Journal of Nursing Research, Patient Safety and Practise
ISSN: 2799-1210
Vol: 04, No. 04, June-July 2024
http://journal.hmjournals.com/index.php/JNRPSP
DOI: https://doi.org/10.55529/jnrpsp.44.1.12

Administrative Control and its Relationship to the Job Performance of Nursing Service Providers

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Received: 14 February 2024 **Accepted:** 30 April 2024 **Published:** 14 June 2024

Abstract: ***Descriptive field research was conducted for the period from 5/10/2023 to 18/5/2024 in order to identify the reality of administrative control and job performance in Al-Sadr Medical City in Najaf. A purposive sample of (49) responsible nurses was selected and they held a preparatory certificate, a technical and medical diploma, a university degree, and a graduate certificate in nursing. The nurses included in the research were those who had more than three years of experience in nursing administration. A questionnaire form was prepared for the purpose of the research, consisting of (5) main parts that included (70) items, and the stability and credibility of the form was determined through the experimental study The questionnaire form was used as a means of collecting data, and descriptive statistical methods were applied, represented by frequency distribution tables, arithmetic mean, standard deviation, percentage weight (%), relative importance, Spearman's rank correlation coefficient (Rs), and Pearson's correlation coefficient. Inferential statistical methods were also applied, represented by the t-test, the F-test, the simple linear correlation test, and the multiple linear correlation test. The researcher concluded that the level of interest of the sample members in the research variables was varied in a way that placed them in a sequential order of importance. The results indicated that the health institutions within the research sample suffer from a lack of specialists with sufficient experience, as most of the sample members hold a preparatory certificate, which constituted a high percentage within the sample. The recommended the need for the enhance the expertise and skills of individuals working in the field of administrative control through training courses and workshops***

Keywords: ***Nursing Service Providers, Administrative Control, Job Performance, Al-Sadr Medical City.***

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1. INTRODUCTION

shows the degree to which nurses believe they have influence on the creation of nursing policies and procedures in their departments and organizations (Weston, 2008). Others also note that decisions connected to nursing practice are represented by control over it. Conditions and procedures at work (Mark, 2009). Additionally, it is said that having control over nursing practice gives nurses the ability to demonstrate their clinical expertise and advocate for the nursing profession to medical professionals, business managers, and other experts (Mark, 2009). The Alliance of Nursing Organizations states Nursing organizations' 2016 goals include improving work conditions to raise nurse job performance and patient safety as well as the degree and influence of nurses' control over nursing practice in buildings. The performance of nurses as well as the quality and safety of patient outcomes may both benefit from a healthy work environment (Donabedian, 2002 and Aiken, 2008). Establishing what is desirable in the workplace and providing the necessary infrastructure to favourably influence work effectiveness are two aspects of a good work environment. A fresh, robust, profitable, and capable work environment is one that can adapt flexibly to a variety of circumstances that are always changing (Aiken, 2011). Actually, Kramer very distinctive feature is the acknowledged control over the nursing profession as a workplace (Kramer, 2009). Al Dweik et al. discovered in a study of the literature on a related idea to control nursing practice that a lack of empowerment has a major detrimental effect on nurses, patients, and the standard of healthcare (Al Dweik, et al. 2016). According to a different study, a lack of empowerment results in a loss of control and poor performance. The quality of care is negatively impacted by nurses (Zurmehly, 2009). Furthermore, it was discovered that nurses' assessments of patient efficacy were highly correlated with their control over nursing practician essential ergonomics aspect to guarantee patient safety. More than just empowerment, caring (Laschinger, 2005). One of the most crucial elements influencing nurses' job performance and assessments the standard of care offered at the unit level It is the workplace and the availability of sufficient resources therein (Aiken, 2011). Consideration is given to nurses the majority of hospital employees Most patient care should be given at the patient's bedside, and research has shown a connection between a nurse's sensitive patients and her work environment. Conclusions (Zurmehly, 2009). Worth and Input The independence of nurses and their command over nursing practice in creating an atmosphere that is healthy for nurses' performance, quality, and safety Based on the patients' outcomes, it was repeatedly demonstrated (Forbes, 1997 and Kramer, 2008).

Additionally, nursing practice was regulated in the workplace. This has been linked to a number of advantageous results, including better patient outcomes, lower rates of patient death, and enhanced functionality and support teamwork (Munyewende, 2014). in the role of Nurses thus have more professional freedom to learn. Additional advantages of control nursing practice Together with decreased patient mortality rates, there is also a decrease in nurse turnover and weariness (Vahey, 2004). Employment settings for nurses that Increased performance and better patient outcomes have also been associated with higher degrees of control over nursing practice. There are differences between weak and strong hospital management.

