IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 8, Issue 6 Ser. X. (Nov - Dec .2019), PP 63-81
www.iosrjournals.org

Impact of the organizational design on the organizational behaviors of nurses among healthcare sectors

[1]Dr. Kawther Abdel Ghafar Ali, laleH nassaH deyaS lE aaffaW .rD[2]
[1](Lecturer of Nursing Administration- Nursing Department-Faculty of Applied Medical Science-Misr University for Science and Technology, Giza, Egypt).
[2] (Lecturer of Nursing Administration -Faculty of Nursing-Helwan University, Egypt).
***Corresponding author**: Dr. Waffaa El Sayed Hassan Helal*

Abstract:
***Background**: Organizational design including structure and culture are important elements that has significance influences on the organizational behaviors of nurses likely as commitment, satisfaction and intention to leave work/profession. Objective: To investigate the impact of the organizational design on the organizational behaviors of nurses among healthcare sectors.*
***Materials and Methods**: Design: A descriptive cross-sectional research design was applied for the study. Setting: Five hospitals affiliated to different types of healthcare sectors in Egypt, (Ministry of Health hospital, Insurance Hospital, Curative Care Hospital, Teaching Hospital, and Private Hospital). Participants: All available nurses (500) were enrolled in the study. The total number of returned back completed questionnaires were (390) at ratio of 78%. Methods: Four tools were used for data collection: (Organizational structure and culture assessment questionnaire; Allen and Meyer Organizational Commitment Scale (1997); McCloskey and Mueller Satisfaction Scale (1989); and Intent to leave and plans after leaving questionnaire).*
***Results**: The dominant organizational design among the healthcare sectors revealed a mechanistic structure (weight $\bar{x}$ =2.61, SD=1.26) with complexity (weight $\bar{x}$ =2.75, SD=1.18), centralization (weight $\bar{x}$ =2.47, SD=1.31), and contemporary culture (weight $\bar{x}$=3.10, SD=1.37). The organizational behaviors of the study nurses displayed moderate level of total commitment (weight $\bar{x}$ =2.64, SD=1.26), specified by high level of continuance commitment, moderate level of total organizational satisfaction (weight μ =2.61, SD=0.36) and high intention to leave job (weight $\bar{x}$ =1.55, SD=0.50). There were three positive statistical significant correlations (p=0.05) among nurses satisfaction and respectively their intention to leave job (moderate r=0.461**), intention to move to another hospital (moderate r=0.370**), intention to leave country (weak r=0.146**); and weak correlation with nurses commitment and positive correlation between intention to leave job and intention to move to another hospital (moderate r=0.512**). Also, weak correlations between the demographic profile of nurses and the study variables.*
***Conclusion:** The dominant organizational design of the healthcare sectors impacted negatively on the nurses' behaviors and reflected in high intention to leave their job.*
***Recommendations:** The management and advisors levels that co-exists with the mechanistic organizational structure should be reduced and emphasize on the contemporary culture, which impact on consolidating the behaviors of nurses towards their organizations. Further researches are required to investigate the effect of the organizational design on nurses' performance and patients' outcomes.*
***Key Word**:OrganizationalDesigns, Structure, Culture, Organizational Behaviors, Commitment, Satisfaction and Retention.*

Date of Submission: 11-12-2019 Date of Acceptance: 26-12-2019

I. Introduction

Healthcare facilities are deliberately designed and integrated systems in which healthcare services are provided by nursing and inter-professionals' teams **(Giddens, et al., 2016)**. Healthcare organizations are classified by their ownership such as public (non-profit owned by the country) or private (owned by organizations or companies, some are profits while others not for profits) which vary in mission and purpose; some offer generalized services, whereas others offer more specialized services **(Ignatavicius& Workman, 2018).** The most essential elements in the prosperity of great facilities are the creation of knowledge, innovation and using competitive advantages **(Dragomiroiu, Hurloiu& Mihai, 2014).** Thus, managers in high performing organizations don't treat citizenry as costs to be controlled, they treat them as valuable assets to be carefully nurtured and developed **(Schermerhorn, 2013).**

Generally, organization is a social unit of people that is structured and managed to meet a need or to pursue collective goals **(Business Dictionary, 2019),** and has open systems that interact with their environment **(Schermerhorn, 2013).** All organizations have a management structure and culture that determines relationships between the different activities and the members, and subdivides and assigns roles, responsibilities, and authority to carry out different tasks **(Ahmadya, et al., 2016).** Structure and culture of organization are the most essential elements in work environment that play a significant and dynamic role in the overall performance of organizations through affecting the nature of the internal climate which has impact on the behavior of staff **(Sanjuq, 2013).**

Conceptualization of organizational structure is the manifestation of systematic thinking, as systematic view of organization to structure shows that structure is composed of hard elements on one side and soft elements which show the relations between these elements on the other side. At the end of hard dimension, there are tangible elements as groups and hierarchy organizational units and there are soft continuum dimension, judgment of organization people to structure can be observed. Structure refers to the relations between the components of an organized whole. Thus, structure concept can be used for everything **(Jo. hatch, 2014).**

A mechanistic organization is the type of organization described by specialized differentiation between jobs, distinct expectations for exactly what the organization provided to employees and the reciprocation expected, and behavior that was governed by clear policies and rules, wherein instructions flowed down and responses trickled upward. The mechanistic type of organization has been described as: the form taken when an organization first starts out; it was a polar extreme of an organizational structure, as opposed to the other polar extreme of organizational structure known as organic **(Nicholas, 2010).** The organic organizational structure was found to be more typical of organizations that had evolved over time, were more established, and the type of organization that was characterized as having found a market niche in the business community **(Strikwerda, Stoelhorst&Strikwerda, 2009).**

Organizations confront different levels of complexity and uncertainty, which need to be taken into account in devising appropriate structures and processes **(Geraldi, Maylor& Williams, 2011),** wherein a centralized organization, decision making is kept at the top level in performing tasks and duties, whilst in a decentralized organization, decisions are delegated to lower levels. Therefore, decentralization is found to be pertained to many work related attitudes and behavior and geographic dispersion also favors decentralization of authority, once formalization and standardization are widespread in an organization, employee participating in making decisions was most commonly accountable for their actions and have no power to break rules **(Jones, 2013).**

Culture is known to be the pattern of basic assumptions used by individuals and groups to deal with the organization and its environment. So, organizational culture is its personality, atmosphere, which defines appropriate behavior and bonds of employees and nurses; it motivates individuals; and it governs the way a company processes information, internal relations, and values **(James, et al., 2012)**. Organizational culture broadly refers to the norms, values, beliefs, and assumptions shared by members of an organization or a distinctive subculture within an organization that helps individuals understand which behaviors are and are not appropriate within an organization **(Ahmadya, et al., 2016).**

So gradually, evidence is accumulating that links culture and structure to behavior, attitudes, and motivations among employees. These behaviors and orientations can, in turn, affect quality processes and outcomes **(Shahzad, et al., 2012).** Thus, the development of any organization can be predicted by its success in raising and maintaining employees' commitment and satisfaction which contribute to positive attitudes and behaviors in organizations **(Srivastava, 2013).** Also, higher levels of organizational commitment are contributed to work effectiveness, job engagement, increased job performance and reduction in burnout, reduction in absenteeism and turnover, and decrease in work fatigue in nurses **(Li, et al., 2014; Zhou, et al., 2014; Cao &Hamori, 2016; Sepahvand, et al., 2017).**As long nurses get the chance to trust their organizations, managers, and coworkers, this trust reinforce behaviors of citizenship **(Altuntas and Baykal 2010).**

Job commitment is defined as a psychological state that characterizes the employee's relationships with the organization and has implications for the decision to continue or discontinue membership in the organization **(Yusuf and Metiboba, 2012).** In a way of actions, job commitment is defined as the force that binds an individual to a course of action relevant to one or more targets on the job to behave in a way which is experienced in three bases, or mind-sets that play a role in shaping behavior implies dimensions of job commitment which described as; emotional attachment (affective), sunk costs in relation to a target loyalty (continuance) and perceived obligation (normative). Where with affective commitment, is commitment to the job because employees "want to", while with continuance commitment, it is commitment to the job because employees "have to", and with normative commitment, because employee "ought to" **(Jaros, 2007; McMahon, 2007; Sundas, Noor &Shamim, 2009; Ogaboh, et al., 2010; Yusuf &Metiboba, 2012 and Oludeyi, 2015).**

Job satisfaction is about liking the job and finding fulfillment in what employee do. It combines an individual's feelings and emotions about their job and how their job affects their personal lives **(Whitman, Van-Rooy&Viswesvaran, 2010).** In literature, **James, et al., (2012) and Robbins (2012)** defines job satisfaction as a person's general attitude toward their organization, that attitude stems from their perception to work, where collection of feelings, beliefs, and thoughts about how a person responds to work **(Priansa and Donni, 2014),** and reflects on employee emotional response to various aspects of work **(Kreitner, Robert and Kinicki, 2013).** Satisfied employees play a crucial role in an organization's success, so health care organizations must be aware of the importance of employees' job satisfaction. It is recommended to monitor employees' job satisfaction levels on an annual basis **(Lorber&Savič, 2012).**

Healthcare organizations become smaller, patients' numbers rises, and the work of nursing becomes more sophisticated and scientific **(Jennings, 2012)**, whereas nurses becomes the core entities in an organization's environment that play a chief role in the organization's health and performance that are affected by the organization **(Marquis & Huston, 2012),** therefore keeping nurses in the organization is a challenge for nurse administrators, so the work requirements of nurse managers are not limited to the management of nursing, and knowledge but also, the interaction with the entire organizational environment in order to contribute to the success of the institution **(Furukawa & Cunha, 2011; Ali &Helal, 2018).** Therefore, organizational measures must be instituted in order to ensure highly committed and dedicated nursing workforce that promote nurse retention **(North, et al., 2013).**

Globally, the population ages, the demand for nursing care growths and shortage of nurses at the labor market exists or is forecasted for peak nations, enrollment of future nurses is difficult, and there are no suitable solutions for this dilemma. For that reason, retaining nurses for the profession is crucial **(Heinen, et al., 2013)** meanwhile, decision of nurses to leave has been described as nurses' willingness or attempts to voluntarily leave their workplace. Intention to leave is therefore antecedent to actually leaving and has been described as a process with psychological, cognitive and behavioral stages **(Takase, 2010; Kelly, et al., 2011; Laschinger, 2012; Nelsey and Brownie, 2012; Homburg, et al., 2013; Galletta, et al., 2013; Lagerlund, et al., 2015).**

Significance of the study

Nursing members are still majority female, and mostly during childbearing periods, nurses return back their work or totally leave the profession, occasionally some may return, while others may transfer to a new job **(Haddad & Toney-Butler, 2019).** The US Bureau of Labor Statistics, **(2013)** estimated 11 million of additional nurses are needed to stay away a future shortage. Employment opportunities for nurses are estimated to grow at fast rate of (15%) than all other occupations from 2016 through 2026. Identifying interrelated paradigm of organizational design dimensions or configurations is important and many circumstances under which they exist in order to flatten the way for rationalization in the future **(Rodney and Maxim, 2019).**

Negative nurses' attitudes or behaviors, low commitment, decision to leave work or nursing profession or to leave the country, increases in absenteeism or tardiness, declining quantity or quality of work, and or declining profits. Each of these problems is issues of organizational behaviors which requires further attention from managers and use it as indicators for solving problems of the organizational structure and culture which may impact on the nurses' behaviors towards organizations**.** Therefore, Effective managers must develop diagnostic skills, identify conditions symptomatic of any of these problems requiring attention and should know what to look for **(James, et al., 2012).** In this regard, it was important to study the impact of organizational design in terms of structure and culture, on the commitment, satisfaction and decision of nurses to stay or leave work, organization, and/or profession.

