation:** The study explains a significant portion of the variance in nursing staff performance (81.5%) and job satisfaction (75.3%) through organizational culture characteristics, highlighting the profound impact of these factors on employee outcomes.
6. **Ethical Considerations:** The study adheres to strict ethical principles, ensuring informed consent, confidentiality, and the right to withdraw, thereby maintaining the integrity and ethical standards of the research.

5.3. Limitations of the Study

The cross-sectional nature of the study limits the ability to infer causality or changes over time, capturing only a snapshot that prevents examining the evolution of relationships between organizational culture, job satisfaction, and nursing staff performance. It is a self-reported study Focusing specifically on the geriatric sector while offering detailed insights may restrict the generalizability of findings to other healthcare settings due to unique challenges and characteristics. Future research could address these limitations by employing longitudinal designs to track dynamics over time for a more nuanced understanding of causality and change and by broadening the scope

to include a variety of healthcare settings, such as acute care hospitals, outpatient clinics, and community health services, to enhance applicability. Additionally, incorporating diverse geographic locations, investigating the influence of organizational size and type, and integrating qualitative methods could provide a more rounded understanding by capturing cultural differences, the impact of organizational structure, and the nuances of organizational culture on staff outcomes, which quantitative measures might not fully capture.

5.4. Recommendations

Based on the findings of this study, several recommendations can be made to enhance performance among nursing staff in geriatric centers in Israel:

1. **Emphasize personal and dynamic organizational characteristics:** A positive perception of the organization's personal and dynamic nature suggests that fostering a supportive and innovative workplace can enhance staff satisfaction and performance. Initiatives to promote risk-taking and entrepreneurial behavior should be encouraged.
2. **Leadership development:** Given the significant impact of organizational leadership on both performance and satisfaction, geriatric centers should invest in leadership development programs. These programs should focus on mentoring, nurturing, and fostering a results-oriented focus among nursing managers and directors.
3. **Employee management practices:** The findings indicate the importance of individual risk-taking, innovation, and job security. Therefore, administrative

practices should prioritize these elements. In addition to promoting a culture of competitiveness and achievement.

4. **Strategic focus on human development and competitiveness:** Strategic focuses on human development and competitive actions were positively associated with performance. Geriatric centers must, therefore, align their strategies to enhance human resource development and maintain a competitive advantage in the healthcare sector.
5. **Continuous evaluation and improvement:** Regular evaluations of organizational culture and Nursing Staff Performance should be conducted to identify areas for improvement. This can help in making informed decisions through coping strategies to meet the evolving needs of the individual workforce.

Implications of the Study

The study provides implications across different domains:

Education

- **Curriculum Development:** Incorporate comprehensive modules on organizational culture within nursing education to prepare future nurses for diverse healthcare environments. Emphasize skills such as leadership, communication, and teamwork to foster positive organizational cultures.
- **Professional Development:** Continuous education and training programs should be developed to enhance the understanding and implementation of positive organizational culture among current nursing staff. This can include

workshops, seminars, and online courses focusing on organizational culture and its impact on performance and job satisfaction.

Policy-Making

- **Supportive Policies:** Formulate policies that promote a supportive organizational culture, recognizing its impact on staff well-being and patient care quality. Policies should focus on continuous assessment and improvement of organizational culture, leadership development, and employee engagement.
- **Standardized Assessments:** Implement standardized assessments for organizational culture in healthcare facilities to ensure consistent monitoring and improvement. This can help identify areas needing intervention and support.

Research

- **Longitudinal Studies:** Conduct longitudinal studies to understand better how organizational culture affects nursing outcomes over time and in different contexts. This can provide deeper insights into the long-term effects and potential for cultural interventions.
- **Broadened Scope:** Expand research to include various healthcare settings, such as acute care hospitals, outpatient clinics, and community health services, to enhance the generalizability of findings. This will help in understanding the broader impact of organizational culture across different healthcare environments.

Practice

- **Leadership Development Programs:** Invest in leadership development programs that focus on mentoring, nurturing, and fostering a results-oriented focus among nursing managers and directors. Effective leadership is crucial for creating a positive organizational culture.
- **Employee Engagement Initiatives:** Implement initiatives to increase job satisfaction and performance through mentorship programs, professional development opportunities, and employee recognition strategies. Promoting a culture of innovation and risk-taking can further enhance staff engagement and performance.
- **Regular Evaluations:** Conduct regular evaluations of organizational culture and nursing staff performance to identify areas for improvement. This allows for informed decision-making and the implementation of strategies to meet the evolving needs of the workforce.

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Appendices

Appendix A

Summary of studies review on organizational culture and job performance.

No.	Study Title	Questions/Hypotheses	Objectives of study	Tools	Main results	Recommendations	Ref.
1	An integrative review of research evaluating organizational culture in residential aged care facilities	<p>How is organizational culture being studied and conceptualized in RACFs?</p> <p>What are the primary aims and results of the studies on organizational culture in RACFs?</p> <p>What interventions are being designed and used to improve organizational culture in RACFs?</p>	To integrate diverse studies of organizational culture in aged care facilities.	Integrative review design to provide a comprehensive understanding of organizational culture. Five academic databases were searched (Ovid Medline, Scopus, PsycINFO, CINAHL, Embase).	Ninety-two articles were included. Fifty-nine studies (64.1%) utilized a quantitative approach, while 24 (26.0%) were qualitative, and nine used mixed methods (9.8%). Twenty-two (23.9%) aimed to describe the culture within RACFs, while 65 (70.7%) attempted to understand the relationship between culture and other variables, demonstrating mixed and indeterminate associations. Only five (5.4%) evaluated an intervention.	Future research that is underpinned by a sound theoretical basis is needed to increase the availability of empirical evidence on which culture change interventions can be based.	Churruca, K., Falkland, E., Saba, M. et al. (2023). An integrative review of research evaluating organisational culture in residential aged care facilities. BMC Health Serv Res 23, 857.
2	Analysis of organizational culture factors that influence the performance of health care professionals	<p>Does an organization's culture impact healthcare professionals' performance in clinical practice?</p> <p>What are the mechanisms by which cultural factors enhance healthcare professionals'</p>	Ascertain the organizational culture elements that influence healthcare professional performance.	The study involved reviewing 22 literature sources, including ScienceDirect, PubMed, and Google Scholar, between	An organization's culture significantly influences the efficiency and effectiveness of healthcare employees, especially in hospitals. Key themes included nurse performance	Further research is needed to explore specific ways cultural factors can be utilized to enhance healthcare professionals' performance.	Almutairi, R. lafi, Aditya, R. S., Kodriyah, L., Yusuf, A., Solikhah, F. K., Al Razeeni, D. M., & Kotijah, S. (2022). Analysis

	nals: A literature review	performance?		2011 and 2021.	influenced by discipline, cultural group dynamics, healthcare professional management, and individual/psychological aspects.		of organizational culture factors that influence the performance of health care professionals: A literature review. <i>Journal of Public Health in Africa</i> , 13(s2).
3	Organisational culture and ethnic diversity in nursing homes: a qualitative Study of healthcare workers' and ward nurses' experiences	How is a multicultural workplace experienced by healthcare workers (HCWs) and leaders in nursing homes? What key themes emerge from the accounts of HCWs and managers regarding the experience of a multicultural workforce in nursing homes?	To explore the experiences of healthcare workers and leaders in nursing homes within a multicultural workplace context.	Qualitative interviews were conducted with 16 healthcare workers and managers from nursing homes in Oslo. These interviews were carried out between August and September 2021.	The study identified six main themes from the interview data: (1) the way diversity is understood through shared norms and multicultural experiences, (2) increased flexibility within a multicultural workforce, (3) the challenge of addressing traditional norms in a multicultural setting, (4) language proficiency and exclusionary practices at work, (5) perceptions of the role of ward nurses, and (6) instances of prejudices and harassment from patients.	To promote the effective functioning and well-being of healthcare workers in a multicultural workforce, managers should work towards establishing an inclusive organizational culture.	Debesay, J., Arora, S. & Fougner, M. (2022). Organisational culture and ethnic diversity in nursing homes: a qualitative study of healthcare workers and ward nurses' experiences. <i>BMC Health Serv Res</i> 22, 843.