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2. RELATED WORKS

Controlling nursing practice has been identified by the Institute of Medicine as a critical task feature to improve patient safety (Institute, 2004). No environment-correlational study has looked at the connection between nurses' performance and control over their practice as of yet. high-quality patient care even when the patients' health deteriorates There are not enough care organizations in the world. Perceptions among nurses There were notable differences in the quality of care between the institutions Shuriquie, 2008). The care system can provide really difficult situations. for nurses based on the kind of hospital they are employed at. While the connections among hospital work environments, nurse practice control, and patient outcomes have been well documented in North American and European contexts, relatively less is known about these connections in Iraq (Aiken, 2011). Therefore, the aim of this study was to investigate how Iraqi registered nurses (RNs) viewed their level of nursing control practice and to ascertain how this related to their functional performance and patient care cognition.

3. METHODOLOGY

Design of the Study: A cross-sectional study with a descriptive design was conducted for the period from 5/10/2023 to 18/5/2024 in order to identify the reality of administrative control and job performance in Al-Sadr Medical City in Najaf.

Setting of the Study: The present investigation was carried out at the in Al-Sadr Medical City in Najaf.

The Sample of the Study: A purposive sample is represented by academic nurses, technical, medical and skilled nurses working in positions of responsibility in Sadr Medical City. (55) questionnaires were distributed, and the research was conducted on (49) valid questionnaires from the sample that was selected.

The Study Instrument: The researcher used the questionnaire form as a tool to collect the field data necessary for this study, which was designed in light of theoretical research. This tool helps record the data and display it in tables that help the researcher reveal the meanings of this data. It was designed in a way that is consistent with the nature of the research and its objectives. The considered opinions of a group of arbitrators were taken into account in this field. It consisted of the following. Primary (personal) data, which includes age, job title, educational level, number of individuals over whom administrative control is exercised, and number of training courses. The reality of administrative control and job performance, which consists of (15) paragraphs. The axis of administrative control methods and means, which consists of (20) paragraphs. The focus of obstacles and problems faced by administrative control, which consists of (20) paragraphs. The focus of the proposed approaches to developing administrative control, which consists of (15) paragraphs.

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Method of Data Collection: The data were gathered using the prepared questionnaires and a structured self-report technique with the participants. Data collection occurred between 1/11/2023to 3/1/2024. Each subject allocates an average of 15 to 20 minutes.

Reliability of the Questionnaire: For the purpose of verifying the stability of the study measures and the internal consistency of its dimensions, the Spearman correlation coefficient (Rs), the alpha correlation coefficient (rt), which is called the Cronbach Alpha, and the Guttman Split-Half Coefficient, were tested. The split-half correlation coefficient values of (0.67) or more are considered statistically acceptable, and the Cronbach's coefficient values are considered statistically acceptable when these values are equal to or greater than 0.57, in administrative, behavioural and educational research.

Data Analysis: The data was analysed using SPSS Version 25. Descriptive statistics, descriptive statistical methods represented by frequency distribution tables (FDT), arithmetic mean, standard deviation, percentage weight (%), relative importance, Spearman's rank correlation coefficient (Rs), and Pearson's correlation coefficient. Inferential statistical methods: represented by the t-test, F-test, simple linear correlation test, and multiple linear correlation test.

4. RESULTS AND DISCUSSION

Table 1: Distribution of sample members by gender

Type	Frequency	Percentage
Male	41	83.50%
Female	8	16.50%
Total	49	100%

Table 2: Distribution of sample members by age categories

Age categories	Frequency	Percentage
Less than 31	16	32.50%
32-41	13	26.50%
42-51	11	22.50%
More than 52	9	18.50%
Total	49	100%

Table 3: Distribution of sample members by level of education

Level of Education	Frequency	Percentage
Technician nurse	6	12%
Academic nurse	7	14%
Skilled nurse	8	17%
Medical assistant	28	57%
Total	49	100%

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Table 4: Distribution of sample members by number of courses

Number of courses	Frequency	Percentage
Not receiving	42	86%
1-3	5	10%
4 - And more	2	4%
Total	49	100%

