Original Article

The Relationship between Nurses' Perceptions of the Clinical Governance Climate and their Job Satisfaction Levels

Eylem Pasli Gurdogan PhD, MSN, BSN
Assistant Professor, Department of Nursing, Trakya University Faculty of Health Sciences, Edirne, Turkey

Sule Ecevit Alpar PhD, MSN, BSN
Proffesor, Department of Nursing, Marmara University Faculty of Health Sciences, İstanbul, Turkey

Correspondence: Eylem Pasli Gurdogan, Assistant Professor, Department of Nursing, Trakya University Faculty of Health Sciences, Edirne, Turkey E-mail. e.gurdogan@gmail.com

Abstract

Background: Clinical governance evaluation is important to determine what organisational development efforts should focus on, and an increased clinical governance level is believed to increase the quality of health care services as well as employee job satisfaction.
Objectives: The aim of this study is to identify nurses' perceptions of the clinical governance climate and to explain its relationship to their job satisfaction levels.
Method: The sample of this research, which was intended to be descriptive, consisted of 248 nurses in a university hospital in Istanbul, Turkey. Data were collected using a nurse description form containing nurses' socio-demographic characteristics, a Clinical Governance Climate Questionnaire (CGCQ) and the Minnesota Job Satisfaction Scale.
Results: Of the nurses participating in the research, 37.1% were between the ages of 31-35, 66.1% were married and 39.5% held an associate degree in nursing. We found that overall nurses' perceptions of the clinical governance climate were at 180.01±20.63. A statistically significant negative relationship was found between nurses' perception of the clinical governance climate and their job satisfaction levels. As the nurses' intrinsic, extrinsic and overall job satisfaction scores increased, the CGCQ scores decreased.
Conclusions: Because the nurses' perception of the clinical governance climate as supportive increased their job satisfaction, we recommended that their managers adopt a management style that is more participatory and flexible and that gives priority to cooperation and sense of security.

Key Words: Clinical governance climate, Nursing, Job satisfaction

Introduction

Today, the concept of management has given way to the concept of governance, in which the manager and the managed produce together, management activities are conducted openly and transparently, communication is the priority function and employees participate in the decision-making process (Zeybek, 2005). Effective governance has a vital importance for quality clinical care in health care organisations (Bennet et al., 2012).
Clinical governance is defined as providing the required managerial infrastructure to continuously improve the quality of health care services and to achieve and safeguard high standards of clinical care (Halligan & Donaldson, 2001; Freeman, 2003). Clinical governance is influenced by several factors. Among these factors are multidisciplinary teamwork, risk management, evidence-based research and practice skills, lifelong learning and professional development, personnel management and appraisal, organisational change approach and quality development process (Freeman, 2003; Murray et al., 2004). Clinical governance enables collaborative work in practices by facilitating teamwork and enriching the significance of clinical relationships, clinicians' behaviours and

care provision (Som, 2004). Health professionals are the most crucial resources in clinical governance practice in health care services. If clinical governance is not perceived positively and practiced by employees, it will fail; therefore, an organisational climate that is participatory, flexible and inclined to innovation is important in clinical governance practice (Freeman, 2003). Quality health care can only be achieved by a climate that supports organisational values and employee development (McSherry et al, 2008). An organisational climate that is supportive at the executive level will help enhance clinical governance practices (Karassavidou et al., 2011).

Nurses constitute the largest group of health care professionals (Bennet et al.,2012). Nurses, in their busy working conditions, prefer a climate in which professional and personal growth is enabled; their opinions, recommendations and complaints are taken into account; necessary information, support and resources are provided when they are performing their duties and they participate in decision-making mechanisms (Mok & Yeung, 2002; Burton et al., 2004; Stone et al., 2007; Ismail, 2005; Mosser &Walls, 2002). A negative climate in the nurses' work environment endangers patient care and causes fatigue, absenteeism and job dissatisfaction. Further, in organisations where climate is perceived positively, employee job satisfaction increases (Siu, 2002).

Clinical governance evaluation is important to determine what organisational development efforts should focus on, and an increased clinical governance level is believed to increase the quality of health care services as well as employee job satisfaction. The aim of this study is to identify nurses' perceptions of clinical governance and explain its relationship to their job satisfaction levels.

