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Assessment of Nurses Working Conditions at Emergency Departments at Governmental Hospitals in Gaza Strip

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Dedication

This thesis is dedicated to:

My homeland Palestine, the warmest womb,
The great martyrs and prisoners, the symbol of sacrifice,
Al-Quds University; my second magnificent home,
My beloved father and my beloved mother, who have made every effort to support and motivate me, my beloved sisters and my beloved brother whom I can't force myself to stop loving. To all my family, the symbol of love and given
My beloved friends who encourage and support me,
All the people in my life who touch my heart, I dedicate this research.

Hamada Kamal Dorgham

Declaration

I understand the nature of plagiarism, and I am aware of the University's policy on this I declare that this thesis has been composed solely by myself and that it has not been submitted, in whole or in part, in any previous application for a degree to any other university or institution. Except where stated otherwise by reference or acknowledgment, the work presented is entirely my own.

Signature:

Hamada Kamal Dorgham

Acknowledgment

In the Name of Allah, the Most Merciful, the Most Compassionate All praise be to Allah, the Lord of the worlds; and prayers and peace be upon Mohamed His servant and messenger. First and foremost, I must acknowledge my limitless thanks to Allah, the Ever-Magnificent; the Ever-Thankful, for His help and bless.

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Hamada Kamal Dorgham

Abstract

The working conditions of nursing in hospitals are very stressful, especially in emergency departments. This is an internationally recognized issue. The overall aim of this study is to assess the working conditions of nurses at the emergency department at governmental hospitals in the Gaza strip. A descriptive-analytical cross-sectional study was used. A census sample was used. 154 nurses from seven governmental hospitals (Indonesian Hospital, Beit Hanoun Hospital, AL Shifa Medical Complex (medical, surgery department), Al Aqsa Hospital, Nasser Medical Complex, European Gaza Hospital, and Al- Najjar Hospital) participated in this study with a response rate of 90.0%. Nurse participants completed the questionnaire that includes questions related to nurse's demographic characteristic data and included questions related to five domains (workforce staffing, workflow design, physical environment, personal factors, and organizational factors) for assessment nurses working conditions. Cronbach's Alpha coefficient was (0.915) indicating high reliability. Different statistical procedures were used for data analysis including percentages, mean, one-sample, independent t-test, and One-Way ANOVA test. The findings showed that half of the nurses (49.4%) were less than 30 yrs. old (49.4%) and most of them are male and married. More than half (56.5%) of the staff in the emergency departments have experienced between 1 - 5 years and three-quarter (74.7%) of the nurses have a bachelor's degree. About 74.0 % of nursing staff work 35 hours per week. Majority of the nurses (80.5%) receive a salary between 1001-1500 NIS With regard to study domains, the results revealed that the personal factors got the highest score (79.5%) followed by workflow design (73.8%), workforce staffing (61.7%), organizational factors domain (56.1%), while physical environment ranked the last (49.4%). There were statistically significant differences between gender, place of residence, qualifications, job title, name of the hospital and monthly income and different domains of working conditions. On the other hand, the results showed that no statistical differences were found between working hours, number of years working in ED, age and marital status and working conditions. In conclusion, the results indicated that nurses who work in the emergency departments have moderate perceptions about their working conditions especially in relation to workforce staffing, organizational factors, and physical environment. This is due to the shortage of nursing, work pressure, stressful nature of the emergency department, the lack of incentives and low salaries, the increase of verbal and physical assault on the staff and poor communication with nursing, which affect their productivity and service delivery. The study recommended to ensure an adequate number of nurses with a staff mix of skills in emergency departments and the scope of practice for nurses based on job description and provide security personnel continue to provide a safe environment.

Keywords: Nurses, Working Conditions, Emergency Department.

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List of Abbreviations

AHRQ Agency for Healthcare Research and Quality

ANA American Nurses Association

ANOVA One Way Analysis of Variance

CINAHL Cumulative Index of Nursing and Allied Health Literature

ED Emergency Department

EGH European Gaza Hospital

ER Emergency Room

GDP Gross Domestic Product

GS Gaza Strip

HWE Healthy working environment

ICN International Council for Nurses

ILO International Labor Organization

IPS Institute for Palestine Studies

Km Kilometer Km

km^2 Kilometers Square

LPN licensed practical nurse

MMAT Mixed methods assessment tool

MoH Ministry of Health

NGOs Non-governmental organizations

NICE The National Institute for Health and Care Excellence

OCHA United Nations Office for the Coordination of humanitarian affairs

OSHA Occupational Safety and Health Administration

PCBs Palestinian Central Bureau of Statistics

PES-NW The Practice Environment Scale of the Nursing Work Index

PHIC Palestinian Health Information Center

RN Registered Nurse

RPNs Registered practical nurse

SPSC Sikkim Public Service Commission

SPSS Statistical Package System for Social Sciences

UNRWA United Nations Relief and Works Agency

WB West Bank

WHO World Health Organization

Chapter One

Introduction

1.1. Background

The working conditions are very important to the organization. If the employees have a negative perception of their working conditions, they are likely to be absent, have stress-related illnesses, and their productivity and commitment tend to be low (Sheikh Ali, et al., 2013). Organizations where employees are exposed to stressful working conditions, productivity are negatively influenced and that there is a negative impact on the delivery of service. On the other hand, if working conditions are good, productivity increase and there is a positive impact on the delivery of service (Sheikh Ali, et al., 2013).

In a hospital setting, staff nurses provide continuous patient care 24 hours a day, 7 days a week, so staff nurses typically work long hours (Witkoski & Dickson, 2010). The work process of a hospital emergency department is defined as a daily provision of medical and surgical care to patients arriving at the hospital in need of immediate care (Shiel, 2018). Nurses can only render quality services if their work environment provides conditions that support those (Güven & Oktay, 2009).

Nurses work in a system of different shifts a day, evening and night duties, and they are subjected to heavy workload, long working periods without breaks, tiring and irregular working hours, lack of support from managers, low professional status and distressful work relationships (violence, weak communication) This results in unhealthy work conditions for nurses (Er & Sökmen, 2018). Unhealthy working conditions negatively affect the performance of nurses, patient care outcomes and patient safety and cause nurses to become alienated/distracted from their profession; several of them even leave their profession, a situation that leads to a decrease in the nursing workforce (Er & Sökmen,

2018). Poor working conditions, represented by the lack of human resources, led to the migration of health care workers, which contributed to weak of health systems in low-income countries (Mokoena, 2017). The lack of qualified personnel, low salaries, insufficient workforce, higher exposure to health-threatening risks and a multitude of different working shifts generate difficulties for health system management, which have a negative effect on service quality, thus compromising the satisfaction of the professionals involved (Júnior, et al., 2009).

The physical and psychological health of nurses is jeopardized because they spend more time providing direct care to patients than other healthcare professionals (Er & Sökmen, 2018). Nurses working in hospitals with heavy patients' workloads and poor work environments are more likely to be burnout and dissatisfied with their job (McHugh & Chenjuan, 2014). Positive work conditions are important in achieving patient and employee safety, quality care and favorable patient outcomes (Baumann, 2009). Healthy work environments involve all practices implemented to attain the highest level of nurse health and well-being, quality patient care outcomes, high institutional performance and positive social outcomes (Er & Sökmen, 2018).

1.2. Problem statement

The health care working conditions can be a stressful place to work (Estryn et al., 2011; Gholamzadeh, et al., 2011). This is an internationally recognized issue, with research being undertaken in Europe, Asia, North America, South America and Austrasia (Chiang & Chang, 2012). Emergency departments are often cited as particularly stressful place, with increasing numbers and acuity of emergency departments' presentations resulting in high pressure and high-volume workloads (Crilly, et al., 2014). Staff skill-mix, burnout, difficulties with recruitment and retention, decreased morale and job satisfaction, personality factors, aggression, and violence, interpersonal conflicts, limited recognition of

quality work and disempowerment could all impact on staff and patients in terms of perception of environment, safety and risk of adverse events (DeVivo, et al., 2013; Short, et al., 2015).

Many international studies have been conducted to investigate nurse work conditions in various healthcare settings, and results from these studies have illuminated how the nurse work conditions affect nurse turnover (Mainz, et al., 2015). Researchers have concluded that a better nurse work conditions decrease the level of job dissatisfaction (Unruh & Zhang, 2013), burnout (Li, et al., 2013) and intention to leave (Van den Heede, et al., 2013).

1.3. Justification of the study

Poor working conditions in any organization lead to feelings of exhaustion, cynicism, and inefficacy, which in turn reduce job satisfaction, increase risks of departure from the organization or nursing practice and have potentially negative impacts on quality of care (Agezegn, et al., 2014). The three most common reasons for nurses leaving a hospital are personal reasons, job offers from hospitals or other organizations, and working conditions (Dewanto & Wardhani, 2017).

Healthy working environments (HWE) enables an employee to live an economically and socially productive life. It, directly and indirectly, affects the safety of patients and a nurse's commitment and also has been associated with increased nurse retention, job satisfaction, decreased burnout, safer healthcare practices, and better patient outcomes (Aiken, et al., 2013). Negative work environments demoralize nurses and contribute to the development of unsafe working conditions, which are unhealthy and highly associated with nursing shortages, low productivity, and job dissatisfaction (Blake, et al., 2014).

The Significance of the results of this study in clinical practice, nursing research and nursing education will provide evidence of effects of working conditions on nurses and the importance of creating a safe environment that will help nurses perform more efficiently, Future researchers may use the results of this study in their research to explore working conditions in other departments and explore relationships between work conditions and other health care providers and patient safety in Gaza hospitals and the findings of this study will improve the perceptions of nurses about their working conditions. Future researchers may use the findings to test a framework for creating a Healthy working condition promoting nursing curricula.

According to researcher experience in the emergency department in the European Gaza hospital, nurses suffer from multifaceted problems; some of these are workload, physical and verbal violence, lack of autonomy, unclear job description and lack of specialized training. Therefore, this study is important it focused on the nurses who are considered crucial stakeholders in the healthcare setting and the cornerstone of any health care system. It will contribute to assessing the working conditions of nurses in the emergency departments of the Gaza Strip in order to identify the challenges and working conditions faced by nurses in their work environment in order to develop adequate corrective and preventive measures. On the other hand, this study will provide guidance for decision-makers to help nurses in emergency departments complete their high-productivity work, and provide new insights and suggestions to health institutions to improve their working conditions leading to improved nursing care.

1.4. Aim of the study

The overall aim of this study is to assess the working conditions of nurses at the emergency department at governmental general public hospitals in the Gaza strip.

1.5. Objectives

The study aims to achieve the following objectives:

1. To assess nurses' perceptions toward working conditions at emergency departments at general governmental hospitals
2. To identify challenges related to work conditions influencing nurses at emergency departments at general governmental hospitals
3. To examine the variation of nurses' work conditions at emergency departments at general governmental hospitals in reference to characteristic variables.
4. To suggest recommendations to policymakers regarding strategy to improve the work conditions for nurses at emergency departments at general governmental hospitals in the Gaza strip.

1.6. Research question

1. What is the situation of working conditions surrounding nurses working at emergency departments at general governmental hospitals in Gaza Strip?
2. Is there a relationship between the gender and years of experience and working conditions at emergency departments?
3. Is there a relationship between nurses' level of education and working conditions at emergency departments?
4. Is there a variation of nurses' work conditions at emergency departments at general governmental hospitals in reference to characteristic variables?
5. What are the challenges of working conditions facing emergency nurses?
6. What are the recommendations for policymakers?

1.7. Context of the study

1.7.1. Sociodemographic context

Palestine lies within an area of 27,000 square kilometers (Km2), expanding from Ras Al Nakoura in the north to Rafah in the south (annex 1). Palestinian territories are divided into three areas separated geographically; the West Bank (WB) 5.655 Km2, GS 365 Km2 and East Jerusalem. (PCBS, 2017). At the end of 2018, the Palestinian population reached 4,915,349 million, of whom 2,500,064 were males and 2,415,285 were females, while the population of the Gaza Strip governorates was 1,961,406 million, including approximately 994,211 males and 967,159 females, constituting 39.9% of the total population of the governorates and 2,953,943 million inhabitants in the West Bank governorates and Jerusalem comprising 60.1% of the total population of the governorates. The ratio of males to females reached 102.8%. Natural increase rate accounts for 2.8 (2.5 in WB and 3.3 in GS), life expectancy for males 72.4 years and for females 74.6 years (MOH, 2019).

1.7.2. Gaza strip location and space

The Gaza Strip in the southern part of the Palestinian coast on the Mediterranean Sea. It is a narrow strip in the northeast of the Sinai Peninsula, which constitutes approximately 1.33% of the historic area of Palestine (from the river to the sea). The strip covers an area of 360 km2, with a length of 41 km and a width of between 5 and 15 km. The Gaza Strip borders the north and east of the occupied Palestinian territories in 1948, while Egypt borders the south-west. Most of the residents of the Gaza Strip are refugees from the 1948 war, in which the occupation authorities expelled and occupied Palestinian citizens from their lands. The Palestinian refugees in the Gaza Strip are in camps in the Gaza Strip, Khan Yunis, Deir al-Balah, Bureij and Maghazi (Palestinian Opinion Agency for Media, 2015).

1.7.3. Economic context

The Palestinian economy suffers from continuous pressure caused by long-term siege, imposed by Israeli occupation for more than 12 years. Economic status in the Palestinian territories is very low. A significant increase in poverty rates occurred in GS from 38.8% in 2011 to 53% by the end of 2017 (United Nations Office for the Coordination of Humanitarian Affairs - OCHA, 2018). Gross Domestic Product (GDP) is estimated about 440.2$ (576.0 in WB and 248.7 in GS), unemployment rate accounted for 18.2% in WB and 41.7% in GS and for female's unemployment rate is 44.7% (29.8% in WB and 65.2% in GG) (PCBS, 2017).

1.7.4. Health care system

The Palestinian health system consists of different parties. The main parties that offer health services are the Ministry of Health (MOH), United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA), NGOs, the military health services, and the Private Sector. The total number of hospitals in Palestine is 83 hospitals, 51 of them in WB including east Jerusalem and 32 in GS. The number of hospitals owned by MOH in the Gaza strip is 13 hospitals, 16 for NGOs, 2 for the Ministry of Interior and National Security and 1 for the private sector. The number of hospital beds in the Gaza Strip reached 2,943 beds (2,240 beds belonging to the Ministry of Health, 526 beds belonging to non-governmental institutions, and 177 beds belonging to the Ministry of Interior and National Security). The number of physicians working in different centers and units of MOH is 3100 physicians, with 14.6 physicians per 10,000 population of Palestine in GS, and the number of nurses working in MOH in GS is 3682 nurses representing 25.1 % of total employees in MOH, with 21.2 nurses per 10,000 population of Palestine in GS. The number of visitors to emergency departments in 2018 was 1,402,222 visitors (MOH, 2019).

1.7.5. Overview of Governmental Public Hospitals of the Palestinian Ministry of Health in the Gaza Strip (MOH, 2018):

- **Al-Shifa Medical Complex**

The medical complex includes three hospitals: medical hospital, surgery hospital, and Gyn/Obst hospital. It is located in Gaza City. It serves Gaza Governorate in particular and covers the Gaza Strip in general. Its clinical capacity is 619 beds. The total number of employees in the complex is 1,487.

- **Indonesian Hospital**

The hospital is located in the north of the Gaza Strip. It is a modern hospital. It was started in 2016. It includes the medical, general surgery and orthopedic departments. It includes four operating rooms, 10 intensive care beds and 100 beds for patients.

- **Beit Hanoun Hospital**

A small public hospital providing internal medicine, surgery, and pediatrics for the residents of Beit Hanoun and the northern Gaza Strip governorates. The hospital has a total of 45 beds, 36 of which are reserved for hospitalization. The total number of hospital staff is 183 from all specialties.

- **Al - Aqsa Martyrs Hospital**

A general hospital provides medical and surgical services, women, obstetrics and pediatrics. The hospital has a clinical capacity of 129 beds, of which 103 beds are reserved for hospitalization. The staff is 562 employees of all categories.

- **Nasser Medical Complex**

Medical Complex includes Naser hospital, which is dedicated to surgery, internal medicine, Al Tahrir hospital for women, childbirth and children, and Al Yassin hospital,

which is located in Khan Younis. The hospital has a total clinical capacity of 322 beds, with a total of 769 employees.

- **Gaza European Hospital**

A large public hospital with a total clinical capacity of 246 beds, of which 203 beds are allocated for overnight use. The population in the southern governorates of the Gaza Strip is particularly distinguished by providing cardiac catheterization services to all governorates of southern Gaza Strip. The total number of hospital staff is 781 employees.

- **AL-Najjar Hospital**

A small public hospital providing services in the fields of surgery, internal medicine, and pediatrics. It participates with the European Gaza Hospital in providing services to the citizens of Rafah Governorate. Its total clinical capacity is 80 beds, 40 of which are reserved for hospitalization. The total number of staff is 270 staff members.

1.8. Theoretical Definition

1.8.1. Working conditions

Working conditions are defined as the working environment and all existing circumstances affecting labor in the workplace. It includes five categories: workforce staffing, workflow design, physical environment, Personal factors and organizational factors (AHRQ, 2003).

Working conditions are at the core of paid work and employment relationships. Generally speaking, working conditions cover a broad range of topics and issues, from working time (hours of work, rest periods, and work schedules) to remuneration, as well as the physical conditions and psychological demands that exist in the workplace (International Labour Organization (ILO), 2019).

1.8.2. Nursing

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups, and communities, sick or well and in all settings. It includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people (WHO, 2019). Nursing is an art and science, that has a diverse range of services (psychological and physical) for individuals (patients or healthy) of all age groups to decrease pains and prevent disease, and to assist in diagnosis or treatment (Tabil 2014).

1.8.3. Emergency department

The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care. Emergency department personnel may also respond to certain situations within the hospital such as cardiac arrests. The emergency department is also called the emergency room or ER (Shiel, 2018).

1.8.4. Emergency Nurse

The Emergency Department Nurse cares for patients in the emergency or critical phase of their illness or injury and are adept at discerning life-threatening problems, prioritizing the urgency of care, rapidly and effectively carrying out resuscitative measures and other treatment. Acting with a high degree of autonomy and ability to initiate needed measures without outside direction such as educating the patient and his family with the information and emotional support needed to preserve themselves as they cope with a new reality (Emergency Nursing World, 2012).

1.8.5. Gaza Governmental Hospitals

A hospital located in the Gaza Strip, directed by the general directorate of hospitals in the Palestinian MOH and administered by health and management professionals (Mesmeh, 2015).

1.9. Operational Definitions

1.9.1. Working conditions

The conditions surrounding work at the place of work indicate the actual location of the work, along with the current environment, such as the site construction, and other location factors such as air quality, noise level and include appropriate staff training, taking into account the conditions of employees and their salaries and praise for good work.