Table 5: Distribution of sample members by function department

Functional department	Frequency	Percentage
Resuscitation	6	12%
Surgery	8	16.50%
Esotericism	2	4%
Digested	2	4%
Kidney	8	16.50%
Diabetes department	2	4%
Gynaecology and obstetrics	2	4%
Cardiology department	1	2%
Intensive care	2	4%
Hospital hallways	16	33%
total	49	100%

Table 6: Distribution of sample members by level responsibility

The responsibility	Frequency	Percentage
Department official	10	20%
Unit official	15	30%
Lobby manager	24	50%
Total	49	100%

Table 7: The level of the items on the reality of administrative control and job performance according to descriptive statistics, n=49

Variable	Sample responses										Mean	S.D.	Importance
	Strong Agree		Agree		Neutral		Disagree		Strong Disagree				
	F	%	F	%	F	%	F	%	F	%			
x1	17	34.7	23	46.9	0	0	6	12.2	3	6.1	3.92	1.187	81.6
x2	12	24.5	22	44.9	3	6.12	9	18.4	3	6.1	3.63	1.22	69.4
x3	4	8.16	18	36.7	10	20.4	13	26.5	4	8.2	3.1	1.141	44.9
x4	14	28.6	16	32.7	6	12.2	12	24.5	1	2	3.61	1.204	61.2
x5	13	26.5	13	26.5	10	20.4	11	22.4	2	4.1	3.49	1.227	53.1

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x6	7	14.3	15	30.6	14	28.6	12	24.5	1	2	3.31	1.065	44.9
x7	11	22.4	11	22.4	9	18.4	18	36.7	0	0	3.31	1.194	44.9
x8	13	26.5	10	20.4	5	10.2	16	32.7	5	10	3.2	1.414	46.9
x9	7	14.3	9	18.4	7	14.3	18	36.7	8	16	2.78	1.327	32.7
x10	6	12.2	16	32.7	16	32.7	10	20.4	1	2	3.33	1.008	44.9
x11	7	14.3	19	38.8	4	8.16	10	20.4	9	18	3.1	1.388	53.1
x12	7	14.3	15	30.6	9	18.4	13	26.5	5	10	3.12	1.252	44.9
x13	10	20.4	14	28.6	11	22.4	7	14.3	7	14	3.27	1.335	49
x14	31	63.3	13	26.5	1	2.04	4	8.16	0	0	4.45	0.891	89.8
x15	12	24.5	7	14.3	5	10.2	17	34.7	8	16	2.96	1.471	38.8
100	171	23.3	221	30.1	110	15	176	23.9	57	7.8	3.37	1.283	53.3

Table 8: The level of the administrative control methods and means items, according to descriptive statistics, n=49

Variable	Sample responses										Mean	S.D.	Importance
	Strong Agree		Agree		Neutral		Disagree		Strong Disagree				
	F	%	F	%	F	%	F	%	F	%			
x16	5	10.2	21	42.9	12	24.5	6	12.2	5	10	3.31	1.14	53.1
x17	9	18.4	25	51	4	8.16	6	12.2	5	10	3.55	1.226	69.4
x18	6	12.2	17	34.7	10	20.4	13	26.5	3	6.1	3.2	1.154	46.9
x19	13	26.5	24	49	4	8.16	5	10.2	3	6.1	3.8	1.136	75.5
x20	10	20.4	23	46.9	5	10.2	5	10.2	6	12	3.53	1.276	67.3
x21	10	20.4	24	49	7	14.3	5	10.2	3	6.1	3.67	1.107	69.4
x22	12	24.5	19	38.8	10	20.4	5	10.2	3	6.1	3.65	1.147	63.3
x23	9	18.4	20	40.8	6	12.2	9	18.4	5	10	3.30	1.273	59.2
x24	7	14.3	18	36.7	13	26.5	6	12.2	5	10	3.32	1.170	51
x25	6	12.2	21	42.9	6	12.2	9	18.4	7	14	3.2	1.291	55.1
x26	8	16.3	15	30.6	13	26.5	10	20.4	3	6.1	3.31	1.158	46.9
x27	11	22.4	22	44.9	9	18.4	5	10.2	2	4.1	3.71	1.061	67.3
x28	7	14.3	17	34.7	14	28.6	10	20.4	1	2	3.30	1.037	49
x29	14	28.6	21	42.9	10	20.4	3	6.12	1	2	3.9	0.963	71.4