Aim of the Study:

The study aimed to investigate the impact of the organizational design on the organizational behaviors of nurses among Egyptian healthcare sectors.

Study Question:

What is the impact of the dominated organizational design on the nurses' behaviors among the Egyptian healthcare sectors?

II. Material And Methods

Research Design: A descriptive cross-sectional design was used to apply the study among the Egyptian healthcare sectors.

Study Location The study was conducted in five hospitals, each hospital affiliated to different sector of the healthcare systems available in Egypt which includes; Ministry of Health hospital (MOH) Badrashen-Giza,

Insurance Hospital (IH) Nasser City, Curative Care Hospital (CCH) El-Malek El-Saleh-Cairo, Teaching Hospital (TH) Giza, and Private Hospital (PH) Maadi-Cairo.
There were certain factors assisted in the selection of these settings, such as, the geographical location of the hospitals, the acceptance of executive administrators, the bed capacity, the medical specialties and the number of willing nurses who agreed to participate in the study.
Study Duration: April 2018 to October 2019.
Sample size: 390 nurses.
Sample size calculation: The sample size was estimated from all available nurses' population that was around 500 nurses and were chosen based on the stratification of the five hospitals settings which represented each type of the healthcare sectors in Egypt. The actual sample size was 390 nurses with response rate 78%.
Subjects & selection method: The study population was drawn from each hospital as following:

MOH	IH	CCH	TH	PH	Total Sample
93 (23.9%)	91 (23.3%)	69 (17.7%)	55 (14.1%)	82 (21.0%)	390 (100%)

Research procedures and tool development

Tools were used for data collection as following:
Tool one: Organizational Structure and Culture Assessment questionnaire: It consists of two parts: Part I. Personal characteristics of the participants' nurses such as: gender, age, qualifications, years of experience, social status, job position, work experience, residency, and type of healthcare sector.

Part II. Organizational Design Assessment Questionnaire: This part aimed to measure the organizational structure and culture within the health organizations, it was adapted from **(Jones, 2004; Khaireddin and Najjar, 2010; Sanjuq, 2013)** to match the organizational designs of healthcare facilities. The tool comprised of 15 questions, divided into three fives items subscales, as questions from one to ten measures the organizational structure in which the first subscale represented structure complexity, the second subscale represented centralization of decision making and the third subscale for organizational culture. The participants were asked to select from five multi-responses per each question, these responses ranged respectively from simple to complex structure, centralization to decentralization of decision making (Organic to Mechanistic structure) and (traditional to contemporary) organizational culture.

Tool Two: Allen and Meyer Organizational Commitment Scale (1997): The scale aimed to measure the organizational commitment of nurses, it comprised of 18 questions divided into three dimensions with six equal items for each subscale, the first subscale (affective commitment), the second subscale (normative commitment), and the third subscale (continuance commitment). A 5-pointlikert scale was used for the responses of the participants which arranged from 1= strongly disagree (scored 18) to 5= strongly agree (total scores= 90), and the commitment reflected by the higher score.

Tool Three: McCloskey and Mueller Satisfaction Scale (MMSS) (1989): The scale used to measure job satisfaction of nurses, it contained (31) items and categorized under 8 subscales (extrinsic rewords = 3 items, work scheduling = 6 items, balance of family and work life = 3 items, coworker = 2 items, interactions opportunities = 4 items, control and responsibility = 5 items, professional opportunities = 4, praise and recognition = 4 items). The responses of participants were operationalized by a 4-point Likert scale scored respectively for (1=very dissatisfied, 2= moderately dissatisfied, 3= moderately satisfied, and 4= very satisfied), with total scores= (124) as neutral responses was crossed out from the scale.

Tool Four: Intent to leave and plans after leaving: This tool used in a national cross-sectional study on nurses' intent to leave and job satisfaction in Lebanon adopted by **(El-Jardali, et al., 2009)**, the questionnaire consisted of four sections, the first section asked about "Intent to leave current job" (2 statements), the second section" Plans after leaving" (5 statements), the third section "Given opportunity to start all over, would nurses intending to leave choose nursing as a profession?" (2 statements), the fourth section "Finding another acceptable job in nursing for nurses with intent to leave would be..."(2 statements). The questionnaire was translated forward to Arabic language by the researchers. Scale scored respectively for (1=Yes, 0= No).

Scoring system of the data collection tools variables were ranged as following:

Variables	Weighted Mean				
	1.0 – 1.79	1.80 – 2.59	2.60 – 3.39	3.40 – 4.19	4. 20 – 5.0
Complexity	Simple				Complex
Centralization	Centralized				Decentralized
Structure	Organic				Mechanistic
Culture	Traditional				Contemporary
Commitment	Uncommitted				Committed
Satisfaction	Dissatisfied				Satisfied
Intention to leave	No				Yes

Face and Content Validity

To assess face and content validity of the tool, a draft of the questionnaires were administered to a panel of judges formed and constituted of 9 professors from the Egyptian nursing faculties affiliated to the ministry of higher education, in addition to 5 experienced nurses and managers from each hospital representing different aspects of healthcare sectors in Egypt, very few rewording was made to the items in regards to their extent of meanings and their relevance to its specified objectives.

Pilot Study

To test the tools for meanings clarity and to estimate time consumed for each questionnaire sheet, the tools were piloted by (39) subjects to ensure full understanding of the statements and ascertain whether item referents are at the understanding level of all nurses.

Field work

The procedures initiated by searching the literature review followed by the translation of the tools, then data collection which launched from April 2018 to October 2019. 500 questionnaires sheets were distributed across the five hospitalswith equal numbers for each hospital. Data was collected in three shifts (day, morning and afternoon) over three times/week.

Ethical considerations informal and legal consent

An official permission clarifying the purpose of the study was obtained from the executive directors of the hospitals to conduct the study and collect the necessary data. Ethical consideration, informal and legal consent of participants obtained to participate in the study, also participants were informed about the privacy of the information, nature of the study and the purposes and procedures of the study. The participants were informed about their rights to refuse to participate or withdraw from the study at any time. Moreover, the participants were reassured that their responses would be kept confidential and signed writ-ten confidentiality agreements allocated using code numbers and their identities would not be revealed on research tools or reports.

Study Limitations

Data collection time had extended over one year due to the different geographic locations of the healthcare sector, and multiple study variables. In addition to, scarce of literature review on the dimensions of organizational design and its relation to nurses behaviors. Trials to include the military healthcare sector were restricted.

Data Statistical Analysis

Excel Program and IBM Statistical Package for Social Sciences (SPSS) version 20.0 were used for data entry and statistical analysis. Statistical significance was considered at p-value <0.05. Descriptive statistical tools as the percentage, means, weighted means, and standard deviations were used to describe the responses of the respondents and to compare the selected variables. Inferential statistics such as stepwise multiple linear regressions were used to identify correlations between selected variables.

III. Result and Data Analysis

The results of the study are presented over seven tables with the data analysis that explained each variable of the study.

Table (1): Personal characteristics of the study nurses among healthcare sectors (n=390).

No. (%) of Healthcare Sectors Socio-demographic characteristics							
		MOH 93 (23.9)	**IH 91 (23.3)**	**CCH 69 (17.7)**	**TH 55 (14.1)**	**PH 82 (21.0)**	**Total Sample 390 (100)**
Gender:	Male	12 (12.9)	21 (23.1)	15 (21.7)	11 (20.0)	31 (37.8)	90 (23.1)
	Female	81 (87.1)	70 (76.9)	54 (78.3)	44 (80.0)	51 (62.2)	300 (76.9)
Age:	< 25 years	35 (37.7)	19 (20.9)	14 (20.3)	19 (34.6)	22 (26.8)	109 (28.0)
	25 – 35	31 (33.3)	49 (53.8)	34 (49.3)	24 (43.6)	38 (46.3)	176 (45.1)
	36 – 45	15 (16.1)	12 (13.2)	8 (11.6)	5 (9.1)	10 (12.2)	50 (12.8)
	46 – 55	9 (9.7)	7 (7.7)	11 (15.9)	2 (3.6)	9 (10.9)	38 (9.7)
	> 55 years	3 (3.2)	4 (4.4)	2 (2.9)	5 (9.1)	3 (3.8)	17 (4.4)
Qualifications:	< BSN	87 (93.5)	85 (93.4)	61 (88.4)	33 (60.0)	5 (6.1)	271 (69.5)
	BSN	6 (6.5)	4 (4.4)	7 (10.2)	19 (34.6)	71(86.6)	107 (27.4)
	Master	0 (0.0)	1 (1.1)	1 (1.4)	3 (5.4)	6 (7.3)	11 (2.8)
	Ph.D.	0 (0.0)	1 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.3)
Job position:	DON	0 (0.0)	2 (2.2)	3 (4.3)	0 (0.0)	1 (1.2)	6 (1.5)
	Assist. DON	0 (0.0)	1 (1.1)	2 (2.9)	1 (1.8)	3 (3.7)	7 (1.8)
	Supervisor	4 (4.3)	1 (1.1)	1 (1.5)	9 (16.4)	3 (3.7)	18 (4.6)
	Head nurse	15 (16.1)	4 (4.4)	2 (2.9)	4 (7.3)	0 (0.0)	25 (6.4)
	Staff nurse	74 (79.6)	83 (91.2)	61 (88.4)	41 (74.5)	75 (91.4)	334 (85.7)
Work experience:	< 5 years	32 (34.4)	52 (57.1)	33 (47.8)	17 (30.9)	35 (42.7)	169 (43.3)
	5 – 10	34 (36.6)	19 (20.9)	17 (24.6)	33 (60.0)	21 (25.6)	124 (31.8)
	11 – 20	14 (15.1)	16 (17.6)	12 (17.4)	2 (3.6)	20 (24.4)	64 (16.4)
	> 20 years	13 (13.9)	4 (4.4)	7 (10.2)	3 (5.5)	6 (7.3)	33 (8.5)
Social status:	Single	10 (10.8)	39 (42.9)	22 (31.9)	11 (20.0)	24 (29.3)	106 (27.2)
	Married	63 (67.7)	45 (49.4)	44 (63.9)	37 (67.3)	46 (56.1)	235 (60.3)
	Divorced	13 (14.0)	6 (6.6)	2 (2.8)	1 (1.8)	7 (8.5)	29 (7.4)
	Widow	7 (7.5)	1 (1.1)	1 (1.4)	6 (10.9)	5 (6.1)	20 (5.1)
Residency:	Near	20 (21.5)	21 (23.1)	10 (14.5)	8 (14.5)	15 (18.3)	74 (19.0)
	Far	73 (78.5)	70 (76.9)	59 (85.5)	47 (85.5)	67 (81.7)	316 (81.0)

Table (1) Showed the distribution of the personal characteristics of the study nurses among healthcare sectors respectively from females (76.9%), the age ranged between 25 and 35 years (45.1 %), the qualification was less than bachelor degree (69.5 %), staff nurse job position (85.7 %) and less than 5 years of experience (43.3 %), married (60.3 %) and far residency from work place (81.0 %).

