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**Selected Organizational Factors Affecting
Performance of Professional Nurses in North West
Bank Governmental Hospitals**

Ahida Saleem Thulth

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**Selected Organizational Factors Affecting Performance
of Professional Nurses in North West Bank
Governmental Hospitals**

Submitted by

Ahida Saleem Thulth

Supervisor

Dr. Sumaya. Sayej

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Thesis Approval

**Selected Organizational Factors Affecting Performance of
Professional Nurses in North West Bank Governmental Hospitals.**

Prepared By: Ahida Saleem Mohammad Thulth

Registration No: 21011564

Supervisor: Dr. Sumaya Sayej Ph.D

Master Thesis submitted and accepted on 27/5/2013

**The names and signatures of the examining committee members are
as follows:**

1. Head of Committee Dr. Sumaya Sayej Signature..... Sumaya
2. Internal Examiner Dr. Mohamed Shalash Signature..... Mohamed Shaheen
3. External Examiner Dr. Amal Abu Awad Signature..... Amal Abu Awad

Jerusalem – Palestine

1434 – 2013

Dedication

To my beloved mother, father and family

*Dear sisters, brothers, friends and all who gave me help and
support throughout my life*

Declaration

The work contained in this dissertation has not been previously submitted for a degree at any other tertiary education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person, except where due reference is made.

Signed: Ahida

Ahida Saleem Mhammad Thulth

Date: 27/5/2013

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Abstract

Organizational factors are considered to be the cornerstone in achieving psychological and professional security at work, which in turn are positively reflected in job performance both quantitatively and qualitatively.

The purpose of this study was assessment of selected organizational factors (workload, night shift, available recourses and education and training development, manager support) affecting nurses performance in northern region of the West Bank governmental hospitals to improve its current and future performance of professional nurses.

A quantitative descriptive study utilized stratified random sampling of 190 nurses. A self administered questionnaire was developed with a response rate of 97%. The questionnaire was validated by experts, and reliability was obtained by Cranach's alpha coefficient was (0.863)

Data were analyzed using SPSS. The overall level of selected organizational factors affecting performance of professional nurses was high (74.6 %); the workload rated the highest (79.2 %) among the study dimensions as perceived by nurses, followed by night shift (79.0%), manager support (72.0%), resources availability (69.8%) and education and training development (68.8%).

The study participants constitute (61.1%) females and (38.9%) males, with (32.4%) of the participants were 25-29 years. The participants worker came from the following hospitals with the following percentage: Rafedia hospital (27.6%), Dr. Khaleel Suleiman hospital(20%), Alwatan hospital (15.7%), Dr. Thabit Thabit hospital (15.7%), Yasser Arafat hospital (11.4%), and Darweesh Nazal hospital (9.7%). Bachelor degree represent the highest level of education respondents as they constituted (71.9%) of study population. About one third of participants (33.5%) have experiences 1-5 years in nursing professions.

An independent t-test and one way ANOVA statistical tests were used to investigate the relationship between the independent and dependent study variables. The identified five factors affecting professional nurses' performance showed statistical significant

relationship with many demographical variables such as age, gender, workplace, years of experience and academic degree.

Scheffe Post Hoc Test to compared between the means of selected organizational factors affecting performance and demographic variables and it was found that there are significant differences at $\alpha = 0.05$ between the total score due to workplace between Dr. Khaleel Suleiman hospital and Thabet Thabet hospital, in favor Dr Khaleel Suleiman hospital. Also it was found that there are significant differences at $\alpha = 0.05$ between the total score due to workplace between Thabet Thabet hospital and Rafedia hospital, in favor Rafedia hospitals.

The findings of this study provide recommendations and suggestions to improve the performance of professional nurses in governmental hospitals such as: managers should ensure adequate number of staff and qualification according to work condition and sufficient number of professional nurse's in the hospital at all times and shifts. Additionally, managers must have responsibility toward nurses, such as let nurses have a freedom of choice regarding the shift, identify the occupational hazard affecting professional nurses and ability to implement possible strategies that help to reduce hazards in hospital and improve professional performance.

بعض العوامل التنظيمية المختارة التي تؤثر على أداء الممرضات والممرضين القانونيين في المستشفيات الحكومية شمال الصفة الغربية

إعداد : عاهده سليم محمد ثلث

إشراف : د. سميه صايج

ملخص الدراسة

تعتبر العوامل التنظيمية حجر الزاوية في تحقيق الأمان النفسي والمهني في العمل وهذا بدوره ينعكس إيجاباً على الأداء الوظيفي من الناحتين الكمية والنوعية.

هدفت هذه الدراسة لتقدير بعض العوامل التنظيمية (أعبء العمل، الورديات الليلية والموارد المتاحة للعمل وتطوير التعليم والتدريب والدعم الإداري التي تؤثر على أداء الممرضات والممرضين القانونيين في المستشفيات الحكومية شمال الصفنة الغربية والعمل على تحسين الأداء الحالي والمسبق للمرضى والممرضين المهنية.

هذه دراسة وصفية تحليلية لعينة من الممرضين والممرضات اللذين يعملون في المستشفيات الحكومية شمال الضفة الغربية التابعه لوزارة الصحة الفلسطينيه

تكونت العينة من 190 من الممرضين والممرضات الذين يعملون في المستشفيات الحكومية شمال الضفة الغربية وهي عينة عشوائية طبقية.

تم جمع العينة من خلال استبيانه تحتوي على مجموعه من المعطيات الشخصية وبعض العوامل التنظيميه التي تؤثر على الاداء التمريضي في المستشفيات الحكومية شمال الضفة الغربية وإعطاء الفرصة لهم لإبداء رأيه لأي درجة تؤثر هذه العوامل على ادائهم في التمريضي . ومن الجدير انه تم توزيع 190 استبيانه على عينة الدراسة وقد استجاب منهم 185 ، أي نسبة الاستجابة كانت 97%.

استخدام البرنامج الإحصائي "SPSS" وتم اختبار النتائج باستخدام اختبارات احصائية مثل اختبار "T-test" ، اختبار "ANOVA" ، اختبار Scheffe Post Hoc كذلك تحليل العوامل.

لقد سجلت الدراسة ان هناك اراء متباعدة من قبل المشتركين نحو العوامل المؤسسيه التي تؤثر على ادائهم في المستشفيات الحكومية شمال الضفة الغربية وكشفت الدراسة مستويات مختلفة الابعاد من بعض العوامل التنظيمية حيث بلغت ذروتها في عبء العمل (79.2٪)، تليها الورديات الليلية (79.0٪)، ودعم المدير (72.0٪)، وتوافر الموارد المتاحة للعمل (69.8٪).

لقد أظهرت الدراسة أن الإناث تشكل (61.1%) والذكور (38.9%). كانت نتائج المشاركين الذين يعملون في المستشفيات حسب النسب التالية: مستشفى رفيديا (27.6%), مستشفى خليل سليمان (20.%), مستشفى الوطني (15.7%), مستشفى الدكتور ثابت (15.7%), مستشفى الشهيد ياسر عرفات (11.4%) و مستشفى الدكتور درويش نزال (9.7%). وجد ان حاملي شهادة البكالوريوس كانوا يمثلون النسبة الأعلى من المجيبين حيث أنهم يشكلون (71.9%) من مجتمع الدراسة. وان حوالي ثلث المشاركين (33.5%) لديهم الخبرة من 1-5 سنوات في مهنة التمريض.

استخدمت t-test and one way ANOVA للتحقيق في العلاقة بين المتغيرات المستقلة وغير المستقلة حيث اظهرت ان هناك علاقة ذات دلالة إحصائية ما بين العوامل التنظيمية المختارة مع العديد من المتغيرات الديموغرافية مثل العمر والجنس ومكان العمل وسنوات الخبرة والدرجة الأكademie. تم استخدام Scheffe Post Hoc لاختبار المقارنة بين بعض العوامل المؤسسيه المختارة التي تؤثر على الاداء التمريضي و علاقتها بالعوامل الديمografie , حيث وجد ان هناك فروق ذات دلالة احصائيه عند الفا = 0,50 بسبب مكان العمل ووجد ان العلاقة بين مستشفى الدكتور سليمان ومستشفى الدكتور ثابت كانت لصالح الدكتور سليمان وكذلك بين مستشفى الدكتور ثابت و رفیدیا حيث كانت لصالح مستشفى رفیدیا.