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x30	8	16.3	19	38.8	11	22.4	5	10.2	6	12	3.37	1.236	55.1
x31	7	14.3	13	26.5	14	28.6	11	22.4	4	8.2	3.16	1.170	40.8
x32	9	18.4	16	32.7	8	16.3	10	20.4	6	12	3.24	1.315	51
x33	6	12.2	14	28.6	10	20.4	9	18.4	10	20	2.94	1.345	40.8
x34	17	34.7	17	34.7	6	12.2	5	10.2	4	8.2	3.78	1.263	69.4
x35	24	49	16	32.7	5	10.2	3	6.12	1	2	4.2	1	81.6
100	198	20.2	382	39	177	18.1	140	14.3	83	8.5	3.48	1.204	59.2

Table 9: The level of obstacles and problems faced by administrative oversight, according to descriptive statistics, n=49

Variable	Sample responses										Mean	S.D.	Importance
	Strong Agree		Agree		Neutral		Disagree		Strong Agree				
	F	%	F	%	F	%	F	%	F	%			
x36	8	16.3	17	34.7	6	12.2	12	24.5	6	12	3.18	1.318	51
x37	13	26.5	22	44.9	5	10.2	7	14.3	2	4.1	3.76	1.128	71.4
x38	13	26.5	13	26.5	11	22.4	10	20.4	2	4.1	3.51	1.21	53.1
x39	21	42.9	17	34.7	6	12.2	4	8.16	1	2	4.08	1.038	77.6
x40	13	26.5	14	28.6	8	16.3	11	22.4	3	6.1	3.47	1.276	55.1
x41	7	14.3	19	38.8	9	18.4	11	22.4	3	6.1	3.32	1.162	53.1
x42	10	20.4	17	34.7	6	12.2	12	24.5	4	8.2	3.35	1.284	55.1
x43	12	24.5	16	32.7	8	16.3	11	22.4	2	4.1	3.51	1.21	57.1
x44	21	42.9	16	32.7	7	14.3	3	6.12	2	4.1	4.04	1.098	75.5
x45	28	57.1	12	24.5	6	12.2	1	2.04	2	4.1	4.20	1.041	81.6
x46	23	46.9	14	28.6	7	14.3	4	8.16	1	2	4.1	1.065	75.5
x47	15	30.6	13	26.5	11	22.4	10	20.4	0	0	3.67	1.125	57.1
x48	20	40.8	11	22.4	9	18.4	7	14.3	2	4.1	3.82	1.236	63.3
x49	15	30.6	18	36.7	6	12.2	6	12.2	4	8.2	3.60	1.262	67.3
x50	13	26.5	15	30.6	9	18.4	9	18.4	3	6.1	3.53	1.243	57.1
x51	18	36.7	16	32.7	8	16.3	5	10.2	2	4.1	3.88	1.148	69.4
x52	15	30.6	16	32.7	6	12.2	11	22.4	1	2	3.67	1.197	63.3
x53	16	32.7	17	34.7	7	14.3	9	18.4	0	0	3.82	1.093	67.3

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x5	14	28.6	17	34.	8	16.	7	14.	3	6.1	3.6	1.217	63.3
x5	19	38.8	10	20.	3	6.1	16	32.	1	2	3.6	1.351	59.2
10	314	32	31	31.	14	14.	16	16.	44	4.5	3.7	1.208	63.6

Table 10: The level of the entries for developing administrative control according to descriptive statistics, n=49

Variable	Sample responses										Mean	S.D.	Importance
	Strong Agree		Agree		Neutral		Disagree		Strong Disagree				
	F	%	F	%	F	%	F	%	F	%			
x5	25	51	14	28.	6	12.	3	6.12	1	2	4.2	1.02	79.6
x5	30	61.2	10	20.	4	8.1	4	8.16	1	2	4.31	1.065	81.6
x5	22	44.9	11	22.	11	22.	4	8.16	1	2	4	1.099	67.3
x5	21	42.9	18	36.	6	12.	2	4.08	2	4.1	4.1	1.046	79.6
x6	19	38.8	19	38.	6	12.	5	10.2	0	0	4.06	0.966	77.6
x6	32	65.3	10	20.	5	10.	1	2.04	1	2	4.45	0.914	85.7
x6	23	46.9	19	38.	6	12.	1	2.04	0	0	4.31	0.769	85.7
x6	23	46.9	16	32.	4	8.1	4	8.16	2	4.1	4.1	1.123	79.6
x6	25	51	15	30.	2	4.0	5	10.2	2	4.1	4.14	1.155	81.6
x6	33	67.3	12	24.	3	6.1	0	0	1	2	4.55	0.792	91.8
x6	29	59.2	12	24.	6	12.	1	2.04	1	2	4.37	0.929	83.7
x6	24	49	18	36.	3	6.1	1	2.04	3	6.1	4.2	1.08	85.7
x6	24	49	17	34.	5	10.	1	2.04	2	4.1	4.22	1.006	83.7
x6	24	49	16	32.	3	6.1	5	10.2	1	2	4.16	1.067	81.6
x7	30	61.2	12	24.	3	6.1	0	0	4	8.2	4.31	1.158	85.7
10	384	52.2	219	29.	73	9.9	37	5.03	22	3	4.23	1.02	82
	1067	31.1	1132	33	506	14.8	519	15.1	206	6	3.68	1.226	64.1