4	Organizational culture: A key factor to improve nurse performance	Does organizational culture impact the Quality of Nursing Work Life (QNWL) and nurse performance? Is there a relationship between QNWL and nurse performance? Does QNWL mediate the influence of organizational culture on nurse performance?	To investigate the relationships between organizational culture, Quality of Nursing Work Life (QNWL), and nurse performance, and to explore the potential mediating role of QNWL in the relationship between organizational culture and nurse performance.	A cross-sectional approach. Data were gathered using the census method from March to April 2019. A total of 58 nurses participated in this study. The data were analyzed using descriptive statistics and Structural Equation Modeling Partial Least Square.	Organizational culture significantly and positively impacts both nurse performance and QNWL. However, QNWL was not found to impact nurse performance significantly. Additionally, QNWL was not identified as a mediating factor in the relationship between organizational culture and nurse performance.	Hospital managers should prioritize enhancing the hospital's organizational culture to improve both nurse performance and Quality of Nursing Work Life (QNWL).	Ekasari P., Noermijati N.& Dewanto A. (2020). Organizational culture: A key factor to improve nurse performance. <i>Enfermería Clínica</i> . 30 (6), 118-122.
5	How does organizational culture influence care coordination in hospitals? A systematic review	What are the different categories of organizational culture that influence care coordination? Which specific attributes of organizational culture impact care coordination in hospitals? Is there a specific organizational culture type that enhances care coordination?	To examine the attributes of organizational culture that may impact care coordination and to determine which type of organizational culture enhances care coordination.	A systematic review by searching for relevant articles in Science Direct, ProQuest, and Scopus databases. Between January 2006 and July 2017. The PRISMA-P 2015 checklist was used for analysis and reporting.	The review identified four main categories of organizational culture: hierarchy, clan, adhocracy, and market. The study also revealed that specific attributes of organizational culture, including team relationships and communication, teamwork, success criteria, conflict management, authority, and autonomy, had an influence on care coordination.	Hospital managers should consider adopting a "clan" culture in order to enhance care coordination within their hospitals.	Runtu T., Novieastari E.& Handayani H. (2019). How does organizational culture influence care coordination in hospitals? A systematic review. <i>Enfermería Clínica</i> . 29 (2), 785-802.

6	Effects of the organizational culture type, job satisfaction, and job stress on nurses' happiness: A cross-sectional study of the long-term care hospitals in South Korea	How does LTC hospital–nurse organizational culture type influence nurses' happiness? What is the relationship between job satisfaction and nurses' happiness? How does job stress relate to nurses' happiness?	To investigate the impact of long-term-care (LTC) hospital–nurse organizational culture type, job satisfaction, and job stress on nurses' happiness.	226 randomly selected nurses working in 17 LTC hospitals with ≥100 beds across five cities in South Korea. A multiple regression analysis was conducted to assess the factors influencing nurses' happiness.	The happiness level of LTC hospital nurses was not particularly high. The factors influencing their happiness included subjective health status, organizational culture (hierarchy-oriented), job satisfaction (specifically autonomy-related satisfaction), and the number of task requests. Among these, autonomy-based job satisfaction greatly impacted nurses' happiness.	Implementation of personal health improvement programs to enhance nurses' happiness. Furthermore, hospitals should ensure stable operations and management to ensure organizational safety.	Hwang E. (2019). Effects of the organizational culture type, job satisfaction, and job stress on nurses' happiness: A cross-sectional study of the long-term care hospitals of South Korea. <i>Japan journal of nursing science: JJNS</i> , 16(3), 263–273.
7	The Role of Organizational Culture in Retaining Nursing Workforce	How does organizational culture in nursing homes relate to staff turnover rates for RNs, LPNs, and NAs? Are there specific cultural values in nursing homes associated with higher or lower turnover rates for different staff roles?	To investigate the relationship between organizational culture in nursing homes and staff turnover rates, with a focus on Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and nursing aides (NAs).	Data for the study were collected in 2009 from nursing home administrators. The administrators reported on facility culture using scales from a Competing Values Framework. Additionally, they provided information on the percentage of staff	turnover rates were generally lower compared to past research but still remained significantly higher among NAs than RNs or LPNs. Different cultural values within nursing homes had varying effects on turnover rates for different staff roles. Facilities with stronger market values had increased turnover rates among RNs, LPNs, and NAs. Hierarchical internal processes were associated with	Nursing homes should consider the differential effects of organizational culture on staff turnover rates for different roles when developing strategies to improve their culture.	Banaszak-Holl, J., Castle, N. G., Lin, M. K., Shrivastwa, N., & Spreitzer, G. (2015). The role of organizational culture in retaining nursing workforce. <i>The Gerontologist</i> , 55(3), 462–471.

				leaving annually for RNs, LPNs, and NAs.	lower RN turnover. Values related to staff and innovation lowered LPN turnover. Additionally, the emphasis on customer needs was linked to higher turnover among all staff roles.		
8	Association of care workers' job satisfaction and global happiness with change of functional performance of severely disabled elderly residents in nursing homes: a cohort and Questionnaire study in Japan	Is there an association between job satisfaction and global happiness of care staff and changes in the functional performance of severely disabled elderly residents in nursing homes? Does job satisfaction or global happiness of care staff impact deterioration or improvement in the functional performance of nursing home residents? Is there a correlation between job satisfaction or global happiness of care staff and improvement in residents' functional performance?	To investigate the association between job satisfaction and global happiness of care staff in nursing homes and the changes in functional performance of severely disabled elderly residents over a 6-month period.	A retrospective cohort design was used to collect data from 1000 nursing home residents with a care level of 3–5 and 412 care staff in 18 nursing homes in Japan. The functional performance of residents was assessed using the International Classification of Functioning, Disability, and Health (ICF) staging, consisting of items related to daily activities, cognitive	Changes in the functional performance of residents were associated with the global happiness of care staff. Higher global happiness of care staff was linked to a lower probability of residents' functional deterioration over the 6 months. However, there was no significant correlation between job satisfaction or happiness of care staff and the improvement in residents' functional performance.	Nursing homes should consider fostering a work environment that promotes care staff's job satisfaction and happiness. Improving the quality of work life for care staff may contribute to better functional outcomes for severely disabled elderly residents in nursing homes.	Ikeda-Sonoda S, Ichihara N, Okochi J, et al. (2020). Association of care workers' job satisfaction and global happiness with the change of functional performance of severely disabled elderly residents in nursing homes: a cohort and questionnaire study in Japan. <i>BMJ Open</i> ;10: e033937.

