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The Relationship between Clinical Governance and Organizational Culture at Kafr El Dawar Central Hospital

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Abstract: **The concept and use of the term 'clinical governance' emerged in the late-1990s in the United Kingdom and has since become central to health policy in a range of countries. The implementation of Clinical Governance (CG) requires the establishment of a culture which encourages health professionals to improve their performance and such a culture promotes continuous learning and recognizes it as the key of success for quality improvement. Aim: Determine the relationship between clinical governance and organizational culture at Kafr El Dawar Central Hospital. Methods: A descriptive, correlational research design was utilized to conduct this study. Setting: In all inpatient units at Kafr El Dawar Central Hospital which is affiliated to the Ministry of Health, for all nurses in the hospital who are responsible for providing direct patient care (N=126). Tools: two tools were used: Tool1: Clinical Governance Climate Questionnaire (CGCQ) in addition to demographic characteristics data sheet ; Tool II: The Denison Organizational Culture Survey (DOCS). Results: Studied nurses perceived moderate mean percent score for both total clinical governance and total organizational culture (OC). Also, there was a statistical significant moderate correlation was noticed between clinical governance and organizational culture. Conclusion: there was a statistical significant moderate correlation was noticed between clinical governance and organizational culture at Kafr El-Dawar Central hospital. Recommendations: Establishment of a planned and integrated program for quality improvements, improving senior management supports as agents to make relevant changes, providing opportunities for staff to participate in all stages of quality improvement programs and creating a blame-free atmosphere for making a "learning from mistakes" culture.**

Keywords: **Clinical governance, Organizational culture.**

I. INTRODUCTION

Concerns about the quality and safety of services, increased nurses' expectations about the health system and its performance, high costs, as well as medical errors have made policy and decision-makers adopt a new approach to overcome these issues. One of the quality approaches that can improve the service level is CG.(1) The idea of CG was introduced in 1997 with the publication of the "first White paper on National Health Service NHS New Labors Health Policy." Since then, it has become a significant part of quality assurance.(2)

Scally and Donaldson (1998)[3] defined CG as a framework through which NHS organizations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. Also, Australian Commission on Safety and Quality in Health Care (2017)[4] defined CG as the set of relationships and responsibilities established by a health service organization between its state or territory department of health, governing body executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes. It is described as a systematic and integrated approach that supports any action towards maximized quality of healthcare services.[5] It merges all patient care activities into a single strategy leading to organizational integration, coordination, cooperation and communication between departments.[6]

Freeman (2003)[7] classified CG into six dimensions which are; a planned and integrated quality improvement program, proactive risk management, climate of blame and punishment, working with colleagues, training and development opportunities and organizational learning. While, Dehghanian et. al (2019)[8] stated that the clinical governance in the UK was originally based on seven pillars approach (NHS approach) including clinical effectiveness, clinical audit, risk management and patient safety, client/patient experience and involvement, using information, education and training, and staffing/staff management.

Implementation of CG has many challenges and barriers. According to Ghavamabad et al.(2021)[9] who revealed that the major identified barriers of CG in Primary Health Care (PHC) were as follows: The unprofessionalism of primary health care organizations, insufficiency of human resources, lack of clarity and transparency in laws, inadequate division of labor, mistrust of health care providers, separation of health from other health sectors, primary care frameworks are not transparent, lack of external control in primary care organizations, attention to short-term gains, resource constraints, inadequate leadership and absence of proper learning.

Putting in place the requirements of the National Safety and Quality Health Service (NSQHS) Standards that are the basis of the CG Framework, health service organizations need to have a culture that has the following: strong strategic and cultural leadership of clinical services, focusing on effective planning to enable development and improvement opportunities to be captured, cultural leadership that requires, and gives priority to safety and quality, and supports continuous improvement, clear responsibilities for managing the safety and quality of care, reliable processes for ensuring that systems for delivery of care are designed and performing well, effective use of data and information to monitor and report on performance, through the health service organization to the governing body and well-designed systems for identifying and managing clinical risk.[10]

Robbins and Coulter (2005)[11] defined OC as the shared values, beliefs, or perceptions held by employees within an organization or organizational unit. Also, Johnson et al. (2012)[12] stated that OC includes all processes, policies, norms, history, and practices that influence what and how individuals and groups in the organization behave. Organizational culture grows through interactions between members over time. Moreovere, Bagire (2015)[13] defined it as how a group in an organization view and performs actions while achieving the aims of the organization.