1.9.2. Emergency Nurse

Nurses with a degree in nursing sciences and working in emergency departments within hospitals.

1.9.3. Emergency Department

One of the most important departments of the hospital. The emergency department provides services to all segments of the population care provided through 24 hours a day and consists of beds for patients, a triage room, cast installation room and fracture treatment, suture room for injuries and resuscitation room. A team of emergency doctors and nursing teamwork in the emergency department

1.9.4. Gaza Governmental Public Hospitals

Governmental hospitals affiliated to the Palestinian Ministry of Health in the Gaza Strip, which provide emergency care to all categories of the population including Indonesian Hospital, Beit Hanoun Hospital, AL Shifa Medical Complex, Al Aqsa Hospital, Nasser Medical Complex, European Gaza Hospital, and AL Najjar Hospital.

Chapter Two

Conceptual Framework and Literature Review

2.1. Conceptual Framework

The Conceptual framework is the map that guides the design and the implementation of the study and its effect mechanism for illustration and summarizing the whole study variables. The conceptual framework was designed by the researcher based on the review of the available literature such as (Hickam et al, 2003) and (Al-Jabaly, 2014). See figure (2.1).

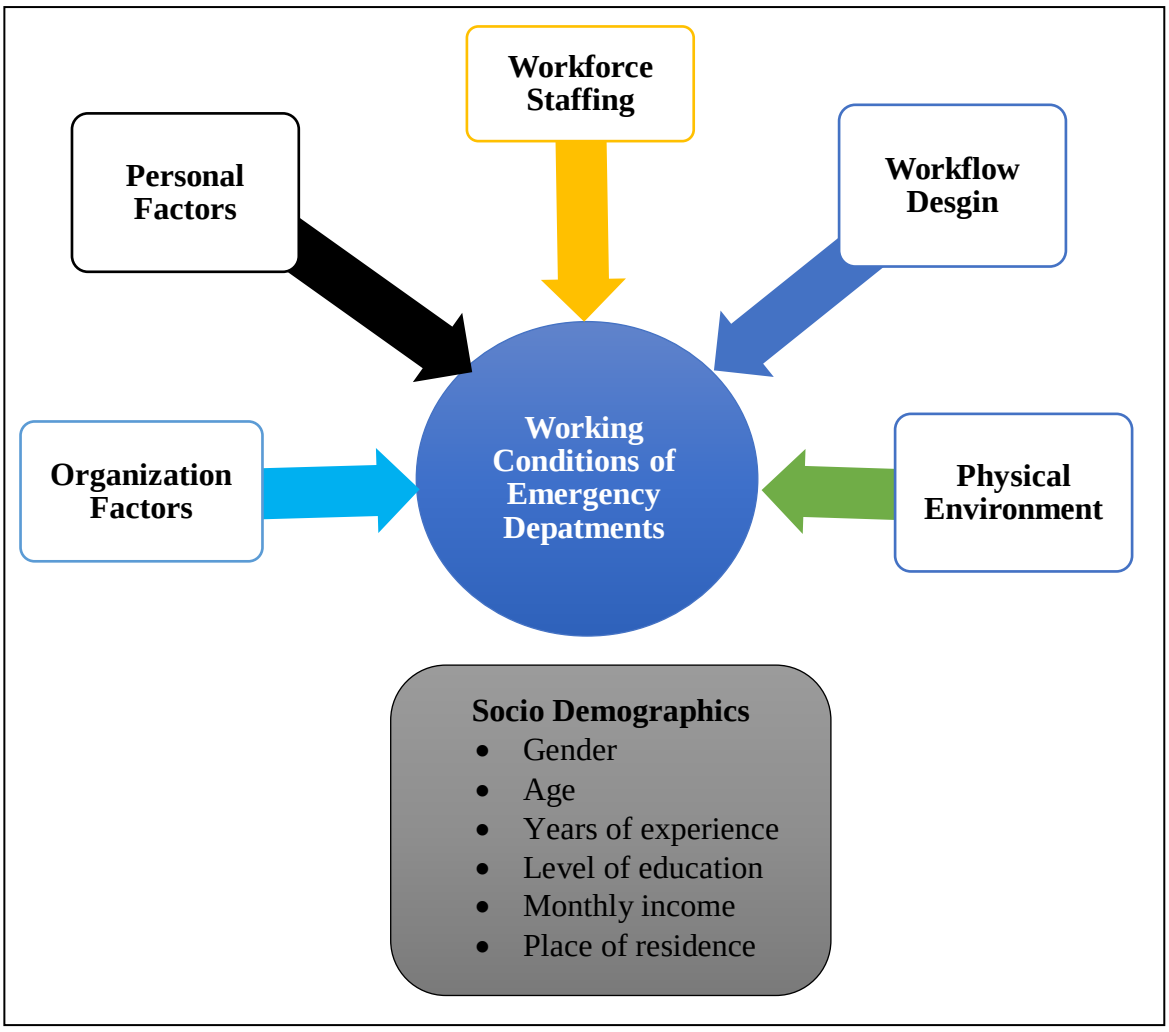

Figure (2.1): Diagram of conceptual framework.

This research aims to assess nurses working conditions at emergency departments.

It categorized into five domains:

- Workforce staffing.
- Workflow design.
- Physical environment.
- Organizational factors.
- Personal factors.

Workforce staffing means that an appropriate number of nurses is available at all times across the continuum of care, with a suitable mix of education, skills, and experience to ensure that patient care needs are met (Catton, 2019).

Workflow design has defined the set of tasks—grouped chronologically into processes—and the set of people or resources needed for those tasks, that are necessary to accomplish a given goal. An organization's workflow is comprised of the set of processes it needs to accomplish, the set of people or other resources available to perform those processes, and the interactions among them (Cain & Haque, 2008).

Environmental factors are temperature, light, noise, humidity, and ventilation have a direct impact on the human sense and can slow change interpersonal interactions and thus productivity. It can have a direct impact on health-for example, very high temperatures can lead to heat stress and heat exhaustion. This, in turn, affects the performance of the health worker (Edem, et al., 2017).

Organizational factors are supervisor support, organizational learning, teamwork within units, communication openness, management support, staffing levels, and teamwork across units (Richter, et al., 2014).

Personal factors refer to individual and group factors such as stress, job satisfaction, and professionalism (Hickam, et al., 2003).

2.2.Literature review

2.2.1 Background

The emergency department nurse cares for patients in the emergency or critical phase of their illness or injury and are adept at discerning life-threatening problems, prioritizing the urgency of care, rapidly and effectively carrying out resuscitative measures and other treatment. Acting with a high degree of autonomy and ability to initiate needed measures without outside direction, educating the patient and his family with the information and emotional support needed to preserve themselves as they cope with a new reality" (Emergency Nursing World, 2012). Working conditions are defined as the working environment and all existing circumstances affecting labor in the workplace (Songstad, et al., 2011). Another author defines working conditions as the environment in which an individual performs his work. It includes all physical and psychological factors and circumstances that influence his work (Manyisa, 2015). Júnior, et al. (2009), found that working conditions in the workplace considered inadequate because of particularities in the working environment, as well as because of the unsound activities that must be performed.

An unhealthy working environment in healthcare settings has been cited as the reason that 25% of nurses leave their new jobs (Tucker, et al., 2010). This shortage contributes to nurse overload, which aggravates poor communication among the nurses and other staff due to pressure and fatigue (Blake, et al., 2014). The overworked nurses have a high tendency to make errors that affect the quality and safety of healthcare services. Research reveals that working environment characteristics, such as perceived support from the supervisors, have a high positive impact on the employees' commitment (Tucker, et al., 2010). The safety and quality of patient care are highly dependent on the working environment in which the nurses operate (Janakiraman, et al., 2011). It is, therefore, important to provide nurses with an HWE to enhance the quality of patient care.

The status of the nursing environment affects the nurse's performance. Healthy environments are workable settings for nurses but unhealthy environments create discomfort that undermines the abilities of even the best nurses. This HWE can be attributed to the mental, emotional, and physical demands of the workplace. Nurses have cited long working hours, poor relationships with supervisors, and lack of proper medical equipment as factors contributing to an unhealthy work environment. Additionally, such unhealthy working environments are associated with increased mental illnesses among nurses (Tucker, et al., 2010).

2.2.2. Workforce (Nurse) staffing

The term has been referred to an appropriate number of nurses is available at all times across the continuum of care, with a suitable mix of education, skills, and experience to ensure that patient care needs are met (Catton, 2019).

Hickam, et al. (2003) defined that workforce staffing refers to the job assignments of healthcare workers. It includes four principal aspects of job duties, the volume of work assigned to individuals, the professional skills required for particular job assignments, the duration of experience in a particular job category and the effects of work schedules, including length of shift, days of the week worked.

According to the Joint Commission on Accreditation of Healthcare Organizations (2008), the shortage of nurses is one of the major issues affecting hospital administrators and is associated with poor working conditions in the healthcare setting. Aiken, et al. (2014), showed that nurse staffing cuts to save money may lead to a risk to patients and might adversely affect patient outcomes. Saucedo, et al. (2015) showed establishing safe nurse staffing levels in the emergency department (ED) is challenging because patient demand is

so variable and getting wrong workforce staffing in hospitals is linked to excess mortality and poor patient experiences. Also, Saucedo, et al. (2015) measured the ratio of the nursing staffing to an activity measure (eg, attendances, patient throughput) or an estimate of nurse staffing requirements, the findings indicate that levels of nurse staffing in the ED are associated with patients leaving without being seen, ED care time and patient satisfaction. Griffiths, et al. (2018) found that low nurse staffing levels were significantly associated with higher reports of missed care (the omission of any aspect of required patient care).

2.2.3. Workflow Design

The term has been referred to the set of tasks—grouped chronologically into processes—and the set of people or resources needed for those tasks, that are necessary to accomplish a given goal. An organization's workflow is comprised of the set of processes it needs to accomplish, the set of people or other resources available to perform those processes, and the interactions among them (Cain & Haque, 2008).

Workflow processes are maps that direct the care team on how to accomplish a goal. A good workflow will help accomplish those goals in a timely manner, leading to care that is delivered more consistently, reliably, safely, and in compliance with standards of practice and has significant (expected and unexpected) impacts on care delivery. An excellent workflow process can accommodate variations that inevitably arise in health care through interaction with other workflow processes, as well as environmental factors such as workload, staff schedules, and patient load. Carrying out processes in parallel improves efficiency (Cain & Haque, 2008).

Workflow design focuses on the process of delivering health care. It encompasses the interactions among workers and also between workers and the workplace. It also includes the nature and scope of the work as tasks are completed and task design and workplace

design relevant to accomplishing the tasks. Task design includes such job characteristics as redundancy, complexity, distractions, and transfer of information and responsibility to others ("hand-offs") (Hickam, et al., 2003).

Health care has often faced the pressure to design, or redesign, its workflows to be more efficient and effective. In many cases, the trigger for examining workflow is in response to changes in how things are done. Today, the need to think about workflow design is more pressing due to several factors, including the introduction of new technologies and treatment methodologies into clinical care, the challenge of coordinating care for the chronically ill, the participation of a growing array of professionals in a patient's care team, and new definitions in their roles, cost and efficiency pressures to improve patient flow and initiatives to ensure patient safety (Cain and Haque 2008). Elfering, et al. (2015) investigated the influence of nurses' workflow interruptions and safety conscientiousness on near-accidents in health care and found that compliance with safety regulations and workflow design lead to fewer accidents.

Effective communication is an essential component of quality health care. It is well known that there is a strong correlation between the communication skills of healthcare providers and patient health outcomes. Nurses are at the forefront of patient care; therefore, they are responsible for communicating patient information to any providers involved in a patient's plan of care. It is essential to patient safety and outcomes that effective communication occurs between nurses and providers. Poor communication between nurses and other health care providers can have a significant negative effect on patient safety, quality of care, patient outcomes, and patient as well as staff satisfaction. The study recommended that leaders should be supportive of open communication and promote the use of communication tools between health care providers (Kraut, 2018).

2.2.4. Physical environment factors

The term has been referred to as temperature, light, noise, humidity, and ventilation have a direct impact on the human sense and can slow change interpersonal interactions and thus productivity. It can have a direct impact on health-for example, very high temperatures can lead to heat stress and heat exhaustion. This, in turn, affects the performance of the health worker (Edem, et al., 2017).

The physical work environment may positively or negatively influence nurses' stress, and stress may negatively impact their job satisfaction and intention to change jobs. The researcher was investigated environmental factors of odor, noise, light, and color and perceived stress, job satisfaction, and turnover intention and found that bad environmental factors affect job satisfaction, turnover intention and increase the stress on the employee (Applebaum, et al., 2010).

Furniture: Chairs, Desks, Shelves, Drawers, etc. all are included in office furniture and all of these are responsible for the increase and decrease of employee's productivity as well as organizational functioning. ergonomics of the furniture does not only increase the productivity of employees but also reduces the chances of any incident which can harm employees; therefore, employees will remain comfortable and motivated to perform better at work (Saha, 2016). Lightening is treated as one of the most important elements for creating comfort for employees at work but it depends upon the condition that, the available light is helpful or harmful for productivity (Sultan, et al., 2016). Natural as well as artificial light affects the performance work (Akhtar, et al, 2014). Dim light can create fatigue and can also harm the level of productivity at work (Saha, 2016). The recent research work identified that noise can produce a hazardous effect on human health (Sehgal, 2012). High levels of noise result in less productivity, irritation, and an increase in the level of stress (Saha, 2016).

Sarode & Shirsath (2012) defined a comfortable working environment as a place where workers can perform their work appropriately, as it's not only clean but also have a satisfactory level of temperature, humidity and ventilation. These dimensions are associated with air quality as a higher level of heat at workplace might result in decreased employee motivation and also can diminish the level of concentration employee to pay to work and also increase the probability of heart attacks to employees, and can also give birth to several heat-related problems in employees. Poor air quality has negative impacts on employee's health such as problems that can cause respiratory issues, headaches, and fatigue which can cause a decrease in employees' productivity.

In the area of occupational health, a safe climate in the healthcare setting entails support by senior management for safety programs, lack of any hindrances to implementing safe work practices, use of protective equipment, clean worksite, good communication, and feedback on safety issues. A safe working environment is associated with reduced errors and work injuries and associated with supportive managers and supervisors, improved communications, and increased reporting of errors (Duffield, et al., 2011).

2.2.5. Organization factors

The term has been referred to as supervisor support, organizational learning, teamwork within units, communication openness, management support, staffing levels, and teamwork across units (Richter, et al., 2014).

Organizational factors are structural and process aspects of the organization as a whole. For example, work structures such as the use of teams and the division of labor are organizational factors with potential influences on patient safety. Organizational culture is what employees throughout an organization perceive and how this perception creates a pattern of beliefs, values, and expectations. Specific characteristics of organizational

culture include managerial style, evaluation and reward systems, economic effects, hierarchy, accountability, decision latitude, and employee feedback (Hickam, et al., 2003).

Körner, et al. (2015) showed the importance of good organizational culture and interprofessional teamwork and advised health care managers to undertake interventions to enhance teamwork among professionals. lack of communication, nurse shortages, and micromanagement increase the chance of medication errors and effective communication with nurse leaders, managers, and patients provides a stress-free working environment that results in better care for patients (Nicole, 2016). Working environment characteristics, such as perceived support from the supervisors, have a high positive impact on the employees' commitment (Tucker et al., 2010). Higher level of supervisory support and organizational commitment increased career satisfaction and reduced turnover intention of frontline employees in the hospitality (Kang, et al., 2015).

Barnes & Lefton (2013) documented that nurses may feel more fulfilled in their profession if the organizational structure is changed to enhance independent practice environments, recognition of professional status, and provision of financial incentives. Blake, et al. (2013) revealed that a perception of good leadership had an influence on the nurses' work environment and their intentions to be retained in their workplace, also revealed that nurses' empowerment is associated with greater responsibilities and influences the relationship with the nurses' commitment to the healthcare organization Job advancement was also associated with job autonomy, decision-making abilities, and work satisfaction.

2.2.6. Personal factors

The term has been referred to as individual and group factors such as stress, job satisfaction, and professionalism (Hickam, et al., 2003).

Wilkinson (2014) showed that personal life and nursing staff who exposure to traumatic events were of the main stressors of nurses at work. Their effects on nurses include burnout, compassion fatigue, somatic complaints, mental health problems and difficulties in life outside work. Lim, et al. (2010) found that stressors that affect employees included work overload, role conflicts, and experiences of aggression. Coping strategies for reduced perceived stress included seeking support, problem-solving and self-control.

Since rates of assault correlate with patient contact time, nurses and nursing aides are victimized at the highest rates (Kowalenko, et al., 2013). Violence against health care workers occurs in virtually all settings, with the emergency department (ED) and inpatient psychiatric settings having the most recorded incidents (Phillips, 2016). American Nurses Association study found that over a three-year period, 25 percent of surveyed registered nurses and nursing students reported being physically assaulted by a patient or a patient's family member, and about half reported being bullied (ANA, 2016). Workplace violence results in low staff morale, lawsuits, and high worker turnover. High turnover is associated with job burnout (OSHA, 2015). Threatening and assaultive behaviors against health care workers are a growing national concern that impacts retention and engagement of the workforce and affects patient safety and health care quality (Phillips, 2016).

2.2.7. Local previous study

Working conditions are determinants of nurse well-being, health, and development. This study was conducted to assess the working conditions of nurses at surgical departments in governmental and non-governmental hospitals in Gaza Governorates. descriptive, analytical, cross-sectional was used. self-administered questionnaire consisting of socio-demographic data and working conditions categories was used to collect data from 187 nurses who were working in surgical departments at three governmental and three nongovernmental hospitals. The findings revealed that there were statistically significant

differences between working hours, qualifications, job title, name of hospital and salary and different domains of working conditions. On the other hand, the results showed that no statistical differences were found between type of surgical department, years of experience and working conditions and also indicated that nurses who work in the surgical departments have negative perceptions about their working conditions especially in relation to the workplace, workforce staffing, organizational factors, and physical environment. Increased working hours, low salary and lack of experience were significantly connected with low productivity in surgical departments. Increase educational opportunities, incentives and salaries associated with the positive managerial atmosphere are crucial elements to improve the nurses' perception, commitment, and quality of care (Al Jabaly, 2014).

2.2.8. Regional previous study

A quantitative descriptive cross-sectional survey design was used to examine an association among the nursing work environment, nurse job satisfaction, and intent to stay for nurses who practice in hospitals in Jordan. Data were collected through survey questionnaires distributed to 650 registered nurses (RNs) who worked in three hospitals in Jordan. Findings were showed a positive association between nurses' job satisfaction and the nursing work environment. Overall, nurses employed in public hospitals were more satisfied than those working in teaching hospitals. The nursing work environment was positively associated with nurses' intent to stay. The highest Intent to Stay scores were reported by nurses from public hospitals. The study recommended paying more attention to creating positive working environments to increase job satisfaction for nurses and increase their intention to stay (Al-Hamdan, et al., 2016).