Table 11: Ranking of relative importance between variables of the study

Variables	Weighted Mean	Standard Deviation	Relative Importance	Ranking
The reality of administrative control and job performance	3.37	1.28	53.3	Fourth

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Methods and means of administrative control	3.48	1.2	59.2	Third
Obstacles and problems faced by administrative oversight	3.7	1.2	63.6	Second
Approaches to developing administrative control	4.23	1.02	82	First

Discussion

The study showed that the percentage of males recorded a high percentage of the sample members, as they constituted (83.5%) of the sample members, while the percentage of females constituted (16.5%) of the sample members, as shown in Table 1. The study showed that the categories that fall into the category (31 years and younger) represent the largest portion of the sample's individuals, with a percentage of (32.5%), followed by the category (41-32) years, where the percentage was recorded at (26.5), then the category (51-42) years, with a percentage of (22.5). %), while the group (52 years and over) constituted (18.5%), which is the lowest percentage of the sample members, and from here we conclude that the majority of the sample members are from the youth group, as shown in Table 2. The results in Table 3 indicate that most of the sample members hold a middle school diploma or less, accounting for (57%). The results indicate that (29%) of the sample members hold a diploma. While the percentage of bachelor's degrees was (12%) of the total number, while no percentage of holders of postgraduate degrees was recorded except for one case, the percentage of which was (2%), which indicates that the sample members have limited specialized scientific qualifications. The study showed that the categories who did not receive any courses had the highest percentage among the sample members, with a percentage of (86%), while a percentage of (10%) was recorded for individuals who received (1-3) courses, and the category (4 or more) courses recorded a percentage of (4%). of the sample members, as shown in Table 4. The results in Table 5 indicate that the sample members working in general without a functional department constituted (33%). The results also indicate that an equal percentage (16.5%) of the sample members for the two departments, surgery and college, and workers in the resuscitation department (12%), the percentage of workers in the departments (internal medicine, digestive system, diabetes, obstetrics and gynecology, and intensive care) was equal to (4%), while the percentage of workers in the cardiology department recorded the lowest percentage of (2%). The study showed that the percentage of lobby officials was a high percentage of the sample, as they constituted (50%) of the sample, while the percentage of unit officials constituted (30%) of the sample, while the percentage of department officials was (20%). As shown in Table 6. The results of Table 7 indicate positive agreement regarding the reality of administrative control and job performance, with agreement (53.3%) of the sample of respondents, and disagreement (31.7%) among them, with an arithmetic mean (3.37) and a standard deviation (1.28). The most prominent paragraphs that contributed to enriching this variable are (x14) (good performance is due to the competence and loyalty of employees), as the agreement on it was at a rate of (89.8%), with an arithmetic mean of (4.45) and a standard deviation of (0.891), while the lowest percentage in this variable was for the paragraph (x9).) (Job performance is considered Incompetent in general), as the response intensity was (32.7%), the arithmetic mean was (2.78) and the standard deviation was (1.32). The data in Table 8 appear for paragraphs

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http://journal.hmjournals.com/index.php/JNRPSP
DOI: https://doi.org/10.55529/jnrpsp.44.1.12