Method

The study was conducted in Marmara university hospital in Istanbul Province, Turkey. The research population consisted of 262 nurses who have been working at the university hospital for over a year. The purpose of the research was explained to the participants, and participation was allowed on a voluntary basis. Nurses who agreed to participate in the study voluntarily were given and asked to fill out the data collection form. The study was conducted with 248 data collection forms, all of which were fully completed.

Study Instruments

Nurse Description Form

Prepared by the researcher this form contains the socio-demographic and work life characteristics of nurses such as age, marital status, education, years of professional experience, years of experience in the current institution, position in the institution and the service unit where employed.

Clinical Governance Climate Questionnaire

Developed by Freeman to assess the clinical governance climate in health care institutions (Freeman, 2003). The scale was adapted into Turkish by Gürdoğan, and its Cronbach's Alpha value was found to be 0.89.

The scoring scale ranged between 1 and 5 (1 = Strongly Agree, 2 = Agree, 3 = Neither, 4 = Disagree and 5 = Strongly Disagree) and is a five-point Likert scale. It is comprised of 60 items. There are six sub-dimensions: a planned and integrated quality improvement programme, proactive risk management, climate of blame and punishment, working with colleagues, training and development opportunities and organisational learning. The lowest and highest attainable scores in the scale are 60 and 300, respectively. As the score attained goes down, the clinical governance climate is more supportive (Gürdoğan 2012).

Minnesota Satisfaction Scale

The Minnesota Satisfaction Scale was developed by Weiss et al. (1967). It was adapted into Turkish by Aştı (Aştı, 1993), and its Cronbach's Alpha coefficient was 0.90. It is a five-point Likert scale scored between the range of 1 and 5 (1 = I am not satisfied at all, 2 = I am not satisfied, 3 = I am undecided, 4 = I am satisfied and 5 = I am very satisfied). The scale that describes intrinsic, extrinsic and overall satisfaction levels is comprised of 20 items. It has two sub-groups that are called intrinsic satisfaction and extrinsic satisfaction. The overall satisfaction score is calculated by dividing the sum of scores attained in 20 items by 20. The overall mean score for job satisfaction is evaluated by five scores. According to this, the scores between 1 and 2.33 are considered to be low, 2.33 and 3.66 medium and 3.66 and 5 high (Aştı, 1993). In our study, the Cronbach's Alpha coefficient was 0.90.

Data Analysis

Data evaluation was performed using SPSS Version 11.5 (IBM Corporation, Armonk, NY, USA). A specialist assisted with the evaluation. Data were evaluated at two phases: firstly, evaluation of socio-demographic and work life characteristics and clinical governance climate and secondly, relationship between the clinical governance climate and nurses' job satisfaction levels.

Data were evaluated using numerical, percentage, mean, standard deviation and minimum-maximum values from descriptive statistics. In a comparative statistical analysis, the difference between the means of two groups was investigated with an independent student t-test, the differences between three or more groups with one-way ANOVA-analysis of variance and the relationship between two numerical variables with the Pearson correlation test. Scheffe's test was performed to identify the group that caused the variations.

Ethical Consideration

Prior to carrying out the study, ethics committee approval was obtained from the Ethics Board of the School of Medicine of Marmara University, and institutional permission was obtained from a University's Health Research and Practice Hospital.

Results

Of the nurses participating in the research, 37.1% were between the ages of 31-35, 66.1% were married and 39.5% held an associate degree in nursing. When we considered the work life characteristics of the participants, we found that 38.7% of them had a year of professional experience, 32.3% had 11-15 years of experience in the institution where they were currently employed and 88.3% worked as staff nurses. 44.4% of the participants were working in a surgical unit (Table 1).

We observed that the overall mean score of the nurses in the clinical governance climate scale was 180.01 ± 20.63, the mean of their scores in the sub-dimension 'Planned and Integrated Quality Improvement Programme' was 74.56 ± 8.52, in the sub-dimension 'Proactive Risk Management' was 25.89 ± 6.29, in the sub-dimension 'Climate of Blame and Punishment' was 23.28 ±4 .71, in the sub-dimension 'Working With Colleagues' was 14.80 ± 3.73, in the sub-dimension 'Training and Development Opportunities' was 30.56 ± 5.35 and in the sub-dimension 'Organisational Learning' was 10.88 ± 2.51 (Table 2).