Developing and fostering creative work environment are paramount especially in underserved areas, where the work conditions present many challenges, so this study was conducted to examined the relationships between work environment, job satisfaction and intention to stay at work and explore the predicting factors of intention to stay at work among nurses in underserved areas specifically in Jordan Because developing and fostering creative work environment is paramount especially in underserved areas, where the work conditions present many challenges. A descriptive correlational design was utilized to collect data from 330 hospital nurses who worked in two underserved governorates in Jordan. The results showed positive significant relationships between healthy work environments and nurse outcomes of job satisfaction and intent to stay. The study recommended that it is critical to improve work conditions and create a culture of supportive work environment in an underserved area (AbuAlRub, et al., 2015).

The nursing shortage is a challenging problem globally. International nursing research has shown strong relationships between poor practice environments and unfavorable nurse job outcomes, including job dissatisfaction, burnout, and intention to leave, which often precedes turnover, a leading cause of shortage so, this study was conducted to described and compared the nursing practice environments and nurse job-related outcomes of nurses in two types of hospitals in Saudi Arabia. Results were showed that the nursing practice environment and nurse job outcomes in the teaching hospital were more favorable than those in the public hospital and the results of path analysis showed that both nursing practice environments and hospital type (public vs. teaching) have significant effects on burnout and job dissatisfaction, which in turn increase the intention to leave. Hospital type has also a direct effect on intention to leave. This study presents a good- fitted model that provides a better understanding of the relationship between nursing practice environment and nurse job outcomes in Saudi hospitals. (Ambani, 2017).

2.2.9. International previous study

The workplace environment plays a major role in the performance and productivity of an employee. This study is focused on the workplace environment in a health facility and how it affects the health worker. An unsafe health facility environment such as unsuitable furniture, poorly designed workstations, lack of ventilation, excessive noise, inappropriate lighting, poor supervisor support, poor workspace, poor communication, poor fire safety measures for emergencies, and lack of personal protective equipment, can adversely affect the productivity of the employee. Health workers in such an environment are exposed to occupational diseases such as heat stress, deafness, ergonomic disorders, and suffocation. Health worker's productivity and performance can decrease due to poorly planned workplace environments as this adversely affects their morale and may give rise to poor motivation and no job satisfaction (Edem, et al., 2017).

A review of the literature was conducted to describe working conditions in public hospitals. Working conditions; occupational health, public hospitals, and health care personnel were used to obtain the relevant articles. The review showed that working conditions in public hospitals are not satisfactory. Factors affecting working conditions in public hospitals have been identified as related to the increase in the number of patients, long working hours, shift work, physical infrastructure and shortage of staff. Unsatisfactory working conditions have a negative impact on the physical and psychosocial wellbeing of employees. This review has revealed various strategies that could help improve working conditions in public hospitals (Manyisa & Aswegenb, 2017).

A study was conducted to determine the working conditions in the emergency sector in the Hospital da Restauracao, from the perception of nurses working in that sector. The high number of patients and lack of security for the development of work are the most criticized

elements of those interviewed, confirmed by observation. The perceptions revealed were poor working conditions, unsatisfactory wages, unhealthy and insecure environment and this leads to a feeling of discouragement that influences the quality of care (Furtado and Júnior 2010).

Nurse overtime and working conditions between states with and states without regulations limiting mandatory nurse overtime have been compared. A survey consisting of questions about overtime and working conditions was used. No difference was found in overtime worked between nurses who worked in states with regulations or without. The study showed that efforts are needed to improve the implementation of regulations to reduce nurse mandatory overtime and long work hours (Bae 2012).

The study was conducted to evaluate the association between working conditions and mental health among different nursing groups and to examine the potential moderating effect of job groups on this association. Job Content Questionnaire was used to measure Working conditions that consisted of three physical domains (physical demands, physical safety, and violence at work) and four psychosocial domains (psychological demands, decision latitude, social support, and work-family conflict). Multivariate linear regression modeling found that mental health was associated with different working conditions in different nursing groups. This study provided evidence that future workplace interventions to improve mental health should reach the nursing staff at different levels and consider tailored working condition interventions in different nursing groups (Zhang, et al., 2016).

The working in a shift system is a potential risk factor for the occurrence of psychiatric disorders and low quality of life in nurses. The most suitable shift system is the 8-hour triple shift system in daytime-evening-night mode. In addition, it should be ensured that the next shifting hour has to be arranged as having at least 24 hours for rest, and the

weekly working time must not exceed 40 hours shift in working conditions for nurses affects the health of nurses. 87.4% of the nurses reported that the working hours have one or more negative effects on social and family life, 87.2% on psychological health, 95.2% on physical health and 77.6% on their own safety. Shift work schedule should be arranged in such a way that it does not adversely affect the quality of work and productivity. The most suitable shift system is the 8-hour triple shift system. In addition, laws and codes should regulate adverse conditions arising from shift working conditions (Okuyan and Ebru Deveci 2017).

Hospitals with better nurse staffing and work environments have better nurse outcomes less burnout, job dissatisfaction, and intention to leave the job. This study was conducted to investigate how wage, work environment, and staffing were associated with burnout, job dissatisfaction, and intent to leave. Burnout was measured using the Emotional Exhaustion subscale of the Maslach Burnout Inventory. Job dissatisfaction was measured using nurses' responses to the question, "How satisfied are you with your current job?" The work environment was measured using the Practice Environment Scale of the Nursing Work Index. Staffing was measured as the hospital's average patient-to-nurse ratio from the nurse survey data. Analytic models included a number of hospital structural characteristics as covariates that may affect nurse outcomes. Good wages are important, but improve the work environment and maintain reasonable staffing levels may be more critical to attracting and retaining satisfied nurses in the hospital workforce (McHugh and Ma 2014).

Employee morale can be impacted in both positive and negative ways by the workplace environment. The workplace environment plays a major role in the performance and productivity of an employee. The study was focused on the workplace environment in a health facility and how it affects the health worker. An unsafe health facility environment such as unsuitable furniture, poorly designed workstations, lack of ventilation, excessive

noise, inappropriate lighting, poor supervisor support, poor workspace, poor communication, poor fire safety measures for emergencies, and lack of personal protective equipment, can adversely affect the productivity of the employee. The analysis of the results shown the effect of workplace environmental factor on health workers performance and productivity and suggest that efforts should be geared towards improving the physical environment, social environment, and work system associated with the workplace. Efforts should focus on providing healthcare workers with the infrastructure and tools they need to do their jobs. This includes sufficient job aids, supervisor support, proper ventilation, lighting, incentives, recognition and reward system, and general infrastructure. In addition to being necessary for health workers to deliver high-quality care, this could foster health worker satisfaction. (Pepple, et al., 2017).

Establishing a culture of retention and healthy clinical nurse practice environments are two major challenges confronting nurse leaders today. This study was conducted to examine the relationship between healthy work environments (HWEs) and retention of the RNs. The results showed that education and patient population had no effect on the retention rate of new graduates. However, the quality of the work environment was significantly related to the retention rate of new graduates. New RN graduates placed in healthcare environments requiring improvements had a higher rate of resignation than those placed in Hughes. These findings demonstrated that HWE was the most crucial factor in retaining nurses in a hospital (Kramer, et al, 2012).

When nurses and clinicians work as a team with standardized and well-planned processes, the chance of errors is decreased and patient safety is increased. In such a setting, each team member knows his or her responsibilities and monitors each other's performance, thus preventing the occurrence of errors. Teamwork and collaboration create an HWE, where members can assist each other and provide feedback when necessary. Team

members can distribute responsibilities when the need arises and also share the workload. This flexibility prevents the overwork of nurses, which leads to exhaustion and increases the chances of making errors (Kramer, et al., 2012).

The relationship between the working conditions and illness- and injury-related absenteeism of full-time (RNs) and (LPNs) was investigated by information collected through the 2005 National Survey of the Work and Health of Nurses. Results showed that Depression is a significant determinant of absenteeism for both RNs and LPNs. However, workload and lack of respect are a significant determinant of absenteeism for LPNs but not for RNs and it has shown that Improving working conditions that result in reduction in absenteeism might be an economical way to increase the labor supply of nurses without increasing new admissions or new recruits (Rajbhandary and Basu 2010).

The study was conducted to provide a broad understanding regarding nurses' perceptions of the processes that influence the healthy working environment and the impact of a healthy working environment on patient safety. The study was carried out in a large city of southern California, in acute care surgical units. A major finding of the study was the perception that communication, teamwork, and collaboration within the healthcare environment are the most important factors for the development of an HWE. Participants reported that lack of communication, nurse shortages, and micromanagement increases the chance of medication errors. Participants reported that effective communication with nurse leaders, managers, and patients provides a stress-free working environment that results in better care for patients (Zeigen, 2016).

Multi-level analysis was used in hospitals in Japan to examine the effect of characteristics of the work environment of Magnet hospitals on nurses' job satisfaction. Data was collected through distributed a self-administered questionnaire to all nurses via the

directors of the nursing departments of four private hospitals. The Japanese version of the PES- NWI (The Practice Environment Scale of the Nursing Work Index) was used for assessing characteristics of the work environment. Results of analysis for nurses' job satisfaction showed positive relationships with nurses' job satisfaction, while at the ward level "nurse participation in hospital affairs" showed a significant positive relationship, and "nurse manager ability, leadership, and support of nurses" showed a significant negative relationship, with nurses' job satisfaction (Tominaga, et al., 2012).

A study was conducted to examine the nursing work environment and its association with nurse outcomes such as emotional exhaustion, job satisfaction, and nurse perceptions of the quality of care provided. This study reported that the nursing work environment had a strong effect on nurse outcomes and recommended that to improve these outcomes, more frequent assessment and systematic evaluation of the nursing work environment should be conducted. These findings suggest that conditions in the work environment may change over time and are amenable to intervention for improvement (Rochefort & Clarke, 2010).

The nursing shortage is an urgent global problem. Studies in Western countries have shown that better work environments are associated with higher nurse satisfaction and lower burnout. A study was conducted to examine the relationship between hospital work environments and job satisfaction, job-related burnout and intention to leave among nurses in Guangdong province, China. The study was cross-sectional and survey data were collected from 1104 bedside nurses in 89 medical, surgical and intensive care units. The Practice Environment Scale of the Nursing Work Index and Maslach Burnout Inventory was employed to collect data from nurses. The results showed Thirty-seven percent of the nurses experienced high burnout, and 54% were dissatisfied with their jobs. Improving nurses' work environments from poor to better was associated with a 50% decrease in job dissatisfaction and a 33% decrease in job-related burnout among nurses (Liu, et al., 2013).

A study was conducted to determine the extent to which personal characteristics, work conditions, and work- related fatigue predict intent to leave among new nurses. The findings showed that work conditions only had an effect through work- related fatigue on new nurses' intent to leave. Personal characteristics did not have a significant effect on new nurses' intent to leave. Work- related fatigue was a major determinant of new nurses' intent to leave. The study recommended that more attention be paid to monitoring work-related fatigue and strategies to reduce fatigue among new nurses (Yi Liu, et al., 2016).

A study was conducted to determine the effect of a healthy work environment on the retention of nurses in a hospital setting. The study included an extensive review of the current literature and focused on nurses, work environments and the impact of the work environments on retention. Important issues that emerged from this analysis were the dangers of an unhealthy environment, the impact a healthy work environment has on patient outcomes and retention, and the manager's role in creating and sustaining a healthy work environment. The review of literature provided evidence of the link between healthy work environments and the retention of nurses in a hospital setting and the healthcare settings should seek to understand the complex working environments and develop strategies that will improve the quality and safety of healthcare (Ritter, 2011).

A study was conducted to evaluate the effects of work and physical environment on nurses' perceptions and attitudes of service quality. These researchers analyzed work environmental and physical factors on the basis of service quality and the commitment of nurses to the hospital. The researchers analyzing how physical and work environment factors influence the nurses' perceptions of two key outcome measures: service quality provided by the hospital and the nurses' commitment to the hospital. For the physical environment, they focus on the quality of patient areas, safety, and quality of workspace. For the work environment, they evaluate supervisor support, communication openness, and

teamwork. The results were showed that both physical (quality of patient areas, safety, and quality of workspaces) and work environment (supervisor support and communication openness) variables positively affect nurses' perceptions of service quality and commitment to stay in the hospital (Janakiraman, et al., 2011).

Nurses spend a lot of time with patients, so they have a major impact on patient experiences. To improve the quality of care provided, a study was conducted to comprehend the views of Dutch nurses on how their work and their work environment Four focus groups were conducted, one each with 6 or 7 registered nurses in mental health care, hospital care, home care, and nursing home care. The results showed that nurses mentioned essential elements that they believe would improve patient experiences of the quality of nursing care: clinically competent nurses, collaborative working relationships, autonomous nursing practice, adequate staffing, control over nursing practice, managerial support and patient-centered culture. They also mentioned several inhibiting factors, such as cost-effectiveness policy and transparency goals for external accountability. Nurses feel pressured to increase productivity and report a high administrative workload. They believe that incorporating these elements into daily nursing practice would result in more positive patient experiences. Nurses must gain autonomy over their own practice in order to improve patient experiences (Kieft, et al., 2014).

Medication errors are considered a serious threat to the safety of patients. A study was conducted to determine the incidence and reporting rate of medication errors by Iranian nurses and their relationship with work conditions in hospitals under the authority of Iran University of Medical Sciences. A self-report questionnaire was used to collect data regarding the nurses' medication errors, medication error reports, and their perceived working conditions during the previous 3 months. The results showed that there was a relationship between error incidence and work conditions as perceived by nurses was

statistically significant. However, there was no significant relationship between reporting the occurred error and nurses' perceived work conditions. The study recommended the establishment of efficient reporting system, documentation of errors and removal of obstacles to reporting may result in reduced frequency of medication errors and recommended the creation of a work condition in which nurses feel more comfortable and decreasing work tensions may pave the way to preventing nursing errors (Joolaee, et al., 2011).

There is an international nursing shortage. Improving the practice environment has been shown to be a successful strategy against the nursing shortage, as the practice environment is associated with retention and job satisfaction. A study was conducted to measure practice environment characteristics, retention and job satisfaction and to evaluate the association between these variables. Results showed that 610 nurses reported moderate levels of practice environment characteristics, where the lowest scoring characteristic was 'appropriate staffing and resources'. Approximately 9% of the sample reported their intention to leave and the level of job satisfaction was high. 'Appropriate staffing and resources' were the only characteristic found to be statistically different based on hospital size and geographic region. The study recommended the policymakers and hospital managers should address the practice environment, in order to provide appropriate staffing and resources, improve job satisfaction and increase retention and special attention should be paid to staffing and resource allocation in hospitals (Ganz & Toren, 2014).

A study was conducted to explore the effect of the work environment on the intent to leave the profession for rural hospital bedside registered nurses (RNs). Subscales of autonomy, control over the practice setting, nurse-physician relationship and organizational support were incorporated into the analysis to determine which aspects of the work environment directly affect the intent to leave the profession. Data analysis showed that the work

environment, in general, is negatively related to intent to leave. In addition, each of the four subscales was also negatively related to the intent to leave the profession. The results of this study support several recommendations for practice and education, including the promotion of professional practice environments, fostering inter-departmental relationships, and increasing the managerial training of RN managers (Cortelyou-Ward, et al., 2010).

A study was conducted to perform a multilevel assessment of the relationships of the (PES-NWI) subscales with three nurse outcomes: job satisfaction, emotional exhaustion, and turnover intentions. Additionally, it tested the multilevel factor structure of the PES-NWI. The results were showed that the staffing and resource adequacy and nurse manager's ability, leadership, and support of nurses' subscales were negatively associated with job dissatisfaction, burnout, and intention to leave across the individual level and the unit level. The study recommended that these findings be taken into account by Managers and health care administers to design a nursing practice environment to maximize the welfare of nurses (Gabriel, et al., 2013).

A study was conducted to examine the practice environment, nurse reported quality of care and patient safety, and nurse workforce outcomes in medical and surgical units in private and public hospitals in South Africa (SA), and determine the association of modifiable features of the hospital such as the practice environment and patient to nurse workloads on these outcomes. The results showed that more than half, 54.4% of nurses intend to leave their hospital within the next year due to job dissatisfaction and 52.3% rate their practice environment as poor or fair, while almost half, 45.8% report high levels of burnout and 44.9% are not confident that management will resolve patient problems and it showed more favorable practice environments are significantly associated with more positive nurse reported quality of care, and nurse workforce outcomes. This is true for private and public

hospitals. Patient to nurse workloads are also significantly associated with more positive nurse reported quality of care and patient safety, and nurse workforce outcomes, but primarily in public hospitals. The study showed that improving the practice environment, including patient to nurse ratios holds promise for retaining a qualified and committed nurse workforce and may benefit patients in terms of better-quality care (Coetzee, et al., 2013).

Nurses are leaving the profession as a result of high levels of job dissatisfaction arising from current working conditions. A study was conducted to determine the relationship between nurses' perceptions of their work environment and quality/risk outcomes for patients and nurses in acute care settings. Results indicated that empowering workplaces had positive effects on nurse quality of care and have a positive effect on individual psychological empowerment, which, in turn, had significant direct effects on empowered behavior, job satisfaction and care quality (Purdy, et al., 2010).

Chapter Three:

Methodology

This chapter addresses issues related to methodology procedures used to answer the research questions. The chapter commences with study design, study population, sample and sampling method, study setting, and period of the study and eligibility criteria of the selection of study participants. In addition, this chapter presents the construction of the questionnaire, ethical consideration and procedures of data collection and data analysis.

3.1. Study design

A descriptive-analytical cross-sectional study was used to assess the nurses working conditions at emergency departments at governmental hospitals in the Gaza strip. This method was used by the researcher because it is appropriate for collecting information, data or materials that occur spontaneously occur at a particular time, describing one or more phenomena, establishing relationships and associations between two or more variables (Raimundo, et al., 2018).

3.2. Setting of the study

The study was conducted at emergency departments at general governmental hospitals at the main general governmental hospitals in each governorate (Indonesian Hospital, Beit Hanoun Hospital, AL Shifa Medical Complex (medical, surgery department), Al Aqsa Hospital, Nasser Medical Complex, European Gaza Hospital, and Al- Najjar Hospital) in Gaza Strip. The number of emergency departments in government hospitals in Gaza Strip is seven.

3.3. Study period

The study was conducted during the period from April 2019 to November 2019 according to the timetable that has been prepared for the study (Annex 2).

3.4. Study Population

The study population was included all nurses (171) of both sexes with different grades working in emergency departments at general government hospitals in the Gaza strip.