The highest percentage of both age of the study nurses who were working in the ministry of health was less than 25 years (37.7 %), the majority of nurses' qualification in the private hospitals was bachelor degree (86.6 %), and the years of experience in the ministry of health and teaching hospital was ranged between 5 – 10 years (36.6 %) and (60.0%) respectively.

Table (2): Compare means of the Characteristics of the Organizational Design (Structure and Culture) among healthcare sectors(n=390)

I. Variable of Organizational Structure:	**MOH**	**IH**	**CCH**	**TH**	**PH**	**Total Mean ± SD**	**Mode**	**Interpretation**
A. Complexity								
a. The number of administration level	3.15 ± 1.16	2.25 ± 0.92	3.04 ± 1.32	2.83 ± 1.18	3.41 ± 1.53	**2.93 ± 1.29**	**3**	From 6 to 8 levels
b. Percentage of supervisory position to staff	1.99 ± 0.74	1.65 ± 0.47	2.33 ± 0.67	1.70 ± 0.59	2.64 ± 1.29	**2.07 ± 0.89**	**2**	From 11 % to 20 %

c. The number of specialties	3.38 ± 0.88	2.28 ± 0.45	3.23 ± 1.13	3.21 ± 0.65	3.81 ± 1.00	**3.16 ± 1.00**	**3**	From 6 to 8 specialties
d. The number of beds	2.87 ± 0.91	2.01 ± 1.05	2.31 ± 0.88	2.67 ± 0.69	2.85 ± 1. 24	**2.54 ± 1.05**	**3**	150 beds
e. The number of staff nurses to bed capacity	3.65 ± 1.44	2. 47 ± 0.50	3.11 ± 1.18	2.94 ± 0.97	3.00 ± 1.49	**3.04 ± 1.24**	**3**	75 %
Total Complexity						**13.76 ± 3.44**		
Total Complexity Weight Mean ± SD =						**2.75±1.18**		**Complexity**
B. Centralization								
a. Decision making	2.48 ± 0.89	1.58 ± 1.13	1.66 ± 1.20	1.40 ± 0.91	2.43 ± 1.27	**1.96 ± 1.18**	**1**	Direct supervisor takes a decision individuall y
b. Performing tasks	2. 36 ± 0.96	2.35 ± 0.86	1.86 ± 0.83	2.61 ± 1.19	2.57 ± 1.23	**2.35 ± 1.04**	**2**	As described in the job position card
c. Training	3.36 ± 1.14	3.90 ± 0.61	3.33 ± 0.99	3. 80 ± 0.64	3. 28 ± 1.28	**3.52 ± 1.02**	**4**	Training done peer colleagues
d. Performance appraisal	3.09 ± 1.44	1.00 ± 0.00	2.56 ± 1.28	1.78 ± 1.34	2.95 ± 1.50	**2.29 ± 1.48**	**1**	Done freely by direct manager
e. Disciplinary action	1.88 ± 0.60	2.04 ± 1.55	2.24 ± 0.86	2.87 ± 1.07	2.29 ± 1.36	**2.21 ± 1.19**	**2**	Violates work instructions
Total Centralization						**12.35 ± 2.58**		
Total Centralization Weight Mean ± SD =						**2.47±1.31**		**Centralization**
Total Organizational Structure						**26.11± 5.10**		
Total Organizational Structure Weight Mean ± SD =						**2.61±1.26**		**Mechanistic**
II. Variable of rganizational Culture:								
a. Relationships between managers and staff	2.81 ± 0.70	2.50 ± 0.50	2.84 ± 1.18	2.78 ± 0.68	2.86 ± 1.07	**2.75 ± 0.86**	**3**	There is a relationship but during the work time only.
b. Rewards	4.04 ± 1.44	4.98 ± 0.10	2.44 ± 1.59	4.50 ± 1.16	3.19 ± 1.57	**3.86 ± 1.56**	**5**	Initiation of innovative work practice or activities
c. Quality	3.32 ± 0.82	3.81 ± 0.98	3.30 ± 1.35	3.27 ± 0.75	3.26 ± 1.27	**3.41 ±1.08**	**3**	Manager approval upon suggestions that save time &contribute to facilitate work
d. Relationships between departments	2.64 ± 1.15	1.94 ± 1.00	3.11 ± 1.36	1.72 ± 0.98	2.89 ± 1.34	**2.48 ± 1.28**	**2**	Formal relationship and cooperation takes within procedure implementation

e. Workforce motivation	2.82 ± 1.10	3.10 ± 2.00	3.00 ± 1.04	3.23 ± 1.78	2.71 ± 1.25	**2.95 ± 1.48**	**2**	Fear of punishment and greed for reward
Total Culture						**15.48 ± 2.78**		
Total Culture Weight Mean ± SD =						**3.10±1.37**		**Contemporary**

Table (2) presents the characteristics of the organizational design (structure and culture). Regarding the structure of the organization, there was complexity (weight $\bar{x}$ ± SD= 2.75±1.18), which interpreted by staff responses on the dependent variables respectively, the number of management levels between 6-8 administrative levels ($\bar{x}$= 2.93, SD=1.29), the percentage of employees holding supervisory jobs to the total workforce were between 11% - 20% ($\bar{x}$= 2.07, SD=0.89), and the number of specialties ranged from 6-8 specialties ($\bar{x}$= 3.16, SD=1.00) , and the number of beds 150 beds (μ= 2.54, SD= 1.05), and the number of staff to bed capacity was 75 % ($\bar{x}$= 3.04, SD=1.24).

Also the organizational structure characterized by centralized management (weight $\bar{x}$ ± SD= 2.47±1.31), which featured by high degree of formalization, the decision was made by direct supervisor individually ($\bar{x}$= 1.96, SD= 1.18), perform tasks according to the description of their job position card ($\bar{x}$=2.35, SD= 1.04), and the training of the staff was done by peer colleagues ($\bar{x}$=3.52, SD= 1.02), while performance appraisal of the staff done freely by direct managers ($\bar{x}$= 2.29, SD=1.48), and disciplinary actions were taken if employees are exceeded and violated by official instructions made by direct managers($\bar{x}$=2.21, SD=1.19**).** So the total organizational structure was (weight $\bar{x}$± SD = 2.61±1.26) which characterized by mechanistic structure with complexity and centralization.

Regarding the organizational culture, the relationship between managers and staff was existing but during the work time only ($\bar{x}$ =2.75, SD=0.86), and rewards were being awarded when staff initiating an innovative work practice or activities to achieve their work ($\bar{x}$= 3.86, SD=1.56), to achieve quality, manager have to approve upon suggestions that save time and contribute to facilitate work ($\bar{x}$= 3.41, SD= 1.08), also the relationship between departments was formal and collaboration occurred within formal procedures implementation only ($\bar{x}$= 2.48, SD= 1.28), and motivation to work was by being fear of punishment and greed for rewards ($\bar{x}$= 2.95, SD=1.48). So the total organizational culture was (weight $\bar{x}$ ± SD = 3.10±1.37) which featured by contemporary culture.

Table (3): Total mean scores of organizational commitment of the study nurses among healthcare sectors (n=390)

Commitment Subscales	Healthcare Sectors **(Mean ± SD)**						
	MOH	**IH**	**CCH**	**TH**	**PH**	Total Sample	**Levels**
Affective	15.34± 3.70	14.11± 3.45	14.07± 2.92	15.00±0.00	15.47± 2.78	14.84 ± 3.16	**Moderate**
Normative	15.55±3.87	13.82± 3.30	14.58± 3.18	17.00±0.00	16.89±2.81	15.45 ± 3.38	**Moderate**
Continuance	18.01± 3.47	16.12± 3.87	17.45± 2.37	17.00± 0.00	17.14± 1.88	17.20 ± 2.96	**High**
Total organizational commitment = 47.50 ± 8.31							
Total organizational commitment Weight Mean± SD =2.64±1.26 (Interpreted as moderate commitment level)							

Table (3) revealed that, the total organizational commitment of the study sample was at moderate level (weight $\bar{x}$ ± SD = 2.64±1.26), where the mean and standard deviation of the organizational commitment dimensions among healthcare sectors were arranged in a descending orders respectively, (Continuance, Normative and Affective) ($\bar{x}$=17.20± SD=2.96, $\bar{x}$=15.45±SD=3.38 &$\bar{x}$=14.84 ± SD=3.16).

Table (4): Total mean scores of organizational satisfaction of the study nurses among healthcare sectors (n=390).

Satisfaction Subscales	Healthcare Sectors(Mean ± SD)					
	MOH	**IH**	**CCH**	**TH**	**PH**	Total Sample
ExtrinsicRewards	6.75±1.47	7.40±1.99	8.69±1.42	9.00±0.00	8.07±1.80	7.76± 1.78
Balance between family &work life	7.71±1.94	7.88±1.97	8.13±0.97	8.00±0.00	7.30±1.62	7.75± 1.65
Work scheduling	15.77±2.72	15.50±3.41	15.80±2.24	17.00±0.00	16.04±2.27	15.90± 2.60
Praise and recognition	11.57±2.00	10.86±2.40	12.13±1.47	13.00±0.00	12.02±2.03	11.75± 2.01

Coworkers	6.06± 0.96	5.83±1.27	6.44±0.88	17.00±0.00	6.57±0.99	6.28± 1.04
Interaction opportunities	10.86± 2.18	10.18± 2.45	9.13± 1.89	8.00± 0.00	8.37± 1.50	9.55 ± 2.21
Control responsibilities	13.55± 2.45	12.47± 3.16	12.33± 2.57	13.00± 0.00	12.62± 1.51	12.83 ± 2.39
Professional opportunities	10.54± 2.00	9.31± 2.40	8.66± 1.71	8.00± 0.00	8.17± 1.15	9.14 ± 2.02
Total organizational satisfaction =81.00 ± 11.38						
Total organizational satisfaction Weight Mean ± SD = 2.61 ± 0.36 (interpreted as moderate satisfaction level)						

Table (4) displayed that, the total organizational satisfaction of the study sample was at moderate level (weight $\bar{x}$ ± SD = 2.61 ± 0.36), the components of satisfaction were arranged in a descending orders according to the highest mean and standard deviation respectively, (work scheduling, control responsibilities, praise and recognition, interaction opportunities, professional opportunities, extrinsic rewards, balance between family and work life and lastly, coworkers' relationship).