				function, and social participation. Care staff's job satisfaction and global happiness were evaluated through a questionnaire.			
9	Motivation as a factor affecting nurse performance in Regional General Hospitals : A factors analysis	What are the factors that influence the performance of nurses in hospital settings? How do work motivation, perception of team method application, length of work, and education level impact nurse performance?	To analyze the factors that affect the performance of nurses working in hospitals with the goal of improving patient safety and overall quality of care.	A cross-sectional approach involved 200 nurses. Participants were selected using a stratified random sampling method. Structured questionnaires were used to collect data from nurses.	Several factors were significantly related to nurse performance: work motivation, the nurse's perception of the application of team methods, length of work experience, and education level ($p < 0.05$).	Hospital management takes steps to enhance nurse motivation. Regular meetings to foster better interpersonal relationships and offer career advancement programs can be used to increase nurse motivation.	Gunawan N., Hariyati T.& Gayatri D. (2019). Motivation as a factor affecting nurse performance in Regional General Hospitals: A factors analysis. <i>Enfermería Clínica</i> . 29(2), 515-520.
10	Nurses' work, work psychology, and the evolution & devolution of care provision in nursing homes: A scoping review	What are the factors that influence long-term care nurses' work health and quality of work life? How do factors such as work roles, work environments, work attitudes, and work outcomes impact long-term care nurses' overall well-being and job satisfaction? What are the	To enhance our understanding of the factors that influence long-term care nurses' work health and quality of work life.	Comprehensive literature review approach, collecting data from published peer-reviewed studies, reviews, and reports from various databases, including Medline, CINAHL, PsychINFO,	Long-term care nurses face challenges related to role ambiguity, job dissatisfaction, and burnout due to the evolving nature of their work, including medical and administrative responsibilities. Their work environments are often under-resourced, and are at a heightened risk for workplace injuries and violence.	Future research will explore the psychological health of long-term care nurses and identify additional strategies to enhance their overall well-being.	Stewart C., Berta W., Laporte A., Deber R.& Baumann A. (2023). Nurses' work, work psychology, and the evolution & devolution of care provision in nursing homes: A scoping review.

		implications of these factors for enhancing the work health and quality of life of nurses working in long-term care settings?		EMBASE, Scopus, and PSNet. The search encompassed publications up to March 2022.	However, supervisory and organizational support can mitigate negative aspects of their work environments and contribute to improved work outcomes and quality of care.		International Journal of Nursing Studies Advances. 5, 100-133.
11	Ownership, quality, and prices of nursing homes in Australia: Why greater private sector participation did not improve performance. Health Policy	Does the level of private-sector participation in aged care have an impact on the quality of care provided by residential aged-care facilities? Is there a relationship between ownership type and the prices charged by residential aged care facilities? Can market-oriented reforms promoting private-sector participation effectively enhance competition, improve quality of care, and lower prices in the aged care sector?	To assess whether greater private-sector involvement in aged care can lead to improved outcomes by comparing the quality of care and prices of residential aged care facilities across different ownership types: government-owned, private not-for-profit, and for-profit facilities.	Retrospective facility-level data spanning six financial years (2013/14–2018/19) and covered a total of 2,900 residential aged-care facilities in Australia.	Government-owned facilities generally offer higher quality of care across most quality measures and charge the lowest average prices compared to private for-profit and not-for-profit facilities.	Addressing these issues to utilize market mechanisms better and ensure the desired outcomes in the aged care sector.	Yong J., Yang O., Zhang Y. & Scott A. (2021). Ownership, quality, and prices of nursing homes in Australia: Why greater private sector participation did not improve performance. Health Policy. 125(11), 1475-1481.2019-033937
12	The effects of emotional intelligence training on the job performance of Australian aged	Can EI training lead to improvements in well-being, psychological empowerment, and job performance (quality of care) for workers in an	To investigate the effects of Emotional Intelligence (EI) training on the quality of resident care and	A quasi-experimental design with experimental (training) and control (non-training)	The training group significantly improved, including increased EI scores, enhanced quality of care (self-rated and client-rated),	Incorporating EI training into the programs for aged care staff could lead to more positive outcomes for workers and residents.	Karimi, Leila, Leggat, Sandra G., Bartram, Timothy, Rada & Jiri. (2020). The effects of

	care workers	aged care facility? Does applying skills in EI positively impact the quality of care delivered by aged care facility workers?	the well-being and psychological empowerment of workers in an Australian aged care facility, using Bar-On's conceptualization of EI.	groups. A total of 60 participants were included in each group across two geographically separate facilities. The final post-study sample size consisted of 27 participants in the training group and 17 participants in the control group. EI training was provided to the training group over a 6-month period.	improved general well-being, and heightened psychological empowerment. No significant differences were observed in the control group.		emotional intelligence training on the job performance of Australian aged care workers. Health Care Management Review 45(1): p 41-51.
13	Factors affecting care of elderly patients among nursing staff at the Ho Teaching Hospital in Ghana: Implications for geriatric care policy in Ghana	What factors influence the care of elderly patients provided by nursing staff in the studied health facility?	To assess the factors that impact the care provided to elderly patients by nursing staff in a tertiary referral health facility in the Volta region of Ghana.	A descriptive cross-sectional design and quantitative data collection approaches. A total of 150 nurses were sampled, and data were collected using a structured questionn	(83.8%) of the nurses demonstrated good knowledge of the ageing process, knowledge in the care of the elderly (88.7%), and (84.5%) had a positive, caring attitude towards the elderly. Professional education, professional qualification, and knowledge of aged care were	Appropriate policy guidelines and regulations for geriatric care are suggested to enhance the quality of care provided to elderly patients.	Salia, S. M., Adatara, P., Afaya, A., Jawula, W. S., Japiong, M., Wuni, A., Ayanore, M. A., Bangnido ng, J. E., Hagan, F., Sam-Mensah, D., & Alhassan, R. K. (2022).

				aire.	significantly associated with nurses' attitudes toward the elderly.		Factors affecting care of elderly patients among nursing staff at the Ho teaching hospital in Ghana: Implications for geriatric care policy in Ghana. PloS one, 17(6), e0268941.
14	Exploring the effect of professional experience on knowledge of geriatric care among nurses working in adult care units	What is the level of knowledge of geriatric care among nurses in North East Ethiopia?	To assess knowledge of geriatric care and to examine its predictors in Northeast Ethiopia.	A facility-based cross-sectional study was conducted from March 8 to 28, 2020, among 335 nurses. A simple random sampling technique was employed to select study participants. A structured self-administered questionnaire was used to collect data on nurses' knowledge of older adult care.	About 192(57.3%) had poor knowledge of older adult care. Thus, level of education (AOR = 1.9, 95%CI: 1.1-3.2), year of experience 1-5 years (AOR = 2.7, 95%CI: 1.5-4.9), 5-10 years (AOR = 2.5, 95%CI: 1.4-4.4), and previously living with older adult at home (AOR = 1.6, 95%CI: 1.05-2.7) were significant predictors of knowledge on older adult care.	Professional organizations should focus on changing nursing curricula and providing professional development workshops to improve nurses' knowledge of geriatric care.	Amsalu, E. T., Messele, T. A., & Adane, M. (2021). Exploring the effect of professional experience on knowledge of geriatric care among nurses working in adult care units. BMC geriatrics, 21(1), 227.