Table (3.1): Number of nurses at emergency departments (MOH, 2019)

	Al-Najjar Hospital	European Gaza Hospital	Nasser Medical Complex	Al Aqsa Hospital	AL Shifa Medical Complex	Beit Hanoun Hospital	Indonesian Hospital	Total
Number of Nurses in ED	18	17	27	22	47	13	27	**(171)**

3.5. Sample size and sampling procedure

The sample of this study was census sample means that the researcher was selected all the units or members of a population, consisting all nursing staff, head nurses and supervisors who are working in emergency departments at the governmental hospitals in Gaza Strip of both sexes. The sample size was 154 nurses who participated in the study with a response rate of 90%.

3.6. Eligibility criteria

3.6.1 Inclusion criteria

- All registered nurses who are working in the emergency department
- Nurses working formally for at least one year.
- Head nurses and nursing supervisor.

3.6.2 Exclusion criteria

- Volunteers, student nurses and internship students.
- Nurses working at emergency departments for less than one year.
- Nurses working in the pediatric and gynecology emergency department.

3.7. Study Instruments

The researcher has used one instrument for assessment nurses working conditions at emergency departments at governmental hospitals in the Gaza Strip. The instrument was a structured questionnaire and the researcher has adopted and modified the tool of Ahmed Aljabaly to suit the emergency department (Al-Jabaly, 2014). Permission was obtained for use of the instruments developed by Ahmed Aljabaly. The questionnaire was distributed to the study sample in the Arabic language (Annex 3).

The questionnaire is composed of two parts:

- Part one: includes questions related to personal and sociodemographic characteristic data like age, gender, marital status, qualifications, job title, years of experience, weekly working hours, salary, name of hospital and place of Residence.

-Part two: five domains for Assessment Nurses Working Conditions at Emergency Departments at Governmental Hospitals in the Gaza Strip. Five domains of 60 questions; workforce staffing (10 questions), workflow design (14 questions), physical environment (14 questions), personal factors (10 questions), and organizational factors (12 questions). All the questions were on five Likert scale range from (1= strongly disagree, 2= disagree, 3= neutral, 4= agree, and 5= strongly agree). The average time for filling the questionnaire took around 10–20 minutes to be completed. Questionnaire English version (Annex 4).

3.8. Pilot study

A pilot study (N = 30) was conducted to develop and test the adequacy of the research questionnaire before starting the actual data collection as a pretest to determine the real-time needed to fill the questionnaire and identify areas of vagueness, to point out weaknesses in wording and translation to Arabic. To test face validity and to check the internal consistency of the study and modifications of a questionnaire. Modifications were made to the questionnaire and the pilot sample was added to the study sample.

3.9. Validity of the instrument

3.9.1. Face and content validity

The questionnaire was sent to a panel of expert persons (annex 5) to assess the clarity and relevance of the questionnaire to the objectives of the study. All comments such as removing some questions, rewording some questions, clarifying some words, and converting some questions from negative questions to positive questions on the questionnaire were taken into consideration.

3.10. Reliability of the study instrument

3.10.1. Internal consistency

The researcher was used the Cronbach alpha coefficient to estimate the internal consistency for the study instrument. Cronbach alpha (0.923).

Table (3.2): Reliability of the study instrument

Domain	No. of Items	Cronbach's Alpha
Workforce staffing	10	0.658
Workflow Design	14	0.704
Physical Environment	14	0.854
Organizational Factors	12	0.896
Personal Factors	10	0.765
Total score	60	0.923

3.11. Ethical consideration

Approval was obtained from the Al-Quds University and official approval for the study was sought from Helsinki Ethics Committee (Annex 6). An official permission was sought from the Ministry of Health (Annex 7). Approval was sought from participants, Ethical codes of conduct have strictly adhered at all stages of the study, and confidentiality was maintained. The data obtained in this research were for research purposes only. Participation in this study was voluntary and all data collected remained anonymous and confidential.

3.12. Data collection

Data have been collected by the researcher and through some colleagues in hospitals by using a self-administered questionnaire to get information from the eligible nurses about the status of their working conditions at the emergency departments. Consent form was obtained from the participants for participating in the study after clarifying the purpose of the study and confirmed the anonymity and confidentiality of information. Participants were asked to fill the questionnaire form, which was distributed during their working hours and break time. Data was collected in the period 15/10/2019 to 23/10/2019. The study targeted all nurses who worked in emergency departments in the appointed hospitals (n=171), 154 of them participated in this study, with a response rate of 90%.

3.13. Statistical analysis

Data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 24 software for Windows. Data analysis was conducted as the following **Firstly**, to describe the study sample, all items on the demographic questionnaires (i.e., nurse demographic variables for age, gender, marital status, place of Residence, qualifications, job title, years of experience, weekly working hours, salary and Name of hospital) were analyzed at the univariate level. The frequencies and descriptive data (means, ranges, percentage, and standard deviations) were conducted to assess the research variables. **Secondly**, bivariate tests (i.e., t-tests, ANOVAs) were used to identify which nurse demographic variables (i.e., age, gender, marital status, place of residence, qualifications, job title, years of experience, weekly working hours, salary and Name of hospital) were related to working conditions at a statistically significant ($p<.05$) level.

3.14. Limitations of the study

- This study used a cross-sectional design that has an inherent limitation of not being able to establish causality variables.
- Due to time constraints and overcrowding of the emergency department, it was difficult to interact with nurses
- Few previous local studies.

Chapter Four

Results and Discussion

The study aimed to assess the working conditions of nurses at emergency departments at governmental hospitals in the Gaza strip. This chapter presents the results of statistical analysis of the data including the description of the participants, the perceptions of nurses in the emergency department regarding working conditions. In addition, the results of different variables were identified. Moreover, the differences between selected variables were explored and discussed in relation to literature review and previous studies.

4.1. Demographic nurse characteristics

The study examines the demographic data of the participants in the questionnaire and includes the following data (age, gender, marital status, place of Residence, qualifications, job title, years of experience, weekly working hours, salary and Name of hospital.

4.1.1 Characteristics of the study participants (n=154)

Table (4.1): Sample distribution based on the participants' age, marital status & gender

Variables		Frequency	Percentage
Mean age = 31.02 years SD = 6.708			
Age (years)	less than 30	76	49.4
	30-39	63	40.9
	≥ 40	15	9.7
Total		**154**	**100**
Marital status	Single	31	20.1
	Married	123	79.9
Total		**154**	**100**
Gender	Male	127	82.5
	Female	27	17.5
Total		**154**	**100**

The table (4.1) shows that half (49.4%) of the study participants are less than 30 years old, and 40.9% of them are between 30-39 years old and 9.7% above 40 years old. The results show that half of the staff in the emergency department are young, which is very important

in emergency departments that need the strength and vitality of the youth. This can increase the emergency nurses' ability to withstand stress and a large number of patients through rapid work and stress tolerance, as well as their ability to receive emergency training and education program. Also, the table (4.1), show that the percentage of married participants was 79.9%, while the percentage of unmarried participants was 20.1%. (divorced or widowed) took a 6.0% percentage, for statistical purposes, the percentage of these participants (0.6%) was added to married. In addition, the table (4.1), show that the percentage (82.5%) of male nurses working at E.D in governmental hospitals, while the percentage (17.5%) of females. The department of emergency is a common department dealing with patients of both genders (males and females). the ratio of male to female nurses who are working in emergency departments was estimated 4: 1, the researcher believes that the work in emergency departments should be shared between males and females to ensure high-quality service to all patients especially female patients and also should be worked on increasing the number of female nurses in the emergency departments to reduce the work pressure on other female nurses in the emergency department.

Table (4.2): Sample distribution based on the participants' qualifications & job title

Variables		**Frequency**	**Percentage**
Qualification	Diploma	34	22.1
	Bachelor degree	115	74.7
	Master	5	3.2
Total		**154**	**100**
Job title	Practical Nurse	34	22.1
	BSN	110	71.4
	Head nurse	7	4.6
	Nursing supervisor	3	1.9
Total		**154**	**100**

As shown in table (4.2), nurses with a bachelor's degree were the highest (74.4%) percentage of participants, followed by a diploma degree which represents 22.1% and the

lowest (3.2%) percentage of education shown in nurses with a master's degree. Also, table (4.2) shows, that 71.4% from the samples were "bachelor (BNS)", 22.1% were " practical nurse", 4.6% were "head nurse", and 1.9% from the samples were " nursing supervisor".

Table (4.3): Sample distribution based on the participants' number of years working in ED, weekly work hours and monthly income.

Variables		Frequency	Percentage
Mean yrs. of experience = 5.88 years SD = 4.03			
Number of years working in ED	1-5 years	87	56.5
	6-10 years	46	29.9
	11-15 years	17	11.0
	> 15 years	4	2.6
Total		**154**	**100**
Mean weekly work hours= 36.25 hrs. SD = 2.55			
Weekly work hours	35	114	74.0
	more than 35	40	26.0
Total		**154**	**100**
Monthly Income	≤ 1000 NIS	8	5.2
	1001-1500 NIS	124	80.5
	1501-2000 NIS	15	9.7
	More than 2000 NIS	7	4.6
Total		**154**	**100**

As shown in table (4. 3), more than half (56.6%) of the nurses have 1-5 years of experiences in emergency departments, about (29.9%) have 6-10 years of experience, (11%) have 11-15 years of experience, only 2.6% of nurses have more than 15 years of experience in emergency department. The results revealed that more than half of the study sample has only 1-5 years of experience. The researcher believes that more than half of the

staff of the emergency department have 1 to 5 years' experience in the emergency department, this is because the nursing administration places young or fresh graduates in emergency departments so that they are able to work and give.

Also, table (4.3) shows that 74.0% of nursing staff work 35 hours per week and 26% of the work over 35. The results showed that most emergency department nurses take 35 hours per week, an excellent percentage and according to the policy of MOH and the researcher believes they correspond to international weekly nursing hours. Scientific research suggests that working more than 40 hours a week adversely affects patient safety and the health of registered nurses (Bae & Fabry, 2014).

Moreover, table (4.3), shows that the majority of nurses 80.5% have a monthly income between 1001-1500 NIS, about 9.7% have monthly income between 1501-2000, only 5.2% have less than 1000 NIS and the 4.6% have monthly income more than 2000 NIS. The researcher believes that the reason for the monthly income of employees is between 1000 and 1500 due to the salary crisis and the problems between Ramallah and Gaza, where employees receive 40% of their salaries. Thus, the researcher believes that low salaries can affect a nurse's outcome (productivity, burnout, job dissatisfaction, and intention to leave the job).

Table (4.4): Sample distribution based on the participants' names of hospitals (Work Place).

Variables		Frequency	Percentage
Name of hospital (Work Place)	Indonesian Hospital	26	16.9
	Beit Hanoun Hospital	12	7.8
	Al Shifa Medical Complex	35	22.8
	Al - Aqsa Martyrs Hospital	22	14.3
	Nasser Medical Complex	27	17.5
	Gaza European Hospital	17	11.0
	AL-Najjar Hospital	15	9.7
Total		**154**	**100**
Place of residence	North	43	27.9
	Gaza	21	13.6
	Mid-zone	30	19.5
	khan-Younis	29	18.9
	Rafah	31	20.1
Total		**154**	**100**

As shown in Table (4.4). It is clear that Al-Shifa complex Hospital in Gaza City has the highest (22.8%) percentage of workers followed by Nasser complex 17.5%, Indonesian Hospital 16.9%, Al - Aqsa Martyrs Hospital 14.3%, Gaza European Hospital 11.0%, AL-Najjar Hospital 9.7%, while Beit Hanoun Hospital was ranked last in the ranking. The reason that Shifa Hospital has the highest percentage of its presence in Gaza City, the largest and most populated city in the Gaza strip, while Beit Hanoun hospital ranked last due to the presence of another government hospital in the same governorate (northern Gaza), which is an Indonesian Hospital. In addition to Al-Shifa Hospital, it is a central hospital with great pressure. As for Beit Hanoun, it is a hospital on the outskirts of the sector and services are limited. Also, table (4.4), that the highest (27.9%) percentage in the north, followed by Rafah 20.1%, Mid-zone 19.5, Khan-Younis 18.8%, and the lowest percentage lived Gaza city 13.6%.

4.2. Analyzing dimensions of the questionnaire

Table (4.5): Total nurses mean perceptions, SD, and ranking of study domains (working conditions (n= ***154***).

No.	Working Conditions Domains	No. of items	Mean	S. D	Weighted mean	Rank
1	**Workforce staffing**	10	3.08	0.44	61.7	3
2	**Workflow design**	14	3.69	0.38	73.8	2
3	**Physical environment**	14	2.50	0.59	49.9	5
4	**Organizational factors**	12	2.80	0.56	56.1	4
5	**Personal factors**	10	3.98	0.45	79.5	1
Total		60	3.18	0.34	63.6	

Table (4.5), shows that the total mean percentage for all working condition domains in the emergency department at governmental hospitals was (63.6%) (mean = 3.18, S.D. =.34). The results also showed that the highest domain in nurses responses to working conditions was personal factors domain (mean = 3.98, S.D. =.45) with relative weight equals 79.5%, followed by workflow design domain with relative weight (73.8%) the (mean = 3.69, S.D. =0.38), Workforce staffing domain with relative weight (61.7%), the (mean = 3.08, S.D. =0.44), organizational factors relative weight ranked fourth (56.1%), the (mean = 2.80, S.D. =.0.56) and last rank domain was physical environment with relative weight (49.9%), and the (mean = 2.50, S.D. =0.59).

The researcher believes that the domain of personal factors got the first place in the responses of emergency nurses to the five domains because of the constant pressures experienced by the nurse due to increased workload and lack of continuous training of nurses and increase verbal and physical attacks on nursing and all this increases the stress on nursing and affects employee's productivity and the satisfaction of the work and working conditions in the emergency department and it agreed with the previous study that showed uneven distribution of nurses and the nurse shortages make the nurses more

stressed, increase workload, and promote failure of nurses to perform their duties to their very best. In addition, nurses need continuous training to acquire new skills to work effectively in their work environment (Tucker, et al., 2010).

Through the response of nurses to the questionnaire items got the domain of workflow design got second place and the domain of workforce staffing got the third place and this indicates their importance to the nurses of emergency departments and the importance of having a sufficient number of experienced nurse and the importance of a clear job description so that nurses do not work outside the scope of their work As well as the important role of communication between nurses and other service providers in the departments and it consistent the previous study that identified important organizational structures such as the leadership and infrastructure, the processes such as work design, supervision, quality emphasis, and group behaviors (Zeigen, 2016). Also, it agreed with the results of the previous study that revealed that a nurse's workload, skill mix, job advancement, and wages were some of the factors that had an influence on healthcare (Aiken, et al., 2012).

The researcher found that the domain of organizational factors got fourth place and the domain of physical environment got the last place. This result is explained by that the physical environment and regulatory factors in emergency departments are poor and unhealthy and this influenced nurses' responses to these factors because the work environment plays a role in employee performance and productivity, as well as organizational factors, affect staff morale in positive and negative ways. this corresponds to Edem, et al. (2017) that found an unsafe health facility environment such as unsuitable furniture, poorly designed workstations, lack of ventilation, excessive noise, inappropriate lighting, poor supervisor support, poor workspace, poor communication, poor fire safety measures for emergencies, and lack of personal protective equipment, adversely affect the

productivity of the employee and also health workers in such an environment are exposed to occupational diseases such as heat stress, deafness, ergonomic disorders, and suffocation and productivity and performance can decrease due to poorly planned workplace environments as this adversely affects their morale and may give rise to poor motivation and no job satisfaction.

Table (4.6): Distribution of the study participants according to their perception about the workforce staffing domain (n= ***154***).

No.	Workforce staffing items	Mean	S. D	%	Rank
1.	Number of nurses in the emergency dept. is enough to provide quality health care for patients.	2.29	1.17	45.7	8
2.	There is flexibility in preparing the weekly work schedule.	3.40	0.98	68.1	3
3.	Working on a shift system affects a nurse's social life.	4.16	0.87	83.1	2
4.	Night shifts are fairly distributed among nurses in the emergency department	3.36	1.07	67.3	4
5.	I have enough rest time at work due to the presence of enough nurses.	2.28	0.98	45.6	9
6.	I am forced to work more than the required official working hours.	3.00	1.08	60.0	5
7.	The daily burden of the emergency department is suitable for the number of working nurses in the department	2.24	1.01	44.8	10
8.	I am able to take annual leave whenever I want.	2.80	1.05	56.0	7
9.	Continuing education opportunities and training courses to update information and develop the skills of emergency nurses are available to all periodically and continuously.	2.88	1.13	57.5	6
10.	Work in emergency department requires an experienced nurse	4.44	0.64	88.7	1
	Total	**3.08**	**0.44**	**61.7**	

% = weighted mean

Table (4.6) shows that the weighted mean for a domain of workforce staffing was 61.7 % (mean: 3.08, SD: 0.44). This means the participants agree about the importance of having an appropriate number of nurses with appropriate education, skills, and experience. According to the results, the highest two items are item number (10) “Work in emergency department requires an experienced nurse" with percentage 88.7%, followed by item number (3) "Working on a shift system affects nurse's social life" with percentage 83.1%.

This means that the mean degree of response to these items is greater than the degree of neutrality of (3) and this indicates that there is an agreement by the respondents to these items. The results of our study showed that the emergency departments need experienced nurses to deal with different and difficult situations that cannot wait at any time and also showed that the work of the emergency department affects the social life of nurses because of the work of the system of shifts and emergency calling system. This is consistent with the results of the previous study which showed that the lack of qualified personnel, low salaries, insufficient workforce, higher exposure to health-threatening risks and a multitude of different working shifts generate difficulties for health system management, which has a negative effect on service quality, thus compromising the satisfaction of the professionals involved (Júnior, et al., 2009) and agree with previous study which found that insufficient staffing and overwhelming workloads resulting in avoidable deaths and injury, causing nurses to abandon the profession, and compromising the health of the entire community (Armstrong, et al., 2009).

While the lowest three items are item number (7) " The daily burden of the emergency department is suitable for the number of working nurses in the department" with percentage 44.8%, followed by item number (1)" Number of nurses in emergency dept. is enough to provide quality health care for patients" with percentage 45.7%, followed by item number (5) "I have enough rest time at work due to the presence of enough nurses" with percentage 45.6%. This means that the mean degree of response to these items was less than the level of neutrality of (3) and this shows that there is disagreement by the respondents to these items. The researcher explains this result that the emergency department needs to increase the number of nurses to distribute work and reduce the daily burden on nursing, to improve the quality provided, and to improve the satisfaction of nurses and patients. This is consistent with the previous study which found that risks to

mortality, morbidity, and the occurrence of adverse events are all greatly increased when an inadequate number of nurses are available for the delivery of safe, quality care (Armstrong, 2009), with the previous study that revealed that a nurse's workload, skill mix, job advancement, and wages were some of the factors that had an influence on healthcare (Aiken, et al., 2012) and with Blake, et al. (2013) who found that under-staffing was related to adverse patient outcomes due to medical errors

Table (4.7): Distribution of the study participants according to their perception about the workflow design domain (n = 154).