Table (5): Intent to leave Job, plans after leaving, ease of finding another job and choosing nursing profession of nurses among healthcare sectors (N = 390).

Subscales	Healthcare Sectors **(Mean ± SD)**					
	MOH	**HIH**	**CCH**	**TH**	**PH**	Total Sample no. (%)
Intent to leave current job						
▪ Intention to stay in work through next 3 years	1.26 ± 0.44	1.15 ± 0.36	1.13 ± 0.33	1.14 ± 0.35	1.24 ± 0.43	**76 (19.5)**
▪ Intention to leave work through next 3 years	1.73 ± 0.44	1.82 ± 0.38	1.86 ± 0.33	1.85 ± 0.35	1.74 ± 043	**311 (79.7)**
Plans after leaving						
▪ Leave country	1.68 ± 0.46	1.16 ± 0.37	1.20 ± 0.40	1.10 ± 0.31	1.46 ± 0.50	**137 (35.1)**
▪ Move to a different health organization	1.76 ± 0.42	1.83 ± 0.37	1.95 ± 0.20	1.90 ± 0.29	1.69 ± 0.46	**320 (82.1)**
▪ Leave nursing profession	1.75 ± 0.43	1.97 ± 0.14	2.00 ± 0.00	1.94 ± 0.22	1.91 ± 0.28	**355 (91.0)**
▪ Other plans "continue education"	1.66 ± 047	1.12 ± 0.32	1.34 ± 0.47	1. 07 ± 0.26	1.58 ± 0.49	**149 (38.2)**
▪ "Care children or parents"	1.72 ± 0.45	1.25 ± 0.43	1.34 ± 0.47	1.25 ± 0.43	1.65 ± 0.47	**182 (46.7)**
Finding another acceptable job in nursing for nurses with intent to leave would be...						
▪ Easy	1.39 ± 0.49	1.72 ± 0.44	1.37 ± 0.48	1.72 ± 0.44	1.20 ± 0.40	**186 (47.7)**
▪ Difficult	1.66 ± 0.47	1.25 ± 0.43	1.62 ± 0.48	1.25 ± 0.43	1.81 ± 0.38	**209 (53.6)**
Given opportunity to start all over, would nurses intending to leave choose nursing as a profession?						
▪ No	1.61±0.48	1.19 ± 0.40	1.08 ±0.28	1.21 ± 0.41	1.34 ± 0.47	**269 (69.0)**
Total Mean of Intention to Leave=6.20 ± 11.38						
Weight Mean ± SD=1.55 ± 0.50 Interpreted as high intention to leave job						

Table (5) illustrated that, the majority of the study sample (79.7 %)across the healthcare sectors having "intention to leave work through next 3 years", in the "plans after leaving", the highest percent (91.0 %)shown in the nurses intention to "leave nursing profession", while(82.1 %) wanted to "move to a different health organization" and more than half (53.6 %) perceived that "finding another acceptable job in nursing would be "difficult" and more than two third (69.0 %) were disagree to" choose nursing as a profession if given opportunity to start all over", with highest mean score of nurses in ministry of health followed by the private sector. The total sample of nurses have intention to leave work (weight $\bar{x}$ ± SD = 1.55 ± 0.50).

Table (6): Pearson Correlation of Organizational Structure, Culture, Commitment and Satisfaction of the study nurses among healthcare sectors (n=390).

Pearson Correlations								
Study Variables	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
1. Structure								
2. Culture	-.036-							
3. Satisfaction	-.029-	-.041-						

4. Commitment	.006	-.006-	-.056-					
5. Intention to leave work through next 3 years	**-.147-****	-.020-	**.461****	**-.192-****				
6. Intention to move to another hospital	**-.135-****	-.019-	**.370****	**-.154-****	**.512****			
7. Intention to leave country	**.142****	-.003-	**.146****	-.002-	.050	**-.104-***		
8. Intention to change your nursing profession	-.061-	.000	-.011-	.049	.020	.017	-.013-	
*P value is significant at 0.05			**P value is highly significant at 0.00					

Table (6) displayed Pearson correlations with statistical significant level at (0.05) as there were weak reverse correlations between structure and both of "Intention to leave work through next 3 years" (-0.147**) and "Intention to move to another hospital" (-0.135**), conversely, weak positive correlation between structure and "Intention to leave country" (0.142**). Three positive statistical significant correlations among nurses' satisfaction and respectively their intention to leave job (moderate r=0.461**), intention to move to another hospital (moderate r=0.370**), intention to leave country (weak r=0.146**); in addition to, weak correlation with nurses commitment and positive statistical significant correlation between intention to leave job and intention to move to another hospital (moderate r=0.512**).

Table (7): Correlation of nurses socio-demographic profile, organizational design and nurses' behaviors among healthcare sectors (n=390)

Study Variables	Gender	Age	Qualification	Job position	Experience	Socials	Residence	Healthcare sectors
Structure	-.047-	-.079-	**.200****	.016	.053	**.212****	-.034-	**.179****
Culture	.067	**.150****	-.017-	-.088-	**.274****	**.122***	-.094-	**-.125-***
Satisfaction	.060	-.073-	-.096-	-.027-	-.026-	.014	.012	**-.146-****
Commitment	.052	.056	**-.148-****	.007	.015	.081	.081	**-.197-****
Intention to leave work through next 3 years	.042	-.055-	-.073-	-.046-	**-.125-***	**-.108-***	.000	.019
Intention to move to another hospital	.029	-.011-	-.078-	-.044-	-.097-	-.060-	.046	-.029-
Intention to leave country	-.005-	-.024-	.065	**-.104-***	**.104***	.095	-.027-	**-.149-****
Intention to change your nursing profession	-.044-	.043	.047	-.065-	-.033-	-.016-	.100*	**.158****
*P value is significant at 0.05			**P value is highly significant at 0.00					

Table (7) displayed statistical significance weak correlations between the nurses' profile and the study variables as there were positive correlation between the age and the culture of the organization, and qualification was positively correlated with the structure of the organization and reversely with commitment. Job position was reversely correlated with participants' intention to leave the country, likewise, for the experience with the same positive value, in addition to its negative correlation with participants' intention to leave work and country. While, social statuses were correlated positively with the structure, culture and reversely correlated with participants' intention to leave work. Furthermore, the types of healthcare sectors were correlated with almost all the study variables positively with the structure and intention to change nursing profession, while reversely correlated with culture of the organization, satisfaction, commitment and intention to leave country.

IV. Discussion

Nurses working in any healthcare sector represent the most viable asset that contributes to building a reputation for health institutions and the abundance and flow for patients seeking better health services, but the behaviors of nurses toward organizations as satisfaction, commitment, and decision to stay or to leave the institutions may or may not be affected by organizational design dimensions (structure and culture). Therefore, the current research aimed to study the impact of the organizational design on the behaviors of nurses among healthcare sectors.

A healthy work environment is described as the place wherein leaders offer the systems, structures, strategies, policies, and procedures that empower nursing staff to engage in the work field and interactive relationships that provide safe and best quality patient care outcomes **(Schmalenberg and Kramer, 2008; Ali &Helal, 2018).**

The most dominants' personal characteristics revealed from the study sample were the females, middle age between 25 and 35 years, qualifications less than bachelor degree, job position of staff nurses, experience less than 5 years, married and lives far from work place.

The current studied organizational design arrays to the structure and culture of the organizations among Egyptian healthcare sectors, the organizational structures of the five hospitals understudy characterized by complexity (2.75±1.18) as a results of the reported number of administrative levels (6-8), as the percentage of those who hold supervisory jobs to the total workforce (11% - 20%), the number of specialties (6-8), the number of beds (150), and the number of staff to bed capacity (75%). Also the organizational structure featured by centralization of management due to presence of formalization, where the decision making is made by direct supervisor individually, performing tasks are carried out according to the description of job position card, and the training of the staff is done by peer colleagues, while performance appraisal of the staff is done freely by direct manager, and disciplinary actions are taken if nurses violates work instructions made by direct manager.

A parallel findings from non-healthcare sector were reported by **(Sanjuq, 2013)** in a study aimed at verifying the effect of the internal environmental elements on organizational commitment at the Social Security corporation in Kingdom of Saudi Arabia (KSA), where the organizational structure characterized by high complexity, extreme centralization, as the number of management levels (9-12), which indicated a high vertical structure, a high degree of negative bureaucracy, and between 21% - 50% employees hold supervisory jobs to the total workforce, number of functional departments ranges from 9-12 functional management and the number of branches exceeds 30 branches, a high degree of centralized and high degree of formal, decision is made according to the regulations, without giving flexibility to workers innovation or dispose of flex in customer service, and the training of the employee is done individually under the supervision of direct supervisor, and disciplinary actions are taken if employees violated official instructions.

Complex organizational structure and centralized management are considered major elements of the organizational barriers which impact negatively on the satisfaction, commitments, and hence it leads to increasing intention of nurses to either live work, or transfer to another facility or to quit totally from the profession. In the same point of view with this study, **Sadatsafavi, Walewski, Shepley, (2015)** reported that, organizational structures from the organizational perspective, the perceived organizational support and the degree of autonomy within an organization have especially been shown to be predictive characteristics of an individual who is more committed to organization in hospital settings. In addition, studies had shown that the perceived quality of nursing practice and nurse-physician collaboration directly influences the commitment of nurses in intensive care **(Galetta, et al., 2013).**

Effective organizational structure facilitates proper working relationship among various sub-units in the organization; this may definitely improve organizational efficiency. The descriptive cross-sectional study of **Rohail, et al., (2017)** which aimed to assess the effects of work environment and engagement on nurse's organizational commitment in public hospitals Lahore, Pakistan, revealed significant positive relationship between work environment and nurse's organizational commitment, also, **Maduncyi, et al., (2015)** posited that the organizational structure has an impact on the organizational performance, therefore, it was recommended that the organizations should endeavor to have well defined structure in place in order to achieve the set objectives.

The organizational culture reported by the nurses from the five hospitals characterized by contemporary organization, in which the relationship between managers and staff is existing only during the work time, rewards are being awarded when staff initiate an innovative work practice or activities to achieve work, also manager have to approve upon suggestions that save time and contribute to facilitate work, also the relationship between departments is formal and cooperation occurs in formal procedures implementation only, and motivation to work is by being fear of punishment and greed for rewards.

In accordance with the findings of**Sanjuq, (2013)** the organizational culture ranged from traditional culture and culture of change, where the relationship between managers and employees were good but during work only, and bonuses are being awarded when employees follow instructions. Employees are not allowed to implement own suggestions unless approval of immediate superior was obtained, and the relationship between departments is competitive rather participatory and motivation to work is by being with colleagues' department and not individually or with other departments.