و بناء على نتائج هذه الدراسة هناك بعض التوصيات والاقتراحات التي يمكن أن تحسن أداء الممرضات و الممرضين في المستشفيات الحكومية التابعة لوزارة الصحة الفلسطينية. حيث ينبغي على مدير التمريض ضمان وجود عدد كاف من الممرضين المهنيين وفقاً لوضع العمل وضمان وجود عدد كاف من الممرضات في المستشفى في كل الاوقات. بالإضافة الى أنه يجب على مدراء التمريض تحمل المسؤولية تجاه الممرضات والممرضين مثل السماح لهم حرية الاختيار فيما يتعلق باختيار الشفت وتحديد المخاطر المهنية التي تؤثر على الممرضات و الممرضين المهنيين بحيث تكون قادرة على تنفيذ الاستراتيجيات الممكنة التي تساعدهن على الحد من المخاطر في المستشفيات وتحسين الأداء المهني .

Table of Contents

| | Page |
|-------------------------------------|------|
| Declaration | i |
| Acknowledgment..... | ii |
| Abstract..... | iii |
| Summary in Arabic..... | v |
| Table of content..... | vii |
| List of tables | xi |
| List of figures | xiii |
| Annex | xiv |
| List of abbreviations List of | xv |

Chapter One

| | |
|---|---|
| Introduction..... | 1 |
| 1.1 Problem statement..... | 4 |
| 1.2 Justification of the study..... | 5 |
| 1.3 Goal and objectives of the study..... | 6 |
| 1.4 Research question of the study..... | 7 |
| 1.5 Study hypothesis..... | 7 |

Chapter Tow Literature Review

| | |
|---|----|
| Introduction..... | 8 |
| 2.1 Effects of organizational factors on nurses performance..... | 8 |
| 2.1.1 Organizational factors..... | 8 |
| 2.1.2 Performance..... | 9 |
| 2.2 Effects of workload on professional nurse's performance..... | 10 |
| 2.3 Effects of night shift on professional nurse's performance..... | 12 |
| 2.3.1 The Ergonomically Aspect of Shift –work (Circadian Rhythm)..... | 14 |

| | |
|--|----|
| 2.3.2 Physiological factors- sleep affect on nurse's performance..... | 16 |
| 2.4 Effect of education and training development on nurse's performance..... | 13 |
| 2.4.1 Training..... | 16 |
| 2.4.2 In – service training..... | 16 |
| 2.4.3 Orientation training..... | 17 |
| 2.4.4 Continuous education..... | 17 |
| 2.5 Effects of available resources on nurse's performance..... | 18 |
| 2.6 Effect of manager support on professional nurses performance..... | 19 |

Chapter three Conceptual Framework

| | |
|--|----|
| Introduction..... | 20 |
| 3.1 Conceptual definition and operational definition | 20 |
| 3.2 Organizational factors..... | 20 |
| 3.3 Nursing Performance..... | 22 |
| 3.4 Operational definition | 23 |
| 3.5 The Study Conceptual Framework..... | 24 |
| 3.6 Factors Affecting professional Nurses' Performances..... | 25 |
| 3.6.1 Demographic factors and performance..... | 25 |
| 3.6.2 Motivation and job satisfaction..... | 26 |
| 3.6.3 Organizational factors and performance..... | 27 |

Chapter four Methodology

| | |
|---|----|
| Introduction..... | 28 |
| 4.1 Study design..... | 28 |
| 4.2 Variables of the study..... | 29 |
| 4.3 Instrument development..... | 30 |
| 4.3.1 Validity and reliability of the study instrument..... | 30 |
| 4.4 Study population and sampling approach..... | 32 |
| 4.4.1 Description of the socio-demographic data..... | 33 |

| | |
|--|----|
| 4.4.2 Eligibility criteria..... | 36 |
| 4.4.1 Study settings..... | 36 |
| 4.4 Data collection procedures..... | 36 |
| 4.5 Ethical consideration and accessibility..... | 37 |
| 4.6 Data analysis procedure..... | 37 |
| 4.7 Limitation of the study..... | 38 |
| Summery..... | 39 |

Chapter Five Finding of the study

| | |
|---|----|
| Introduction..... | 40 |
| 5.1 Research question of the study..... | 40 |
| 5.2 selected organizational factors affecting performance of professional nurses.... | 41 |
| Domain 1: Workload Affecting Performance of Professional Nurses..... | 42 |
| Domain 2: Night Shift Affecting Performance of Professional Nurse..... | 42 |
| Domain 3:Resources Availability Affecting Performance of Professional Nurses... | 42 |
| Domain 4: Education and Training Development Affecting Performance of professional nurses..... | 43 |
| Domain 5: manager support Affecting Performance of Professional Nurses..... | 43 |
| 5.3 Results related to the study hypothesis..... | 43 |
| Hypothesis 1..... | 44 |
| Hypothesis 2 | 46 |
| Hypothesis 3..... | 47 |
| Hypothesis 4..... | 55 |
| Hypothesis 5..... | 57 |
| Summery..... | 60 |

Chapter Six Discussion

| | |
|--|----|
| Introduction..... | 61 |
| 6.1 Discussion of socio-demographic data..... | 61 |
| 6.2 Correlation between the participants socio-demographic and selected organization factors affecting performance of professional nurses | 66 |
| 6.3 Inferential statistics and selected organizational factors affecting performance of professional nurses in North West bank governmental hospitals..... | 67 |
| 6.3.1 Selected Organizational factors affecting performance of professional nurses'... | 67 |
| 6.3.1.1 Workload affected professional nurses' performance..... | 68 |
| 6.3.1.2 Nightshift affected professional nurses' performance..... | 71 |
| 6.3.1.3 Resources Availability affected professional nurses' performance..... | 73 |
| 6.3.1.4 Educational and training development affected professional nurses' | |
| Performance..... | 75 |
| 6.3.1.5 Manager Support affected professional nurses' performance..... | 77 |
| Summary and conclusion | 80 |
| Recommendation..... | 81 |
| References..... | 85 |
| Annexes..... | 96 |

List of Tables

| Table No. | Title | page |
|------------------|--|-------------|
| 4.2.1 | Reliability coefficients for study instrument and its standards | 31 |
| 4.4.1 | Total number of population and sample | 33 |
| 5.1 | Total Score of Selected Organizational Factors Affecting Performance of Professional Nurses in Descending Form | 41 |
| 5.3.1 | Frequencies, means, and standard deviations of selected organizational factors affected performance of professional nurses at North West Bank governmental hospitals due to age variable | 44 |
| 5.3.2 | Results of One Way ANOVA to test the differences between the means of selected organizational factors affected professional nurses' performance due to age | 45 |
| 5.3.3 | Results of T-Test for independent samples T-Test used as the gender variable contains TWO groups (male & female) | 46 |
| 5.3.4 | Frequencies, means, and standard deviations of selected organizational factors affected performance of professional nurses at North West Bank governmental hospitals due to workplace variable | 47 |
| 5.3.5 | Result of One Way ANOVA to test the differences between the means of selected organizational factors affected professional nurses' performance attributed to the workplace | 48 |
| 5.3.6 | results of Scheffe Post Hoc Test for comparing between the means of work load with Work place variable | 49 |
| 5.3.7 | the results of using Scheffe Post Hoc Test, for comparing between the means of night shift with Work place variable | 50 |
| 5.3.8 | The results of using Scheffe Post Hoc Test, for comparing between the means of resources availability with Work place variable | 51 |

| | | |
|---------------|---|-----------|
| 5.3.9 | The results of using Scheffe Post Hoc Test, for comparing between the means of education and training development with Work place variable | 52 |
| 5.3.10 | The results of using Scheffe Post Hoc Test, for comparing between the means of manager support domain attributed to the Work place | 53 |
| 5.3.11 | The results of using Scheffe Post Hoc Test, for comparing between the means of total score domain attributed to the Work place variable | 54 |
| 5.3.12 | Frequencies, means, and standard deviations of organizational factors affected professional nurses performance at North West Bank governmental hospitals due to years of experience | 55 |
| 5.3.13 | Results of One Way ANOVA to test the differences for years of experience | 56 |
| 5.3.14 | Frequencies, means, and standard deviations of selected organizational factors affected professional nurses performance at North West Bank governmental hospitals according to academic degree variable | 57 |
| 5.3.15 | Results of One Way ANOVA to test the differences between the means of organizational factors to academic degree | 58 |
| 5.3.16 | The Results of using Scheffe Post Hoc Test for comparing between the means of resources availability and academic degree variable | 59 |
| 6.1 | MOH Hospital Utilization by hospital &Region, Palestine, 2011 (health annual report Palestine 2011 | 70 |