No.	Workflow Design items	Mean	S. D	%	Rank
1.	The nature of working as a nurse in the emergency department is difficult	4.51	0.68	90.3	1
2.	Working in the emergency department requires the ability to deal with staff of both sexes.	4.32	0.59	86.4	2
3.	Working in the emergency department requires the ability to deal with patients of both sexes.	4.32	0.58	86.4	2
4.	I am forced to do tasks that are not part of my job description.	3.42	1.06	68.4	11
5.	Available periodic reports reflect the level of work achieved in the emergency department.	2.69	0.95	53.9	14
6.	The nurse's responsibility matches with the given powers and authorities.	2.88	1.08	57.5	13
7.	There is an understanding of the nurse role in the emergency dept. by other health team members.	3.29	0.98	65.8	12
8.	The level of cooperation between health team members is good.	3.74	0.80	74.8	7
9.	The level of doctors' confidence in nurse's abilities in the emergency department is high	3.76	0.92	75.2	6
10.	The level of patients and their family's confidence in the nurse's abilities is high.	3.57	0.88	71.4	10
11.	Working conditions negatively affect communication between health staff members in the emergency department.	3.66	0.79	73.2	9
12.	There is a good relationship between nurses in the emergency department	3.88	0.88	77.5	5
13.	There is a good relationship with the rest of the workers in the emergency department.	3.92	0.69	78.3	4
14.	There is enough information exchange among nurses regarding the care of patients in the emergency department.	3.73	0.96	74.5	8
	Total	**3.69**	**0.38**	**73.8**	

% = weighted mean

Table (4.7) shows that the weighted mean for perception about workflow Design was 73.8%, (mean: 3.69, SD: 0.38). Nurses perceived the items number 11, 12, 13,23 “The nature of working as a nurse in the emergency department is difficult”, “Working in the emergency department requires the ability to deal with staff of both sexes”, “Working in the emergency department requires the ability to deal with patients of both sexes” and “There is good relationship with the rest of the workers in the emergency department” were of the highest mean percentage ((%) = 90.3, (%) = 86.4, (%) = 86.4 and (%) = 78.3 respectively). This means that the mean degree of response to these items was greater than the degree of neutrality of (3) and this indicates that there is an agreement by the respondents to these items. The researcher found that the nature of emergency departments is difficult. This is true in emergency departments because of the stress of work and continuous flow of cases and dealing with different situations of ages and genders, and also found that there are good relationships with nursing and other providers, this is good because collaboration between service providers improves the service provided and increases patient satisfaction. Our results are consistent with the previous study which revealed that emergency departments are particularly stressful environments, with increasing numbers and acuity of emergency departments’ presentations resulting in high pressure and high-volume workloads (Crilly, et al., 2014) and previous study which revealed that poor working conditions, high number of patients, unhealthy and insecure environment and this leads to a feeling of discouragement that influences the quality of care (Furtado & Júnior, 2010).

And items number 15, 16,17, and 14 “Available periodic reports reflect the level of work achieved in the emergency department”, “The nurse's responsibility matches with the given powers and authorities”, “There is an understanding of nurse role in emergency dept. by other health team members” and “I am forced to do tasks that are not part of my job

description" were of the lowest mean percentage ((%) = 53.9, (%) = 57.5, (%) = 65.8, and (%) = 68.4 respectively). the items of 15 &16 were less than the level of neutrality of (3) this shows that there is disagreement by the respondents to these items. The items of 17 &14 were greater than the degree of neutrality of 3 this indicates that there is an agreement by the respondents to these statements. Our findings show that the emergency department does not have periodic reports on the level of achievement in the department and there is no clear list of nursing responsibilities and authorities. This is from the point of view of the researcher reason that nursing is forced to do tasks outside his or her responsibilities .This is agreeing with the results of Elfering, et al. (2014) who found that workflow interruptions are likely to trigger errors in nursing. They recommended compliance with safety regulations and workflow design to reduce accident and improve safety of nurses and patients and it was consistent with Cain & Haque (2008) who found that conscious workflow design improves the efficiency of existing work processes and enable parallelization of work. In designing such systems, researchers emphasize the importance of clearly defining roles and responsibilities. Designing workflow is of critical importance to all roles in a health care organization, because the effects of decisions by an expert in one role may have downstream effects on others.

Table (4.8): Distribution of the study participants according to their perception about the physical environment domain (n = 154).

No.	Physical Environment items	Mean	S. D	%	Rank
11.	Workspace in the emergency dept. helps me in the implementation of the required daily tasks.	2.54	1.07	50.8	7
12.	Furniture (Beds, chairs, offices) is comfortable enough to finish my duties without getting tired until the end of shift.	2.25	1.01	45.1	11
13.	Distribution of furniture in the department facilitates the performance of the required tasks.	2.88	1.16	57.5	3
14.	The architectural design of the emergency department helps me to work comfortably.	2.50	1.06	50.0	8
15.	Beds distribution in the emergency department convenient to work comfortably.	2.78	1.06	55.6	4
16.	The emergency department has enough number of bathrooms.	2.32	1.13	46.5	10
17.	There is a place for break time in the emergency department for nurses.	2.61	1.22	52.2	6
18.	The emergency department has a convenient place for nurses to change clothes	2.75	1.24	55.1	5
19.	The emergency department is air-conditioned in winter and in summer.	3.04	1.23	60.8	2
20.	The emergency department is quiet and has no noise.	1.58	0.80	31.6	14
21.	The emergency department has Adequate lighting	3.32	1.15	66.5	1
22.	Safety procedures and occupational prevention are available in the emergency department	2.49	1.00	49.7	9
23.	Nurses in the emergency department are less likely to be infected at work because of the infection control system.	2.16	0.97	43.1	12
24.	Nurses in the emergency department are less likely to be assault because of security.	1.72	0.91	34.4	13
	Total	**2.50**	**0.59**	**49.9**	

% = weighted mean

Table (4.8) shows that the weighted mean for total perception about workforce staffing was 49.9%, (mean: 2.50, SD: 0.59). Nurses perceived the items number 35, 33, and 27; “The emergency department has Adequate lighting”, “The emergency department is air-conditioned in winter and in summer”, and “distribution of furniture in the department facilitates the performance of the required tasks” were of the highest mean percentage ((%) = 66.5, (%) = 60.8, and (%) = 57.5 respectively). The items of 35 & 33 were greater than the degree of neutrality of (3) and this indicates that there is an agreement by respondents to these items. The item of 27 was less than the level of neutrality of (3) and

this shows that there is disagreement by the respondents to these items. Our results showed that nursing responses in emergency departments are not satisfactory to the emergency department design, furniture (beds, chairs, offices) and their responses also indicated the absence of security personnel in the emergency. The researcher believes that these things are important to work in the emergency department, for example, the presence of security personnel in the emergency department continuously reduces assault on nursing as well as furniture and ventilation system and air conditioning reduces fatigue and work pressure and increases the satisfaction of employees. This is consistent with the previous study which found significant relationships between environmental factors of (odor, noise, light, and color) and perceived stress, perceived stress and job satisfaction, job satisfaction and turnover intention, and perceived stress and turnover intention (Applebaum, et al., 2010). Also, it was agreed with the previous study. Furniture: Chairs, Desks, Shelves, Drawers, etc. all are included in office furniture and all of these are responsible for the increase and decrease of employee's productivity as well as organizational functioning. ergonomics of the furniture does not only increase the productivity of employees but also reduces the chances of any incident which can harm employees; therefore, employees will remain comfortable and motivated to perform better at work (Saha, 2016). Lightening is treated as one of the most important elements for creating comfort for employees at work. But it depends upon the condition that, the available light is helpful or harmful for productivity (Sultan, et al., 2016). Natural as well as artificial light affects the performance work. (Akhtar, et al., 2014). Dim light can create fatigue and can also harm the level of productivity at work (Saha, 2016). And Correspond to Sarode & Shirsath (2012) who found that there are numerous negative impacts of poor air quality on employee's health such as problems that can cause respiratory issues, headaches, and fatigue which can cause a decrease in employees' productivity. Temperature, humidity, and ventilation. These dimensions are associated with air quality as a higher level of heat at the workplace might result in decreased employee motivation and also can diminish the level of concentration

employees to pay to work, and can also give birth to several heart-related problems in employees.

While the lowest rankings were items number 34, 38, and 37." The emergency department is quiet and has no noise", "Nurses in the emergency department are less likely to be assault because of security", "Nurses in the emergency department are less likely to be infected at work because of the infection control system" ((%) = 31.6, (%) = 34.4 and (%) = 43.1 respectively). This means that the mean degree of response to these items was less than the level of neutrality of (3) and this shows that there is disagreement by the respondents to these paragraphs. The results showed that nursing in the emergency departments did not agree that the emergency department is quiet and there is no assault on nursing from the patient or escorts. The researcher believes that this is true because the emergency departments are not quiet because of the continued flow of cases to the emergency department with their escorts and thus lead to overcrowding emergency departments and this increases the assault on service providers. The researcher believes that this is also due to the lack of an effective triage system and the lack of security personnel. This agreed with the previous study that showed that noise can produce a hazardous effect on human health (Sehgal, 2012), and consistent with "high levels of noise result in less productivity, irritation, and an increase in the level of stress" (Saha, 2016) and with "Since rates of assault correlate with patient contact time, nurses and nursing aides are victimized at the highest rates" (Kowalenko, et al., 2013). In addition, agreed with "violence against health care workers occurs in virtually all settings, with the emergency department (ED) and inpatient psychiatric settings having the most recorded incidents" (Phillips, 2016).

Table (4.9): Distribution of the study participants according to their perception about organizational factors domain (n = 154).

No.	Organizational Factors items	Mean	S. D	%	Rank
25.	Good nurses are appreciated by nursing administration	2.13	0.97	42.6	10
26.	Nurses have sufficient knowledge of their legal rights	2.62	0.94	52.5	9
27.	There is a clear nursing organizational structure in the emergency department.	2.90	1.00	58.1	6
28.	Justice standards are applied in promotions and salaries	2.08	0.96	41.7	11
29.	There is a high level of moral incentives that encourage nursing practice	1.88	0.76	37.5	12
30.	Some nursing managers use authoritarian style with subordinates	3.26	1.18	65.2	4
31.	There are few managers who have a clear vision for nursing	2.77	1.13	55.5	7
32.	Head nurse of emergency department encourages teamwork	3.28	1.09	65.6	3
33.	Before starting work in the department, new nurses get an induction program.	3.66	1.03	73.1	1
34.	I know exactly the limits of my responsibility at work	3.39	0.99	67.7	2
35.	My suggestions and my opinions relating to the patient care are taken into consideration by management	2.65	1.08	53.0	8
36.	Contact and communication with the administration of nursing at the hospital is easy	3.05	1.21	60.9	5
	Total	**2.80**	**0.56**	**56.1**	

% = weighted mean

Table (4.9) shows that the weighted mean for perception about workforce staffing was 56.1 %, (mean: 2.80, SD: 0.56). According to the results the highest item was number (47) "Before starting work in the department, new nurses get induction program " with weighted mean 73.1%, followed by item number (48) "I know exactly the limits of my responsibility at work" with weighted mean 67.7%, followed by item number (46) "Head nurse of emergency department encourages teamwork" with weighted mean 65.6%. This means that the mean degree of response to these items was greater than the degree of neutrality of (3) and this indicates that there is an agreement by respondents to these items. Our results showed that the nursing department received an orientation program before

working in the department. The researcher believes that this is important for the nursing to know the department and the responsibilities assigned to them and increase commitment and satisfaction with the work. He also showed that the nurses know their responsibilities because of the importance of the orientation program taken by nurses before working in the department and it also showed that some heads of emergency departments encourage nurses and teamwork. The researcher believes that motivation and teamwork help the nurse to provide the best and increase satisfaction and reduce work stress. All this leads to improved working conditions surrounding nursing. This is consistent with the previous study which found that orientation programs have the potential to develop good communications with the newly recruited nurses, to introduce organizational goals, policies, and procedures, to convey responsibilities and expectations clearly and to provide the newly recruited nurses with information that will ease the transition into practice and enhance commitment (Xie, et al., 2018). Poor transition of newly recruited nurses into practice may also increase the risks of practice errors or lapses in patients' safety (National Council of State Boards of Nursing, 2015). Also, it was agreed with the previous study which reported that lack of communication, nurse shortages, and micromanagement increase the chance of medication errors and effective communication with nurse leaders, managers, and patients provides a stress-free working environment that results in a better care for patients (Nicole, 2016), agreed with the previous study which found that working environment characteristics, such as perceived support from the supervisors, have a high positive impact on the employees' commitment (Tucker et al., 2010) and with Blake, et al. (2013) who revealed that a perception of good leadership had an influence on the nurses' work environment and their intentions to be retained in their workplace. It also revealed that nurses' empowerment is associated with greater responsibilities and influences the relationship with the nurses' commitment to the healthcare organization.

While the lowest item was number (43) "There is high level of moral incentives that encourage nursing practice" with weighted mean 37.5 %, followed by item (42) "Justice standards are applied in promotions and salaries" with weighted mean 41.7% and followed by item (39) "Good nurses are appreciated by nursing administration" with weighted mean 42.6%. This means that the mean degree of response to these items was less than the level of neutrality of 3 and this shows that there is disagreement by the respondents to these items. Nursing responses have shown that physical and moral incentives, promotions and salaries are low. The researcher believes that this is due to the difficult economic conditions in the Gaza Strip. However, employees should be encouraged as much as possible because this reduces burnout and turnover and increases employee satisfaction with nursing management. This is consistent with the previous study which found that improvement of the work environment can influence morale, job satisfaction, patient outcomes, and the retention of professional nurses. In addition, nurses can resolve their individual problems within their work environment when administration and management promote autonomy and empowerment for nursing professionals (Erenstein & McCaffrey, 2007) and agreed with Barnes & Lefton (2013) who found that nurses may feel more fulfilled in their profession if the organizational structure is changed to enhance independent practice environments, recognition of professional status, and provision of financial incentives.

Table (4.10): Distribution of the study participants according to their perception about the personal factor's domain (n = 154).

No.	Personal Factors items	Mean	S. D	%	Rank
37.	I have a lot of pressure in my work in the emergency department.	4.00	0.80	80.0	6
38.	The Great Return March increased the pressure of work in the emergency department	4.50	0.62	90.0	2
39.	Nurses working in the emergency department are exposed to psychological pressures during caring with patients and their families	4.52	0.62	90.5	1
40.	Nurses working in the emergency department are exposed to physical assault by patients and their families	4.24	0.71	84.8	4
41.	Nurses working in the emergency department are exposed to verbal assault by patients and their families	4.44	0.52	88.8	3
42.	I have the required skills to deal with emergency cases efficiently and work under pressure	4.12	0.82	82.3	5
43.	I need more training on skills relating to work in the emergency department	3.71	0.95	74.3	8
44.	Job tasks that I do are meaningful to me	3.82	0.84	76.4	7
45.	I am satisfied with my work in the emergency department.	3.29	1.13	65.8	9
46.	I would recommend my colleagues to work in the emergency departments	3.12	1.22	62.3	10
	Total	**3.98**	**0.45**	**79.5**	

% = weighted mean

Table (4.10) shows that the weighted mean for perception about personal Factors was 79.5 %, (mean: 3.98, SD: 0.45). According to the results, the highest item was number (53) "Nurses working in the emergency department are exposed to psychological pressures during caring with patients and their families" with weighted mean 90.5%, followed by item number (52) "The Great Return March increased the pressure of work in the emergency department" with weighted mean 90.0%, followed by item number (55) "Nurses working in the emergency department are exposed to verbal assault by patients and their families" with weighted mean 88.8%. This means that the mean degree of response to these items was greater than the degree of neutrality of 3 and this indicates that there is an agreement by respondents to these items. Through the nurses' responses to

personal factors, the nurses in the emergency department were exposed to psychological stress and verbal abuse, as well as Great Return March increased the work pressure on nursing. The researcher believes that this is because of the nature of the emergency department and the flow of cases continuously and the lack of nursing number and the lack of security all this causes psychological and physical pressure on the nurse and this may affect the quality of work and the satisfaction of nurses and may lead to job burnout and turnover.

While the lowest item was number (60) "I would recommend my colleagues to work in the emergency departments" with weighted mean 62.3 %, followed by item (42) "I am satisfied with my work in the emergency department" with weighted mean 65.8%. This means that the mean degree of response to these paragraphs was greater than the degree of neutrality of (3) and this shows that there is agreed by the respondents to these items. This is consistent with Wilkinson, (2014) who found that personal life and staff exposure to traumatic events were of the main stressors of nurses. Their effects on nurses include burnout, compassion fatigue, somatic complaints, mental health problems and difficulties in life outside work, and agreed with the previous study which found that threatening and assaultive behaviors against health care workers are a growing national concern that impacts retention and engagement of the workforce and affects patient safety and health care quality (Phillips, 2016), and with the previous study which found that verbal abuse or harassment from supervisors, from coworkers, or from patients may lead to negative emotional coping behaviors (e.g., anger, humiliation, shame, and frustration) and negative physical health symptoms (e.g., stomach pain, headaches, and difficulty in sleeping) (Khubchandani & Price, 2014), also with the study which found that the very nature of nurses' work can also induce stress, in addition, consistent with previous study which found that nurses often experience low levels of autonomy and low control over their job,

experience poor communication among members of the health care team, and often deal with demanding and/or uncooperative family members of patients. Such work-related stressors increase nurses' feelings and perceptions of being overworked and stressed (Coverdale, et al., 2009).

4.3. Differences between areas of work conditions and nurses' demographic characteristics

Table (4.11): Comparison between mean scores of gender perceptions of all working conditions domains (n = 154).

Gender		N	Mean	S. D	%	T	p- value
Workforce staffing	Male	127	3.07	0.44	61.4	-0.84	0.404
	Female	27	3.15	0.45	63.0		
Workflow Design	Male	127	3.68	0.39	73.6	-0.78	0.435
	Female	27	3.74	0.32	74.9		
Physical Environment	Male	127	2.42	0.55	48.4	-3.49	**0.001***
	Female	27	2.84	0.63	56.8		
Organizational Factors	Male	127	2.78	0.56	55.6	-1.24	0.215
	Female	27	2.93	0.56	58.5		
Personal Factors	Male	127	3.98	0.46	79.7	0.53	0.594
	Female	27	3.93	0.45	78.7		
Total means	Male	127	3.16	0.34	63.1	-2.03	0.04
	Female	27	3.30	0.34	66.0		

(Independent t-test) *significant at 0.05

Table (4.11) showed a Mean difference in nurses' perceptions of all working conditions domains related to their gender. independent t-test illustrated there are statistically significant differences between gender perception in the third domain (physical environment) (p = 0.001) in favor of the female. While there is no statistical significance difference between the rest of the domains. Our results are not consistent with the results of a study Al Jabaly (2014) which assessed the working conditions of nurses in the surgical departments and did not found significant differences between the working conditions in

the surgical departments and the gender of nurses. In return findings are consistent with the previous study which found significant associations between nurses' with regard to work-related stress and gender, work shift, illness, marital status, and worksite or unit because female nurses were more stressed than males; this may be due to female nurses being working mothers who bear a greater and more diffuse work load than men, or all women because they have multiple roles in the family and society. (Salilih & Abajobir, 2014).