Cameron and Quinn (2011)[14] reported that OC is composed of several factors, including leadership style, professional growth, internal communication, work stability, worker satisfaction, incentive system, and organizational performance. Positive culture of health care organization greatly influences workers' ability, retention, motivation, loyalty and engagement, supports the implementation of evidence based, professional practice and enables the best patient outcomes clarifying that, when there is a positive culture workers' trust is reinforced.[15]

Denison et al. (2012)[16] recognized organizational culture with four culture traits or dimensions and three sub-dimensions or indices of each culture make a total of 12 dimensions. The four organizational culture traits are; **involvement, consistency, adaptability and mission**. These are involvement culture trait which includes empowerment, team orientation, and capability development. The second trait is consistency which focuses on core value, agreement, coordination, and integration. While adaptability composed of creating change, customer focus, and organizational learning. Finally, mission represents strategic direction and intent, goals and objectives, and vision.

Significance of study:

CG is the continuous improvement of quality of services as it provides a framework within which organizations providing health care move toward growth, development and quality assurance of clinical services for patient. Also, OC affects

development of goals and strategies, individual behavior and employee performance, motivation and job satisfaction, creativity and innovation, decision making and the involvement of the staff in their job. In Egypt, in Dakahlia Governorate, Abd El Fatah et al. (2019)[17] conducted a study to assess clinical governance in primary health care (PHC) services and showed that clinical governance index for PHC facilities was scored higher degree by PHC directors (91.0%) than by PHC utilizers, providers and the experts (70.0%, 59.6% & 53.3% respectively)..

Aim of the Study:

Determine the relationship between clinical governance and organizational culture at Kafr El Dawar Central Hospital.

Research question:

What is the relationship between clinical governance and organizational culture at Kafr El Dawar Central Hospital?

II. MATERIALS AND METHODS

I. Materials

Research design: A descriptive correlational research design was used to conduct this study.

Setting: The study was conducted in Kafr El Dawar Central Hospital with bed capacity 38 beds and which is affiliated to the Ministry of Health and population. It includes inpatient units namely; obstetric, medical, surgical orthopedic, pediatric and premature unit, dialysis unit, and outpatient clinics.

Subjects: The study subjects included all nurses in the hospital who are responsible for providing direct patient care (n= 126) and who were working in the previous units and were available at the time of data collection and willing to participate in this study.

Tools: The study utilized two tools for date collection.

Tool 1: Clinical Governance Climate Questionnaire (CGCQ): This tool was developed by Freeman (2003)[7] to assess the clinical governance. It consists of 60 items divided into six dimensions: planned and integrated quality improvement (21 questions), proactive risk management (11 questions), climate of blame and punishment (9 questions), working with colleagues (6 questions), training and development (8 questions), and finally, organizational learning (5 questions). The response was measured in a 5 point Likert Scale ranging from 1 strongly disagree to 5 strongly agree. A reverse score was done for negative items which is 32 negative items. The overall score ranges from (60-300), the higher score reflects positive climate for clinical governance where the score ranged from :

60- 140 score means negative climate for clinical governance. < 50 %

141-220 score means moderate climate for clinical governance. 50 % < 75 %

221-300 score means positive climate for clinical governance. ≥ 75 %

Tool II: The Denison Organizational Culture Survey (DOCS).

This tool was developed by Denison et al. (2012)[16] which was used to assess the perception of nurses about organizational culture. The DOCS is comprised of 60 questions. It measures four organizational culture dimensions; involvement (15 questions), consistency (15 questions), adaptability (15 questions) and mission (15 questions). The cultural dimensions are measured by three culture indices and each cultural index is represented by five questions in the survey. The response was measured on a 5 point Likert Scale ranging from 1 strongly disagree to 5 strongly agree. Eight items are phrased negatively and answers were reversed in the analysis. The overall score ranges from (60-300).