List of Figures

| Figure No. | Title | page |
|-----------------------|---|-------------|
| 3.1 | Linking selected demographic, selected organizational variables and professional nurses with the performance. | 24 |
| 4.1 | Sample distribution according to age variable | 34 |
| 4.2 | Distribution of sample according to Gender variable | 34 |
| 4.3 | Sample distribution According to Workplace variable | 35 |
| 4.4 | Sample distribution according to Years of experience in governmental hospitals | 35 |
| 4.5 | Sample distribution According to Academic degree | 36 |
| 5.1 | means of selected organizational factors | 42 |

List of Annex

| Annex No. | Title | page |
|----------------------|---|-------------|
| 1 | Distribution of sample according to Age | 96 |
| 2 | Distribution of sample according to Gender | 96 |
| 3 | Sample distribution according to workplace variables | 96 |
| 4 | Distribution of Sample According to Years of experience | 97 |
| 5 | Distribution of Sample According to Academic degree | 97 |
| 6 | The Means scores, Standard Deviation and Percentage of Workload Affecting Performance of Professional Nurses Domain in Descending Form | 98 |
| 7 | The Means scores, Standard Deviation and Percentage of Night Shift Affecting Performance of Professional Nurses Domain in Descending Form | 99 |
| 8 | The Means scores, Standard Deviation , Percentage and levels of the statements of resources availability Affecting Performance of Professional Nurses Domain in Descending Form | 100 |
| 9 | The Means scores, Standard Deviation , Percentage and levels of the statements of Education and Training development Affecting Performance of Professional Nurses Domain in Descending Form | 101 |
| 10 | The Means scores, Standard Deviation , Percentage and levels of the Statements of Manager Support Affecting Performance of Professional Nurses Domain in Descending Form | 102 |
| 11 | Questionnaire | 103 |
| 12 | Experts validated the study instrument | 108 |

List of Abbreviation

| | |
|--------|---|
| ANA | American Nursing Association |
| ANOVA | Analysis of Variance |
| AWHONN | Association of Women's Health, Obstetric and Neonatal Nurses |
| JCAHO | Joint Commission Accreditation Hospitals |
| MOH | .Ministry of health |
| RNAO | Registered Nurses Association of Ontario |
| SD | Standard Deviation |
| SPSS | Statistical Package for Social Science |
| WB | West Bank |
| WHO | World Health Organization |

Chapter one:

Introduction

Within Palestinian health care many employees perform quality health care that helps to maintain or restore patient's health; however, far too many do not. Performance problems are reflected in a wide variation, like the effect of organizational factors that negatively affect the patient's satisfactions. A health care quality improvement is to maintain what is good about the existing health care system while focusing on the areas that need improvement. Improving the quality of care and reducing medical errors are priority areas for the Palestinian governmental hospitals (MOH report, 2011).

There are many variations of health care system around the world; the goal for health care system according to the world health organization report (2011) is to improving performance and responsiveness to the expectation of the population. Health care systems are organizations established to meet the health needs of target populations; it is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. Health care is delivered by practitioners in medicine, physicians, nursing, pharmacy, allied health, and other care providers. It refers to the work done in providing primary care, secondary care and tertiary care, as well as in public health (WHO report, 2011). Health care system in Palestine is a combined entity of all resources actors and institutions related to the financing regulation and provision of all activities whose primary intent is to improve or maintain health; it is an arrangement in which health care system is delivered (MOH report, 2011).

Nurses are health care professionals who focus on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life from conception to death WHO health report (2011). Nurses in the occupied Palestinian territory, work in a large variety of specialties where they work independently and as part of a team to assess, plan, implement and evaluate care (MOH report, 2011).

According to MOH Report (2011) nurses are the largest health care providers within governmental hospital, constituting (332) of those 24% professional nurses, in the north part of West Bank where they work in a variety of settings. Therefore it is important to highlight factors that affect their performance and most importantly the organizational factors. Organizational factors are linked to –day to- day environment where health workers carry on their duties (Awases, 2006) and their level of nursing performance may be affected by the following but not limited to; organizational factors work load, night shift work, availability of resources, education and training development and manager support which ultimately affects patient's satisfaction, organizational vision and mission and the health care situation in Palestine. Some of these factors are identified and selected for assessing their effect on nurses' performance. These factors were selected based on previous studies and literature review was found that more focus was on these factors in addition to the political situation in Palestine plays a large role in these factors, such as increasing the demand for health insurance and dependence on international aid.

Work load: means the amount of work assigned to or expected from a nurse in a specified time period, a common measure of workload is the number of patients that a nurse oversees, indexed as the ratio of nurse to patients (Page, 2004), it results due to the shortness in the nurse's staff working in the governmental hospitals; it could be due to absenteeism due to the sick leaves, maternity leaves, annual leaves, turnover and retirements. The shortage of staff makes the work very difficult to provide a high standard of work (Bhaga, 2010), that what make the staff to increase their work hours during the week, leading to psychological stress and physical exhaustion staff, leading to improper performance.

Night shift: work is a term defined as work performed after 9pm and before 7 am of the next day, nurses take turns working the three shifts. Nurses might work in the evening, in the middle of the night, or morning, their shift; the morning shift 7hours, evening shift 7hours, and night shift is 10 hours. Furthermore nurses at West Bank provide continuous service personnel on twenty four hour basis for the provision of health. This study defines it as the change in health, psychological, and social status of nurses after working at night shift.

Availability of resources: in any organization the professional nurses should be in the position to perceive that the resources at their disposal are adequate to meet their work demand. If there are not adequate resources the nurse will find it difficult to get their work done, and will experience dissatisfaction (Bhaga, 2010).

Education and training development: The education and training development among nurses are important, therefore, nurses working in hospital must generally be encouraged to participate in training and development programs (Bhaga, 2010). They must be empowered with information and skills to remove feelings of inadequacy, the shortage of the skills and information provided for professional nurses in health care system will affect their performance negatively and make them dissatisfied from their organizational policy.

Manager support: Managers and supervisors are responsible for meeting the operational needs and increasing the productivity of their respective department. McConnell(2003:407) by their support to their staff.

Performance: Means the actual conduct of activities to meet responsibilities according to standards. It is an indication of what is done and how well it is done (Awases, 2006). According to WHO health report (2006), the performance is a combination of staff being, available, competent, productive and responsive; poor performance of service providers leads to inaccessibility of care and in appropriate care, which thus contribute to reduced health outcomes as people are not using services or are mistreated due to harmful practice, it results from too few staff or from staff not providing care according to standards and not being responsive to the patients need. As Hughes et al. Stated "most performance problems can be attributed to unclear expectations, skills deficits, resource or equipment shortages or a lack of motivations" (Hughes et al., 2002)

Professional nurse: means a person registered with the nurse regularity and registering authority of their country. Professional nurses are trained at higher education level with the training period between 3-4 years and above. Professional nurses are also called registered nurses working in clinical, nursing services and educational institutions (Awases, 2006).Their functions include assessing and

educating patients, administering treatments and supervising and coordinating care (Bureau of labor statistics, 2008).