The overall CGCQ score did not vary according to the age, marital status and education levels of the nurses ($p > 05$). There was a difference between the position held by the nurses and the overall CGCQ and sub-dimension scores. It was found statistically significant that the overall CGCQ score ($p = .023$) and the scores of the sub-dimensions planned and integrated quality improvement programme ($p = .047$), climate of blame and punishment ($p = .039$) and working with colleagues ($p= .041$), which were attained by the staff nurses, were higher than those attained by the nurse executives.

A statistically significant difference was found between the years of professional experience and the scores of the CGCQ's dimensions of climate of blame and punishment ($p = .026$) and training and development opportunities ($p = .035$). There was a statistically significant difference between their years of experience in the current institution and the dimensions proactive risk management ($p= .015$), climate of blame and punishment ($p = .050$) and training and development opportunities ($p= .001$) (Table 3). A statistically significant difference was found between the service units employed and the scores of the CGCQ dimensions proactive risk management ($p = .003$), climate of blame and punishment ($p=.032$) and working with colleagues ($p = .049$) (Table 3).

We also compared the CGCQ, its sub-dimension scores and the nurses' job satisfaction levels. According to the results, we found a statistically significant negative relationship between the CGCQ score and the overall intrinsic and extrinsic satisfaction scores of the Minnesota Job Satisfaction Scale ($p < .05$). When we looked at the correlation coefficients between the CGCQ and the Minnesota Job Satisfaction Scale and the direction of the relationship, we found that as the intrinsic, extrinsic and overall job satisfaction increased, the CGCQ scores decreased (Table 4).

Table 1. Distribution of socio-demographic and work life characteristics of nurses (n = 248)

Characteristics	n	%
Age		
20-25	13	5.2
26-30	53	21.4
31-35	92	37.1
36-40	74	29.8
41 +↑	16	6.5
Marital Status		
Married	164	66.1
Single	84	33.9
Education		
Nursing college	52	21
Associate degree	98	39.5
Undergraduate	70	28.2
Graduate	28	11.3
Position		
Staff nurse (ward nurse)	219	88.3
Executive	29	11.7
Professional Experience		
1-5 Years	36	14.5
6-10 Years	54	21.8
11-15 Years	96	38.7
16 +↑	62	22
Experience in the Institution		
1-5 Years		
6-10 Years	88	35.5
11-15 Years	46	18.5
16 +↑	80	32.3
	34	13.7
Service Where Employed		
Intensive care units	41	16.5
Internal medicine units	70	28.2
Surgical units	110	44.4
Outpatient units	27	10.9
Total	**248**	**100**

Table 2. Mean averages of the Clinical Governance Climate Questionnaire's overall and sub-dimension scores (n = 248)

Variables	$\bar{x}$ ± Sd	Minimum Score	Maximum Score
CGCQ Total Score	180 ± 20.6	103	250
Planned and Integrated Quality Improvement Programme	74.5 ± 8.5	37	95
Proactive Risk Management	25.8 ± 6.2	11	46
Climate of Blame and Punishment	23.2 ± 4.7	13	40
Working With Colleagues	14.8 ± 3.7	7	30
Training and Development Opportunities	30.5 ± 5.3	12	39
Organisational Learning	10.8 ± 2.5	5	20

$\bar{x}$ = Mean; Sd = Standard deviation

Table 4. The relationship between CGCQ and job satisfaction scale (n=248)

Scales	Job Satisfaction		Intrinsic Satisfaction		Extrinsic Satisfaction	
	r	p	r	p	r	p
CGCQ	.463	**<.001**	-.42	**<.001**	-.48	**<.001**
Planned and Integrated Quality Improvement Programme	-.27	**<.001**	-.21	**.001**	-.33	**.001**
Proactive Risk Management	-.46	**<.001**	-.47	**<.001**	-.39	**<.001**
Climate of Blame and Punishment	-.43	**<.001**	-.40	**<.001**	-.41	**<.001**
Working With Colleagues	-.44	**<.001**	-.42	**<.001**	-.41	**<.001**
Training and Development Opportunities	.02	.678	.072	.256	-.048	.45
Organisational Learning	-.34	**<.001**	-.34	**<.001**	-.30	**<.001**

r = Pearson's correlation test

Discussion

Perceptions determine an individual's attitudes and behaviours, and it is important how and in what way individuals perceive the environment in which they work. While positive perceptions of work climate and conditions have a positive effect on individuals' behaviours, negative attitudes and behaviours may be observed in the contrary situation. Since there are a limited number of studies on the clinical governance climate surrounding nurses, the research results were compared with a proximate study's results.