The feeling of stability and a sense of organizational identity are provided by an organization's culture, so a negative organizational culture can hinder behavior, disrupt group effectiveness, and hamper the impact of a well-designed organization **(James, et al., 2012),** while positive culture helps to improve productivity**,** thus creating a positive organizational culture is essential for managers and for the effectiveness of the organization **(Gunther, 2005; Hofstede, 2011; Acar and Zafer, 2012; Andrea Banto, 2014).** The acceptable organizational behavior and practice is conditioned by the design of the organization since culture is a contingency for organizational design, this contention depends on the presumption that specific types of organizations will set turnout culture and that a solid match between both is probable to promote nurses' commitment to best performance and organizational goals **(John Child, 2015).**

In accordance with the study outcome, **Flynn, et al., (2010)** and **Trinkoff, et al., (2011)** declared that, positive practice environments demonstrate a focus on quality care, encourage staff involvement in decision making and improve job satisfaction and retention**.** Furthermore,**Twigg and McCullough, (2014)** affirmed that creating positive practice environments enhances nurse retention and facilitates quality patient care. **Also, Ali and Helal, (2018)** added that attaining optimal stream of information, making decision and decision support, progress in plans and actions, solving problem, all lead to vast health outcomes and necessitates a decentralization of nursing management rather than traditional nursing management wherein staff nurses' involvements is either marginal or not exist.

Generally, organic organization structure is almost flat, and there is no typical pyramid of management flowing from the lower level workers up to senior management. The mechanistic structure is much more traditional, the structure is more clearly defined as a hierarchy with leadership delegating specific roles and tasks to those below. The mechanistic structure tends to be more stable, and also rigid, when it comes to delegated leadership roles. The mechanistic structure requires leaders to build loyalty among workers who report directly to them. Workers must have explicit trust that the directions they are given will move the company closer to its goals. There are pros and cons to both organic and mechanistic structures. The rigid model of the mechanistic approach can stifle creativity and innovation. Even the organic model has problems, in which too many ideas as to how to complete a task can create pandemonium and inefficiency. Without clear leadership, momentum toward organization goals can shift and become diluted, fragmenting into differing approaches among various teams in the organization.

Mechanistic organizational structure was the dominant organizational structure has seen in all the healthcare sectors under study which could interpret the deficits facing the healthcare sectors to grow and mature. New performance opportunity needs to be highlighted by transformer leaders. Combination between both structures may be useful, **Kang and Snell (2009)** asserted that mechanistic structure should coexist with organic organizational structure, due to the variation of demands and resources brought to the management side of the organization. While in the current situation from the perspective of nursing management organizational chart, nurses work in horizontal clusters, at the meantime from the perspective of hospital management organizational chart, nurses often, work in vertical clusters under senior medical management rather than horizontal clusters, therefore, the goal is to create a more homogeneous culture of nurses through decentralized management roles and responsibilities.

Regarding commitment of the participating nurses, the study result revealed continuance commitment in high level versus affective commitment, while the total organizational commitment among the five hospitals representing the healthcare sectors was at moderate level. This may be due to the financial status of the nurses that play a role in shaping behavior toward their job regarding perceived sunk costs of missing their jobs and difficulties may be facing them to find another jobs more than emotional ties and perceived obligation. People in organizations have varying needs from each system adopted by organizations such as system of authority and power. Also, groups in organizations have a powerful impact on individual behavior and on organizational performance **(James, et al., 2012).**

This result was congruent with **Ahmed, Abdelwahab&Elguindy (2017)** who reported moderate level of total organizational commitment among staff nurses in an exploratory descriptive study aimed to explore intention to leave the nursing profession and organizational commitment at Beni-Suef city, the mean score of affective commitment and continuance commitment was also moderate, and the mean score of normative commitment was low. In perspective with another descriptive-analytical study determined the organizational commitment among nurses working in hospitals of Arak city, **Khosravani, et al., (2017)** reported that, the average overall organizational commitment score was moderate and among organizational commitment dimensions, affective commitment had higher average, while continuance commitment and normative commitment were at a moderate level. Despite that, in the study of **Sanjuq (2013),** the affective commitment was the strongest followed by the continuous commitment, and there was no acceptable level of normative commitment between the employees within the Social Security in KSA.

Continuance commitment is awareness of understood to come from the perceived cost associated with leaving the organization, such as giving up pension plans and profit sharing **(Ogaboh, Nkpoyen&Ushie, 2010).** Once an employee commits to the organization because he/she perceives high costs of losing organizational attachment, plus economic costs (such as pension accruals) and social costs (friendship ties with co-workers) that would be incurred, such individual remains a member of the organization **(Yusuf and Metiboba, 2012).**

The views of influential organizational psychologists have argued for structures and styles of management that secure a higher level of commitment from people to the goals of their organization through more adequately meeting their expectations and their needs as mature adults. This perspective assumes that all human beings share common needs and motivational structures **John Child (2015).**

Commonly, some nurses are committed to their jobs because they love it and like to serve ill persons, or because their goals align with those for the hospital. Others might stay because they fear what they could lose

if they leave their workplace, while others might stay because they feel obligated to the hospital, or conduct to their manager. But regarding the current study, continuance commitment was at the high level, the loyalty of those nurses may be grown due to the rights given by the Egyptian governmental labor law and work regulations which legitimate them for long standing at the same job, stable pension, in addition to others collateral intrinsic privileges such as suitable work schedules, medical insurance, care for mothers' nurses and their children, all these issues may commit nurses to be work endurance and subjected to the applicable organizational design.

Concerning the satisfaction of nurses in the five hospitals among the healthcare sectors, the study proven that, the total organizational satisfaction level of the participating nurses was moderate, whereas the statistical result demonstrated that work scheduling, controlling responsibilities, praise and recognition respectively were more likely satisfying nurses and affected on their behaviors more than others motivational behaviors as interaction opportunities, professional opportunities, extrinsic rewards, balance between family and work life, and coworkers' relationship which appeared respectively of moderate mean scores. This result may reflect the competitive methods of motivations that should be used by policy makers to influence positive nurses' behavior towards their organizations to job satisfaction and consequently enhance organizational retention.

According to the current study, the work schedules were at the top of highest factors of satisfaction among the healthcare sectors which demonstrate the flexibility of work schedules provided by all hospitals under study. **Trinkoff, et al., (2011)** found in a United Kingdom study that compressed schedules for permanent full time nurses staff were associated with increased levels of job satisfaction and general comfort, where compressed schedules allow nurses to work their total number of hours over fewer days. Vice versa, compressed work schedules will assist nurses to balance between family and work life,**Tanaka, et al., (2010)** in a Japanese study reported a significant relationship between nurses' personal health assessments and work-life balance, as less healthy nurses reported worse work-life balance. Furthermore, low job satisfaction and motivation were associated with worse work-life balance.

Flexible work organizes the discipline of employer-employee work arrangements that are structured to fit organizational and individual needs, including numbers of working hours, patterns of schedules of worked hours, work location and pay style. Flexible work gives an opportunity for employers to provide an efficient workforce and for employees to balance work-life demands **(Grote & Raeder, 2009; Becker, et al., 2010).** African countries have the greatest nursing shortages globally, a nursing survey deduced that increased workloads were the major cause of nurses' dissatisfaction; in particular, the public sectors against private sectors, and public sector rural nurses were the most dissatisfied with all working conditions. Dissatisfaction was significantly associated with nurses' intention to change their sector of employment, leave profession or work abroad. Therefore, **Pillay (2009)** encouraged for government investigation of flexible work practices, such as self-scheduling, to shape nurse job satisfaction and retention.

In contrast with the current study findings, the job satisfaction of nephrology nurses' and intention to stay in kidney Hemodialysis unit at prince Abdel Rahman Al Sidiri hospital, Al Jouf. The results of **Al Tawil (2013)** confirmed that nurses were neither satisfied nor dissatisfied, the factors revealed higher satisfaction mean scores were salary, recognition of work from peers and amount of responsibility, while the scores with the lower satisfaction were increased work load, child care facilities, opportunities for social contact and factors related to career advancement. 44 % of nurses consideredwork overload as the primary reason for leaving the position, 48 % of nurses described the overall quality of care as good and 40% of nurses as excellent care.

El-Jardali, et al., (2009) reported about the relation between job satisfaction, intent to leave, and migration in a country suffering from a nursing shortage, in a cross-sectional design used to survey nurses currently practicing in Lebanese hospitals, to determine the extent of nurses' intent to leave and examined the impact of job satisfaction on intent to leave, in which a common predictor of intent to leave the hospital and the country was dissatisfaction with extrinsic rewards among nurses.

Regarding intention to leave current job, plans after leaving, finding another job and choosing nursing profession, the results of this study displayed in a descending manner, that the majority of nurses across the healthcare sectors were had high intention to leave the profession and move to a different health organization as plans after leaving current job, followed by intention to leave work through next 3 years. Conversely, less than quarter of nurses intended to stay in work through next three years. While more than half of nurses found that finding another acceptable job in nursing would be difficult, also, more than two thirds of them disagreed to choose nursing as a profession if given opportunity to start all over which interpret and match with the high intention of nurses to leave the profession.

The current finding was in context with **El-Jardali et al., (2009)** who reported that the highest percentages of nurses respectively displayed intention to leave both the hospital and the country, then planning to leave the profession and would not choose nursing as profession again. While finding another job in nursing would be easy, this was contrasted with current study result. Meanwhile, in **Ahmed, Abdelwahab&Elguindy**

(2017) the total means scores of the intention to leave the nursing profession and the hospital were at high level among staff nurses.

Paralleled results were described by **Tummers, et al., (2013)** in a study about nurses' intention to leave the profession in the Netherlands, found that there was a high intention to leave nursing profession. Also, in a study of occupational satisfaction, strain and intention to quit among direct care providers, which conducted by **McKillop and Minnes (2011) and Elguindy& Abed (2014)** in studying the relationship between organizational commitment and anticipated turnover among staff nurses in a university hospital in Egypt, the authors identified that nurses had a moderate intention to leave the hospital and their employment.

Meanwhile, in a study about the impact of job demand and control on nurses' intention to leave obstetrics and gynecology departments, **Mohamed and Mohamed (2013)** estimated high mean score of nurses' retention in their units and the profession which was inconsistently with the present study findings. While **Ahmed, Abdelwahab&Elguindy (2017)** commented that staff nurses had a higher intention to leave their hospital and the profession and had a moderate level of total organizational commitment as there was a statistically significant negative correlation between organizational commitment and intention to leave the nursing profession.

Retention of existing staff nurses and their intention to leave the profession are worldwide concerns, particularly among nursing heads and policymakers at a time when many countries have reported a shortage of qualified nurses **(Currie and Carr Hill, 2012; Sherman, et al., 2013; Aiken, et al., 2014).** Intention to leave the nursing profession has become a personnel problem and challenge to nursing service administration these days in the health sectors. Ongoing workforce instability in many countries is raising questions on the impact of nurses' turnover on the well-being of the nurse, quality of patient care, and system costs **(Vati, 2013).**

Pearson correlations with statistical significant level at (0.05) among the current study variables demonstrated the following relations; there were weak reverse correlations between structure and both of "Intention to leave work through next 3 years" (-0.147**) and "Intention to move to another hospital" (-0.135**), this explain that when organizational structure tend to be complex, and management arrays to centralization, and in turn increases the reverse correlation towards the intention of nurses to either leave work in the next 3 years or at least move to work in another healthcare facility.