1.1 Problem statement

In spite of the increase number of professional nurses who join the governmental hospitals recently in the WB, these nurses are not evaluated for factors affecting their performance within their work setting. Therefore, this study aim to selected organizational factors affecting nurses performance in North West Bank governmental hospitals.

Nurses are the major health care providers among other health care professional thus, improvements in patient safety can be achieved by improving nurse performance. This study the selected organizational factors, affect performance of professional nursing including, workload, night shift, available of resources, education and training development and manager support, focusing on research studies that reported original data from professional nurse participants.

Governmental hospitals are health institutions that introduce health services to the Palestinian people. The MOH is the main health providers of health services in Palestine, where it owns and operates 12 hospitals in the WB, furnished with 1,316 beds. MOH bears the heaviest burden, as it has the responsibility, the number of the professional manpower working in the MOH is (3737) in West Bank of those 52% are nurses (MOH annual report, 2010).

The world health workers are dissatisfied and de-motivated with their work situation (WHO report, 2005). Many countries reported a decline in quality of health services and long queues of clients and patients waiting to be seen (Awases, 2006). Palestinian nurses work in stressful condition, this was revealed during interviews with nurses and health center staff in Nablus governmental hospitals which showed that nurses, who are supposed to be the back bone of health services, are overworked and demoralized. (Flagship report, 2011), indicated that nurses show signs of burnout and complain of non recognition of the contribution they are making, a major potential stress producer for nursing staff is workload. There is usually too much to do with not enough resources (McConnell, 2003). Night shift can affect nurse performance & patient satisfaction, nurses who work at night or who rotate shifts make more error from fatigue than do nurses on other shifts, and the risk for error can increase by two to three

times when nurses work 12.5 hr or more in succession (Page, 2004). There is good evidence that shift work has negative effects on workers health, safety and performance. It is quite appropriate that attention is paid to this very important feature of socio-technical systems, which may adversely affect mental and physical health, social life and safety of shift workers. Research into the impact of shift work on professionals has consistently identified a range of negative outcomes in physical, psychological, and social domains (Rathore, 2012). Continuing development of nurses' skills and knowledge is an empowering experience, preparing the nurse to make decision with the support of an expanding body of knowledge (Kelly, 2007).

1.2 Justifications of the study

Organizational factors are considered to be the cornerstone in achieving psychological and professional security at work, which in turn are positively reflected in job performance both quantitatively and qualitatively.

The study was conducted in government North WB because it is observed that professional nurses have low satisfaction due to work overload, work in a stressful situation under bad economical and political condition as a majority of Palestinian population seeks health services from governmental hospitals which provide a public health insurance.

The researcher observation of other studies and own personal experience as an employee at governmental hospital in Nablus gave her chance to lesson to the frequent professional nurses complains, criticism, and absenteeism amongst many other sign of poor job satisfaction amongst them.

There are clearly many challenges to be faced as the Palestinian Ministry of Health works to reform and develop its health sector. It is important to note, however, that Palestinian medical staffs, particularly nurses are eager to learn and improve their skills and overall services to better serve the health care needs of the Palestinian people (USAID report, 2010).

One of the important output of nurses performance improvement is patient satisfaction, the satisfaction is achieved when the patient's perception of the quality of care and services that they receive in healthcare setting has been positive, satisfying, and meets their expectations (Al-Sharif, 2008).

Health care environment must be changed dramatically and rapidly causing fundamental transformations that have an impact on employee well-being and organizational goals. Many health care workers are not hoping with their personal and work-related demands where these problems are seriously impacting patient care and employee productivity (Bhaga, 2010).

The role of health care administrators is to take closer look to human resources management practices of their organization and provide efforts to improve the quality of care by changing employee engagement satisfactions and loyalty (Peltier, 2009).

This study is important because there are few previous researches documented in Palestine concerning organizational factors affecting the performance of professional nurses. Therefore, the aim of this study is to investigate the effect of these factors in the performance of the professional nurses working in governmental hospitals in North West Banks.

1.3 Goal and Objectives of the study

The goal of this study was to assess selected organizational factors (workload, nightshift, available recourses, education and training development and manager support) affecting nurses performance in North West Bank governmental hospitals. To achieve this goal the following objectives are set:

1. Assess the extent of workload on the performance of professional nurses.
2. Identify the relationship between night shift as an organizational factor, and the performance of professional nurses.
3. Determine the affects of the availability of resources as an organizational factor on the performance of professional nurses.
4. Assess the influence of continues education and training development as an organizational factor on the performance of professional nurses.
5. To assess how manager support affect professional nurses performance.
6. To identify the differences in the organizational factors (workload, nightshift, available recourses, education and training development and manager support) affecting nurses performance in North West Bank governmental hospitals due to Age, Gender, Years of experience, Academic degree and Workplace variables.

1.4 Research questions of the study:

"What is the level of selected organizational factors affecting performance of professional nurses in North West Bank governmental Hospitals?

1.5 Study hypothesis:

1. There is no significant differences at the level of ($\alpha \leq 0.05$) between the means of selected organizational factors affecting professional nurses performance due to age variable.
2. There is no significant differences at the level of ($\alpha \leq 0.05$) between the means of selected organizational factors affecting professional nurses performance due to gender variable.
3. There is no significant differences at the level of ($\alpha \leq 0.05$) between the means of selected organizational factors affecting professional nurses performance due to workplace variable.
4. There is no significant differences at the level of ($\alpha \leq 0.05$) between the means of selected organizational factors affecting professional nurses performance due to the years of experience variable.
5. There is no significant differences at the level of ($\alpha \leq 0.05$) between the means of selected organizational factors affecting performance of professional nurses due to the academic degree variable.

Chapter Two

Literature review

Introduction:

This chapter presents a review of relevant organizational factors and nurses performance. Organizational factors categorized or selected for the purpose of this are: workload, night shift, continuous education and training development, availability of resources, manager support.

Moreover, the literature review used internet search in the study concepts as well as relevant topics and studies from master and doctoral dissertation, journals, and text book.

2.1 The effects of organizational factors on nurses' performance:-

2.1.1 Organizational factors

These identify three basic interlinked needs, firstly, it is necessary to understand what the important characteristics of organizational factors are and how they interact, secondly this understanding has to be applied to predict how certain actions are likely to influence organizational performance and thirdly, it is necessary to detect early signals of deteriorating performance to initiate corrective actions before an incident is making the deficiencies obvious. Efficient responses to these needs have to rely on an integrated view of the organization and the employee performance (WHO report, 2006).

Grosby (1996) had stated that quality of care given within an organization and the efficiency of this organization are reflected by the performance of all employees. This can be achieved through providing employees with clear and measurable expectations of their achievement which is essential to obtain high level performance. Spanberg (1990) further commented that good performance evaluation can unify the organization, so that it can deliver its mission, and employee know how they are doing in their job.

2.1.2 Performance

The term "performance" is used to focus attention on the total behavior of person including his or her organization, the use of specialized knowledge, his/her attitude acquired through training, as well as organization and integration of practice (Bargagliotti, 1999).

Wilson and Goldschmidt (1995) stated that "performance can be expressed in terms of norms (what most people do or achieve) and excellence what the best achieve" (p.445). A performance related behavior is directly associated with job tasks and the need to be accomplish to achieve jobs objectives (Sullivan and Decker, 1997).

Performance evaluation is a continuous process with little psychological risk to the employee. It is that constant feedback from one human being to another, which accept the problem and tries to solve them (Young, 1992).

Performance assessment is an essential requirement for the evaluation of existing health services, and thus is necessary for improvement in health care by focusing on what the health workers actually do (Jurnm, 1996). Accordingly, performance assessment should encompass the component of a position description, the roles and responsibilities attached to that position, the acquisition and mastery of skills and knowledge. It represents a continuous process to the care given Joint Commission Accreditation Hospitals,(1999).