60- 140 score means negative organizational culture. < 50 %

141-220 score means moderate organizational culture. 50 % < 75 %

221-300 score means positive organizational culture. ≥ 75 %

In addition to, demographic characteristics of the staff nurses such as: age, gender, marital status, educational level, and years of experience and working unit was added to the questionnaire.

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II. Methods

1. An official permission was obtained from the Dean of Faculty of Nursing, Damanhour University and the administrators of the identified setting for data collection.

2. The two tools were translated into Arabic and tested for their content validity and translation by a panel of five experts in the field of the study at different faculties of nursing. Accordingly the necessary modifications were done based on their opinions.

3. A pilot study for the questionnaires was carried out on (10%) of the total sample size (n=13), who were not included in the study sample; in order to check and to ensure the clarity and feasibility of the tool and to identify obstacles and problems that encountered during data collection. the necessary modifications were done.

4. The two tools were tested for its reliability by using Cronbach'alpha correlation co-efficient test to measure internal consistency of items. The two tools were proved to be reliable where r = 0.870 and 0.940 for tool one and tool two respectively.

5. Data collection:

- Data were collected from the identified nurses, by the researcher after meeting with each nurse and necessary clarification about the aim of the study was done through hand-delivered questionnaire at their working setting. Instructions were given after obtaining informed consent from the studied nurses before the distribution of the questionnaire.

- The questionnaires were completed in the presence of the researcher to ensure the objectivity of nurses' response, non-contamination of their opinions, and to check that all items were answered.

- Answering the questionnaires took approximately 20-30 minutes, Data collection took a period of slightly more than two months from the beginning of August 2021to the beginning of November 2021.

Ethical Considerations:

- The research approval was obtained from the ethical committee of the Faculty of Nursing-Damanhour University, prior to the start of the study.
- An informed written consent was obtained from the study subject after explanation of the aim of the study.
- Confidentiality regarding data collection was maintained.
- Anonymity regarding data collection was maintained.
- Privacy and the right to refuse to participate or withdraw from the study was assured during the study.

Statistical analysis of the data.

Data were analyzed using the statistical package for social science SPSS (version 20). Frequency tables and cross tabulations with percentages were used to illustrate the results of categorical data. Quantitative data were summarized by the arithmetic mean and standard deviation. Comparison of means was done by Student t-test and One-Way Analysis of Variance (ANOVA). Pearson Correlation Coefficient was also used.

III. RESULTS

Table 1 reveals that the nurses 'perceived moderate mean percent score of total clinical governance (61.63%), and the highest mean percent score was related to working with colleagues (72.00%). While, the lowest mean percent score was related to planned & integrated quality improvement (54.42%).

Table 2 shows that, nurses' perceived moderate mean percent score of total organizational culture (70.87%), and the highest mean percent score was related to involvement (76.32%) followed by adaptability (70.81%). While, the lowest mean percent score was related to mission (67.51%) and consistency (68.84%).

Table 3 shows a statistical significant relationship was noticed between clinical governance and organizational culture (X^2=39.928 P=0.000) where the vast majority (95%) of those with moderate level of organizational culture had moderate level of clinical governance and 85% of those had positive level of clinical governance.

Table 4 shows that there was a statistical significant correlation between total organizational culture and total clinical governance as perceived by the studied nurses ($p \leq 0.05$, $r= 0.564$). While, there was statistical significant correlation between involvement dimension of organizational culture and all CG dimensions ($p \leq 0.05$) except planned and integrated quality improvement dimension and there was highly relation between involvement dimension of organizational culture and proactive risk management dimension of CG ($r=0.738$). also, There was a statistical significant correlation between consistency dimension of organizational culture and all dimensions of CG.

Regarding adaptability dimension of organizational culture, there was low statistical significant correlation between this dimension and all dimension of CG ($p \leq 0.05$, $r= 0.350, 0.199, 0.240, 0.419$ respectively) except proactive risk management dimension of CG ($r= 0.603$). Also, related to mission dimension of organizational culture, there was statistical significant correlation between this dimension and proactive risk management dimension, training and development dimension and organizational learning dimension of CG ($p \leq 0.05$).