Table (4.12): Comparison between mean scores of marital status perceptions of all working conditions domains (n = 154).

Marital status		N	Mean	S. D	%	T	P- value
Workforce staffing	Single	31	3.22	0.43	64.4	1.94	0.867
	Married	123	3.05	0.44	61.0		
Workflow Design	Single	31	3.59	0.49	71.8	-1.71	0.440
	Married	123	3.72	0.34	74.4		
Physical Environment	Single	31	2.47	0.51	49.3	-0.32	0.124
	Married	123	2.50	0.61	50.1		
Organizational Factors	Single	31	2.85	0.55	57.0	0.53	0.422
	Married	123	2.79	0.56	55.8		
Personal Factors	Single	31	3.94	0.38	78.8	-0.47	0.226
	Married	123	3.98	0.47	79.7		
Total means	Single	31	3.18	0.35	63.5	-0.09	0.79
	Married	123	3.18	0.34	63.7		

(Independent t-test) *significant at 0.05

Mean difference in the nurses' perceptions towards working conditions domains at emergency departments related to their marital status pointed out in table (4.12). The results of independent t-test to compare mean differences between marital status perceptions of study domains shows that there are no statistically significant differences of mean scores between marital status perception and all working conditions domains

(p>0.05), This means that marital status did not affect nurses' perception of the domains of working conditions.

Table (4.13): Differences between working conditions domains and nurses' age categories. (n = 154).

Working conditions domains		N	Mean	S. D	%	F	p-value
Workforce staffing	less than 30	76	3.06	0.41	61.3	0.806	0.449
	30-39	63	3.07	0.41	61.5		
	≥ 40	15	3.22	0.66	64.4		
Workflow Design	less than 30	76	3.66	0.38	73.2	0.539	0.584
	30-39	63	3.73	0.36	74.5		
	≥ 40	15	3.70	0.42	74.1		
Physical Environment	less than 30	76	2.47	0.57	49.4	0.340	0.713
	30-39	63	2.50	0.55	50.0		
	≥ 40	15	2.60	0.80	52.1		
Organizational Factors	less than 30	76	2.80	0.50	56.0	0.341	0.712
	30-39	63	2.78	0.58	55.7		
	≥ 40	15	2.92	0.76	58.3		
Personal Factors	less than 30	76	4.00	0.43	80.1	0.588	0.556
	30-39	63	3.93	0.47	78.6		
	≥ 40	15	4.03	0.53	80.5		
Total means	less than 30	76	3.17	0.32	63.4	0.488	0.615
	30-39	63	3.18	0.33	63.6		
	≥ 40	15	3.26	0.47	65.3		

(One-way ANOVA test) *significant at 0.05

Mean difference in the nurses' perceptions towards working conditions domains at emergency departments related to their age pointed out in table (4.13). One-way ANOVA test showed there are no statistically significant differences (more than 0.05) between the mean of the study sample responses on working conditions domains related to their age.

This means that the age of nurses did not affect domains of work conditions. Our results are not consistent with the results of a study (Al Jabaly, 2014) which assessed the working conditions of nurses in the surgical departments and found that There were statistically significant differences between age groups and organizational factors.

Table (4.14): Differences between working conditions domains and nurses' place of residence (n = 154).

Working conditions domains		N	Mean	S. D	%	F	P-Value
Workforce Staffing	North	43	3.20	0.45	63.9	(2.38)	0.054
	Gaza	21	2.91	0.46	58.3		
	Mid-zone	30	3.17	0.40	63.3		
	khan-Younis	29	2.96	0.35	59.2		
	Rafah	31	3.08	0.48	61.5		
Workflow Design	North	43	3.08	0.44	74.9	(2.63)	**0.037***
	Gaza	21	3.74	0.29	72.5		
	Mid-zone	30	3.63	0.34	70.4		
	khan-Younis	29	3.52	0.35	75.4		
	Rafah	31	3.77	0.36	75.2		
Physical Environment	North	43	3.76	0.49	49.5	(2.85)	**0.026***
	Gaza	21	3.69	0.38	46.7		
	Mid-zone	30	2.47	0.63	47.1		
	khan-Younis	29	2.34	0.38	55.9		
	Rafah	31	2.36	0.52	49.8		
Organizational Factors	North	43	2.80	0.67	56.9	(1.93)	0.108
	Gaza	21	2.49	0.55	54.2		
	Mid-zone	30	2.50	0.59	54.2		
	khan-Younis	29	2.85	0.60	53.6		
	Rafah	31	2.71	0.38	60.3		
Personal Factors	North	43	2.71	0.55	78.8	(2.46)	**0.048***
	Gaza	21	2.68	0.59	76.5		
	Mid-zone	30	3.02	0.55	79.2		
	khan-Younis	29	2.80	0.56	83.9		
	Rafah	31	3.94	0.38	78.8		
Total means	North	43	3.2	0.4	64.2	(1.77)	0.143
	Gaza	21	3.1	0.3	61.1		
	Mid-zone	30	3.1	0.3	62.0		
	khan-Younis	29	3.3	0.3	65.2		
	Rafah	31	3.2	0.4	64.6		

(One-way ANOVA test) *significant at 0.05

Mean difference in the nurses' perceptions towards working conditions domains at emergency departments related to their place of residence pointed out in table (4.14). One-way ANOVA test showed there were statistically significant differences between nurses'

perception of the second domain of working conditions (Workflow Design) with related to their place of residence (p-value = 0.037), third domain (Physical Environment) (p-value = 0.026) and fifth domain (Personal Factors) (p-value = 0.048). While there is no statistical significance difference between the rest of the domains (p>0.05).

Post Hoc test matrix least difference (LSD) was done to know the direction of the differences between the place of residence groups. The results were showed that there is statistically significant difference between place of residence groups of the second domain " Workflow Design " between Mid-zone with both Rafah and khan-Younis (mean =3.077, sig. at 0.009, mean =2.96, sig. at 0.012, respectively) in favor to Mid-zone (mean =3.16) and showed that there is statistically significant difference between place of residence groups of the second domain " Workflow Design " between Mid-zone with North in favor to North (mean =3.1 sig. at 0.011).

Also, the results were showed that there is statistically significant difference between place of residence groups of the third domain " Physical Environment " between khan-Younis with North, Gaza, Mid-zone, and Rafah (mean =2.47, sig. at 0.021, mean =2.33, sig. at 0.006, mean =2.35, sig. at 0.004, mean =2.48, sig. at 0.04, respectively) in favor to khan-Younis (mean =2.79). In addition, the results were showed that there is statistically significant difference between place of residence groups of the fifth domain " Personal Factors " between khan-Younis with North, Gaza, Mid-zone and Rafah (mean =3.93, sig. at 0.019, mean =3.82, sig. at 0.004, mean =3.95, sig. at 0.046, mean =3.94, sig. at 0.031, respectively) in favor to khan-Younis (mean =4.19) and showed that there is statistically significant difference between place of residence groups of the fifth domain " Personal Factors " between Rafah with Mid-zone in favor to Mid-zone (mean = 3.95).

Table (4.15): Differences between working conditions domains and nurses' qualifications (n = 154).

Working conditions domains		N	Mean	S. D	%	F	p-value
Workforce staffing	Diploma	34	3.19	0.48	63.8	(1.27)	0.282
	Bachelor degree	115	3.06	0.43	61.1		
	Master	5	3.00	0.38	60.0		
Workflow Design	Diploma	34	3.73	0.28	74.7	(0.36)	0.692
	Bachelor degree	115	3.68	0.40	73.5		
	Master	5	3.76	0.40	75.1		
Physical Environment	Diploma	34	2.80	0.49	56.0	(8.04)	**0.000***
	Bachelor degree	115	2.43	0.58	48.6		
	Master	5	1.96	0.35	39.1		
Organizational Factors	Diploma	34	3.06	0.41	61.2	(5.76)	**0.004***
	Bachelor degree	115	2.75	0.58	54.9		
	Master	5	2.40	0.53	48.0		
Personal Factors	Diploma	34	3.89	0.39	77.8	(0.94)	0.393
	Bachelor degree	115	3.99	0.47	79.9		
	Master	5	4.12	0.39	82.4		
Total means	Diploma	34	3.32	0.29	66.3	(3.96)	**0.021***
	Bachelor degree	115	3.15	0.35	63.0		
	Master	5	3.00	0.20	60.0		

(One-way ANOVA test) *significant at 0.05

Mean difference in the nurses' perceptions towards working conditions domains at emergency departments related to their qualifications pointed out in table (4.15). One-way ANOVA test showed there were statistically significant differences between nurses'

perception of the third domain of working conditions (Physical Environment) with related to their qualifications (p-value = 0.000) and fourth domain (Organizational Factors) (p-value = 0.004). While there is no statistical significance difference between the rest of the domains. Our results are consistent with the results of a study (Al Jabaly, 2014) which assessed the working conditions of nurses in the surgical departments and found that There were statistically significant differences between qualifications and physical Environment and They did not agree with the results of a study (Al Jabaly, 2014) which assessed the working conditions of nurses in the surgical departments and found that There were no statistically significant differences between Qualifications and organizational factors.

Table (4.16): The direction of the differences between qualifications groups perception.

Variable	**Qualifications**		**p-value**
Physical Environment	**Diploma** Mean (2.79)	**Bachelor degree** Mean (2.42)	0.001*
	Diploma Mean (2.79)	**Master** Mean (1.95)	0.002*
Organizational Factors	**Diploma** Mean (3.05)	**Bachelor degree** Mean (2.74)	0.004*
	Diploma Mean (3.05)	**Master** Mean (2.40)	0.012*

Post Hoc test matrix least difference (LSD) was done to know the direction of the differences between qualifications groups perception. Table (4.16), shows that there is a statistically significant difference of qualifications groups between diploma with both bachelor and master degree (mean =2.42, at sig. level 0.001, mean =2.40, at sig. level 0.002 respectively) of the third domain "physical environment" in favor towards diploma (mean =2.79) also showed that there is a statistically significant difference of qualifications groups between diploma with both bachelor and master degree (mean =2.74, at sig. level 0.004, mean =2.40, at sig. level 0.012 respectively) of the third domain "Organizational Factors" in favor towards the diploma (mean =3.05).

Table (4.17): Differences between working conditions domains and nurses' job title (n = 154).

Working conditions domains		N	Mean	S. D	%	F	p-value
Workforce staffing	Practical Nurse	34	3.19	0.48	63.8	(2.45)	0.066
	BSN	110	3.03	0.39	60.6		
	Head nurse	7	3.39	0.84	67.7		
	Nursing supervisor	3	3.20	0.36	64.0		
Workflow Design	Practical Nurse	34	3.73	0.28	74.7	(1.29)	0.280
	BSN	110	3.66	0.40	73.2		
	Head nurse	7	3.87	0.37	77.3		
	Nursing supervisor	3	3.93	0.26	78.6		
Physical Environment	Practical Nurse	34	2.80	0.49	56.0	(4.32)	**0.006***
	BSN	110	2.41	0.58	48.3		
	Head nurse	7	2.28	0.77	45.5		
	Nursing supervisor	3	2.55	0.43	51.0		
Organizational Factors	Practical Nurse	34	3.06	0.41	61.2	(3.63)	**0.014***
	BSN	110	2.71	0.57	54.3		
	Head nurse	7	2.95	0.79	59.0		
	Nursing supervisor	3	2.86	0.32	57.2		
Personal Factors	Practical Nurse	34	3.89	0.39	77.8	(0.77)	0.511
	BSN	110	3.99	0.47	79.8		
	Head nurse	7	4.10	0.58	82.0		
	Nursing supervisor	3	4.17	0.12	83.3		
Total means	Practical Nurse	34	3.32	0.29	66.3	(2.97)	**0.031***
	BSN	110	3.13	0.35	62.6		
	Head nurse	7	3.27	0.37	65.4		
	Nursing supervisor	3	3.31	0.11	66.2		

(One-way ANOVA test) *significant at 0.05

Mean difference in the nurses' perceptions towards working conditions domains at emergency departments related to their job title pointed out in table (4.17). One-way ANOVA test showed there were statistically significant differences between nurses' perception of the third domain of working conditions (Physical Environment) with related to their job title (p-value = 0.006) and fourth domain (Organizational Factors) (p-value = 0.014). While there is no statistical significance difference between the rest of the domains.

Our results are agreeing with the results of a study (Al Jabaly, 2014) which assessed the working conditions of nurses in the surgical departments and found that There were statistically significant differences between job title and Physical Environment and organizational factors. They did not agree with the results of a study (Al Jabaly, 2014) which found that There were statistically significant differences between job title and Workforce staffing.

Table (4.18): The direction of the differences between job title groups.

Variable	Job title				p-value
Physical Environment	**Practical Nurse**	Mean (2.79)	**BSN**	Mean (2.41)	0.001*
	Practical Nurse	Mean (2.79)	**Head nurse**	Mean (2.27)	0.028*
Organizational Factors	**Practical Nurse**	Mean (3.05)	**BSN**	Mean (2.71)	0.002*

Post Hoc test matrix least difference (LSD) was done to know the direction of the differences between qualifications groups perception. Table (4.18), shows that there is statistically significant difference between job title groups of third domain "Physical Environment" between practical nurse with both, head nurse and BSN (mean =2.41, sig. at 0.001, mean =2.27, sig. at 0.028 respectively) in favor to practical nurse (mean =2.79) also showed that there is a statistically significant difference between job title groups of the fourth domain "Organizational Factors" between practical nurse and BSN in favor of practical nurse (mean =3.05, at sig. 0.002). The researcher believes that the preference for the practical nurses over bachelor (BNS) and the head nurses, due to the lack of knowledge they have that influenced their perceptions compared to knowledge and administrative awareness of the bachelor and head nurses.

Table (4.19): Differences between working conditions domains and nurses' number of years working in ED (n = 154).

Working conditions domains		N	Mean	S. D	%	F	P-value
Workforce staffing	1-5 years	87	3.06	0.39	61.3	(0.27)	0.848
	6-10 years	46	3.10	0.50	62.0		
	11-15 years	17	3.15	0.50	63.1		
	> 15 years	4	3.00	0.54	60.0		
Workflow Design	1-5 years	87	3.68	0.36	73.7	(0.30)	0.826
	6-10 years	46	3.71	0.39	74.3		
	11-15 years	17	3.71	0.38	74.1		
	> 15 years	4	3.54	0.62	70.7		
Physical Environment	1-5 years	87	2.54	0.52	50.8	(1.55)	0.205
	6-10 years	46	2.43	0.68	48.6		
	11-15 years	17	2.34	0.45	46.8		
	> 15 years	4	2.95	1.05	58.9		
Organizational Factors	1-5 years	87	2.88	0.48	57.6	(2.46)	0.065
	6-10 years	46	2.63	0.63	52.6		
	11-15 years	17	2.81	0.50	56.2		
	> 15 years	4	3.10	1.12	62.1		
Personal Factors	1-5 years	87	3.97	0.42	79.4	(0.76)	0.520
	6-10 years	46	4.04	0.53	80.7		
	11-15 years	17	3.85	0.36	77.1		
	> 15 years	4	3.88	0.66	77.5		
Total means	1-5 years	87	3.20	0.30	64.0	(0.41)	0.752
	6-10 years	46	3.15	0.40	63.0		
	11-15 years	17	3.14	0.28	62.8		
	> 15 years	4	3.28	0.75	65.6		

(One-way ANOVA test) *significant at 0.05

Mean difference in the nurses' perceptions towards working conditions domains at emergency departments related to their number of years working in ED pointed out in table (4.19). One-way ANOVA test showed there are no statistically significant differences of mean scores between nurses' number of years working in emergency departments of all working conditions domains ($p>0.05$), This means that years of experience did not affect nurses' perception of the domains of working conditions. Our results are consistent with

the results of a study (Al Jabaly, 2014) which assessed the working conditions of nurses in the surgical departments and did not find significant differences between the working conditions in the surgical departments and nurses' years of experience.

Table (4.20): Differences between working conditions domains and nurses' weekly work hours (n = 154).

Weekly work hours		N	Mean	S. D	%	t	P-value
Workforce staffing	35	114	3.10	0.41	62.0	(0.815)	0.416
	more than 35	40	3.04	0.51	60.7		
Workflow Design	35	114	3.69	0.37	73.9	(0.122)	0.902
	more than 35	40	3.69	0.38	73.7		
Physical Environment	35	114	2.54	0.60	50.8	(1.52)	0.130
	more than 35	40	2.38	0.53	47.5		
Organizational Factors	35	114	2.84	0.58	56.8	(1.29)	0.119
	more than 35	40	2.71	0.50	54.1		
Personal Factors	35	114	3.96	0.46	79.2	(0.673)	0.502
	more than 35	40	4.02	0.44	80.4		
Total means	35	114	3.20	0.36	64.0	1.085	0.280
	more than 35	40	3.13	0.27	62.6		

(Independent t-test) *significant at 0.05

Mean difference in the nurses' perceptions towards working conditions domains at emergency departments related to their weekly work hours pointed out in table (4.20). Independent t-test showed there are no statistically significant differences of mean scores between weekly work hours perception and all working conditions domains ($p>0.05$), This means that weekly working hours did not affect nurses' perception of the domains of

working conditions. Our results are not agreeing with the results of a study (Al Jabaly, 2014) which assessed the working conditions of nurses in the surgical departments and found that there were statistically significant differences between working hours and organizational factors.

Table (4.21a): Differences between working conditions domains and nurses' month income (n = 154).

Working conditions domains		**N**	**Mean**	**S. D**	**%**	**F**	**p-value**
Workforce staffing	less than 1000 NIS	8	3.26	0.75	65.3	(2.87)	0.025*
	1000-1500 NIS	124	3.04	0.41	60.8		
	1501-2000 NIS	15	3.23	0.39	64.7		
	2001-2500 NIS	4	3.00	0.34	60.0		
	2501-3000 NIS	3	3.73	0.32	74.7		
Workflow Design	less than 1000 NIS	8	3.85	0.29	77.0	(1.94)	0.106
	1000-1500 NIS	124	3.66	0.37	73.2		
	1501-2000 NIS	15	3.90	0.46	78.1		
	2001-2500 NIS	4	3.73	0.38	74.6		
	2501-3000 NIS	3	3.57	0.12	71.4		
Physical Environment	less than 1000 NIS	8	2.52	0.50	50.4	(2.98)	0.021*
	1000-1500 NIS	124	2.43	0.55	48.6		
	1501-2000 NIS	15	2.94	0.67	58.8		
	2001-2500 NIS	4	2.48	0.97	49.6		
	2501-3000 NIS	3	2.88	0.41	57.6		

(One-way ANOVA test) *significant at 0.05

Table (4.21b): Differences between working conditions domains and nurses' month income (n = 154).