Al-Ahmadi, (2009) study about factors affecting performance of hospital nurses in Riyadh Region, Saudi Arabia, the study objectives were to estimate self-reported performance, and determine whether differences in employee demographics, job satisfaction, and organizational commitment, influenced performance. The study found that job performance was positively correlated with organizational commitment, job satisfaction personal and professional variables. and strong predictors of nurses' performance. Job performance is positively related to some personal factors, including years of experience, nationality, gender, and marital status, while the level of education is negatively related to performance. This study concluded that it fulfilled a research gap in the area of nursing performance, and its relationship with work attitudes and

highlighted the impact of national culture on job performance and work attitude among nurses in Saudi Arabia.

Hong Lu, et. al (2004), argues that the current nursing shortage and high turnover is of great concern in many countries because of its impact upon the efficiency and effectiveness of any health-care delivery system. Recruitment and retention of nurses are persistent problems associated with job satisfaction. This paper analyses the growing literature relating to job satisfaction among nurses and concludes that more research is required to understand the relative importance of the many identified factors to job satisfaction. It is argued that the absence of a robust causal model incorporating organizational, professional and personal variables is undermining the development of interventions to improve nurse retention.

2.2 Effects of workload on professional nurse's performance:

Petterson and Arnets (1998) study in South African found that, nurses' work load has steadily increased since the restructuring of health care services. There is now more pressure to treat patients more cost effectively with much briefer stays in hospitals. Increased workloads can improve short term productivity, but it can increase long term-costs, as stress and illness among nurses lead to poor judgment and low productivity.

McConnell (2003) suggested that, a major potential stress producer for nursing staff is work overload. Schabracq (2003) added that burnout is also a consequence of an excessive work load, and the potential to reduce burnout by lessening the work load is a matter more for the employer in the health sector rather than for the employee. Nurse supervisors are realizing that nurses' stress and high absenteeism resulting from work overload is significantly increasing the hospital's operational cost. Many different approaches to nurse staffing and scheduling are being tried in an effort to satisfy the needs of employees and to meet work load demands for patient care.

Mc Connell (2003) further elaborated on the practical differences between staffing is determine how many people with specific skills are needed, making them available, and assigning them is determined by name and skills will do what work and when (for a specific time period).

Bancsek (2007) suggested that, hospitals are service institutions that provide nursing services on a 24-hour basis with nurses being the largest group of employees. The nurse manager is responsible and accountable for the daily unit operations. Bancsek defined staffing as a function of planning for hiring qualified human resources to meet the needs of patient care and services.

Bancsek (2007) said that in order to have an organized nursing service that provides 24 – hour nursing care, nurse managers depend on staffing and scheduling systems. Where the later is an important function of a nurse manager. Bancsek defined scheduling as a function of implementing staffing by assigning unit personnel to work specific hours and specific days of the week. Staffing and scheduling are of the used together to refer to a general process.

Swans burg (1993) said that nursing sometimes experience a cycle of inadequate resources to meet staffing requirements. Swans burg also found that understaffing has a negative effect on staff moral, delivery of quality care and nursing modality, burnout and professional dissatisfaction. On the other hand overstaffing is expensive and has a negative effect on staff morale and productivity. Health care organizations must ensure that their staffing and scheduling systems allocate caregivers efficiently to match required resources with available resources.

There are many modified approaches to nurse staffing and scheduling, which are of mutual benefit to employer, employee and the clients served. The two widely used approaches are: The 10-hour day: the work week consists of four 10 hour shifts per week in an organized time increment. Working 10 hour day decreases absenteeism and turnover because nurses have more days off. The 4-day, 10 hour work schedule for night nurses stabilize staffing and increases productivity and decreases turnover (Swansberg, 1993:63). The 12-hour shift: nurses work seven shifts in 2 weeks – three on, four off, four on and three off. They work a total of 84 hours and are paid 4 hours overtime. Twelve-hour shifts and flexible staffing have been reported have improved care and have saved money because nurses can manage their home and personal life better (Marrine-Tomey, 2004:393).

Wilkins et.al (2007) argues that nurses work load condition affect the health and well-being of individual nurse report that high work load, poor working Relationships with other staff contribute to poor general and mental health among nurse. Schommbie et.al. (2005) agree that when nurses are exposed to stress full working conditions, they are likely to suffer from high levels of stress and are at an increased risk of burnout.

Maslach and leiter (1998) found that burnout results from an accumulation of work-related stress. They view burn out as a syndrome of negative Job attitudes and perceptions, a poor professional self-concept and a loss of empathic concern for clients being serviced. Liebler and Mc Connal (2004) add that burnout is a dynamic process, related to stress and caused by a combination of high work load and low coping resources It is characterized by feeling of emotional exhaustions in which, the workers develops depersonalizing attitudes toward service recipients and experiences feeling of reduced personal accomplishment. The work load can generate both a cut & chronic stress which can lead to employee distress, decrease motivation and the development of dysfunctional attitudes and behaviors are work.

According to Cox and Griffiths (1996) the experience of work – related stress generally detracts from the quality of nurses’ working lives, increases minor psychiatric morbidity and contributes to some form of physical illness. Physical health problems make nurses work load difficult to handle and mental problem interfere with their ability to perform effectively at their work place. Basu & Gupta, (2007) find that nurses who are greatly stressed and vulnerable to injury have a higher absenteeism and disability rate than any other profession.

Greens lade and paddock (2007) infer that increasing work load and over time hours put a strain on personal and social relationships and reduces the capacity to cope with the emotional and physical stress encountered by nurse in their work and family roles. The researcher agrees that if an employee is having difficulties getting work goals accomplished, it can lead to tension, in their homes.

2.3 Effects of night shift on professional nurse's performance:

Page (2004) found that night shift can affect nurses’ performance & patient satisfaction, as for example, nurses who work at night or who rotate shifts make more error from fatigue than do nurses on other shifts, and the risk for error can increase by two to three times when nurses work 12.5 hr or more in succession

Ohida, et.al. (2001) examined the influence of day, afternoon, night and rotating shifts on nurses job performance and stress, where the results indicated that job performances

and satisfaction was less on a rotating roster than on a fixed roster. Although there has been a move towards studies of nursing turnover, there is still a general absence of research that attempts to associate perceptions of night duty with job satisfaction and ultimately staff turnover.

Researchers consistently identify a relationship between hours worked, nurse fatigue, and errors; with error rates doubling at 10 hours of work and tripling at 16 hours (IOM, 2004; Rogers, et.al 2004). Fatigue is often characterized by a decreased ability to complete work and a subjective complaint of feeling tired. Inadequate rest, sleep loss, and shift work schedules often contribute to fatigue (IOM, 2004). Fatigue has been reported to produce slowed reaction time, omission errors, impaired problem-solving abilities and attention lapses (Van-Griever & Meijman, 1987). Furthermore, fatigue may diminish productivity and lead to errors and accidents.

Akerstedt (1996) said that sleep is one of the main reasons why irregular hours cause ailments and disorders extended waking leads to tiredness and reduced functional capacity. After the first 24 hours without sleep the functional capacity may be halved and after two sleepless days, the functional capacity is at its lowest and risk of falling asleep is ever present. With prolonged exposure, the individual cannot manage to keep awake, and can't make complex decisions which require thinking. Allen (1999) non experimental research studies examined the effect of sleep on short term memory recall in day shift versus night shift nurses and found that there is no effect of lack of sleep on cognitive process of short-term memory recall.

Akerstedt et al.,(2004) An increasing body of evidence exists related to fatigue, sleep deprivation, and the circadian time of day with their effects on performance and learning and memory function. Although little research has focused specifically on fatigue on hospital personnel and its relationship to medical error, studies outside the medical field demonstrate the potential link between fatigue and poor performance. Several behavioral studies have shown that the slow-wave activity achieved through sleep is strongly correlated with improved performance in tasks. There is also a strong relationship between memory consolidation and sleep.