IV. DISCUSSION

The concept and use of the term 'clinical governance' emerged in the late-1990s in the United Kingdom and has since become central to health policy in a range of countries.[18] CG is an organizational framework to improve the quality of services and provides clinical care with high standards where the clinical care environment can also help create these standards.[19] The implementation of CG requires the establishment of a culture which encourages health professionals to improve their performance and such a culture promotes continuous learning and recognizes it as the key of success for quality improvement.[20] culture within the organization is of great importance and plays a major role in the establishment of a healthy work environment.[21] So, The current study sought to find the relationship between clinical governance and organizational culture at Kafr El Dawar Central Hospital.

The present study revealed that there was a statistical significant correlation was noticed between CG and OC. This result due to presence of a strong culture in which has a clear vision and mission, presence of clear and consistent set of values, knowledge and information about quality and attitude towards CG, teamwork, organizational commitment and the support given by top managers, continuous staff performance appraisal and cooperation among different parts of the organization. This study is supported by a study was conducted by Taboli et al. (2014)[20] who was found that there was a positive and significant correlation between OC, CG, and organizational performance.

Also, the result of this study was consistent with a study was done by Prenestini et al. (2015)[22] and a survey was done by Konteh, Mannion and Davies (2008)[23] that indicated that clinical governance managers increasingly view quality and safety improvement in cultural terms and perceive culture management and transformation as a key part of their clinical governance responsibilities.

The results of this study revealed that the studied nurses perceived moderate mean percent score of total CG. This finding may be related to the development and sharing of a common vision of service delivery, long-term planning for quality improvement and implementation, proactive management for safe service delivery, openness to communication and information sharing, effective and systematic staff appraisal procedures which link the desired action to patients outcomes, direct behavior towards the improvement of care quality and in parallel promote the development and the diffusion of information and learning and continuous training.

This finding is consistent with a study was conducted by Gurdogan and Alpar (2016)[24] which was performed in Istanbul, Turkey to determine the relationship between Nurses' Perceptions of the CG and their job satisfaction that concluded that nurses' perceptions of CG were at a medium level. Also, another study was done by Fardazar et al. (2015)[25] who stated that studied hospitals were evaluated "weak to moderate" for CG implementation. While, this study is inconsistent with a study was done in Greece by Karassavidou0, Glaveli and Zafiropoulos (2011)[26] who argued that the CG in the examined hospitals is not supportive to effective CG implementation since it leans towards the negative side.

Additionally, this study findings is contradicted with a study conducted to investigate the awareness of CG program among clinical staff nurses working in selected teaching hospitals in Iran by Ravaghi et al. (2013)[27] who indicated that the level of staff awareness of the concepts of CG was low. Moreover, a study was conducted to assess the CG in PHC in Egypt considering PHC of Al-Dakahlia governorate as a case study was done by Abd El Fatah et al. (2019)[17] who showed that CG index for PHC facilities was scored high.

Regarding dimensions of CG, the highest mean percent score was related to **working with colleagues**' dimension. the result of this study showed that the studied nurses perceived moderate mean percent score of CG at this dimension. This result may be due to that there is mutual respect for everyone's contribution and colleagues are honest with each other. Also, nurses have a good knowledge of the skills of their colleagues, and they seem to understand each other 's roles and know what their colleagues expect of them as they work in teams. This finding agreed with a study was done in Australia by Vassos, Nankervis and Chan (2019)[28] who stated that With regard to working with colleagues, more than two thirds of the allied health professionals (AHPs) disagreed or disagreed strongly that their colleagues are dishonest with one another, indicating a great deal of trust within the work environment. In contrast, a study was done in Iran by Fardazar et al. (2015)[25] who revealed that both private and public hospitals received lower scores in this dimension.

As regard to **planned and integrated quality improvement dimension**, the lowest mean percent score was related to this dimension. This result may be due to that the time of data collection was immediately after the epidemic of corona virus (COVID 19). So, long- term planning for quality improvement gets lost in the day-to- day practices, there are lots of quality improvement initiatives, but little change, nurses react to problems rather than try to prevent them and there is pressure to solve the problems quickly, shortage of staff nurses as result of corona virus, there are few opportunities to use new skills learned as part of development and lack of resources.