Conversely, weak positive correlation deduced between structure and "Intention to leave country" (0.142**), which may explain the nurse desire to gain more privileges from their longitude work experiences in a complex institution. At the meantime, others nurses prefer to stay in work for greed from stability of the hierarchal positions and other organizational resources. At the same time, there were no significant correlations between the organizational culture and other study variables. Inconsistent with**Sanjuq (2013),** there was a statistically significant impact of the elements of the internal environment (the organizational structure and culture) on the level of organizational commitment.

Regarding the correlations between nurses' satisfaction and other study variables, there were positive moderate correlation with "intention to leave work through next 3 years" (0.461**), and intention to move to another hospital (0.370**), meanwhile there was a weak correlation with intention to leave country (0.146**). No other significant correlations appeared between the satisfaction and both organizational design and commitment.

Nursing is a pressured occupation and work load is a source of dissatisfaction among nursing staffs and this may affect their commitment to job and satisfaction, as dissatisfaction is frequently caused by low payment **(Akansel, et al., 2011).** Meanwhile in a cross-sectional descriptive correlational study conducted with a population of 1650 nurses at two healthcare organizations at Jeddah, one of the ministry of health hospital and one of university hospital, to assess the relationship between nurse's job satisfaction and organizational commitment **(Salem, Baddar& AL-Mugatti, 2016)**, their findings were consistent with the findings of the current study, as reported that, no statistically significant association between total intrinsic and extrinsic scores of satisfaction and total commitment individual domains score, the majority of nurses have fair satisfaction to their job and a good commitment to their organization.

Several studies had examined the relationship between organizational commitment and job satisfaction, such as **Flomi, et al., (2014)** who noted that a positive correlation was determined between job satisfaction and organizational commitment, also,**Moneke&Umeh (2014)** reported a significant correlation between organizational commitment and job satisfaction, in a non-experimental, quantitative study conducted on critical care nurses working in a non-profit healthcare organization in New York City. Likewise,**Khan& Jan (2015)** confirmed that, there was statistically association between job satisfaction and organizational commitment, in a study aimed to investigate to which extent demographics influence job satisfaction and organizational commitment of nursing staff in two teaching hospitals of Dera Ismail Khan.Also,**Azeem (2010)** affirmed that organizational commitment links to employees' job satisfaction, job satisfaction links to burnout **(Salehi&Gholtash 2011),** but theses outcomes contradicted with present study results, as no statistically

significant correlation had confirmed between total commitment and total satisfaction of participating nurses among healthcare sectors.

Comparable to the current study outcome, **Masum, et al., (2016)** deduced a negative relationship between job satisfaction and intention to quit the existing employment in an empirical analysis of nurses in Turkey. Also,**Alzayed&Murshid, (2017)** reported that, low level of job satisfaction negatively affected the intentions to turnover and intentions to leave the workplace among the employees in a study conducted in Kuwait ministry of information.

Concerning the commitment of nurses in the present study, the result revealed statistical significant negative weak correlations between organizational commitment and nurses' intention to leave work through next 3 years (-0.192**), then intention to move to another hospital (-0.154**), and positive correlation with the intention to stay in work through next 3 years. These findings indicated that as organizational commitment increases, nurses' intention to leave decreases and the same thing in moving to another hospital. Meanwhile, the positive correlation indicated that when commitment increases, nurses tend to stay in their work.

In a harmony with this study findings, **Mubarak, et al., (2017)** deduced that staff nurses who had a moderate level of total organizational commitment tend to have a higher intention to leave both hospital and the nursing profession with reverse statistical significant correlation between organizational commitment and intention to leave the nursing profession. Also, **Omar, et al., (2012)** in a quantitative study investigate the relationship between organizational commitment and intention to leave among nurses in Malaysian public hospitals, reported that, organizational commitment was significantly and negatively related to intention to leave. **Aiken, et al., (2014)** indicated that, there was evidence that nurses' intention to leave their profession in healthcare practice is associated with lack of organizational commitment and loyalty.

In the same approach the former studies have reinforced the relationship between organizational commitment and the nurses' desire to leave the organization as well as the profession. **Al-Hussami, et al., (2014)** found a strong link between work quality, health perceptions, and normative organizational commitment. Likewise, in another study involved nurses in Korea, higher levels of organizational commitment and job burnout were recognized as strong predictors of turnover intentions **(Han, etal., 2015).** In China, nurses who were satisfied, had been reported a higher degree of job commitment and had intention to stay in their existing job **(Wang, et al., 2012).** From the other side, **Khalid, et al., (2012)** argued that promotions opportunity was significantly correlated with overall job satisfaction and nurses were expected to stay in their current organizations due to their satisfaction with promotional opportunities.

In regard to nurses' profiles the findings of this study proven a statistical significance difference of weak correlations between the personal characteristics of the participant nurses and the study variables among healthcare sectors as there were positive correlation between the age and the culture of the organization, qualification was positively correlated with the structure of the organization and reversely with commitment. Job position was reversely correlated with participants' intention to leave the country, likewise, for the experience with the same positive value, in addition to its correlation with participants' intention to stay or to leave work. While, social statuses were correlated positively with the structure, culture and reversely correlated with participants' intention to leave work. Furthermore, the types of healthcare sectors were correlated with almost all the study variables positively with the structure and intention to change nursing profession reversely correlated with culture of the organization, satisfaction, commitment and intention to leave country and was not correlated with participants' intention to stay or to leave work or to move to another hospital.

Although the findings of **Sanjuq, (2013)** acknowledged the absence of correlation between the personal variables such as: gender, age, educational level, job site, and practical experience, and organizational commitment. But many recent studies supported the present study outcomes related to these analyses. In this regard**Leodoro, (2018)** concluded that, nurses' age, gender, education, rank, and work experience correlated significantly with organizational commitment, as well as nurses' age and education correlated significantly with turnover intention, nurses' organizational commitment correlated negatively with turnover intention, in which nurses were moderately committed to the organization and were undecided whether or not to leave their organization in a study conducted to examine the organizational commitment and turnover intention in a group of nurses in the Philippines. Also,**Khosravani, et al., (2017)** reported that, there was a significant positive correlation between organizational commitment and type of employment and work experience.

The intention to leave process changes over time and has been found to vary in intensity and probability due to organizational factors (i.e. status, climate, culture, support), work-related factors (workload, stress, autonomy, salaries, shift work, power) and demographic factors (age, years of experience, and area of work). Additionally, external factors, such as conflict between work and family obligations may also affect intention to leave **(Takase, 2010; Kelly, et al., 2011; Laschinger, 2012; Nelsey and Brownie, 2012; Homburg, et al., 2013; Galletta, et al., 2013; Lagerlund, et al., 2015).**

In addition to, **(Lee, et al., 2012; Jafari, et al., 2015; Sepahvand, et al., 2017),** many of individual factors predicting organizational commitment in nurses and have been identified such as age, academic degree,

gender, years of work experience, and job tenure. Also, workers with more experience are more commitment and less experience workers expressed lesser degree of commitment with organization. Gender had an inverse association with organizational commitment **(Abdullah &Ramay, 2012).Abbas, et al., (2013)** reported that age, education and experience have a critical role in determination of job satisfaction and coworkers' relationship.

Today, the administrators of healthcare organizations encountereddifficultiesand challenges to keep employees, and to encourage them to stay in the job, the organization or the profession. Specially, where healthcare facility's structure is becoming an increasingly complex, decision making is becoming more decentralized, and healthcare facility's culture is becoming a progressively contemporary, and so structure and culture due to these vital changes may correlate with nurses' decision to leave or stay in the position, organization or profession, or may be the country **(Salem, Baddar& AL-Mugatti, 2016).** Thus Organizational infrastructure reformation is imperative for improving work environment among healthcare sectors and for leading to success and continuation of the organization's existence **(Ali &Helal, 2018).**

V. Conclusion

The study concluded that, the organizational behavior including (structure and culture) characterized by somewhat mechanistic structure featured by low degree of complexity and low degree centralization and the predominantly culture had low degree of contemporary. The total organizational commitment level of the study participating nurses was moderate among the healthcare sectors, the mean score of the continuance commitment was higher than normative and affective commitment was the lowest among healthcare sectors. The total organizational satisfaction level of the participating nurses was moderate among the health care sectors, and the work scheduling then control responsibilities, praise and recognition were higher than interaction opportunities, professional opportunities, extrinsic rewards, balance between family work life, and coworkers' relationship among healthcare sectors. The mainstreams of study participant nurses across the healthcare sectors have high intention to leave the profession. There was no statistically significant association between total commitment and total satisfaction of participating nurses among healthcare sectors. A statistical significant negative correlation was found between nurses' intention to leave and organizational commitment with a statistical significant negative correlation between nurses' intention to leave and organizational satisfaction. In addition to, weak statistical significant correlations between nurses' profile (age, gender, qualifications, job position, and experience, and organizational behaviors (commitment, satisfaction and retention of nurses).

The dominant organizational design applicable among the healthcare sectors was mechanistic structure with contemporary culture and this design impacted negatively on the nurses' behaviors and reflected in their high intention to leave job, moving to another hospital, or leaving the profession, which combined with high level of loyalty (continuance commitment) and moderate level of satisfaction.

VI. Recommendations

- As evidenced from the study, the nurses' behaviors towards their organization were affected negatively by the applicable organizational design of healthcare sectors, so retention of nurses in the hospital, the profession and the country is a challenge for administration and nursing managers. Accordingly, the nurse managers must be attentive to the factors that attract nurses, and increase their satisfaction and commitment to enhance job retention, through adopting organizational excellence, retention strategies, and shared nursing governance.
- The study emphasizes on improving organizational structure and culture hinder organizational behaviors of nurses through design re-structure which could be a valuable approach for enhancing the level of organizational commitment, satisfaction and retention of nurses among healthcare sectors. Therefore, managers should help staff to create a positive and desirable workplace in order to increase their organizational commitment, satisfaction and retention of nurses among healthcare sectors.
- **Implications for healthcare sectors policy makers, hospital, and nursing administrators and managers:**
- Reformation for the organizational structure of hospitals to shrink the management and advisors' levels.
- Combination between formal and informal working procedures to renovate some of the decision-making authorities to the lower administrative levels.
- Create the culture of quality, adopt continuous improvement and excellence performance strategies, to create an organizational structure capable of promoting a culture of change that will increase satisfaction, loyalty, and deepens organizational commitment and therefore, enhance retention of nurses among healthcare sectors.
- **Further researches:** other researchesare needed toinvestigate to which extend the organizational designseffect on nurses' performance and patients' outcomes.

Acknowledgement
Great appreciation thankful for all nurse managers, and all nursing personnel who participated in this study.
Conflict of interest
There are none conflicts of interest.
Funding sources
No external fundingwas existed.