According to Dean, et al (2006) aging may also play a role when assessing the effects of sleep deprivation on performance. There is evidence to suggest that the aging process increases the physiological and cognitive effects of fatigue. Recent laboratory studies documented a decrease in performance in older workers on the night shift compared to a younger worker.

Crofts (1999) found that the problem with a night shift work is that the human race is diurnal, who are functions during day time and night workers report a number of health problems. Grafts added, these negative effects have consequences not just for individual, but also for work place, as decreased alertness and reduced job performance that could endanger human lives and affect the quality of care at intensive care unit.

2.3.1 The Ergonomically Aspect of Shift –work (Circadian Rhythm):

Akerstedt (1996) described the circadian rhythm is determined by the nucleus suprachiasmaticus in the hypothalamus. This structure regulates the physiology and psychology functions of the body such as body temperature. Body temperature is often used as an indicator for circadian rhythms, reaching its maximum at 17:00 hrs and its minimum at 05:00 hrs. The basic principle underlying the rhythm variations is catabolism (the breaking down and release of energy) and readiness for action during the day, and anabolism (regeneration) and rest during the night.

According to Pheasant (1991) the word circadian comes from the Latin "circa dies" which means" about a day, "Circadian rhythms are partly driven by the internal "body clocks" and partly synchronized to the external world by cues known as zeitgebers (German: Ziet, time; Geber, giver). These rhythms are coordinated to allow for high activity during the day and low activity at night. Normally the body uses cues from its processes and from the environment such as clock time, social activities, the light / dark cycle, and meal times to keep the various rhythms on track. The shift-worker's temperature rhythm and other body rhythms get out of phase with the person's activity pattern. This disorientation can lead to feelings of fatigue and disorientation. "Jet lag" is a term, often used to describe these feelings.

Grandgean (1995) stated that the human organism was in its ergo tropic phase (geared to perform) in the daytime and in its trophotropic phase (occupied with recuperation and replacement of energy) during the night. Thus night worker does not have the mood for performance, but in the relaxed phase of his cycle. Ergonomics is therefore faced with the problem of planning work schedules in such a way that shift-work does as little harm as possible to health and social life.

Rodgers et al (1986) described the physiological processes that take place within the human body as biological rhythms. Biological rhythm refers to any cyclic change in the level of a measure or chemical in the body. Adrenal corticoids or thyroid hormone, are examples of hormones that can cause changes in the body.

Below is a list of circadian bodily functions that increase by day and decrease by night. Body temperature, Heart rate, Blood pressure, Respiratory volume, Adrenaline production, Excretion of 17-keto-steroids, Mental abilities Flicker-fusion Frequency of eyes and Physical capacity

Other time-keepers are changes from light to dark and vice versa, social contacts, work and knowledge of clock time. The most important function that is geared to circadian rhythm is sleep. It is said that sleep that is undisturbed either in quality or in quantity is a pre-requisite for health, well – being and efficiency (Canadian Centre for Occupational Health and Safety , 1998).

The disturbance of circadian rhythms can affect concentration, motivation, and reaction time, particularly at night. This combination can result in an increased risk of accidents and injury. Studies show that shift-workers' accident rates are more than day workers, the same or less. Thus, the findings do not conclusively indicate that night shift workers are more prone to accidents. There are also discrepancies with research on this issue because of the fact that working conditions are not the same on different shifts. For example, the nature of workload, the backup system available and the amount of supervision can make comparisons inaccurate. Nonetheless, lack of sleep heightens the decline in performance. When deprived of sleep the worker may not be fully aware that performance has deteriorated. Research has shown that the optimum mental performance level for workers occurs between 2 and 4 pm, maximum general

awareness is between one, and 7 p.m. performance levels are lowest between 3:30 and 5:30am, (CCOHS, 1998 www.ccohs.ca/oshanswers/work-schedules//shiftwrk.html).

2.3.2 Physiological factors- sleep affect on professional nurse's performance

Akerstedt (1996) said that lack of sleep is one of the main reasons why irregular hours cause ailments and disorders. Extended waking leads to tiredness and reduced functional capacity. The effects are initially noticeable mostly if the individual is exposed for longer periods to a monotonous situation. After the first 24 hours without sleep. The functional capacity may be halved and after two sleepless days, the functional capacity is at its lowest and the risk of falling asleep is ever present. With prolonged exposure, the individual cannot manage to keep awake. Another aspect of tiredness concerns the ability to make complex decisions, which require thinking.

2.4 Effects of education and training development on professional nurse's performance:

Inadequate knowledge, skills and inappropriate attitudes can all form obstacles to good health care workers. Advances in insights into treatment and diagnosis, as well as changes in roles and responsibilities, require continuous professional development among health workers. In fact, a lifelong learning process must be developed at the start of a professional career in the health sector (WHO, 2006).

2.4.1 Training:

Training is generally focused on teaching staff specific skills and concepts or attitudes. Training serves to provide the nurse with specific skills or to reinforce previously learned behavior (Fottle et al., 1998:203).

2.4.2 In – service training:

In- service training is about facilitating learning and development of an employee while rendering a service to an organization (Booyens 1993).According to swans burg and swans burg (1999) In service education provides learning experience in the work

setting for the purpose of refining new skills." In an organization, managers and supervisors are responsible for developing employee's potential and abilities to perform, and helping them adjust to rapidly changing Job requirement. Supervisors, therefore, should continuously assess gaps and the potential abilities of their subordinates in order to provide planned in-service training to correct matters (Boyens 1993, price 2000). It is concerned with teaching staff skills, facts, attitudes, behavior and concepts through internally generated efforts Fottler et al (1998).

2.4.3 Orientation training:

According to Libler & Mc Connell, (2004) each newly appointed employee invaded in an orientation programmed. Ideally the formal orientation is brief, highly focused and completed on the worker's first day. The purpose is to introduce the staff member to the moves, behaviors and expectations of the organization.

2.4.4 Continuous education

Continuous education programs in organization are aimed at updating employee's knowledge and competency in order to improve their ability to analyze complex health problems, deliver and maintain health services and sustain professional inter personal relations ships (Boyens 1993; swans burg & swans burg 1999)

According to Booyens (1993) and swans burg and swans burg (1999) , continuous education is usually part of self development responsibility to ensure that their staff are kept up-to- date with new development. This may take the form of workshops, conferences seminar, self learning modules, individual studies or degree courses. Continuing education is professional learning experiences designed to augment knowledge, skills and attitudes of nurses and there by enrich the nurse's contribution to quality health care and their pursuit of professional career Goals. Continuing education usually relies on external training resources to accomplish. Its objectives (liebler & Mc Connell, 2004).

Kelly (2007) stated that continuing development of one's professional skills and knowledge is an empowering experience, preparing the nurse to make decision with the support of an expanding body of knowledge.

Mc Connel (2003) argue that in addition to increasing knowledge, improving skills and changing attitude as Job performance requires, continuing education creates as learning attitude among employee. It can therefore, be said that training and development increases an individual's capabilities and improves the potential effectiveness of all members of the work group with ultimately improve the ability of the organization to perform better. However, a heavy load of in – service training activities

2.5 Effects of available resources on nurse's performance:

There must be adequate resources in term of space, equipment and staff for any organization to function effectively. Lewy (1991) asserted that the equipment must be adequate and appropriate specific jobs and must be fitted for individual workers. Employees must be given clear instructions on how to use the equipment. There must also be sufficient allocation of resources for the maintenance of the appliances and equipments, many hospitals in marginal financial conditions defer maintenance of equipment. Ultimately, the employees should be in the position to perceive that the resources at their disposal are adequate to meet their work demands. Gerber et al (1998) explain that the availability of adequate equipment and appliances facilitate productivity. Failure to provide equipment, appliances and adequate protective clothing make it difficult for employees to carry out their jobs in an easy non- obstructive way. Employers have the responsibility to provide employees with optimal conditions to carry out tasks for which they have been trained.