This study is consistent with a study was done in Australia by Vassos, Nankervis and Chan (2019)[28] who stated that with regard to the planned and integrated quality improvement items, many of the AHPs stated that long-term quality improvement initiatives are not a feature of their work environment and if any initiatives were in place, they were rated as being ineffective in bringing about real change. Also, this result is in line with a study was done in Iran by Fardazar et al. (2015)[25] who revealed that hospitals demonstrated the worst condition with regard to planned and integrated program dimension. In contrast, a study was done by Gurdogan and Alpar (2016)[24] who indicated that nurses in executive positions perceived the planned and integrated quality improvement dimension as being more supportive because they participated in the management process more actively as a part of their positions.

As regard to OC, the results of this study showed that nurses perceived moderate mean percent score of total OC. This finding may be attributed to the presence of a clear vision and mission, presence of clear direction and goals that serve to define an appropriate course of action for the organization and its members, presence of sense of ownership and responsibility among nursing staff, the presence of a clear and consistent set of values that govern the way the nurses walk and capability of nurses to create change and they are encouraged for innovation and rewarded for that. The results of this study is supported by a study was conducted by Alijanzadeh, Kalhor and Joftyar (2018)[29] who stated that OC was at medium level in staff of the Qazvin University of Medical Sciences in Iran. While, the results of this study is contradicted with a study done by Jafari et al. (2023)[30] who indicated that the total score of OC was lower than the average value.

Regarding to the dimensions of the OC, the highest mean percent score was related to **involvement** dimension followed by **adaptability**. Regarding to **involvement dimension**, the result of this study revealed that more than three quarters of studied nurses perceived moderate mean percent score of this dimension. This result may be attributed to the shortage of nursing staff as a result of the epidemic of corona virus. Therefore, nurses have an increase in their nursing experience, thus all nursing staff become highly involved in their work. Also, information is widely shared and decisions are made where the best information is available, teamwork is used to get work done. This finding is supported by a study was conducted by Morse (2013)[31] who indicated that involvement dimension was the most dominant organizational culture dimension among nurses.

Also, this finding is consistent with a study was performed by Xuan, Hao and Phuc NT (2019)[32] to identify the cultural traits of enterprises in Thua Thien Hue province in Vietnam by applying the Denison organizational culture model who found that the involvement dimension receives the highest score with the total of 241 nurses. Furthermore, a study was done in Tehran by Ghaderi, Gohari and Sadeghi (2010)[33] who revealed that the hospital gained the highest score concerning involvement. The scores gained by the hospital in four main cultural aspects were medium level and above.

Moreover, this finding is in line with a study was conducted in University Hospital in the Delta of Egypt by Harhash and Ahmed (2021)[34] who found that mean score of healthcare organizational culture's subscales more than half of study sample had strong organizational culture with high mean score for involvement subscale. While, the findings of this study are inconsistent with a study was performed by Hamidi et al. (2017)[35] in west of Iran to determine the relationship between OC and organizational commitment of employees in administrative units of health care centers in the cities of Hamedan Province who found that "involvement" obtained the lowest mean score.

Concerning **adaptability dimension**, the result of this study revealed that more than two thirds of studied nurses perceived moderate mean percent score of this dimension. This result may be attributed to that nurses respond well to changes, have accelerated responses to environmental demands and adopt new and improved ways to do work continuously, cooperate to create changes and have deep understanding of patient wants and needs. Also, top managers encourage nurses for innovation and risk taking and reward them for that. Additionally, learning is an important objective in the day to day work.

This finding is consistent with a study was conducted in Iran by Alijanzadeh, Kalhor and Joftyar (2018)[36] who stated that the highest mean score was obtained in adaptability culture. Also, this finding is consistent with a study was conducted to examine the influence of OC on the building blocks of Innovation Culture (IC) by Sadegh and Ataei (2012)[37] who revealed that adaptability and involvement are the dominant building blocks of OC which can profoundly impact IC. In contrast, a study was done in Vietnam by Xuan, Hao and Phuc (2019)[32] who stated that the weakest trait is Adaptability.