The lowest and highest attainable scores from the Clinical Governance Climate Questionnaire were respectively 60 and 300. A decreased score in the scale indicated that the institution's clinical governance climate was perceived as supportive. The mean CGCQ score of the nurses in our study was 180.01 ± 20.63, i.e., the nurses perceive the clinical governance climate in the institution as supportive at a medium level (Table 2).

In the study that Şen conducted to determine the nurses' and their executives' perceptions of the organisational climate in a university hospital reported that the participants' perceptions of organisational climate were at (2.32±0.24) at a mean average, and another study that Yazıcı, conducted to determine the perception of health care professionals of organisational culture in a public hospital stated that their perception was (112.71±20.27) at a mean average (Şen, 2007; Yazıcı, 2006).

A study conducted to investigate the relationship between the characteristics of the work environment of Dutch nurses and quality of care and to analyse their career plans found that overall, the nurses found the work environment positive and that 68% of them had supportive management (Hinno et al., 2011).

A study conducted with 214 participating employees in three hospitals in Macedonia reported that the supportive climate of clinical governance was negative, and another study conducted in Spain reported the nurses working in both private and public hospitals evaluated the organisational climate as negative (Karassavidou et al., 2011; Garcia et al., 2011).

Nurses in executive positions perceive the clinical governance climate in their institutions more supportive in comparison to staff nurses (Table 3). Similarly, Freeman reports in his study to measure clinical governance climate that employees working in executive positions in health care institutions find clinical governance climate in their institution more supportive than other employees do (Freeman, 2003). Another study investigating the nurses' views about the working environment and care quality reports that nurses in executive positions find the work environment more positive in comparison to other nurses (Gormley, 2011).

Table 3. The relationship between nurses' work life characteristics and the mean averages of clinical governance climate scores (n = 248)

Work Life Characteristics		CGCQ Total Score $\bar{x}$ ± Sd	Planned and Integrated Quality Prg. $\bar{x}$ ± Sd	Proactive Risk Management $\bar{x}$ ± Sd	Climate of Blame and Punishment $\bar{x}$ ± Sd	Working with Colleagues $\bar{x}$ ± Sd	Training and Development Opportunities $\bar{x}$ ± Sd	Organisational Learning $\bar{x}$ ± Sd
Position	Staff nurse	181 ± 20.2	74.9 ± 8.2	26 ± 6.3	23.5 ± 4.7	14.9 ± 3.8	30.7 ± 5.2	10.8 ± 2.5
	Executive	171.8 ± 21.8	71.6 ± 10.1	24.4 ± 5.7	21.5 ± 3.7	13.6 ± 2.2	29 ± 5.9	11.5 ± 2.4
	p*	**.023**	**.047**	.188	**.039**	**.041**	.101	.151
Professional Experience	1-5 Years	179.4 ± 26.0	73.3 ± 10.9	26.5 ± 6.9	24.6 ± 5.6	15.0 ± 3.4	29.1 ± 7.0	10.5 ± 2.8
	6-10 Years	179.7 ± 21.5	73.3 ± 9.1	26.8 ± 6.1	24.0 ± 4.9	15.2 ± 4.1	29.3 ± 6.0	11.0 ± 2.3
	11-15 Years	181.9 ± 21.2	75.3 ± 8.1	25.9 ± 6.4	23.1 ± 4.7	14.9 ± 4.2	31.4 ± 4.3	110 ± 2.5
	16 +↑	177.5 ± 14.8	75.1 ± 6.7	24.6 ± 5.6	21.9 ± 3.5	14.1 ± 2.7	31.0 ± 4.7	10.5 ± 2.3
	p**	.632	.405	.272	**.026**	.406	**.035**	.526
Experience in the Institution	1-5 Years	180.9 ± 22.6	73.7 ± 9.4	27.4 ± 6.8	24.1 ± 5.2	15.3 ± 3.9	28.9 ± 5.9	11.2 ± 2.6
	6-10 Years	181.2 ± 21.9	75.8 ± 8.7	24.5 ± 5.7	23.3 ± 4.8	14.5 ± 3.9	32.2 ± 5.1	10.6 ± 2.2
	11-15 Years	180.4 ± 19.6	74.9 ± 8.0	25.6 ± 6.0	22.8 ± 4.3	14.8 ± 3.8	31.4 ± 4.5	10.6 ± 2.4
	16 +	174.8 ± 14.8	74.0 ± 6.7	24.1 ± 5.2	21.8 ± 3.5	13.7 ± 2.2	30.0 ± 4.8	10.8 ± 2.4
	p**↑	.482	.512	**.015**	**.050**	.176	**.001**	.331
Service Where Employed	Intensive care units	182.8 ± 26.8	74.5 ± 10.8	26.2 ± 6.8	24.1 ± 5.1	16.2 ± 3.9	30.4 ± 7.0	11.1 ± 2.9
	Internal medicine units	176.8 ± 19.7	73.9 ± 9.1	24.5 ± 5.2	22.7 ± 4.5	14.4 ± 4.0	30.7 ± 4.9	10.4 ± 2.0
	Surgical units	182.5 ± 17.2	75.1 ± 6.4	27.2 ± 6.6	23.8 ± 4.6	14.5 ± 3.3	30.4 ± 4.9	11.1 ± 2.7
	Outpatient units	173.8 ± 23.3	73.6 ± 10.1	23.2 ± 5.3	21.5 ± 4.1	14.4 ± 3.8	30.8 ± 5.1	10.4 ± 1.7
	p**	.089	.734	**.003**	**.032**	**.049**	.980	.190