Hospitals have a responsibility to ensure its patients safety and well-being during hospitalization, to satisfy this duty a hospital must not only select and retain competent staff, but must also provide a reasonable care in maintaining safe and adequate facilities and equipment. According to Lewy (1991) when patient injury occur because of equipment , the issue become one of whether the patient was injured due to a defect , due to the misuse or improper maintenance of the equipment . Manager should learn to lessen potential liability by ensuring that equipment is maintained properly and to ensure that storage of the equipment follow manufacturers written guidelines.

According to Bezuidenhout (1994) working conditions refers to the interaction of an employee with the physical work environment and working conditions include

physical conditions such as working tools, equipment, material and schedules. Gerber et al. (1998) argued that, the physical working condition include the availability of facilities like equipment, appliance and protective clothing, encourage the employees to perform their work in an easier manner. These make health care workers to have the responsibility to provide a safe and healthy workplace for their employees and a safe environment for the patients and visitors.

2.6 Effects of manager support on professional nurses' performance:

Ellis & Hartley (2012) stated that management refers to activities such as planning, organizing, directing, and controlling with the purpose of accomplishing specific goals and objectives within an organization P427. Essentially, management involves coordination and integration of resources to accomplish specific tasks. further, management position command that are roles to which one is appointed or hired after competitive job application and interview that grants the manager power to direct others and the responsibility to ensure that certain tasks within the organization are completed effectively and efficiently. In other words, the authority to act is gained by virtue of the position one hold within the organization Ellis & Hartley (2012).

Wagner (2006) commented that the primary factor in professional nurses satisfaction and loyalty to workplace and the professional nurse relationship with his or her immediate supervision is that health care administrators to be concerned with their satisfaction. Curran's (2001) found that nurses management that is out of touch with the realities of patient care lead to lower nurses satisfaction and loyalty.

Brunetto and Farr-Wharto (2006) found the quality of relationships including communication between managers and professional nurses not only impacts the nurses themselves but also has an impact on organizational effectiveness by affecting productivity, when management helps professional nurses feel engaged and offers them the support and resources necessary to provide quality patient care.

Chapter Three

Conceptual Framework:

Introduction:

This chapter presents a description of the standards of the research variables which are the coil between selected organizational factors and professional nurses' performance.

3.1 Conceptual and operational Definition:

Polit and Beck (2004) defined conceptual framework as "theories which deal with abstractions (concepts) that are assembled by virtue of their relevance to a common theme" (p. 115). The definition describes an understanding of the phenomenon of interest and reflects the assumption and philosophic views of the models designer (Polit and Beck, 2004). There are huge different conceptual frameworks used in nursing performance standards, where this study conceptual framework will reflect the effect of selected organizational factors on the performance of professional nurses in hospital settings as indicated in figure (3.1).

3.2 Organizational factors:

Organizational factors are the factors related to an organization. There are many organizational factors that can influence performance among professional nurses in an organization. These factors may come from many sources of an organization, the organizational factors include aspects of internal organizational structure such as clearly articulated goals, human resources, management style, information with regard to norms and standards, support to the employee, delegation of authority, autonomy in undertaking tasks, supervision, education and training development, and availability of resources, shift schedule also affect staff motivation Greenberg (1999). This study selected 5 organizational factors.

Organization: a social unit of people, systematically structured and managed to meet a need or to pursue collective goals on a continuing basis. All organizations have a management structure that determines relationships between functions and positions, and subdivides and delegates roles, responsibilities, and authority to carry out defined

tasks. It is an open system in that it affect and affected by the environment beyond their boundaries (<http://www.businessdictionary.com/definition/organization.html>).

Workload: an amount of work to be performed within a specific time period, or it is amount of work assigned to or expected from a worker in a specified time period (Glendon, 1995).

Resources availability (disposable): Characteristic of a resource that is committable, operable, or usable upon demand to perform its designated or required function. It is the aggregate of the resources accessibility, reliability, maintainability and serviceability (Kogi, 2006).

Education and training development: The definition of education can vary depending on the epistemology, the theory of knowledge creation, the reader chooses to follow. Training are defined as expertness, practiced ability, facility in doing something, dexterity and tact. Skill encompasses experience and practice, and the gaining of skill leads to unconscious and automatic actions. Skill is more than just the following of rule based actions. The potential downside of such an attribute is that, in the absence of knowledge and attitudes, such a "skilled" person may have no ability or capacity to react to situations outside the normal condition. Without the knowledge and attitudes contributing to competency, such skills alone can be demonstrated as one of the major causative factors in human error (Glendon, 1995).

Inadequate knowledge, skills and inappropriate attitudes can all form obstacles to good health care. Advances in insights into treatment and diagnosis, as well as changes in roles and responsibilities, require continuous professional development among health workers. In fact, a lifelong learning process must be developed at the start of a professional career in the health sector (WHO, 2006).

Management:- is a process whereby work is done through people. The manager's functions include many interrelated tasks such as planning, organizing, directing, and control (Koch, 1999).

3.3 Nursing Performance:

It is the total behavior of person, the use of specialized knowledge and attitude acquired through training, as well as organization and integration of practice (Bargagliotti, 1999).

Nurse: A person trained to care for patients, especially in the hospital. Nursing is a dynamic, independent profession. In corrections, the nurse is frequently employed in an isolated environment where there is constant pressure to expand his or her scope of practice to meet new needs and demands. This unique environment be stressful and antagonistic, and it may limit the range of available interventions. It may also require nurses to acknowledge their responsibility for providing only those services that fall within their legal practice parameters (ANA, 2011).

Professional nurse: refers to the nurse who has acquired the art and skills of nursing and who interprets her/his role in nursing, strive for excellence in performance and demonstrate a sense of ethics and responsibility to their careers Ellis & Hartley (2012).

3.4 Operational definitions:

Managers :- person in charge of a formal organization or one of its sub-units, Mintzberg 1980, p.100), are responsible for giving directions.

Governmental hospitals: are hospitals governed and authorized by Palestinian ministry of health.

Shift: Shift refers to hours of the day in which a worker or a group of workers is scheduled to be in the work place, night shift means work performed after 20pm and before 7am of the next day (Kogi, 2001).

Professional nurses:- a person who registered with the nurse regularly and registering authority of their country. Also called registered nurse working in clinical area, nursing service and educational institutions.

competency:- skills, knowledge and attitude acquired through training and experience, and performed to specific standards under specific condition Watson et al. (2002).

Nursing productivity: was defined as equilibrium between demand for supply of services and managing cost structure of a system by integration of financial and clinical processes and providing good quality of patient care in accost-effective manner (Moody 2004).

Nursing productivity: was defined as equilibrium between demand for supply of services and managing cost structure of a system by integration of financial and clinical processes and providing good quality of patient care in accost-effective manner (Moody 2004).

3.5 The Study Conceptual Framework

Figure (3.5) shows the study of conceptual framework. Conceptual framework developed for the study based on the title of the study, previous literature review, and it included factors related to demographic data, selected organizational factors, and professional nurses factors. Framework approved and evaluated by different experts in this field.