Relating to **consistency dimension**, the result of this study revealed that more than two thirds of studied nurses' perceived moderate mean percent score of this dimension. This may be related to the presence of a clear and consistent set of values that governs the way the nurses do work, the presence of an ethical code that guides nurses' behavior and tell them right from wrong, presence of a clear agreement about the right way and the wrong way to do things and there is coordination and integration of nurses' activities and communications are a guaranteed process in which to exchange information, so that it is easy to coordinate projects across different parts of the hospital.

This finding is consistent with a study was done to determine the specific differences between the organizational cultures of China and the U.S. by Caraballo (2016)[38] and a study was done in west of Iran by Hamidi et al. (2017)[35] who revealed that the indices of consistency in this study was assigned with the lowest mean scores of OC. In addition, this is in line with a study was done in Tehran by Ghaderi, Gohari and Sadeghi (2010)[33] who revealed that the hospital gained the lowest score in consistency.

As regard to **mission dimension**, the result of this study revealed that more than two thirds of studied nurses' perceived the lowest mean percent score at this dimension. This result may be attributed to the absence of a long term purpose and direction, absence of a clear mission during the epidemic of Corona virus that gives meaning and direction to nurses' work and a clear strategy for the future and nurses do n't understand what needs to be done for the hospital to succeed in the long run and not interested by what the hospital will be like in the future.

The findings of this study are consistent with a study was conducted in Iran by Alijanzadeh, Kalhor and Joftyar (2018)[36] who stated that the lowest mean score was in mission culture. Also, a study was conducted in the Delta of Egypt by Harhash and Ahmed (2021)[34] who found that the lowest mean score was for mission subscale. While, the findings of this study are inconsistent with a study was done by Hamidi et al. (2017)[35] in west of Iran to determine the relationship between OC and organizational commitment of nurses in administrative units of health care centers who found that mission dimension received the highest score.

V. CONCLUSION

The result of this study revealed that there was a statistical significant correlation between overall clinical governance and overall organizational culture as perceived by the studied nurses. Also, the studied nurses perceived moderate mean percent score for both total clinical governance and total organizational culture.

VI. RECOMMENDATION

Based on the findings of the present study, the following recommendations are suggested and directed to different administrative levels as well as to staff nurses:

Hospital managers and nurse managers should:

1. Establish planned and integrated program for quality improvements, where the full commitment and support for the implementation of the goals for achieving nursing care of high quality.
2. Improve senior management supports as agents to make relevant changes for quality patient care.
3. Provide opportunities for nurses to participate in all stages of quality improvement programs.
4. Create a blame-free atmosphere for making a "learning from mistakes" culture.

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5. Identify educational needs of staff on planned and integrated program for quality improvements and motivating culture.

6. Provide a clear job description to orient the nurses with their duties and responsibilities.

7. Managers should take the perceived barriers of implementing CG into account at both hospital and policy making levels to increase The CG .

Application of new information and communication technologies and network technologies. It can be achieved through internal tutorials via the intranet for the education on the relevant knowledge for hospitals' personnel. This allows the nurses to be aware of the information to share healthcare knowledge and enrich nurses' knowledge online.

Nurses should :

1. Change step by step their culture and start taking risks. That means they should not be afraid to participate in decision making processes related to health policy.

2. Get involved in research activities more actively and apply the results of scientific research that enhance their creativity through mutual cooperation between the Faculty of Nursing and the hospital's staff nurse.

3. Follow organizational policies, rules and regulations regarding CG culture and special training programs.

4. Communicate openly with their managers in order to discuss obstacles that face them when applying their work and ways for improvement of their performance.