Working conditions domains		N	Mean	S. D	%	F	p-value
Organizational Factors	less than 1000 NIS	8	3.03	0.49	60.6	(2.15)	0.087
	1000-1500 NIS	124	2.75	0.53	55.0		
	1501-2000 NIS	15	3.06	0.70	61.1		
	2001-2500 NIS	4	2.69	0.91	53.8		
	2501-3000 NIS	3	3.33	0.29	66.7		
Personal Factors	less than 1000 NIS	8	3.90	0.48	78.0	(0.86)	0.488
	1000-1500 NIS	124	3.95	0.44	79.1		
	1501-2000 NIS	15	4.12	0.55	82.4		
	2001-2500 NIS	4	4.25	0.51	85.0		
	2501-3000 NIS	3	3.97	0.15	79.3		
Total means	less than 1000 NIS	8	3.29	0.24	65.7	(3.42)	**0.013***
	1000-1500 NIS	124	3.14	0.32	62.7		
	1501-2000 NIS	15	3.43	0.43	68.7		
	2001-2500 NIS	4	3.20	0.54	63.9		
	2501-3000 NIS	3	3.46	0.21	69.1		

(One-way ANOVA test) *significant at 0.05

Mean difference in the nurses' perceptions towards working conditions domains at emergency departments related to their salary pointed out in table (4.21). One-way ANOVA test showed there are statistically significant differences between nurses' salaries categories of their perceptions of the first domain of working conditions (Workforce staffing) (p-value = 0.025) and third domain (Physical Environment) (p-value = 0.021). While there is no statistical significance difference between the rest of the domains (p>0.05). Our results do not agree with the results of a study (Al Jabaly, 2014) which assessed the working conditions of nurses in the surgical departments and found that There

were statistically significant differences between Salary and organizational factors and They did not consistent with the results of a study (Al Jabaly, 2014) which did not find significant differences between Salary and workforce staffing and Physical Environment.

Table (4.22): The direction of the differences in monthly income categories

Dependent Variable	Salary		p-value
Workforce staffing	**1000-1500 NIS** Mean (3.04)	**2501-3000 NIS** Mean (3.73)	0.006*
	2001-2500 NIS Mean (3.00)	**2501-3000 NIS** Mean (3.73)	0.027*
	2501-3000 NIS Mean (3.73)	**1000-1500 NIS** Mean (3.04)	0.006*
	2501-3000 NIS Mean (3.73)	**2001-2500 NIS** Mean (3.00)	0.027*
Workflow Design	**1000-1500 NIS** Mean (3.65)	**1501-2000 NIS** Mean (3.90)	0.016*
	1501-2000 NIS Mean (3.90)	**1000-1500 NIS** Mean (3.65)	0.016*
Physical Environment	**1000-1500 NIS** Mean (2.43)	**1501-2000 NIS** Mean (2.93)	0.001*

Post Hoc test matrix least difference (LSD) was done to know the direction of the differences in monthly income categories. Table (4.22), shows that there is statistically significant difference between monthly income categories of the first domain "Workforce staffing" between 1000-1500 NIS and 2501-3000 NIS in favor to 2501-3000 NIS (mean =3.73, at sig. level 0.006), and showed that there is statistically significant difference between monthly income categories of second domain "Workflow Design" between 1000-1500 NIS and 1501-2000 NIS in favor to 1501-2000 NIS (mean =3.90, sig. at 0.016). also showed that there is a statistically significant difference between monthly income categories of the third domain "Physical Environment" between 1000-1500 NIS and 1501-2000 NIS in favor of 1501-2000 NIS (mean =2.93, at sig. level 0.001).

Table (4.23a): Differences between working conditions domains and nurses' workplace (Name of hospital) (n = 154).

Working conditions domains		N	Mean	S. D	%	F	P-value
Workforce staffing	Indonesian Hospital	26	3.21	0.55	64.2	(1.66)	0.135
	Beit Hanoun Hospital	12	3.20	0.23	64.0		
	Al Shifa Medical Complex	35	2.96	0.40	59.1		
	Al - Aqsa Martyrs Hospital	22	3.22	0.43	64.4		
	Nasser Medical Complex	27	2.99	0.35	59.8		
	Gaza European Hospital	17	3.02	0.37	60.4		
	AL-Najjar Hospital	15	3.11	0.59	62.3		
Workflow Design	Indonesian Hospital	26	3.77	0.27	75.4	(3.04)	0.008*
	Beit Hanoun Hospital	12	3.80	0.22	76.0		
	Al Shifa Medical Complex	35	3.61	0.34	72.1		
	Al - Aqsa Martyrs Hospital	22	3.46	0.35	69.2		
	Nasser Medical Complex	27	3.81	0.38	76.3		
	Gaza European Hospital	17	3.67	0.61	73.4		
	AL-Najjar Hospital	15	3.82	0.23	76.4		
Physical Environment	Indonesian Hospital	26	2.44	0.75	48.8	(5.16)	0.000*
	Beit Hanoun Hospital	12	2.67	0.29	53.5		
	Al Shifa Medical Complex	35	2.30	0.41	46.1		
	Al - Aqsa Martyrs Hospital	22	2.34	0.53	46.8		
	Nasser Medical Complex	27	2.98	0.69	59.7		
	Gaza European Hospital	17	2.37	0.39	47.3		
	AL-Najjar Hospital	15	2.40	0.38	47.9		

(One-way ANOVA test) *significant at 0.05

Table (4.23b): Differences between working conditions domains and nurses' workplace (Name of hospital) (n = 154).

Working conditions domains		N	Mean	S. D	%	F	P-value
Organizational Factors	Indonesian Hospital	26	2.92	0.73	58.5	(1.10)	0.367
	Beit Hanoun Hospital	12	2.72	0.35	54.4		
	Al Shifa Medical Complex	35	2.74	0.35	54.8		
	Al - Aqsa Martyrs Hospital	22	2.71	0.62	54.1		
	Nasser Medical Complex	27	2.79	0.73	55.9		
	Gaza European Hospital	17	2.72	0.52	54.4		
	AL-Najjar Hospital	15	3.08	0.29	61.6		
Personal Factors	Indonesian Hospital	26	3.96	0.34	79.2	(4.08)	**0.001***
	Beit Hanoun Hospital	12	4.03	0.46	80.7		
	Al Shifa Medical Complex	35	3.79	0.36	75.8		
	Al - Aqsa Martyrs Hospital	22	4.01	0.45	80.3		
	Nasser Medical Complex	27	4.30	0.44	85.9		
	Gaza European Hospital	17	3.93	0.34	78.6		
	AL-Najjar Hospital	15	3.81	0.67	76.1		
Total means	Indonesian Hospital	26	3.23	0.41	64.6	(2.78)	**0.013***
	Beit Hanoun Hospital	12	3.26	0.15	65.2		
	Al Shifa Medical Complex	35	3.05	0.25	61.0		
	Al - Aqsa Martyrs Hospital	22	3.10	0.36	62.0		
	Nasser Medical Complex	27	3.36	0.40	67.2		
	Gaza European Hospital	17	3.11	0.33	62.2		
	AL-Najjar Hospital	15	3.22	0.24	64.4		

(One-way ANOVA test) *significant at 0.05

Mean difference in the nurses' perceptions towards working conditions domains at emergency departments related to their name of hospital pointed out in table (4.23). One-way ANOVA test showed that there was a statistically significant difference between different hospital nurses' perceptions of the second domain of working conditions

(Workflow Design) (p-value = 0.008), third domain (Physical Environment) (p-value = 0.000) and fifth domain (Personal Factors) (p-value = 0.001). While there is no statistical significance difference between the rest of the domains. Our results agree with the results of a study (Al Jabaly, 2014) which assessed the working conditions of nurses in the surgical departments and found that There were statistically significant differences between Name of hospital (place of work) and workflow design, physical environment and personal factors and They did not agree with the results of a study (Al Jabaly, 2014) which found that There were statistically significant differences between Name of hospital (place of work) and workforce staffing and organizational factors.

Post Hoc test matrix least difference (LSD) was done to know the direction of the differences between hospitals. The results were showed that there is statistically significant difference between hospital nurses perception name categories of the second domain "Workflow Design" between Al - Aqsa Martyrs Hospital and Nasser Medical Complex in favor to Nasser Medical Complex (mean =3.81, sig. at 0.001), between AL-Najjar hospital and Al - Aqsa Martyrs Hospital in favor to AL-Najjar Hospital (mean =3.81, sig. at 0.004), between Indonesian Hospital and Al - Aqsa Martyrs Hospital in favor to Indonesian Hospital (mean =3.76, sig. at 0.004), between Beit Hanoun Hospital and Al - Aqsa Martyrs Hospital in favor to Beit Hanoun Hospital (mean =3.79, sig. at 0.010) and between Al Shifa Medical Complex and Nasser Medical Complex in favor to Nasser Medical Complex (mean =3.81, sig. at 0.026).

Also, the results were showed that there is statistically significant difference between hospital nurses perception name categories of the third domain "Physical Environment" between Nasser Medical Complex with Al Shifa Medical Complex, Al - Aqsa Martyrs, Gaza European, Indonesian and AL-Najar hospitals (mean =2.30, sig. at 0.000, mean =2.34, sig. at 0.000, mean =2.43, sig. at 0.000, mean =2.36, sig. at 0.000, mean =2.39, sig.

at 0.001 respectively) in favor to Nasser Medical Complex (mean =2.98). Moreover, there is statistical significant difference between hospital nurses perception name categories of the fifth domain "Personal Factors" between Nasser Medical Complex with Al Shifa Medical Complex, Al - Aqsa Martyrs, Gaza European, Indonesian and AL-Najjar hospitals in favor to Nasser Medical Complex (mean =3.79, sig. at 0.000, mean =4.01, sig. at 0.001, mean =3.92, sig. at 0.005, mean =3.96, sig. at 0.006, mean =3.80, sig. at 0.023 respectively) in favor to Nasser Medical Complex (mean =4.29).

4.4. Challenges of working conditions

The lowest items of the working conditions domains for nurses at emergency departments:

1. Shortage of nursing manpower in emergency departments.
2. Lack of security personnel constantly and around the clock in emergency departments.
3. The triage system in emergency departments is not working effectively.
4. Non-application of job descriptions for nursing staff in emergency departments.
5. The space and size of some small emergency departments are insufficient for a large number of cases that come to the emergency department.
6. Evening night shift in Emergency departments creates a host of problems for nurses, ranging from affecting social life to disruptive sleep patterns that negatively impact health.
7. The lack of comfortable furniture for nursing.
8. Nurses do not have sufficient knowledge of their legal rights.
9. The lack of a clear organizational structure of nursing in the emergency department.

10. Absence of moral and monetary motivation for nursing in the emergency department.
11. Continuing education programs and training courses should be developed and implemented based on nurses' professional needs.

Chapter Five

Conclusions and Recommendations

5.1 Conclusion

This chapter presents the main conclusions of this study, after interpreting the results of the statistical analysis of the data collected from the emergency nurses working in government hospitals in the Gaza Strip. Moreover, this study provided guidance to policymakers to improve the working conditions for nurses at the emergency department at governmental hospitals.

The results showed that about half of the study sample was under 30 years old, most of whom are male and married and also found that three-quarters of the nursing staff in emergency departments had a Bachelor's degree. In addition, most nurses working in emergency departments receive a salary that ranges between 1001 to 1500 NIS a month (80.5%). The results revealed that the personal factors domain got the highest score (79.5%) followed by the workflow design domain (73.8%), workforce staffing domain (61.7%), organizational factors domain (56.1%), while the physical environment ranked the last (49.4%).

The results revealed that there were statistically significant differences between gender, place of residence, qualifications, job title, name of the hospital and monthly income and different domains of working conditions. On the other hand, the results showed that no statistical differences were found between working hours, number of years working in ED, age and marital status and working conditions.

In conclusion, the results indicated that nurses who work in the emergency departments have moderate perceptions about their working conditions especially in relation to

workforce staffing, organizational factors, and physical environment. This is due to several challenges in the working conditions of nurses in emergency departments (shortage of nursing manpower in emergency departments, lack of security personnel constantly, the lack of incentives and low salaries, the increase of verbal and physical assault on the nursing staff, Non-application of job descriptions for nursing staff and the space and size of some small emergency departments).

5.2 Recommendations

Based on our findings, we recommend the following:

1. Ensure an adequate number of nurses with a staff mix of skills in emergency departments to provide safe and quality health care to patients.
2. Flexible work time schedule for workers.
3. Effective utilization of the continuing education department in hospitals and providing training courses to update emergency nurse's information and develop their skills.
4. Enhance the scope of practice for nurses based on job descriptions.
5. Preparing periodic reports related to the work of the ED, nurses, the problems of the department, the number of patients and the achievements of the department.
6. Provide security to personnel continuously at all times to reduce problems and the attack on the service providers.
7. Activate the occupational safety and health management system to prevent unsafe working conditions and reduce the risk of injuries, incidents and occupational diseases.

8. Renovation of department space, improve the furniture, maintenance and operation of refrigeration and air conditioning systems This will have a positive effect on nurses' performance.
9. Provide suitable rooms for nurses to rest or change clothes and provide suitable WC for nursing, male and female.
10. Enhance the nursing knowledge of their legal rights and answer their questions in legal matters.
11. Nurses' incentive and reward systems should be reviewed. This will greatly motivate the nurses and thereby improve their productivity.
12. Recognition and award system should be encouraged.
13. A feedback mechanism should be initiated where nurses' performance can be communicated to them and create room for improvement.
14. Strong communication between management and nurses should be developed. Communication lines should be open with nurses.
15. Revision of goals and objectives and involving nurses in decision making that concerns them would make them feel as though they are an integral part of the organization.
16. Effective operation of the Triage system in E.D by the presence of a nurse with a doctor in the triage room and the presence of security personnel.
17. Conduct mental health courses for nurses by the mental health department to help them get rid of the psychological pressure resulting from the pressure of work and life.

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Annexes

Annex (1): Map of Historical Palestine

Annex (2): Time Schedule

Year	2019							
Month	**April**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**
Activity								
Preparation and submission of the research proposal								
Preparation of the theoretical framework of the study								
Review previous literature								
Design and arbitration of the questionnaire								
Obtaining ethical approval from MOH and Helsinki								
Piloting, entry, and analysis of the pilot sample								
Data collection and Distribution of questionnaire								
Entry and statistical analysis of full sample								
Data interpretation and discussion of the study results								
Research and abstract writing								

Annex (3): Questionnaire (Arabic version)

تقييم ظروف العمل لدى الممرضين العاملين بأقسام الطوارئ في المستشفيات الحكومية في قطاع غزة

Assessment of Nurses Working Conditions at Emergency Departments at Governmental Hospitals in Gaza Strip

الإخوة والأخوات الحكماء الأفاضل.....

السلام عليكم ورحمة الله وبركاته:

هذا البحث متطلب جزئي لنيل درجة الماجستير في الإدارة التمريضية من جامعة القدس – أبو ديس كلية الدراسات العليا وهذا البحث ممول ذاتيا من الباحث حيث تهدف هذه الدراسة إلى تقييم ظروف عمل الممرضين العاملين في أقسام الطوارئ في المستشفيات الحكومية في قطاع غزة.

لذا نرجو منكم التكرم بالإجابة عن جميع أسئلة الاستبانة، فرأيكم يمثل أهمية كبيرة بالنسبة لهذه الدراسة علما بأن إجابتكم ستستخدم لأغراض البحث العلمي فقط مع ضمان السرية التامة.

الوقت الذي تستغرقه تعبئة الاستبانة لا يتجاوز 15 دقيقة، وفي حال الاستفسار عن أي أسئلة يرجى التواصل على جوال رقم 0598763531/.

وشكراً لحسن تعاونكم

الباحث

حمادة كمال درغام

hmood_1993_1993@hotmail.com

التاريخ: _____

❖ **نأمل من سيادتكم التكرم بالإجابة على جميع الأسئلة وذلك بوضع إشارة (×) في مكان الذي تختاره.**

1. **العمر**: _____ سنة

2. **الجنس:** ☐ ذكر ☐ أنثى

3. **الحالة الاجتماعية:** ☐ أعزب/عزباء ☐ متزوج/متزوج ☐ غير ذلك

4. **مكان السكن:** ☐ الشمال ☐ غزة ☐ الوسطى ☐ خانيونس ☐ رفح

5. **المؤهل العلمي:** ☐ لوم ☐ كالوريوس ☐ جستير ☐ وراه

6. **المسمى الوظيفي:** ☐ ممرض عملي (دبلوم تمريض) ☐ حكيم جامعي ☐ رئيس قسم
مشرف ☐ تمريض

7. **مدة سنوات الخدمة العملية في أقسام الطوارئ: _____ سنة**

8. **إجمالي ساعات العمل أسبوعياً (التي تعملها فعلياً):_____ ساعة**

9. **الراتب الشهري الذي يصرف لك حاليا :** ☐ اقل من 1000 شيكل ☐ من 1000-1500 شيكل
☐ من 1501-2000 شيكل ☐ من 2001-2500 شيكل ☐ من 2501-3000شيكل

10. **اسم المستشفى الذي تعمل به:** ☐ مستشفى الإندونيسي ☐ مستشفى بيت حانون
☐ مجمع الشفاء الطبي ☐ مستشفى شهداء الأقصى
☐ مجمع ناصر الطبي ☐ مستشفى غزة الأوروبي
☐ أبو يوسف النجار

	المحور الأول: القوى العاملة	غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة
.1	عدد الممرضين في قسم الطوارئ يكفي لتوفير الرعاية الصحية للمرضى بجودة مناسبة.					
.2	يوجد مرونة في اختيار جدول العمل الأسبوعي.					
.3	العمل بنظام المناوبات يؤثر على الحياة الاجتماعية للممرض.					
.4	يتم توزيع جدول المناوبات الليلية للممرضين في قسم الطوارئ بشكل عادل.					
.5	أتلقى قسط من الراحة أثناء العمل نتيجة وجود عدد كافٍ من الممرضين					
.6	أضطر للعمل أكثر من ساعات العمل الرسمية المطلوبة.					
.7	العبء اليومي للعمل في قسم الطوارئ يناسب اعداد الممرضين بالقسم.					
.8	أستطيع القيام بإجازتي السنوية وقت ما أريد.					
.9	فرص التعليم المستمر والدورات التدريبية لتحديث معلومات وتطوير مهارات الممرضين في مجال الطوارئ متاحة للجميع بشكل دوري ومستمر.					
.10	العمل في قسم الطوارئ يتطلب ممرض ذو خبرة.					
	المحور الثاني: النمط العام للعمل	**غير موافق بشدة**	**غير موافق**	**محايد**	**موافق**	**موافق بشدة**
.11	طبيعة العمل كممرض في قسم الطوارئ مجهد ومتعب.					
.12	يتطلب عملي بقسم الطوارئ القدرة على التعامل مع الموظفين من كلا الجنسين.					
.13	يتطلب عملي بقسم الطوارئ القدرة على التعامل مع المرضى من كلا الجنسين.					
.14	اضطر للقيام بهمام ليست من اختصاص عملي.					
.15	تتوفر تقارير دورية تعكس مستوى إنجاز العمل بقسم الطوارئ.					