$\bar{x}$ = Mean; Sd = Standard deviation; * = Students' t-test; ** = Variance analysis

The study conducted by Şen to identify perception of organizational climate of nurses reports that nurse executives have a higher perception of organizational climate than other nurses (Şen, 2007). Executives play an important role in creating a positive work environment. Therefore, it is an expected conclusion that executives find the clinical governance climate in their institution supportive.

Nurses in executive positions perceived the planned and integrated quality improvement dimension as being more supportive because they participated in the management process more actively as a part of their positions (Table 3). Such situations increased their awareness of quality improvement programmes. Nurse executives found the dimension of climate of blame and punishment more supportive in comparison to staff nurses (Table 3). It is believed that as nurse executives act mostly as appraisers in clinical cases, they perceive this dimension as more supportive. Nurse executives find the sub-dimension of working with colleagues to be more supportive (Table 3). Similar studies investigating work environments state that nurse executives' perceptions of the professional relationship dimension is higher (Karamanoğlu et al., 2009; Mollaoğlu et al., 2010).

Nurses who have professional and institutional experience of 16 years or more perceive the dimension of a climate of blame and punishment as more supportive in comparison to nurses who have professional and institutional experience of 1-5 years (Table 3). Nurses with 1-5 years of professional experience freshly start to learn the institution ways of operating and some procedures, and naturally work with worry. As the professional experience increases, they get to know the institution better. Their possibility of making mistakes decreases as they have the chance of repeating many of the procedures over and over.
Therefore, it may be said that they perceive the dimension of blame and punishment climate more supportive. The studies state that people get to know their institution together with experience that their professional relationships develop and, that as their term of employment increases, their skills and professionalism increase (Kotzer & Arellana, 2008; Stuenkal et al., 2007).

Nurses with 6-10 years of professional experience find the training and development opportunities dimension more supportive than nurses with 11-15 years of experience. Nurses with 1-5 years of professional experience find this same dimension more supportive than nurses with 6-10 years and 11-15 years of professional experience (Table 3). Nurses in their first years in the profession wish to learn and develop themselves more; therefore, they strive to create more opportunities using the means offered by the institution more effectively. As the nurses in this group have a higher perception of self-development, they can make better use of opportunities. Therefore, it may be thought that they perceive this dimension more supportive.

Nurses working in internal units and outpatient clinics perceive the proactive risk management dimension as more supportive than nurses in surgical units (Table 3). Surgical units are units in which patient turnover is fast, patient follow-up and care is frequent and observation-based and the possibility of developing complications is higher. Therefore, nurses working in surgical units may find this dimension more supportive due to possible complications and fear of making mistakes. Identifying their risk perception associated with their working environment is the basic tool for changing nurses' attitudes, developing a feeling of health and security and planning rational initiatives (Özkan & Emiroğlu, 2006). Despite this, studies on nurses' and health professionals' risk perceptions are limited.