Table (1): Distribution of the studied nurses according to the mean score of clinical governance (By domains):

Items	Min -Max	Mean ± SD	Mean Percent Score
- Planned & integrated quality improvement	25.0-85.0	57.14±12.90	54.42%
- Proactive risk management	15.0-47.0	36.60±6.444	66.55%
- Climate of blame and punishment	15.0-41.0	26.32±4.989	58.49%
- Working with colleagues	11.0-28.0	21.60±3.544	72.00%
- Training and development	14.0-40.0	26.63±6.287	66.58%
- Organizational learning	5.0-25.0	16.63±5.405	66.52%
Total Clinical Governance Climate	115.0-238.0	184.90±26.08	61.63%

Table (2): Distribution of the studied nurses according to the mean score of organizational culture (By domains):

Items	Min -Max	Mean ± SD	Mean Percent Score
A. Involvement	**36.0-75.0**	**57.24±9.309**	**76.32%**
- Empowerment	13.0-25.0	20.27±3.102	81.08%
- Team orientation	5.0-25.0	18.35±4.903	73.40%
- Capability development	13.0-25.0	18.62±2.878	74.48%
B. Consistency	**30.0-66.0**	**51.63±8.415**	**68.84%**
- Core values	8.0-25.0	18.22±3.998	72.88%
- Agreement	11.0-22.0	16.97±2.545	67.88%
- Coordination & integration	9.0-22.0	16.44±3.174	65.76%
C. Adaptability	**31.0-67.0**	**53.10±8.685**	**70.81%**
- Creating change	9.0-23.0	17.33±3.222	69.32%
- Customer focus	9.0-25.0	18.31±3.636	73.24%
- Organizational learning	7.0-22.0	17.46±3.452	69.84%
D. Mission	**20.0-71.0**	**50.63±10.72**	**67.51%**
- Strategic direction & intent	5.0-25.0	16.60±3.733	66.40%
- Goals & objectives	5.0-25.0	17.33±5.194	69.32%
- Vision	7.0-22.0	16.70±3.306	66.80%
Total Organizational Culture	**119.0-260.0**	**212.60±32.62**	**70.87%**

Rank in black color = rank within the domain itself

Rank in red color = rank within the scale (between domains)

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Table (3): Relationship between the studied nurses' levels of clinical governance and organizational culture.

	Levels of clinical governance climate						Total N=126		Mean Score of clinical governance climate
	Negative (N= 6)		Moderate (N= 111)		Positive (N= 9)				
	No.	%	No.	%	No.	%	No.	%	Mean ± S. D
Levels of organizational culture									
-Negative	3	50.0	3	50.0	0	0.0	6	4.8	129.00±15.336
-Moderate	3	5.0	57	95.0	0	0.0	60	47.6	178.07±17.043
-Positive	0	0.0	51	85.0	9	15.0	60	47.6	197.33±24.650
Test of Significance	X^2=39.928 P=0.000*								F=35.001 P=0.000*

X^2 Chi Square Test F = ANOVA test * Statistically significant at p ≤ 0.05

r ≥0.9 very high correlation r 0.7-<0.9 high correlation r 0.5-<0.7 moderate correlation r < 0.5 low correlation

Table (4): Correlation matrix among the dimensions of clinical governance climate:

Dimensions			Clinical Governance Climate						
			D1	D2	D3	D4	D5	D6	Clinical governance
Organizational Culture	Involvement	r	0.000	0.738	0.201	0.410	0.515	0.425	0.489
		P	0.997	0.000*	0.024*	0.000*	0.000*	0.000*	0.000*
	Consistency	r	0.176	0.683	0.395	0.310	0.308	0.269	0.504
		P	0.049*	0.000*	0.000*	0.000*	0.000*	0.002*	0.000*
	Adaptability	r	0.350	0.603	0.199	0.240	0.419	0.355	0.567
		P	0.000*	0.000*	0.026*	0.007*	0.000*	0.000*	0.000*
	Mission	r	0.108	0.628	0.130	0.165	0.439	0.363	0.437
		P	0.229	0.000*	0.146	0.065	0.000*	0.000*	0.000*
	Organizational Culture	r	0.174	0.754	0.255	0.315	0.482	0.404	.564
		P	0.052*	0.000*	0.004*	0.000*	0.000*	0.000*	0.000*

D1= Planned & integrated quality improvement, D2= Proactive risk management, D3=Climate of blame and punishment, D4= Working with colleagues, D5= Training and development, D6= Organizational learning

r = Pearson correlation * Significant p at ≤0.05

r ≥0.9 very high correlation r 0.7-<0.9 high correlation r 0.5-<0.7 moderate correlation r < 0.5 low correlation

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