after methods and means of administrative control, where it showed that (59.2%) of the sample members agreed and (22.7%) disagreed, with a mean (3.48) and a standard deviation (1.20), and that the most prominent The items that contributed to the positivity of this variable are (X35) (administrative control is exercised through direct observation of the official) with agreement of (81.6%), with a mean of (4.2), and a standard deviation of (1). While the lowest percentage in this variable was for paragraph (X31) and (X33) which included (administrative control is exercised through disbursement and receipt operations) and (administrative control is exercised through lawsuits), where the response intensity was (40.8%) for each of them, with an arithmetic mean (3.16) (2.94) respectively and standard deviation (1.17) (1.34) respectively. The data in Table 9 indicate the positive opinions of the individuals surveyed regarding this dimension, as the general average showed that the intensity of the response of the sample members was at the level of agreement (63.6%) compared to (21.4%) who did not agree, and this is supported by two values The arithmetic mean and standard deviation amounted to (3.7) and (1.20), respectively. The most prominent elements that contributed to enriching this variable are (x45) (lack of training courses on administrative control) with agreement (81.6%), arithmetic mean (4.29) and standard deviation. Its value was (1.04), while the lowest percentage in this variable was for paragraph (x36) (weak self-control when performing work), where the severity of the answer was (51%), with a mean (3.18) and a standard deviation (1.31). The data of Table 10 indicate the positive opinions of the individuals surveyed regarding this dimension, as the general average showed that the intensity of the response of the sample members was at the level of agreement (82%) compared to (8.02%) who did not agree, and this is supported by two values The arithmetic mean and standard deviation reached (4.23) and (1.02), respectively. The most prominent elements that contributed to enriching this variable is (x65) (There must be material and moral incentives commensurate with the work completed) with agreement (91.8%) and an average Arithmetic (4.55) and a standard deviation of (0.792), while the lowest percentage in this variable was for paragraph (x58) (amending regulations and instructions related to administrative control procedures), where the response intensity was (67.3%), with an arithmetic mean of (4) and a standard deviation of (1.099). Table 11 We extract from the table data the following analytical indicators: The arithmetic means for the total dimensions reached (3.68) with a standard deviation of (1.22) and a percentage weight of (64.1%), which is higher than the hypothesized mean on the test scale area of (3), which is relied upon to examine response levels. The sample members studied. The dimension (entrances to developing administrative control) ranked first in terms of relative importance, with a percentage weight of (82%), with an arithmetic mean of (4.23). The other dimensions came in order of importance (obstacles and problems faced by administrative control, methods and means of administrative control) to rank second and third in terms of importance. Respectively, while (the reality of administrative control and job performance) came last in terms of relative importance.

5. CONCLUSION

1. It was found that the level of interest of the sample members in the research variables was varied, in a way that placed them in a sequential order of importance.

Journal of Nursing Research, Patient Safety and Practise
ISSN: 2799-1210
Vol: 04, No. 04, June-July 2024
http://journal.hmjournals.com/index.php/JNRPSP
DOI: https://doi.org/10.55529/jnrpsp.44.1.12

2. The results indicate that the health institutions within the research sample suffer from a lack of specialists and those with sufficient experience, as they indicate that most of the sample members hold a preparatory certificate, which constituted a high percentage within the sample.
3. The research showed that the groups who did not receive any courses in the field of supervision are the highest percentage among the sample members.
4. The reality of administrative control and job performance was good, as it indicated positive agreement among the sample members, and the researcher felt that this was due to the employees' competence and sincerity in their work.
5. There was positive agreement among the methods and means of administrative control, but the researcher concluded that administrative control is largely exercised through direct observation of the official rather than through other means.
6. The obstacles and problems facing administrative control are largely due to the lack of training courses on administrative control.
7. The dimension (entrances to developing administrative control) ranked first in terms of relative importance, and the other dimensions came in order of importance (obstacles and problems faced by administrative control, methods and means of administrative control) to rank second and third, respectively.
8. There are no statistically significant differences in administrative control and job performance of nursing service providers due to demographic variables.
9. There is a severe shortage in female nursing staff, as the percentage of males was very high compared to females.
10. The lack of an integrated monitoring system with regard to nursing services, at least commensurate with the capacity and importance of the organization in question.

Recommendation

1. The need for hospitals to enhance the expertise and skills of individuals working in the field of administrative control through training courses and workshops.
2. Adopting effective and fair incentives and rewards systems that will improve job performance and create a sense of justice and satisfaction.
3. The need for the organization in question to seek, in cooperation with relevant authorities, to expand the opening of studies (initial and postgraduate) in the field of health administration to provide this institution and others with cadres with scientific and practical experience in the field of health administration.
4. Working to increase training courses and workshops for nursing staff on administrative oversight to increase their scientific and practical experience in a way that is in the interest of the health organization and patient service.
5. The necessity of working to fill the acute shortage that the health organization suffers from in female nursing staff.
6. Working to develop a modern, integrated nursing oversight system that is compatible with the health organization's environment.
7. Conducting studies and research on health oversight, especially nursing oversight, and developing oversight programs that are appropriate to the organization's health environment and applicable.

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