16.	المسؤولية الملقاة على الممرض تتلاءم مع الصلاحيات والسلطات المتاحة له.					
17.	يوجد تفهم من الفئات الصحية الأخرى لدور الممرض في قسم الطوارئ.					
18.	مستوى التعاون بين أفراد الفريق الصحي جيد.					
19.	مستوى ثقة الاطباء في قدرات ممرضين قسم الطوارئ عالية.					
20.	الثقة في قدرات الممرضين من قبل المرضى وذويهم عالية.					
21.	ظروف العمل تؤثر سلبا على الاتصال والتواصل بين افراد الطاقم الصحي في قسم الطوارئ.					
22.	تسود علاقة جيدة بين الممرضين في قسم الطوارئ.					
23.	تسود علاقة جيدة بين الممرضين مع باقي العاملين في قسم الطوارئ.					
24.	يتم تبادل المعلومات المتعلقة برعاية المريض في قسم الطوارئ بين الممرضين.					
	المحور الثالث: بيئة العمل المادية	**غير موافق بشدة**	**غير موافق**	**محايد**	**موافق**	**موافق بشدة**
25.	مساحة مكان قسم الطوارئ تساعدني في تنفيذ المهام اليومية المطلوبة.					
26.	الأثاث (الاسرة، الكراسي، المكاتب) الموجود مريح بما يكفي لدرجة أنني يمكن أن أعمل دون تعب حتى نهاية الدوام.					
27.	توزيع الأثاث بالقسم يسهل أداء المهام المطلوبة.					
28.	التصميم الهندسي لقسم الطوارئ يساعدني في أداء عملي بارتياح.					
29.	توزيع الاسرة في قسم الطوارئ مناسب للعمل بأريحية.					
30.	يتوفر بقسم الطوارئ دورات مياه كافية.					
31.	يتوفر بقسم الطوارئ مكان لاستراحة الممرضين.					

32.	يوجد بقسم الطوارئ مكان مناسب لتغيير ملابس الممرضين.					
33.	قسم الطوارئ مجهز بنظام تدفئة في الشتاء وتبريد في الصيف.					
34.	قسم الطوارئ هادئ ولا يوجد به ضوضاء.					
35.	الإضاءة كافية في قسم الطوارئ.					
36.	يتوفر في قسم الطوارئ كافة اجراءات السلامة والوقاية المهنية.					
37.	احتمالية تعرض الممرضين في قسم الطوارئ للعدوى أثناء العمل قليلة لوجود نظام مكافحة العدوى.					
38.	احتمالية تعرض الممرضين في قسم الطوارئ للاعتداء قليل بسبب توفر الامن والحماية.					
المحور الرابع: العوامل الإدارية		**غير موافق بشدة**	**غير موافق**	**محايد**	**موافق**	**موافق بشدة**
39.	يتم تقدير وتكريم الممرض المجتهد من قبل ادارة التمريض.					
40.	يوجد لدى الممرضين الدراية الكافية بحقوقهم القانونية.					
41.	يوجد هيكل تنظيمي واضح للتمريض في قسم الطوارئ.					
42.	يتم تطبيق معايير العدالة في الترقيات والرواتب.					
43.	مستوى الحوافز المعنوية المشجعة لممارسة المهنة عالي.					
44.	ينتهج بعض المسؤولين في المراكز الإشرافية الأسلوب التسلطي مع مرؤوسيهم.					
45.	يتوفر قيادات عليا جيدة ذات رؤية واضحة في مهنة التمريض.					
46.	إدارة تمريض قسم الطوارئ تشجع العمل الجماعي.					
47.	يتم عمل برنامج تعريفي للممرضين الجدد قبل بدء العمل بالقسم.					
48.	حدود مسؤوليتي وصلاحياتي في العمل واضحة.					
49.	اقتراحاتي وأرائي المتعلقة برعاية المريض تؤخذ بعين الاعتبار من قبل الادارة.					
50.	سهولة الاتصال والتواصل مع ادارة التمريض في المستشفى.					

	المحور الخامس: العوامل الشخصية	غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة
.51	لدي الكثير من الضغوط في عملي في قسم الطوارئ.					
.52	مصابو مسيرات العودة الكبرى زادت من ضغط العمل في قسم الطوارئ.					
.53	يتعرض الممرضين العاملين بقسم الطوارئ للضغوط النفسية من خلال تعاملهم مع المرضى وذويهم.					
.54	يتعرض الممرضين العاملين بقسم الطوارئ للاعتداء الجسدي من قبل المرضى وذويهم.					
.55	يتعرض الممرضين العاملين بقسم الطوارئ للاعتداء اللفظي من قبل المرضى وذويهم.					
.56	لدي المهارات اللازمة للتعامل مع حالات الطوارئ بكفاءة والعمل تحت الضغط.					
.57	احتاج الى مزيد من التدريب حول المهارات المتعلقة بالعمل في قسم الطوارئ.					
.58	المهام الوظيفية التي أقوم بها هي ذات معنى بالنسبة لي شخصيا.					
.59	أشعر بالرضى في عملي بقسم الطوارئ.					
.60	أوصي زملائي بالعمل في أقسام الطوارئ.					

شكراً لحسن تعاونكم

Annex (4): Questionnaire (English version)

Research title

Assessment of nurses working conditions at emergency Departments at governmental hospitals in Gaza strip

Dear participant:

Peace, mercy, and blessings of God:

I am very pleased with your participation in this research:

This research as a key prerequisite of the requirements for a master's degree from faculty of graduate studies-nursing management program University of Jerusalem. The researcher himself funds this research, where the aim of this study was to assess the working conditions of nurses working conditions in the emergency departments in governmental hospitals in the Gaza strip.

Therefore, I hope you to answer all questions because your opinion represents great importance for this study while ensuring the confidentiality of the information provided and this research will only be used for scientific research purposes.

The time it takes to fill in the questionnaire does not exceed 15 minutes, and in the case of inquiry for any questions please contact on Mobile No.0598763531

Thank you for your cooperation

Researcher: Hamada K. Dorgham

hmood_1993_1993@hotmail.com

0598764531

Date: / / 2019 **Code No: _____**

We hope that you will kindly answer all questions.

1. **Age : _____ years**
2. **Gender:** ☐ Male ☐ Female
3. **Marital Status:** ☐ Single ☐ Married ☐ otherwise
4. **Place of Residence:** ☐ North ☐ Gaza ☐ Mid-zone ☐ Khan-Younis ☐ Rafah
5. **Qualifications:** ☐ Diploma ☐ Bachelor degree ☐ Master ☐ Doctorate
6. **Job Title:** ☐ Practical Nurse ☐ Bachelor (BSN) ☐ Head nurse ☐ Nursing supervisor
7. **Number of years working in the emergency departments: _____**
8. **Weekly total working hours (That you actually do):_____**
9. **Salary currently paid:** ☐ less than 1000 NIS ☐ 1000-1500 NIS ☐ 1501-2000 NIS ☐ 2001-2500 NIS ☐ 2501-3000 NIS

Name of hospital: ☐ Indonesian Hospital ☐ Beit Hanoun Hospital ☐ Al Shifa Medical Complex ☐ Al - Aqsa Martyrs Hospital ☐ Nasser Medical Complex ☐ Gaza European Hospital ☐ AL-Najjar Hospital

First domain: Workforce staffing		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	Number of nurses in the emergency dept. is enough to provide quality health care for patients.					
2.	There is flexibility in preparing the weekly work schedule.					
3.	Working on a shift system affects a nurse's social life.					
4.	Night shifts are fairly distributed among nurses in the emergency department					
5.	I have enough rest time at work due to the presence of enough nurses.					
6.	I am forced to work more than the required official working hours.					
7.	The daily burden of the emergency department is suitable for the number of working nurses in the department					
8.	I am able to take annual leave whenever I want.					
9.	Continuing education opportunities and training courses to update information and develop the skills of emergency nurses are available to all periodically and continuously.					
10.	Work in emergency department requires an experienced nurse					
Second Domain: Workflow Design		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
11.	The nature of working as a nurse in the emergency department is difficult					
12.	Working in the emergency department requires the ability to deal with staff of both sexes.					
13.	Working in the emergency department requires the ability to deal with patients of both sexes.					
14.	I am forced to do tasks that are not part of my job description.					
15.	Available periodic reports reflect the level of work achieved in the emergency department.					
16.	The nurse's responsibility matches with the given powers and authorities.					

17.	There is an understanding of the nurse role in the emergency dept. by other health team members.					
18.	The level of cooperation between health team members is good.					
19.	The level of doctors' confidence in nurse's abilities in the emergency department is high					
20.	The level of patients and their family's confidence in the nurse's abilities is high.					
21.	Working conditions negatively affect communication between health staff members in the emergency department.					
22.	There is a good relationship between nurses in the emergency department					
23.	There is a good relationship with the rest of the workers in the emergency department .					
24.	There is enough information exchange among nurses regarding the care of patients in the emergency department.					
Third Domain: Physical Environment		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
25.	Workspace in the emergency dept. helps me in the implementation of the required daily tasks.					
26.	Furniture (Beds, chairs, offices) is comfortable enough to finish my duties without getting tired until the end of shift.					
27.	Distribution of furniture in the department facilitates the performance of the required tasks.					
28.	The architectural design of the emergency department helps me to work comfortably.					
29.	Beds distribution in the emergency department convenient to work comfortably.					
30.	The emergency department has enough number of bathrooms.					
31.	There is Place for break time in the emergency department for nurses.					
32.	The emergency department has a convenient place for nurses to change clothes					

33.	The emergency department is air-conditioned in winter and in summer.					
34.	The emergency department is quiet and has no noise.					
35.	The emergency department has Adequate lighting					
36.	Safety procedures and occupational prevention are available in the emergency department					
37.	Nurses in the emergency department are less likely to be infected at work because of the infection control system.					
38.	Nurses in the emergency department are less likely to be assault because of security.					
Fourth Domain: Organizational Factors		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
39.	Good nurses are appreciated by nursing administration					
40.	Nurses have sufficient knowledge of their legal rights					
41.	There is a clear nursing organizational structure in the emergency department.					
42.	Justice standards are applied in promotions and salaries					
43.	There is a high level of moral incentives that encourage nursing practice					
44.	Some nursing managers use authoritarian style with subordinates					
45.	There are few managers who have a clear vision for nursing					
46.	Head nurse of the emergency department encourages teamwork					
47.	Before starting work in the department, new nurses get an induction program.					
48.	I know exactly the limits of my responsibility at work					
49.	My suggestions and my opinions relating to the patient care are taken into consideration by management					
50.	Contact and communication with the administration of nursing at the hospital is easy					

Fifth Domain: Personal Factors		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
51.	I have a lot of pressure in my work in the emergency department.					
52.	The Great Return March increased the pressure of work in the emergency department					
53.	Nurses working in the emergency department are exposed to psychological pressures during caring with patients and their families					
54.	Nurses working in the emergency department are exposed to physical assault by patients and their families					
55.	Nurses working in the emergency department are exposed to verbal assault by patients and their families					
56.	I have the required skills to deal with emergency cases efficiently and work under pressure					
57.	I need more training on skills relating to work in the emergency department					
58.	Job tasks that I do are meaningful to me					
59.	I am satisfied with my work in the emergency department.					
60.	I would recommend my colleagues to work in the emergency departments					

Thank you for your cooperation

Annex (5): List of panel expert Names

No.	Name	Place of work
1	Dr. Hamza Abdeljawad	Palestine College of Nursing & Al - Quds University
2	Dr. Yousif M. Awad	University of Palestine
3	Dr. Mohamed Al Gergawy	Palestine College of Nursing
4	Dr. Khalil Shoaib	The Dean of the Palestine College of Nursing
5	Dr. Abdul Majeed Thabet	Palestine College of Nursing
6	Dr. Abdul Rahman Al Hams	Palestine College of Nursing
7	Dr. Ayman Al Sous	Ministry of Health

Annex (6): Approval from Helsinki Committee

المجلس الفلسطيني للبحث الصحي
Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار
Developing the Palestinian health system through institutionalizing the use of information in decision making

Helsinki Committee
For Ethical Approval

Date: 2019/10/7 **Number:** PHRC/HC/627/19

Name: Hamada K. Dorgham الاسم:

We would like to inform you that the committee had discussed the proposal of your study about: نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:

Assessment of Nurses Working Conditions at Emergency Departments at Governmental Hospitals in Gaza Strip

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/627/19 in its meeting on 2019/10/7 و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

Signature

Member **Member**

Chairman

Genral Conditions:-
1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-

E-Mail:pal.phrc@gmail.com

Gaza - Palestine غزة - فلسطين
شارع النصر - مفترق العيون

Annex (7): Permission from MOH

State of Palestine
Ministry of health

دولة فلسطين
وزارة الصحة

المحترم رامي عيد سليمان العبادله :

التاريخ:15/10/2019
رقم المراسلة 380447

مدير عام بالوزارة /الإدارة العامة لتنمية القوى البشرية – /وزارة الصحة

السلام عليكم ,,,

الموضوع/ تسهيل مهمة الباحث// حمادة درغام

التفاصيل //
بخصوص الموضوع أعلاه، يرجي تسهيل مهمة الباحث/ حمادة كمال درغام
الملتحق ببرنامج ماجستير التمريض – تخصص إدارة التمريض – جامعة القدس أبوديس في إجراء بحث بعنوان:-
"Assessment of Nurses Working Conditions at Emergency Departments at Governmental Hospitals in Gaza Strip"
حيث الباحث بحاجة لتعبئة استبانة من عدد من الممرضين والممرضات العاملين في اقسام الطوارئ في مستشفيات قطاع غزة (مجمع الشفاء الطبي – مستشفى الأندونيسي – مستشفى غزه الأوربي- مجمع ناصر الطبي، مستشفى شهداء الأقصى، مستشفى النجار، مستشفى بيت حانون)، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، ودون تحمل الوزارة أي أعباء أو مسئولية.
وتفضلوا بقبول التحية والتقدير،،،
ملاحظة /
1. تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة 6 شهر من تاريخه.
2. البحث المذكور حصل على موافقة لجنه اخلاقيات البحث الصحي (لجنة هلسنكي)

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العنوان: تقييم ظروف العمل لدى الممرضين العاملين بأقسام الطوارئ في المستشفيات الحكومية في قطاع غزة

إعداد: حمادة كمال درغام

إشراف: د. معتصم صلاح

ملخص الدارسة

ظروف العمل للتمريض في المستشفيات مرهقة للغاية خاصة في أقسام الطوارئ. هذه مشكلة معترف بها دوليًا. كان الهدف من هذه الدراسة هو تقييم ظروف عمل الممرضين في قسم الطوارئ في المستشفيات الحكومية في قطاع غزة. استخدم الباحث في هذه الدارسة المنهج الوصفي التحليلي لتقييم ظروف عمل الممرضين في أقسام الطوارئ في المستشفيات الحكومية في قطاع غزة. شارك 154 ممرضة من 7 مستشفيات حكومية في هذه الدراسة مع معدل استجابة 90.0 ٪. أكمل الممرضون المشاركون الاستبيان الذي يتضمن أسئلة تتعلق بالخصائص الديموغرافية للممرض وشمل أيضاً أسئلة متعلقة بخمسة مجالات (القوى العاملة، النمط العام للعمل، وبيئة العمل المادية، والعوامل الشخصية، والعوامل التنظيمية) لتقييم ظروف عمل الممرضين.

وتم حساب ثبات أدوات الدارسة من خلال دارسة استطلاعية على عينة من 30 استبانة وكان معامل كرونباخ ألفا للاستبانة (0.923) مما يدل على موثوقية عالية. ولتحليل البيانات فقد تم استخدام برنامج الإحصاء المحوسب SPSS واستخدم الباحث إجراءات إحصائية مختلفة لتحليل البيانات بما في ذلك النسب المئوية، الوسط، اختبار one sample (t test) لعينة واحدة، اختبار(independent t test) مستقل واختبار ANOVA أحادي الاتجاه.

أظهرت النتائج أن معظم أعمار عينة الدراسة كانت أقل من 30 عامًا (49.4٪) معظمهم من الذكور والمتزوجين. يتمتع أكثر من نصف الموظفين في قسم الطوارئ بخبرة تتراوح من سنة إلى 5 سنوات (56.5٪) ومعظمهم يحملون درجة البكالوريوس (74.7٪). يعمل حوالي 74.0٪ من طاقم التمريض 35 ساعة في الأسبوع. يحصل معظم الممرضين على راتب يتراوح بين 1000–1500 شيكل شهريًا (80.5٪). فيما يتعلق بمجالات الدراسة، كشفت النتائج أن مجال العوامل الشخصية حصل على أعلى الدرجات (79.5 ٪) يليه مجال النمط العام للعمل (73.8 ٪)، مجال توظيف القوى العاملة (61.7 ٪)، مجال العوامل التنظيمية (56.1 ٪)، في حين أن البيئة المادية في المرتبة الأخيرة (49.4%).

كما أظهرت النتائج بان هناك فروق ذات دلالة إحصائية بين الجنس ومكان الإقامة والمؤهلات والمسمى الوظيفي واسم المستشفى (مكان العمل) والدخل الشهري والمجالات المختلفة لظروف العمل. من ناحية أخرى، أظهرت النتائج عدم وجود فروق ذات دلالة إحصائية بين ساعات العمل وعدد سنوات العمل في قسم الطوارئ والعمر والحالة الاجتماعية ومجالات ظروف العمل.

أشارت النتائج إلى أن الممرضين الذين يعملون في أقسام الطوارئ لديهم تصورات معتدلة حول ظروف عملهم وخاصة فيما يتعلق بمجالات القوى العاملة والعوامل التنظيمية والبيئة المادية. ويرجع ذلك إلى نقص التمريض وضغط العمل والطبيعة المجهدة لقسم الطوارئ والافتقار إلى الحوافز وانخفاض الرواتب وزيادة الاعتداء اللفظي والجسدي على الموظفين وضعف التواصل مع التمريض، مما يؤثر على إنتاجيتهم وتقديم الخدمات.

في الختام أوصت الدراسة بضمان وجود عدد كاف من الممرضين مع مزيج من المهارات في أقسام الطوارئ ونطاق عمل الممرضين على أساس الوصف الوظيفي وتوفير موظفي الأمن بشكل مستمر لتوفير بيئة آمنة والعمل على تقدير وتشجيع الممرضين من خلال الاعتراف بإنجازاتهم أو عن طريق منح اجازات لهم او إرسالهم لأخذ دورة تدريبية.