1 5	Nursing home work environment, care quality, registered nurse burnout, and job dissatisfaction. Geriatric Nursing	What is the relationship between work environment, care quality, registered nurse (RN) burnout, and job dissatisfaction in nursing homes?	To examine the relationships between work environment, care quality, registered nurse (RN) burnout, and job dissatisfaction in nursing homes	Cross-sectional study. Linked 2015 RN4CAS T-US nurse survey data with LTCfocus and Nursing Home Compare. The sample included 245 Medicare and Medicaid-certified nursing homes in four states and 674 of their RN employees.	The work environment is an important area to target for interventions to improve care quality and nurse retention in nursing homes.	Nursing homes focus on improving the work environment to enhance both care quality and nurse retention.	Elizabeth M., Linda H., Douglas M. & Matthew D. (2020). Nursing home work environment, care quality, registered nurse burnout, and job dissatisfaction. Geriatric Nursing. 41(2), 158-164.
1 6	Understanding the Relationship Between Staff and Job Satisfaction, Stress, Turnover, and Staff Outcomes in the Person-Centered Care Nursing Home Arena	What is the theoretical relationship between staff job satisfaction, stress, turnover, and staff outcomes in PCC nursing home settings according to Cohen-Mansfield's occupational stress model?	To understand the theoretical relationship between staff and job satisfaction, stress, turnover, and staff outcomes in Person-Centered Care (PCC) nursing home settings.	Integrative review of electronic databases for research published in English between 2000 and 2015.	Job satisfaction among nursing home staff is positively associated with consistent Quality of Care (QOC) delivery and improved quality of life among residents. Management support and Person-Centered Care (PCC) practices were found to be positively correlated with enhanced QOC, staff satisfaction, and staff retention.	Supporting the nursing home workforce through PCC training is crucial for promoting job satisfaction, reducing job-related stress, and mitigating turnover.	Rajamohan S., Davina Porock D. & Chang Y. (2019). Understanding the Relationship Between Staff and Job Satisfaction, Stress, Turnover, and Staff Outcomes in the Person-Centered Care Nursing Home Arena. Journal of

							Nursing Scholarshi p. 51(5), 560-568.
1 7	Factors associated with high job satisfaction among care workers in Swiss nursing homes - a cross-sectional survey study	What is the level of job satisfaction among care workers in Swiss nursing homes?	Describe job satisfaction among care workers in Swiss nursing homes and examine its associations with work environment factors, work stressors, and health issues.	The cross-sectional study utilized data from a representative national sample of 162 Swiss nursing homes and 4,145 care workers across different educational levels.	36.2 % of respondents reported high satisfaction with their workplace, while another 50.4 % were rather satisfied. Factors significantly associated with high job satisfaction were supportive leadership, better teamwork and resident safety climate, a resonant nursing home administrator, adequate staffing resources, fewer workplace conflicts, less sense of depletion after work, and fewer physical health problems.	Further research to explore the effects of interventions aimed at improving nursing home leadership and work environments.	Schwendimann, R., Dhaini, S., Ausserhofer, D., Engberg, S., & Zúñiga, F. (2016). Factors associated with high job satisfaction among care workers in Swiss nursing homes - a cross-sectional survey study. <i>BMC nursing</i> , 15, 37.
1 8	Nursing Home Employee and Resident Satisfaction and Resident Care Outcomes. Safety and health at work	Is there an association between nursing home employees' job satisfaction and residents' satisfaction with care?	Investigated the association between nursing home employees' job satisfaction and residents' satisfaction with care and medical outcomes.	The study utilized questionnaires to measure employee and resident satisfaction in 175 skilled nursing facilities in the eastern United States.	A 1-point increase in overall employee satisfaction was associated with a significant increase of 17.4 points in residents' and family members' satisfaction with care and a substantial 19% decrease in the combined incidence rates of resident falls, weight loss, and pressure ulcers.	Nursing home administrators and policymakers focus on fostering a supportive work environment that promotes job satisfaction among nursing home employees.	Plaku-Alakbarova, B., Punnett, L., Gore, R. J., & Procare Research Team (2018). Nursing Home Employee and Resident Satisfaction and Resident Care Outcomes. Safety and health at work,

							9(4), 408–415.
19	Administrative Burden in Swiss nursing homes and its association with care workers' outcomes -a multicenter cross-sectional study	What is the extent of administrative burden experienced by care workers in Swiss nursing homes?	Describe care workers' administrative burden in Swiss nursing homes and explore the association with four care worker outcomes (i.e., job dissatisfaction, emotional exhaustion, intention to leave the current job, and the profession).	The multicenter cross-sectional study utilized the Swiss Nursing Homes Human Resources Project 2018 survey data. A convenience sample of 118 nursing homes and 2,207 care workers (registered nurses, licensed practical nurses) from Switzerland's German- and French-speaking regions participated.	73.9% of care workers felt strongly or rather strongly burdened, with one third, 36.6%, reporting to spend 2 h or more during a "normal" day performing administrative tasks. Ratings for administrative burden ranged from 42.6% to 75.3%. One out of four care workers, 25.5%, intended to leave the profession.	Nursing home managers should address the burden of administrative tasks on care workers.	Ausserhofer, D., Tappeiner, W., Wieser, H., Serdaly, C., Simon, M., Zúñiga, F., & Favez, L. (2023). Administrative burden in Swiss nursing homes and its association with care workers' outcomes multicenter cross-sectional study. <i>BMC geriatrics</i> , 23(1), 347.

Appendix B

ארבל מרכז רפואי לסייעוד והחלמה
 רח' אלחנן 4 פתח תקוה ת.ד. 92 מיקוד 910002 טלפון: 03-9321477 פקס. 03-9323277
 זוכה פרס גליקמן תשס"ו מטעם אשל על מצויינות בטיפול קשישים

28.09.2023

Approval to Conduct A Study as Part of A PhD Thesis in Nursing

In honor of:
 Falah Dakka
 Ph.D Nursing Student
 AAUP UNIVERSITY

We hereby declare our approval for you to carry out your study entitled "Effect of Organizational Culture on Nursing Staff Performance at Geriatric Centers in Israel: A Quantitative Study on Influencing Factors and Intervention Strategies" in Arbel Geriatric Center in Petah Tikva, with preserving the safety and confidentiality policies of the target audience of staff.

Best wishes,
 Falah Dakka
 Director of Arbel Geriatric Center in Petah Tikva

ארבל מרכז גריאטרי בע"מ
 מלאח דקה - מנהל המוסד
 224228-7
 FCRN-BSN-MHA

ארבל מרכז גריאטרי בע"מ
 ח.פ. 510180300

Appendix C

Moriah Carmel Geriatric Center



בית אבות מוריה הכרמל

28.09.2023

Approval to Conduct A Study as Part of A PhD Thesis in Nursing

In honor of:
Falah Dakka
Ph.D Nursing Student
AAUP UNIVERSITY

We hereby declare our approval for you to carry out your study entitled "Effect of Organizational Culture on Nursing Staff Performance at Geriatric Centers in Israel: A Quantitative Study on Influencing Factors and Intervention Strategies" in Moriah Carmel Geriatric Center in Haifa, with preserving the safety and confidentiality policies of the target audience of staff.

Best wishes,
Nozha Halaby
Director of Moriah Carmel Geriatric Center

בי"ח סיעודי
מוריה הכרמל
ח.פ. : 515032803



27.09.2023

Approval to Conduct A Study as Part of A PhD Thesis in Nursing

In honor of:
Falah Dakka
Ph.D Nursing Student
AAUP UNIVERSITY

We hereby declare our approval for you to carry out your study entitled
"Effect of Organizational Culture on Nursing Staff Performance at
Geriatric Centers in Israel: A Quantitative Study on Influencing Factors
and Intervention Strategies" in Rekanati Geriatric Center in Petah Tikva,
with preserving the safety and confidentiality policies of the target
audience of staff.