The mean score of the nurses in the dimension of blame and punishment climate was lower than the score of the nurses working in the surgical units. The mean score of the nurses working in the intensive care in this dimension was higher than that of the nurses in the outpatient clinics (Table 3). As the intensive care units and surgical units are more complex work areas in comparison to outpatient clinics, the possibility of making mistakes may be higher. Nurses working in intensive care units and surgical units may have attained higher scores in this dimension due to their fear of making mistakes.

The basic goal in offering and managing nursing services is to increase the quality of service provided to the public and to patients. In order for a nurse to offer quality service, he or she should be motivated and satisfied with his or her job. The organisational climate affects the

employees' motivation, job satisfaction, commitment to the organisation and performance. The aforementioned studies reveal that employees working at institutions with a good organisational climate have increased levels of satisfaction and motivation, commitment to the organisation and job performance (Siu, 2002; Meeusen et al., 2011; Özdemir, 2006).

Our study revealed that there was a negative linear medium-level relationship between the overall CGCQ score and the overall Minnesota Job Satisfaction Scale (i.e. the scores of the sub-dimensions 'Intrinsic Satisfaction' and 'Extrinsic Satisfaction') (Table 4). A decrease in the attained score indicated that the clinical governance climate in the institution was perceived as supportive. As the overall CGCQ score decreased, the overall Minnesota Job Satisfaction Scale score and the scores of the sub-dimensions intrinsic satisfaction and extrinsic satisfaction increased (Table 4). In other words, a perception of clinical governance climate as supportive increases job satisfaction.

Work environment has a very significant impact on providing safe, quality and efficient health care services. Quality and positive work environments increase employees' job satisfaction levels (Mollaoğlu et al., 2010; Saygılı & Çelik 2011). Meeusen *et al.* stated that there is a positive relationship between positive work climate and job satisfaction (Meeusen et al., 2011). Siu stated that organisational climate affects job satisfaction (Siu, 2002). Ozdemir stated that there is a significant positive relationship between organisational climate and job satisfaction (Özdemir, 2006). Our study has reached similar conclusions.

Limitations

This study is limited with nurses working in a university hospital. Different institutions may affect nurses perception of the clinical governance climate and job satisfaction. We recommend repeating this study at different institutions.

Conclusion

Our study concluded that nurses' perceptions of clinical governance climate were at a medium level and that supportive clinical climate perception increased job satisfaction. In line with these conclusions, we have recommended that their managers adopt a management approach that is more participatory and democratic, is based on collaboration and sense of security and that supports employees' personal and professional growth in order for the employees to perceive the governance climate as being more supportive.

References

Aştı, N. (1993). The loss of nurses works day, its causes, prevalence and relationship with job satisfaction. Nursing Bulletin, 8, 24-32.

Bennet, P.N., Ockerby, C., Begbie, J., Chalmers, C., Hess, R.G., O'Chonnell, B. (2012). Professional nursing governance in a large Australian health service. Contemporary Nurse 43(1), 99-106.

Burton, M.R., Loritsen, J., Obel, B. (2004). The impact of organizational climate and strategic fit on firm performance. Human Research Management, 43(1), 67-82.

Freeman, T.(2003). Measuring progress in clinical governance: assessing the reliability and validity of the Clinical Governance Climate Questionnaire. Health Services Management Research, 16(4), 234-250.

Garcia, I.G., Ramos, V.B., Serrano, J.L.C., Cobos, M.C.R., Souza, A. (2011). Nursing personnel's perceptions of the organizational climate in public and private hospitals in Spain. International Nursing Review, 258, 234-241.

Gormley, D.K.(2011). Are we on the same page? Staff nurse and manager perceptions of work environment, quality of care and anticipated nurse turnover. Journal of Nursing Management, 19, 33-40.

Gürdoğan, E.P. (2012). The effect of a university hospital clinical governance climate on the nurses job satisfaction levels. [PhD thesis]. Marmara University Institute of Health Sciences, Department of Fundamentals of Nursing, Istanbul.

Halligan, A. & Donaldson, L. (2001). Implementing clinical governance: turning vision into reality. BMJ Clinical Research, 9(322),1413-1417.