References

[1]. Abbas, A., Mudassar, M., Gul, A. and Madni, A. (2013). "Factors contributing to job satisfaction for workers in Pakistani organization". International Journal of Academic Research in Business and Social Sciences, 3 (1): 525-544. ISSN: 2222-6990. Available at: www.hrmars.com/journals.
[2]. Abdullah and Ramay, M., I. (2012). "Antecedents of Organizational Commitment of Banking Sector Employees in Pakistan". Serbian Journal of Management, 7 (1), pp. 89-102.
[3]. Abed, F. and Elguindy, H. (2014). "The relationship between organizational commitment and anticipated turnover among staff nurses in university hospital". Egypt: J Health Care, 5: 237–251.
[4]. Acar, A. and Zafer (2012). "Organizational Culture, Leadership Styles and Organizational Commitment in Turkish Logistics Industry". Procedia-Social and Behavioral Sciences, vol: 58, pp. 217-226.
[5]. Ahmeda, R., Abdelwahabb, E. and Elguindy, H. (2017). "Staff nurses' intention to leave nursing profession and their organizational commitment in selected hospitals at Beni-Sueif city". Egyptian Nursing Journal, Vol. 14, No. 1. DOI: 10.4103/2090-6021.206940 http://www.enj.eg.net
[6]. Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R. and Walter Sermeus (2014). "Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study". Lancet, 383: 1824-1830.
[7]. Akansel, N., Ozkaya, G., Ercan, D. and Alper, Z. (2011). "Job Satisfactions of nurses and physicians working in the same health care facility in Turkey". International Journal of Caring Sciences, 4 (3): pp.133-143.
[8]. Al Hussami, M., Darawad, M., Saleh, A. and Hayajneh, F. A. (2014). "Predicting nurses' turnover intentions by demographic characteristics, perception of health, and quality of work attitudes". Int J NursPract., 20 (1): 79-88.
[9]. Ali Kawther and HelalWaffaa (2018). "Design and Validate a Tool for Measuring Infrastructure of Nursing Work Environment in Egypt", IOSR Journal of Nursing and Health Science (IOSR-JNHS),Volume 7, Issue 1, PP. 22-31.e-ISSN: 2320–1959.p- ISSN: 2320–1940 www.iosrjournals.org.
[10]. Ali Kawther and HelalWaffaa (2018). "Existence of Professional Nursing Governance and Leadership Competency". International Journal of Novel Research in Healthcare and Nursing, Vol. 5, Issue 3, pp: (464-475). ISSN 2394-7330. Available at: www.noveltyjournals.com
[11]. Altuntas, S. and Baykal, U. (2010). "Relationship between nurses' organizational trust levels and their organizational citizenship behaviors". J NursScholarsh., 42: 186–194.
[12]. Alzayed, M. and Murshid, M. A. (2017). "Factors Influencing Employees' Intention to Leave Current Employment in the Ministry of Information in Kuwait". University Sains Malaysia (USM), Malaysia: European Journal of Business and Management, Vol. 9, No. 12. www.iiste.org ISSN 2222-1905 (Paper) ISSN 2222-2839 (Online)
[13]. Andrea Banto (2014). "Organizational Culture and Organizational Effectiveness in a Global Context: Cross-Cultural Interaction: Concepts, Methodologies, Tools, and Applications". Argosy University, USA: DOI: 10.4018/978-1-4666-4979-8.ch069.
[14]. Azeem, S. M. (2010). "Job satisfaction and organizational commitment among employees in the Sultanate of Oman". Psychology, Vol. 1, pp. 295-299.
[15]. Bureau of Labor Statistics (2013). "United States Department of Labor, Occupations with the largest projected number of job openings due to growth and replacement needs". 2012 and projected 2022. https://www.bls.gov/news.release/ecopro.t08.htm, accessed online on November, 2019.
[16]. Becker, S., McCutcheon, H., and Hegney, D. (2010). "Casualisation in the nursing workforce-the need to make it work". Australian Journal of Advanced Nursing, 28 (1): 45-51.
[17]. Business Dictionary (2019). (http://www.businessdictionary.com/definition/organization.html, 2019).
[18]. Cao, J. and Hamori, M. (2016). "The impact of management development practices on organizational commitment". Hum ResourManag; 55 (3): 499-517.
[19]. Currie, E. J. and Carr Hill, R. A. (2012). "What are the reasons for high turnover in nursing? A discussion of presumed causal factors and remedies". Int J Nurs Stud., 49: 180-1189.
[20]. Dragomiroiu, R., Hurloiu, I. I. and Mihai G. (2014). "Induction staff training". Procedia Economics and Finance, 16: 368-73.
[21]. El-Jardali, F., Dimassi, H., Dumit, N. Jamal, D. and Mouro, G. (2009). "A national cross-sectional study on nurses' intent to leave and job satisfaction in Lebanon: implications for policy and practice". Beirut, Lebanon: BMC Nurs., 8, 3, doi:10.1186/1472-6955-8-3.
[22]. Flomi, L. B., Asare, K., Kwesiga, E. and Bline, D. (2014). "The impact of job satisfaction and organizational context variables on organizational commitment". International Journal of Business and Public Administration, Vol. 11 (1), pp. 1-18.
[23]. Flynn, L., Aiken, L., Sloane, D., Cimiotti, J., Clarke, S., Seago, J., Spetz, J. and Smith, H. (2010). "Implications of the California nurse staffing mandate for other states". Health Services Research, 45 (4), 904-921.
[24]. Furukawa and Cunha (2011). "Profile and competencies of nurse managers at accredited hospitals". Rev. Latino-Am. Enfermagem., vol.19, no., pp. 44-52. RibeirãoPreto. http://dx.doi.org/10.1590/S0104-11692011000100015.
[25]. Galetta, M., Portoghese, I., Battistelli, A. and Leiter, M. P. (2013). "The roles of unit leadership and nurse-physician collaboration on nursing turnover intention". Journal of Advanced Nursing, 69: 1771–84.
[26]. Geraldi, J. G., Maylor, H. and Williams, T. (2011). "Now, let's make it really complex (complicated)". International Journal of Operations and Production Management, 31 (9), 966–990. Retrieved from https://doi.org/10.1108/01443571111165848
[27]. Giddens, A., Duneier, M., Appelbaum, R. and Carr, D. (2016). "Introduction to Sociology". 10 editions, W.W. Norton and Company, Inc., New York: London.
[28]. Grote, G. and Raeder, S. (2009). "Careers and identity in flexible working: Do flexible identities fare better?" Human Relations, 62 (2): 219-244.
[29]. Gunther, M. (2005). "Cops of the Global Village". Fortune, June 27, 2005, pp. 158–66.
[30]. Haddad, Lisa, M., Tammy, J. and Toney-Butler (2019). "Nursing Shortage". Treasure Island (FL): Stat Pearls Publishing.
[31]. Han, S. S., Han, J. W., An Y. S., and Lim, S. H. (2015). "Effects of role stress on nurses' turnover intentions: the mediating effects of organizational commitment and burnout". Jpn J Nurs Sci., 12 (4): 287-96.

[32]. Heinen, M. M., Van Achterberg, T., Schwendimann, R., Zander, B., Matthews, A., Kózka, M., Ensio, A., Sjetne, I. S., Moreno Casbas, T., Ball, J., and Schoonhoven, L. (2013). "Nurses' intention to leave their profession: a cross sectional observational study in 10 European countries". Int J Nurs Stud., 2013, Feb; 50 (2): 174-84. Doi: 10.1016/j.ijnurstu09.019.

[33]. Hofstede, G. (2011). "Dimensionalizing Cultures: The Hofstede Model in Context". Online Readings in Psychology and Culture, USA: McGraw Hill, Inc., vol. 2, no. 8.

[34]. Homburg, V., Van den Heijden, B. and Valkenburg, L. (2013). "Why do nurses change jobs? An empirical study on determinants of specific nurses' post-exit destinations". Journal of Nursing Management, 21, 817-826.IP: 41.33.66.98.http://www.enj.eg.net

[35]. Ignatavicius, D. D. and Workman, L. (2018). "Medical Surgical Nursing: Concepts for Inter Professional Collaborative care". 9 editions, Elsevier Inc., pp. 3.

[36]. Jafari S., Afshin T., Jafari K., and Barzegar M. (2015). "Evaluation of organizational commitment among nurses in intensive care units". Mazandaran Heart Centre, Sari, Iran. Journal of Nursing and Midwifery Sciences, 2 (3): 38-43.

[37]. James, L., Gibson, Ivancevich, J. M., Donnelly, J. H. and Robert, K. (2012). "Organizations; Behavior, Structure, Process". Fourteenth edition, Boston, USA: Published by McGraw-Hill Inc., a business unit of The McGraw-Hill Companies, Inc., 1221 Avenue of the Americas, New York: NY: 10020

[38]. Jaros, S. (2007). "Meyer and Allen model of organizational commitment: Measurement Issues". The Icfai University Press.

[39]. Jennings, J. (2012). "The reinventors: how extraordinary companies pursue radical continuous change". New York: NY: Penguin Group.

[40]. Jo.hatch, M. (2014). "Organization theory". Translated by Dr.Danayifard.H, Tehran: Mehban publications.

[41]. John Child (2015). "Organization, Contemporary Principles and Practice". 2nd Edition, Wiley and Sons Ltd., Print ISBN:9781119951834 DOI:10.1002/9781119176862.

[42]. Jones, G. R. (2004). "Organizational Theory, Design, and Change". Fifth Edition, Prentice, New Jersey.

[43]. Kang, S. and Snell, S. (2009). "Intellectual capital architecture and ambidextrous learning: A framework for human resource management". Journal of Management Studies, 46 (1), 6592. doi: 10.1111/j.1467-6486. 2008.00776.x

[44]. Kelly, L.A., McHugh, M.D. and Aiken, L.H. (2011). "Nurse outcomes in Magnet (R) and non-magnet hospitals". Journal of Nursing Administration, 41, 428-433.

[45]. Khaireddin, M. A. and Najjar, M. A. (2010). "The Impact of Internal Environment on the Organizational Commitment of Social Security Corporation in the Hashemite Kingdom of Jordan". The social security corporation, Albtra University, The Kingdom of Jordan: http://www.biomedcentral.com/1472-6955/8/3.

[46]. Khalid, S., Irshad, M. Z. and Mahmood, B. (2012). "Job Satisfaction among Academic Staff: A Comparative Analysis between Public and Private Sector Universities of Punjab, Pakistan". International Journal of Business and Management, 7 (1): pp. 126-136. Available at:www.ccsenet.org/ijbmISSN 1833-3850 E-ISSN 1833-8119.

[47]. Khan, A. S. and Jan, F. (2015). "The Study of Organization Commitment and Job Satisfaction among Hospital Nurses". A Survey of District Hospitals of Dera Ismail Khan. Gomal University, Pakistan: Global Journal of Management and Business Research, Administration and Management, Volume 15, Issue 1, Version 1.0, USA: Online ISSN: 2249-4588 & Print ISSN: 0975-5853.

[48]. Khosravani, M., Rafiei, F. and Mohsenpour, M. (2017). "Organizational commitment and its dimensions in nurses working in Arak's hospitals". Med Ethics J.; 11 (39): 37-44.

[49]. Kreitner, Robert and Kinicki (2013). "Organizational Behavior". Book-1, Ninth Edition, Jakarta: SalembaEmpat.