Best wishes,
Einam Bazrano
Director of Rekanati Geriatric Center


ראון רקנאטי מקבוצת מוריה בע"מ
ח.פ. 515153740

Appendix E

Title: Organizational Culture, Job Satisfaction, and Staff Performance among Nurses at Geriatric Centers.

Researcher: Dakka Falah

Introduction:

You are being invited to participate in a research study titled "Organizational Culture, Job Satisfaction, and Staff Performance among Nurses at Geriatric Centers". The purpose of this study is to examine the effect of organizational culture on nursing staff performance in geriatric centers in Israel and to identify factors that can influence the development and maintenance of a positive organizational culture in these settings.

Procedures:

Suppose you agree to participate in this study. In that case, you will be asked to participate in filling out a questionnaire, and the data collected will be transcribed and analyzed by the research team.

Risks and Benefits:

There are no anticipated risks associated with participation in this study. However, researchers hope that the findings from this study will help to inform the development of interventions aimed at improving the quality of care provided in geriatric centers in Israel.

Confidentiality:

All information collected during the study will be kept confidential. Your name and other identifying information will not be used in any reports or publications resulting from the study.

Voluntary Participation:

Participation in this study is completely voluntary, and you may choose to withdraw from the study at any time without penalty. If you choose to withdraw from the study, any data collected up to that point will be destroyed.

Contact Information:

If you have any questions or concerns about the study, you may contact the researcher, Dakka Falah, at Falah.dakka20@gmail.com.

Consent:

I have read and understand the information provided above. I have had the opportunity to ask questions, and any questions I have asked have been answered to my satisfaction. I freely consent to participate in this study.

Signature: _____

Name: _____

Date: _____

Appendix F

نموذج الموافقة

العنوان: الثقافة التنظيمية، الرضا الوظيفي، والأداء لدى الممرضين في مراكز المسنين.

الباحث: فلاح دقه

مقدمة:

أنت مدعو للمشاركة في دراسة بحثية بعنوان "الثقافة التنظيمية، الرضا الوظيفي، والأداء لدى الممرضين في مراكز المسنين". الغرض من هذه الدراسة هو فحص تأثير الثقافة التنظيمية على أداء طاقم التمريض في مراكز طب الشيخوخة في إسرائيل وتحديد العوامل التي يمكن أن تؤثر على تطوير ثقافة تنظيمية إيجابية والحفاظ عليها في هذه الأماكن.

إجراءات:

إذا وافقت على المشاركة في هذه الدراسة، فسيطلب منك المشاركة في تعبئة الاستبيان، وسيتم نسخ البيانات التي تم جمعها وتحليلها من قبل فريق البحث.

المخاطر والفوائد:

لا توجد مخاطر متوقعة مرتبطة بالمشاركة في هذه الدراسة. مع ذلك، نأمل أن تساعد نتائج هذه الدراسة في تطوير التدخلات التي تهدف إلى تحسين جودة الرعاية المقدمة في مراكز الشيخوخة في إسرائيل.

سرية:

سيتم الحفاظ على سرية جميع المعلومات التي تم جمعها أثناء الدراسة. لن يتم استخدام اسمك ومعلومات التعريف الأخرى في أي تقارير أو منشورات ناتجة عن الدراسة.

والمشاركة الطوعية:

المشاركة في هذه الدراسة تطوعية تمامًا، ويمكنك اختيار الانسحاب من الدراسة في أي وقت دون عقوبة. إذا اخترت الانسحاب من الدراسة، فسيتم إتلاف أي بيانات تم جمعها حتى تلك النقطة.

معلومات الاتصال:

إذا كانت لديك أية أسئلة أو مخاوف بشأن الدراسة، فيمكنك الاتصال بالباحث، فلاح دقه، على البريد الإلكتروني Falah.dakka20@gmail.com.

موافقة:

لقد قرأت وفهمت المعلومات المقدمة أعلاه. لقد أتيتحت لي الفرصة لطرح الأسئلة، وتم الرد على أي أسئلة طرحتها بما يرضي. أوافق بحرية على المشاركة في هذه الدراسة.

إمضاء: _____

اسم: _____

تاريخ: _____

Appendix G

נספח ה' מכתב נלווה

[מנהל המרכז הגריאטרי] היקר,

אני כותב כדי לבקש את אישורך לערוך מחקר בנושא "תרבות ארגונית, שביעות רצון בעבודה וביצועי הצוות בקרב אחיות במרכזים גריאטריים". מטרת המחקר זה היא לבחון את השפעת התרבות הארגונית על ביצועי הצוות הסיעודי במרכזים הגריאטריים בישראל, ולזהות גורמים היכולים להשפיע על פיתוח ותחזוקה של תרבות ארגונית חיובית במסגרות אלו.

מטרת המחקר זה היא לספק הבנה מקיפה של תפקידה של התרבות הארגונית בעיצוב ביצועי הצוות הסיעודי ולהציע אסטרטגיות התערבות יעילות שניתן ליישם לשיפור איכות הטיפול הניתן במרכזים הגריאטריים בישראל.

המחקר יתבצע בהתאם להנחיות ולפרוטוקולים האתיים למחקר הכולל נבדקים אנושיים. החיסיון והפרטיות של המשתתפים יישמרו לאורך כל המחקר, וכל הנתונים יישמרו אנונימיים וסודיים.

אני מבקש את רשותך לערוך מחקר זה בבית החולים שלך ואודה על תמיכתך במתן המשאבים הדרושים לביצוע המחקר בהצלחה. גם הסיוע שלך בגיוס משתתפים למחקר יתקבל בהערכה רבה.

מצורף עותק של טופס ההסכמה, המתאר את מטרת המחקר, הנהלים והסיכונים והיתרונות הפוטנציאליים. אם יש לך שאלות או חששות, אנא אל תהסס לפנות אלי.

תודה על התייחסותך, ואשמח לשמוע ממך בקרוב.

בברכה,

פלאח דקה

נספח ו טופס הסכמה:

כותרת: תרבות ארגונית, שביעות רצון בעבודה וביצועי צוות בקרב אחיות במרכזים גריאטריים

חוקר: דקה פלאח

מבוא:

אתה מוזמן להשתתף במחקר שכותרתו " תרבות ארגונית, שביעות רצון בעבודה וביצועי צוות בקרב אחיות במרכזים גריאטריים ". מטרת מחקר זה היא לבחון את השפעת התרבות הארגונית על ביצועי הצוות הסיעודי במרכזים הגריאטריים בישראל ולזהות גורמים היכולים להשפיע על פיתוח ותחזוקה של תרבות ארגונית חיובית במסגרות אלו.

נהלים:

אם תסכים להשתתף במחקר זה, תתבקש להשתתף כדי למלא שואל, והנתונים שנאספו יתמללו וינתחו על ידי צוות המחקר.

סיכונים ויתרונות:

אין סיכונים צפויים הקשורים להשתתפות במחקר זה. עם זאת, אנו מקווים כי הממצאים ממחקר זה יסייעו בפיתוח התערבויות שמטרתן לשפר את איכות הטיפול הניתן במרכזים הגריאטריים בישראל.

סודיות:

כל המידע שנאסף במהלך המחקר יישמר חסוי. שמך ופרטים מזהים אחרים לא ישמשו בדוחות או פרסומים כלשהם הנובעים מהמחקר.

השתתפות בהתנדבות:

ההשתתפות במחקר זה היא וולונטרית לחלוטין, ואתה יכול לבחור לפרוש מהמחקר בכל עת ללא קנס. אם תבחר לפרוש מהמחקר, כל הנתונים שנאספו עד לנקודה זו יושמדו.