Hinno, S., Partanen, P., Vehvilainen-Julkunen, K. (2011). Hospital nurses' work environment, quality of care provided and career plans. International Nursing Review,58, 255-262.

Ismail, M. (2005). Creative climate and learning organization factors: their contribution towards innovation. Leadership & Organization Development Journal, 26(8), 639-654.

Karamanoğlu, A., Özer, F.G., Tuğcu, A. (2009). Evaluation of surgical ward nurses professionalism in their work, in Denizli. Fırat Medical Journal, 14(1), 12-17.

Karassavidou, E., Glaveli, N., Zafiropoulos, K. (2011). Assessing hospitals' readiness for clinical governance quality initiatives through organizational climate. Journal of Health Organization and Management, 25(2), 214-240.

Kotzer AM, Arellana K. (2008). Defining an evidence-based work environment for nursing in

the USA. Journal of Clinical Nursing , 17, 1652-1659.

McSherry, R., Wadding, A., Pearce, P. (2008). Healthcare Governance Through Effective Leadership. In: Jasper M, Jumaa M, editors. Effective health care leadership. 2nd ed. UK: Blackwell Publishing, p. 58-72.

Meeusen, V.C.H., Dam, K.V., Mahoney, C.B., Zundert, A.A.J.V., Knape, H.T.A. (2011). Work climate related to job satisfaction among Dutch nurse anaesthetists. AANA Journal, 79(1), 63-70.

Mok, E.A., & Yeung, B. (2002). Relationship between organizational climate and empowerment of nurses in Hong Long. Journal of Nursing Programs, 10, 129-137.

Mollaoğlu, M., Fertelli, T.K., Tuncay, F.Ö. (2010). Assesment of perception relating work environment of nurses working in hospital. Journal of the Euphrates Health Services, 5(15), 17-30.

Mosser, N.R., & Walls, R.T. (2002). Leadership frames of nursing chairpersons and the organizational climate in baccalaureate nursing programs. Southern Online Journal of Nursing Research, 2(3), 1-11.

Murray, J., Rayner, H.F., Fine, H., Karia, N., Sweetingham, R. (2004). What do NHS staff think and know about clinical governance? Clinical Governance: An International Journal, 9(3),172-180.

Özdemir, F. (2006). The effect of organizational climate on job satisfaction level: An evaluative study in textile sector. [PhD thesis]. Çukurova University Institute of Social Sciences, Business Administration Department.Adana.

Özkan, Ö., & Emiroğlu, O.N.(2006). Occupational health and safety services towards hospital health employees. Cumhuriyet University Nursing school Journal, 10(3), 43-52.

Saygılı, M., & Çelik, Y. (2011). The evaluation of relationship between job satisfaction and perceptions relating to working environment of health staff working in hospitals. Hacettepe Health Administration Journal, 14(1), 39-71.

Şen, H.T. (2007). Perceptions of organizational climate in their institution by nurse managers and nurses working in a university hospital. [master's thesis]. Marmara University Institute of Health Sciences, Department of Nursing Management, Istanbul.

Siu, O. (2002). Predictors of job satisfaction and absenteeism in two samples of Hong Kong nurses. Journal of Advanced Nursing, 40(2), 218-229.

Som, C.V. (2004). Clinical governance: a fresh look at its definition. Clinical Governance:An International Journal, 9(2), 87-90.

Stone, P., Yunhing, D., Gerson, R.(2007). Organizational climate and occupational health outcomes in hospital nurses. Journal of Occupational & Environmental Medicine, 49, 50-58.

Stuenkal, D., Nguyen, S., Cohen, J. (2007). Nurses' perceptions of their work environment. Journal of Nursing Care Quality, 22(4), 337-342.

Weiss, D.J, Dawiss, R.W., Lofquist, L.H. (1967). Manual for the Minnesota Studies in Vocational Rehabilitation: XII. Minneapolis, MN: University of Minnesota Industrial Relations Center, Work Adjustment Project.

Yazıcı, Z. Perception of organizational culture by employees at a public hospital. [master's thesis]. Marmara University, Institute of Health Sciences, Department of Nursing Management, Istanbul.

Zeybek, I. (2005). Techniques for the location and use of governance Public Relations. Arıkan Basım Yayım Dağıtım Ltd. Şti., İstanbul.