[50]. Lagerlund, M., Sharp, L., Lindqvist, R., Runesdotter, S. and Tishelman, C. (2015). "Intention to leave the workplace among nurses working with cancer patients in acute care hospitals in Sweden". European Journal of Oncology Nursing, 19,629-637.http://dx.doi.org/10.1016/j.ejon.03.0111462-3889/ (http://creativecommons.org/licenses/by-nc-nd/4.0/).

[51]. Laschinger, H.K., (2012). "Job and career satisfaction and turnover intentions of newly graduated nurses". Journal of Nursing Management, 20, 472-484.

[52]. Lee, H., Lim, Y., Jung, H. Y. and Shin, Y. W. (2012). "Turnover intention of graduate nurses in South Korea". Jpn J Nurs Sci., 9 (1): 63-75.

[53]. Leodoro, J., Labrague, Denise, M., McEnroe-Petitte, Konstantinos T., Jonas, P., Cruz, Paolo, C., Colet, Donna, S. and Gloe (2018). "Organizational commitment and turnover intention among rural nurses in the Philippines: Implications for nursing management". International Journal of Nursing Sciences, volume 5, pp. 403-408.

[54]. Li, A., Early, S. F., Mahrer, N. E., Klaristenfeld, J. L. and Gold, J. I. (2014). "Group cohesion and organizational commitment: protective factors for nurse residents' job satisfaction, compassion fatigue, compassion satisfaction, and burnout". J Prof Nurs.30 (1): 89-99.

[55]. Lorber, M. and Savič, B. S. (2012). "Job satisfaction of nurses and identifying factors of job satisfaction in Slovenian Hospitals". PUBLIC HEALTH. Croat Med J., 53: 263-70.

[56]. Maduncyi, S., Adunola, Dadeyi, O. O., Olat and Musibau, A. A. (2015). "Impact of Organizational Structure on Organizational Performance". International Conference on African Development Issue (CU-JCADI), Social and Economic Models for development track, PP. 368-372.

[57]. Marquis, B. and Huston, C. (2012). "Leadership Roles and Management Functions in Nursing: Theory and Application". 7th edition, Wolters Kluwer Health. Lippincott Williams & Wilkins.

[58]. Masum, A. K. M., Azad, Md. A. K., Hoque, K. E., Beh, L. S., Wanke, Peter and Arslan, Ö. (2016). "Job satisfaction and intention to quit: an empirical analysis of nurses in Turkey". Peer J., 4: 1889-1896; DOI 10.7717/peerj.1896.

[59]. McCloskey, J. C. and Mueller, C. W. (1990). "Nurses' job satisfaction: A proposed measure". Nursing Research, 39 (2): 113-117.

[60]. McKillop, J., and Minnes, P. (2011). "Occupational satisfaction, strain, and intention to quit among direct care providers assisting individuals with developmental disabilities". J Dev Disabils., 17: 7.

[61]. McMahon, B. (2007). "Organizational commitment, relationship commitment and their association with attachment style and locus of control". M. Phil. Thesis of the School of Psychology, Georgia Institute of Technology.

[62]. Meyer, J. P. and Allen, N. J. (1997). "Commitment in the workplace: Theory, research and application". Thousand Oaks, CA; Sage Publications.

[63]. Mohamed, N. A. and Mohamed, S. S. (2013). "Impact of job demand and control on nurses' intention to leave obstetrics and gynecology department". Life Sci J., 10: 223-229.

[64]. Moneke, N. I. and Umeh, O. J. (2014). "How organizational commitment of critical care nurses influence their overall job satisfaction". Published by Sciedu Press, Journal of Nursing Education and Practice, Vol. 4, No. 1, ISSN 1925-4040 E-ISSN 1925-4059 www.sciedu.ca/jnep

[65]. Nelsey, L. and Brownie, S. (2012). "Effective leadership, teamwork and mentoring essential elements in promoting generational cohesion in the nursing workforce and retaining nurses". Collegian. 19, 197-202.

[66]. Nicholas J. (2010). "Assessing mechanistic and organic organizational structures: Measuring organizational uncertainty and determining an organization's proper structure". Journal of Business Management and Entrepreneurship, Volume 1, Issue 6. Pp. 1-14.

[67]. North, N., Leung, W., Ashton, T., Rasmussen, E., Hughes, F. and Finlayson, M. (2013). "Nurse turnover in New Zealand: costs and relationships with staffing practices and patient outcomes". J NursManag., 21 (3): 419-28.

[68]. Ogaboh, A. A. M., Nkpoyen, F. and Ushie, E. M. (2010). "Career development and employee commitment in industrial organisations in Calabar". Nigeria: American Journal of Scientific and Industrial Research.

[69]. Oludeyi, O. S. (2015). "A review of literature on work environment and work commitment: implication for future research in citadels of learning". Tai Solarin University of Education, Ogun State, Nigeria: 06.11.17:59, Page 33.

[70]. Omar, K., Anuar, K., Mohamed, M., Abdul-Majid, A., Halim, A. and Johari, H. (2012). "Organizational commitment and intention to leave among nurses in Malaysian public hospitals: the mediating role of moral obligation". Faculty of Management and Economics, University Malaysia Terengganu and UUM College of Business, University Utara Malaysia: Int J Manag Stud., 19 (2), 31–46.

[71]. Pillay, R. (2009). "Work satisfaction of professional nurses in South Africa: A comparative analysis of the public and private sectors". Human Resources for Health, 7 (15): 1-10.

[72]. Priansa and Donni, J. (2014). "Kesekretarisan: Profesional, Berkompeten, Cerdas, Terampil, danMelayani, Bandung: Alfabeta.

[73]. Rodney, T., and Maxim, M. (2019). "The Organizational Design of the Project-Based Organization". Project ManagementJournal,Vol. 50 (4), pp. 478-498.DOI: 10.1177/8756972819859746. journals.sagepub.com/home/pmx.

[74]. Robbins, S. P. and Phillip, L. and Hunsaker (2012). "Training in Interpersonal Skills, Tips for Managing People at Work, Fifth Edition". New York, USA: Pearson Prentice Hall.

[75]. Rohail, R., Zaman, F., Ali, M., Waqas, M., Mukhtar, M. and Parveen, K. (2017). "Effects of Work Environment and Engagement on Nurses Organizational Commitment in Public Hospitals Lahore, Pakistan". Saudi Journal of Medical and Pharmaceutical Sciences, Scholars Middle East Publishers Dubai, United Arab Emirates:The University of Lahore, Pakistan, Saudi J. Med. Pharm. Sci., Vol. 3, Iss. 7A, 748-753. DOI: 10.21276/sjmps. ISSN 2413-4929 (Print) ISSN 2413-4910 (Online) Website: http://scholarsmepub.com/

[76]. Sadatsafavi, H., Walewski, J. and Shepley, M. M. (2015). "The influence of facility design and human resource management on health care professionals". Health Care Manag Rev., 40: 126-38.

[77]. Salehi, M. and Gholtash, A. (2011). "The relationship between job satisfaction, job burnout and organizational commitment with the organizational citizenship behavior among members of faculty in the Islamic Azad University-first district branches, in order to provide the appropriate mode". Procedia Social and Behavioral Sciences, Vol. 15, pp. 306-310.

[78]. Salem, O. A., Baddar, F. M. and AL-Mugatti H. M. (2016). "Relationship between Nurses Job Satisfaction and Organizational Commitment". IOSR Journal of Nursing and Health Science (IOSR-JNHS), e-ISSN: 2320–1959. p- ISSN: 2320–1940 Volume 5, Issue 1, Ver. I, PP 49-55. DOI: 10.9790/1959-05114955 www.iosrjournals.org.

[79]. Sanjuq, G. M. (2013). "The Impact of Internal environment elements on organizational commitment applied study in Social Security Corporation in KSA." Imam Mohammed Bin Saud Islamic University - Riyadh – Kingdom of Saudi Arabia, European Journal of Business and Management, www.iiste.org ISSN 2222-1905 (Paper) ISSN 2222-2839 (Online) Vol. 5, No. 31. www.iiste.org.

[80]. Sherman, R. O., Chiang-Hanisko, L. and Koszalinski, R. (2013). "The ageing nursing workforce: a global challenge". J NursManag., 21: 899–902.

[81]. Strikwerda, J., Stoelhorst, J., and Strikwerda, J. (2009). "The emergence and evolution of the multidimensional organization". California Management Review, 51 (4), 11-31: 43677115.

[82]. Sundas, W., Noor, F. and Shamim, A. S. (2009). "Study on relationship between organizational commitment and its determinants among private sector employees of Pakistan". International Review of Business Research Papers, 5 (3), 399- 410.

[83]. Takase, M. (2010). "A concept analysis of turnover intention: implications for nursing management". Collegian, 17, 3-12.

[84]. Tanaka, S., Maruyama, Y., Ooshima, S. and Ito, H. (2010). "Working condition of nurses in Japan: awareness of work-life balance among nursing personnel at a university hospital". Journal of Clinical Nursing, 20: 12-22.

[85]. Tawil, F. A. M. (2013). "Nephrology Nurses' Job Satisfaction and intention to stay in kidney Haemodialysis unit at Prince Abdel Rahman Al Sidiri hospital". Al Jouf. Journal of American Science; 9 (6) 224-233. (ISSN:1545-1003). http://www.jofamericanscience.org.

[86]. Trinkoff, A., Johantgen, M., Storr, C., Gurses, A., Liang, Y., and Kihye, H. (2011). "Nurses' work schedulecharacteristics, nurse staffing and patient mortality". Nursing Research, 60 (1): 1-8.

[87]. Tummers, L. G., Groeneveld, S. M. and Lankhaar, M. (2013). "Why do nurses intend to leave their organization? A large scale analysis in long term care". J AdvNurs., 69 (12): 2826–2838.

[88]. Twigg, D. and McCullough, K. (2014). "Nurse retention: A review of strategies to create and enhance positive practice environments in clinical settings". International Journal of Nursing Studies, 51. pp. 85–92.

[89]. Vati, J. (2013). "Principles and practices of nursing management and administration". New delhi, India: Jaypee Brothers Medical Publisher, pp. 382–386.

[90]. Wang, L., Tao, H., Ellenbecker, CH. and Liu, X. (2012). "Job satisfaction, occupational commitment and intent to stay among Chinese nurses: a cross-sectional questionnaire survey". J AdvNurs., 68 (3): 539-49.

[91]. Whitman, D. S., Van Rooy, D. L. and Viswesvaran, C. (2010). "Satisfaction, citizenship behaviors, and performance in work units: A meta-analysis of collective construct relations". Personnel Psychology, 63 (1), 41-81.

[92]. Yusuf, N. and Metiboba, S. (2012). "Work environment and job attitude among employees in a Nigerian work organization". Journal of Sustainable Society, 1 (2), 36-43.

[93]. Zhou, J., Plaisent, M., Zheng, L. and Bernard, P. (2014). "Psychological contract, organizational commitment and work satisfaction: survey of researchers in Chinese stateowned engineering research institutions". Open J Soc Sci.; 2 (9): 217-25.