פרטי התקשרות:

אם יש לך שאלות או חששות לגבי המחקר, תוכל ליצור קשר עם החוקר, דקה פלאח, בכתובת
Falah.dakka20@gmail.com

הספּקה:

קראתי והבנתי את המידע שסופק לעיל. הייתה לי הזדמנות לשאול שאלות, וכל שאלה ששאלתי נענתה לשביעות רצוני. אני מסכים באופן חופשי להשתתף במחקר זה.

_____ חתימה:

_____ שם:

_____ תאריך:

Appendix H

Dear: participant

Thank you for participating in this survey. This questionnaire is part of the Ph.D. degree in Nursing. This study aims to examine the impact of organizational culture on nursing staff performance in geriatric centers in Israel and to identify factors that can influence the development and maintenance of a positive organizational culture in these settings. Your responses will remain anonymous and will be used for research purposes only in the study approved by the ethics committee at Arab American University. For further details, please contact me on my email: Falah.dakka20@gmail.com . Please answer the following questions to the best of your ability.

Thank you for your support

Student: Falah Dakka

Section 1: Demographic Information

1. **Gender:**

Male

Female

2. **Age:**

23-34

35-44

45-54

≥ 55

3. **Highest level of education in nursing:**

Bachelor or equivalent

Master or equivalent

Practical Nurse

Registered Nurse

Caregiver training course

4. Years of Experience:

- 1-5 years
- 6-10 years
- 11-20 years
- More than 20 years

5. Marital status

- Single
- Married
- Separated or divorced
- Widowed

6. Position:

- Director
- Nursing Manager
- Head nurse
- Staff Nurse
- Nursing Caregivers

7. Place of Work:

- Arbel geriatric center in Petah Tikva
- Moriah Carmel Geriatric Center in Haifa
- Rekanati Geriatric Center in Petah Tikva

8. Shifts work (type):

- Single shift
- Double shift.

9. Shifts work (time):

- Morning
- Evening
- Night
- Morning and evening
- All shifts

10. Area:

- Haifa District
- Central District

Section 2: The Organizational Culture

Statement	1 Strongly Agree	2 Agree	3 Neutral	4 Disagr ee	5 Strongly Disagree
Dominant Characteristics					
The organization is a very personal place. It is like an extended family. People seem to share a lot of personal information and features.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organization is a very dynamic entrepreneurial place. People are willing to stick out their necks and take risks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organization is very result-oriented. A major concern is getting the job done. People are very competitive and achievement-oriented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organization is a very controlled and structured place. Formal procedures generally govern what people do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Leadership					
The leadership in the organization is generally considered to exemplify mentoring, facilitating, or nurturing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The leadership in the organization is generally considered to exemplify entrepreneurship, innovation, or risk-taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The leadership in the organization is generally considered to exemplify a no-nonsense, aggressive, results-oriented focus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The leadership in the organization is generally considered to exemplify coordinating, organizing, or smooth-running efficiency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of Employees					
The management style in the organization is characterized by teamwork, consensus, and participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The management style in the organization is characterized by individual risk-taking, innovation, freedom, and uniqueness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard-driving competitiveness, high demands, and achievement characterize the management style in the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The management style in the organization is characterized by security of employment, conformity, predictability, and stability in relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization Glue					
The glue that holds the organization together is loyalty and mutual trust. Commitment to this organization runs high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The glue that holds the organization together is the commitment to innovation and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There is an emphasis on being on the cutting edge.					
The glue that holds the organization together is an emphasis on achievement and goal accomplishment. Aggressiveness and winning are common themes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The glue that holds the organization together is formal rules and policies. Maintaining a smooth-running organization is important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Emphases					
The organization emphasizes human development. High trust, openness, and participation persist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organization emphasizes acquiring new resources and creating new challenges. Trying new things and prospecting for opportunities are valued.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organization emphasizes competitive actions and achievement. Attaining targets and winning in the marketplace are dominant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organization emphasizes permanence and stability. Efficiency, control, and smooth operations are important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criteria of Success					
The organization defines success on the basis of the development of human resources, teamwork, employee commitment, and concern for people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organization defines success on the basis of having the most unique or newest products. It is a product leader and innovator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organization defines success on the basis of winning in the marketplace and outpacing the competition. Competitive market leadership is key.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organization defines success on the basis of efficiency. Dependable delivery, smooth scheduling, and low-cost production are critical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Generic Work Satisfaction

Variable	Totally disagree	Disagree	Partly agree	Agree	Totally agree
In my work, I can apply my abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I receive recognition for my good performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel good working for this company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable with my coworkers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job gives me job security.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My salary is adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general terms, I have a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think working is good for my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along well with my bosses and supervisors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The company cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix I

عزيزي/عزيزتي المشارك،

شكرًا لمشاركتك في هذا الاستبيان. يعد هذا الاستبيان جزءًا من درجة الدكتوراه في التمريض. تهدف هذه الدراسة إلى فحص تأثير الثقافة التنظيمية على أداء موظفي التمريض في مراكز رعاية كبار السن في إسرائيل، وتحديد العوامل التي يمكن أن تؤثر على تطوير والحفاظ على ثقافة تنظيمية إيجابية في هذه البيئات. ستبقى إجاباتك سرية ولن يتم استخدامها إلا لأغراض البحث، حيث تمت الموافقة على الدراسة من قبل اللجنة الأخلاقية في جامعة العربية الأمريكية. لمزيد من التفاصيل، يرجى التواصل معي عبر البريد الإلكتروني: Falah.dakka20@gmail.com. يُرجى الإجابة على الأسئلة التالية بقدر استطاعتك.

شكرًا لدعمكم.

الطالب: فلاح دقة

القسم 1: معلومات تعريفية

الجنس:

ذكر

أنثى

العمر:

34-23

44-35

54-45

55 ≤

أعلى مستوى تعليمي في التمريض: بكالوريوس أو ما يعادلها ماجستير أو ما يعادلها ممرض ممارس ممرض مسجل دورة تدريب مقدمي الرعاية**سنوات الخبرة:** 1-5 سنوات 6-10 سنوات 11-20 سنة أكثر من 20 سنة**الحالة الاجتماعية:** أعزب/عزباء متزوج/متزوجة منفصل/منفصلة أو مطلق/مطلقة أرمل/أرملة**الوظيفة:** مدير/مديرة مدير/مديرة تمريض

رئيس/رئيسة ممرضين

ممرض/ممرضة

مقدمي رعاية تمريضية

مكان العمل:

مركز أربيل لرعاية كبار السن في بيتح تكفا

مركز موريا كرميل لرعاية كبار السن في حيفا

مركز ركناتي لرعاية كبار السن في بيتح تكفا

أنواع الدوام (وردية العمل):

وردية واحدة

وردية مزدوجة

أوقات الدوام (مناوبة العمل):

صباح

مساء

ليل

صباح ومساء

جميع المناوبات

المنطقة:

منطقة حيفا

المنطقة الوسطى

القسم الثاني: الثقافة التنظيمية

5 أرفض بشدة	4 لا أوافق	3 محايد	2 أوافق	1 أوافق بشدة	العبارات
الخصائص العامة					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	المنظمة مكان شخصي للغاية. إنها مثل العائلة الممتدة. يبدو أن الناس يشاركون الكثير من المعلومات والميزات الشخصية.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	تعتبر المنظمة مكاناً ديناميكياً للغاية لريادة الأعمال. الناس على استعداد لمواجهة المخاطرة.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	المنظمة موجهة نحو تحقيق النتائج. مصدر القلق الرئيسي هو إنجاز المهمة. الناس تنافسيون للغاية وموجهون نحو الإنجاز.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	المنظمة مكان منظم ومسيطر عليه للغاية. الإجراءات الرسمية تحكم عموماً ما يفعله الناس
قيادة المنظمة					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	عموماً، يُعتبر القادة في المؤسسة مثاليين في التوجيه، والتسهيل، أو الرعاية
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	عموماً، يُعتبر القادة في المؤسسة مثاليين في الروح الريادية، والابتكار، أو تحمل المخاطر
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	عموماً، يُعتبر القادة في المؤسسة مثاليين في التركيز على النتائج بدون تهاون، والروح العدوانية، والتوجه نحو تحقيق الإنجازات.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	عموماً، يُعتبر القادة في المؤسسة مثاليين في تنسيق وتنظيم العمل، أو تحقيق الكفاءة السلسة
إدارة الموظفين					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	يتميز أسلوب الإدارة في المنظمة بالعمل الجماعي والإجماع والمشاركة
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	يتميز أسلوب الإدارة في المنظمة بتحمل المخاطر الفردية والابتكار والحرية والتميز.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	يتميز أسلوب الإدارة في المنظمة بالقدرة التنافسية القوية والمتطلبات العالية والإنجاز.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	يتميز أسلوب الإدارة في المنظمة بالأمن الوظيفي، والتوافق، والقدرة على التنبؤ، والاستقرار في العلاقات.

الروابط التنظيمية					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	إن الرابط الذي يجمع المنظمة معاً هو الولاء والثقة المتبادلة. التفاني بهذه المنظمة مرتفع.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	إن الرابط الذي يجمع المنظمة معاً هو الالتزام بالابتكار والتطوير. هناك تركيز على أن تكون في طليعة التقنيات.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	إن الرابط الذي يجمع المنظمة معاً هو التركيز على الإنجاز وتحقيق الأهداف. الكفاح والفوز هي مواضيع مشتركة.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	إن الرابط الذي يجمع المنظمة معاً هو القواعد والسياسات الرسمية. من المهم الحفاظ على تنظيم سلس
الركائز الاستراتيجية					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	تركز المنظمة على التنمية البشرية. واستمرار الثقة العالية والانفتاح والمشاركة.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	تؤكد المنظمة على الحصول على موارد جديدة وخلق تحديات جديدة. تجربة أشياء جديدة والبحث عن فرص ذات قيمة.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	تؤكد المنظمة على الإجراءات التنافسية والتحقيق في الإنجازات. تحقيق الأهداف والفوز في السوق هما الأمور السائدتين.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	تؤكد المنظمة على الدوام والاستقرار. الكفاءة والسيطرة والتشغيل السلس هي أمور مهمة.
معايير النجاح					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	تحدد المنظمة النجاح على أساس تنمية الموارد البشرية، والعمل الجماعي، والتزام الموظفين، والاهتمام بالناس.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	تحدد المنظمة النجاح على أساس امتلاك المنتجات الأكثر تميزاً أو الأحدث. إنها شركة رائدة ومبتكرة في مجال المنتجات.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	تحدد المنظمة النجاح على أساس الفوز في السوق والتفوق على المنافسة. تعتبر قيادة السوق التنافسية أمراً أساسياً.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	تحدد المنظمة النجاح على أساس الكفاءة. يعد التسليم الموثوق والجدولة السلسة والإنتاج بتكلفة منخفضة أمراً بالغ الأهمية

Appendix J

יקר: משתתף

תודה על השתתפותך בסקר הזה. שאלון זה הוא חלק מעבודת תואר דוקטורט בסיעוד. מחקר זה נועד לבחון את השפעת התרבות הארגונית על ביצועי הצוות הסיעודי במרכזים הגריאטריים בישראל ולזהות גורמים היכולים להשפיע על פיתוח ותחזוקה של תרבות ארגונית חיובית במסגרות אלו. התגובות שלך יישארו אנונימיות וישמשו למטרות מחקר רק במחקר שאושר על ידי ועדת האתיקה באוניברסיטה הערבית אמריקאית. לפרטים נוספים אנא צור איתי קשר בדוא"ל שלי . Falah.dakka20@gmail.com: אנא ענו על השאלות הבאות כמיטב יכולתכם.

תודה על תמיכתך

סטודנט: פלאח דקה

חלק 1: מידע דמוגרפי

1. מגדר:

זכר

נקבה

2. גיל:

23-34

35-44

45-54

≥ 55

3. רמת ההשכלה הגבוהה ביותר בסיעוד:

תואר ראשון או שווה ערך

תואר שני או שווה ערך

אח/ות מעשית

אח/ות מוסמך/ת

קורס מטפלת/סיעודית מיומנת

4. שנות ניסיון:

1-5 שנים

6-10 שנים

11-20 שנים

יותר מ-20 שנה

5. מצב משפחתי:

רווק/ה

נשוי/ נשואה

פרוד/ה או גרוש/ה

אלמן/ה

6. תפקיד:

מנהל מוסד

אח/ות ראשית

אח/ות אחראית/מחלקה

אח/ות מהצוות

מטפלת/סיעודית

7. מקום העבודה:

מרכז גריאטרי ארבל – פתח תקווה

מרכז גריאטרי מוריה הכרמל – חיפה

מרכז גריאטרי רקנאטי – פתח תקווה

8. סוגי משמרות העבודה:

משמרות בודדות

משמרות כפולות

9. עבודה במשמרות (זמנים):

בוקר

ערב

לילה

בוקר וערב

כל המשמרות

10. אזור העבודה:

מחוז חיפה

מחוז מרכז

חלק 2: התרבות הארגונית

5 מאוד לא מסכים	4 לא מסכים	3 ניטראלי	2 מסכים	1 מסכים מאוד	הצהרה
מאפיינים דומיננטיים					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הארגון הוא מקום מאוד אישי. זה כמו משפחה מורחבת. נראה שאנשים חולקים הרבה מידע אישי ותכונות.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הארגון הוא מקום מאוד דינמי ויזמי. אנשים מוכנים להוציא את צווארם ולקחת סיכונים.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הארגון מאוד מכוון תוצאות. דאגה גדולה היא לבצע את העבודה. אנשים מאוד תחרותיים וממוקדי מטרה.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הארגון הוא מקום מאוד מבוקר ומובנה. פרוצדורות פורמליות קובעות בדרך כלל את מה שאנשים עושים.
מנהיגות ארגונית					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	המנהיגות בארגון נחשבת בדרך כלל כממחישה חונכות, הנחייה או טיפוח.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	המנהיגות בארגון נחשבת בדרך כלל כמדגימה יזמות, חדשנות או לקיחת סיכונים
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ההנהגה בארגון נחשבת בדרך כלל כממחישה מיקוד חסר תקדים, אגרסיבי, ממוקד תוצאות.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ההנהגה בארגון נחשבת בדרך כלל כממחישה תיאום, ארגון או יעילות שוטפת.
ניהול של העובדים					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	סגנון הניהול בארגון מאופיין בעבודת צוות, קונצנזוס והשתתפות.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	סגנון הניהול בארגון מאופיין בלקיחת סיכונים אינדיבידואלית, חדשנות, חופש וייחודיות.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	סגנון הניהול בארגון מאופיין בתחרותיות קשה, דרישות גבוהות והישגים.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	סגנון הניהול בארגון מאופיין בביטחון תעסוקתי, קונפורמיות, חיזוי ויציבות במערכות היחסים.
דבק ארגון					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הדבק שמחזיק את הארגון הוא נאמנות ואמון הדדי. המחויבות לארגון זה גבוהה.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הדבק שמחזיק את הארגון הוא מחויבות לחדשנות ופיתוח. יש דגש על להיות בחוד החנית.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הדבק שמחזיק את הארגון הוא דגש על הישגים והגשמת מטרות. אגרסיביות וזכייה הם נושאים נפוצים.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הדבק שמחזיק את הארגון הוא חוקים ומדיניות פורמליים. חשוב לשמור על הארגון שפועל בצורה חלקה
דגשים אסטרטגיים					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הארגון שם דגש על פיתוח אנושי. אמון גבוה, פתיחות והשתתפות נמשכים.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הארגון שם דגש על רכישת משאבים חדשים ויצירת אתגרים חדשים. ניסיון דברים חדשים והיפוש אחר הזדמנויות מוערכים.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הארגון שם דגש על פעולות תחרותיות והישגיות. השגת יעדים וזכייה בשוק הם דומיננטיים.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הארגון שם דגש על קביעות ויציבות. יעילות, שליטה ותפעול חלק חשובים.
קריטריונים להצלחה					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הארגון מגדיר הצלחה על בסיס פיתוח משאבי אנוש, עבודת צוות, מחויבות עובדים ודאגה לאנשים.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הארגון מגדיר הצלחה על בסיס בעל המוצרים הייחודיים ביותר או החדשים ביותר. זה מוביל מוצר ומחדש.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הארגון מגדיר הצלחה על בסיס זכייה בשוק ועקיפה על המתחרים. מובילות שוק תחרותית היא המפתח.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	הארגון מגדיר הצלחה על בסיס יעילות. אספקה מהימנה, תזמון חלק וייצור בעלות נמוכה הם קריטיים.

חלק 4: שביעות רצון כללית בעבודה

משתנה	לגמרי מסכים	מסכים	מסכים חלקית	לא מסכים	לגמרי לא מסכים
בעבודה שלי אני יכול ליישם את היכולות שלי	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
אני מקבל הכרה על הביצועים הטובים שלי	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
אני מרגיש טוב לעבוד בחברה הזו	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
אני מרגיש בנוח עם עמיתיי לעבודה	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
העבודה שלי נותנת לי ביטחון תעסוקתי	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
המשכורת שלי מספקת	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
באופן כללי יש לי עבודה טובה	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
אני חושב שהעבודה טובה לבריאות שלי	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
אני מסתדר היטב עם הבוסים והממונים שלי	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
לחברה אכפת ממני	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix K

Arab American University- Palestine
 Deanship of Scientific Research
 IRB committee
 Tel: 04-241-8888, ext 1196
 E-mail: irb_aaup@aaup.edu



الجامعة العربية الأمريكية فلسطين
 عمادة البحث العلمي
 لجنة أخلاقيات البحث العلمي
 تلفون: 04-241-8888 1196 ext
 البريد الإلكتروني: irb_aaup@aaup.edu

IRB Approval Letter

Study Title: "The Effect of Organizational Culture on Nursing Staff Performance at Geriatric Centers in Israel: A Quantitative Study on Influencing Factors and Intervention Strategies"

Submitted by: Falah Jamal Falah Dakka

Date received: 10th June 2023
 Date reviewed: 7th September 2023
 Date approved: 2nd October 2023

Your Study titled "The Effect of Organizational Culture on Nursing Staff Performance at Geriatric Centers in Israel: A Quantitative Study on Influencing Factors and Intervention Strategies" with archived number 2023/A/148/N was reviewed by the Arab American University-IRB committee and was approved on the 2nd October 2023.

Ahmad Ayed, PhD
 IRB Committee Member
 Arab American University of
 Palestine

Sajed Ghawadra, PhD
 IRB Committee Vice-chairman
 Arab American University of
 Palestine

Reham Khalaf-Nazzal, MD,
 PhD
 IRB Committee Chairman
 Arab American University of
 Palestine

General Conditions:

1. Valid for 12 months from the date of approval.
2. It is important to inform the committee with any modification of the approved study protocol.
3. The committee appreciates a copy of the research when accomplished.

لجنة أخلاقيات البحث العلمي في الجامعة العربية الأمريكية

IRB at Arab American University



الملخص

الخلفية

في مراكز الرعاية لكبار السن في إسرائيل، يؤثر الثقافة التنظيمية على أداء الموظفين التمريضي ورضاهم الوظيفي. تدرس هذه الدراسة كيف تؤثر الثقافة التنظيمية على أداء الموظفين ورضاهم الوظيفي مع زيادة احتياجات الرعاية الصحية مع زيادة عدد السكان المسنين.

الأساليب

تم إجراء دراسة مقطعية لجمع البيانات من طاقم التمريض ومقدمي الرعاية في العديد من المؤسسات الإسرائيلية لرعاية كبار السن. تم تقييم الثقافة التنظيمية وأداء الموظفين التمريضي باستخدام أداة تقييم الثقافة التنظيمية (OCAI) ومقياس قياس الأداء للممرضات في المستشفيات، بينما تم تقييم الرضا الوظيفي باستخدام مقياس الرضا الوظيفي العام.

النتائج

شملت الدراسة 300 مشارك، 55% منهم إناث و45% ذكور. حوالي 63% من الممرضات لديهن شهادات مقدمي الرعاية و25.3% لديهن درجات بكالوريوس. تراوحت الخبرة حيث أن 40% لديهن 5 سنوات. 45% كانوا متزوجين و40% عازبين. شكل مقدمو الرعاية التمريضية 63% من الأدوار. من بين المراكز الثلاثة التي تمت دراستها، 53.3% عملوا في نوبات مزدوجة، معظمهم في المنطقة الوسطى. كانت الثقافة التنظيمية بما في ذلك القيادة التنظيمية والعمل الجماعي والتأكيدات الاستراتيجية مرتبطة إيجابياً بأداء الموظفين التمريضي والرضا الوظيفي. تفسر خصائص الثقافة التنظيمية 81.5% من التباين في أداء الموظفين التمريضي، مما يظهر تأثيراً كبيراً. كما فسرت الثقافة التنظيمية 75.3% من تباين الرضا الوظيفي، مما يوضح أهميتها في رضا الموظفين. لم تجد الدراسة اختلافات كبيرة في الرضا الوظيفي وأداء الموظفين التمريضي بناءً على الجنس أو العمر أو التعليم، مما يشير إلى أن العوامل الديموغرافية لا تؤثر

بشكل كبير على هذه النتائج. ومع ذلك، تأثر الرضا الوظيفي بشكل كبير بالخبرة، حيث كان الموظفون الأكثر خبرة أكثر سعادة.

الاستنتاج

تخلص هذه الدراسة إلى أن الثقافة التنظيمية تؤثر بشكل كبير على أداء الممرضات في رعاية كبار السن ورضاهم الوظيفي. لتحسين هذه النتائج، يجب مراعاة الثقافة التنظيمية بما في ذلك القيادة والإدارة والاستراتيجية. يمكن أن تساعد هذه النتائج مديري المستشفيات وصناع السياسات على خلق ثقافة تنظيمية داعمة وديناميكية لتحسين رعاية كبار السن.

الكلمات المفتاحية: الثقافة التنظيمية، أداء الموظفين التمريضي، الرضا الوظيفي، مراكز الرعاية لكبار السن.