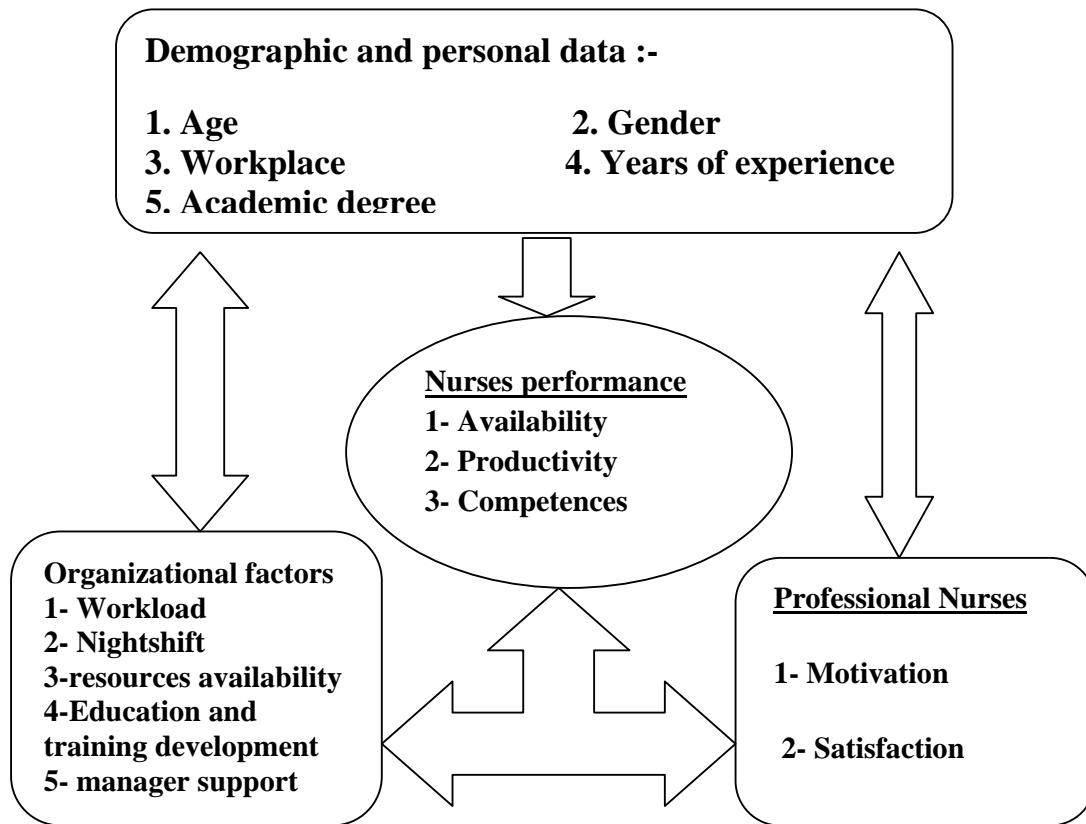


Figure (3.1): Linking demographic data, selected organizational variables and professional nurses with the performance.

The interconnection between professional nurses and organizational factors has been recognized as a dimension of performance. According to Bennett and Franco (1999), the role of the organization is to communicate its goals, as well as the processes and resources for achieving these goals; additional goals are to put in place a system of feedback and to develop staff knowledge and skills. Bennett, Franco, Kanfer and Stubblebine (2001) mentioned that problems of low motivation identified in developing countries, results in lack of courtesy to patients, high level of absenteeism

and poor quality of health performance such as failure to provide timely treatment to patients.

3.6 Factors Affecting professional Nurses' Performances:

There are several factors affecting nurses' performance as age, gender, workplace, years of experience, academic degree and organizational factors and professional nurses factors . In the following section those factors are discussed.

3.6.1 Demographic factors and performance:

Age and nurse performance: Aging may play a role when assessing the effects of sleep deprivation on performance. There is evidence suggesting that the aging process increase the physiological and cognitive fatigue. Recent laboratory studies documented a decrease in performance in older workers at the night shift compared to younger workers (Dean, Scott and Rogers, 2006).

Gender factor and nurse performance: The Association of Women's Health, supports that nurses, regardless of gender, should be employed in nursing based on their ability to provide health care to their patients. Gender is not a qualification requirement to practice as a nurse, and gender discrimination in employment is unlawful. In addition to legal requirements barring discrimination, there is no evidence that female nurses provide superior health care compared to male nurses in different areas of health care organization (AWHONN, 2010).

Deference can also exist in the way that men and women work, both in health profession and other professions. One meta-analysis had shown that women who had longer consultations were more patient centered, engaged in more emotionally focused talk, council more psychosocially and that their patient speak more (Cozens, 2008).

Work place and nurse performance: The model suggests that the individual's functioning is mediated and influenced by interactions between the individual and her/his environment. Thus, interventions to promote healthy work environments must be aimed at multiple levels and components of the system. Similarly, interventions

must influence not only the factors within the system and the interactions among these factors but also influence the system itself (RNAO, 2008).

Experience, education and nurse performance: The nursing profession continues to debate the question of whether level of education matters in performance once the nurse is oriented to a particular setting, or whether the assumed advantages of baccalaureate education can be substituted by on-the-job experience (DeBack, 2009).

3.6.2 Motivation and job satisfaction:

Motivation: Motivation is defined as “an individual’s degree of willingness to exert and maintain an effort towards organizational goals” (Franco et al., 2002). Various studies¹¹ show that financial incentives, though important, are not the sole reason, and often not the main reason, for motivation. Other important motivating factors include recognition, appreciation and opportunities for career advancement. Research has shown that workers and their managers do not always perceive motivation in the same way (WHO, 1993; Smith, 1999).

Factors relating to demotivation include high workload, lack of equipment and supplies, and the lack of supervision and training opportunities. The following staff concerns emerged from the literature: stability of employment, salaries and working conditions, professional development opportunities, the introduction of health sector reforms, the lack of an adequate regulatory system, and inadequate human resources policies (Kolehmainen-Aitken, 2004; Lindelow and Serneels, 2006; Zurn et al., 2005).

Job satisfaction: Motivation and job satisfaction are two different things: when someone is satisfied with his or her job, he/she is not necessarily motivated to perform well. However, job satisfaction does influence motivation and is related to turnover and absenteeism.

Gupta & Joshi (2008), concluded in their study that Job satisfaction is an important technique used to motivate the employees to work harder. It had often said that, a happy employee who is a productive employee. Job satisfaction is very important because most of the people spend a major of their life at their work place.

3.6.3 Organizational factors and performance:

Bhaga, (2010) found that there is a correlation between high workload and job satisfaction among the professional nurses, with adverse results on work performance. Cavanagh SJ. (1992) found that dissatisfaction of nurses can lead to low morale, absenteeism, turnover, and poor job performance, and potentially threaten patient care quality and organizational effectiveness. McCloskey JC, McCain BE. (1987) have found positive associations between job satisfaction and job performance.

Ohida, "et al".(2001), examined the influence of day, afternoon, night and rotating shifts on job performance and stress on nurses, found that job performances and satisfaction was less on a rotating roster than on a fixed roster. Although there has been a move towards studies of nursing turnover, there is still a general absence of research that attempts to associate perceptions of night duty with job satisfaction and ultimately staff turnover.

McCormack & McCance (2006), found that the nurses performance requires empowering nurses to go beyond their core task responsibilities and to accept greater accountability and responsibility for the delivery of patient care through critical thinking, reflective practices and application of clinical skills.

Available disposables resources offers many opportunities to improve nurse performance and satisfaction, operational efficiency, patient satisfaction, safety, and quality, there is little research evaluating the outcomes of specific patient care technologies, (Joint Commission on Accreditation of Healthcare Organizations 2002).

Management support was highlighted as a critical factor in providing quality patient-care. Swanburg, (1993) suggest that the nurses achieve job satisfaction from the climate of collegiality with manager in which they participate in decision-making. Liebler and McConnel, (2004) agree that the manager can assist professional nurses in their growth on the job by making additional training possible to improve their qualification and performance. When managers recognize and appreciate their nurses good work, it gives the professional nurses a sense of satisfaction and it motivates them to improve their performance (Sullivan and Decker, 2009).

Chapter Four

Methodology

Introduction:

This chapter describes the methodology used in this study; it also includes the study design, study population, accessibility and for ethical considerations, the study period, eligibility criteria, data collection and data analysis procedure. In addition, it illustrates the validity and reliability of the instrument constructed, data collection in this study and data analysis procedures implemented. The chapter ends with the limitation of the study.

4.1 Study design:

Babbie, (2007: P115) argues that any research design requires researchers to clearly specify what they want to find out and the best way to do it. Bless and Higson-Smith (1995:P63) described research design as a specification of the most adequate operations to be performed in order to test a specific hypothesis under given conditions. The researcher understands the research design as a structure that clearly specifies what the research wants to find out and want to do.

This study was quantitative and descriptive correlation in nature, according to Polit and Beck, (2004), the quantitative research is a collection and analysis of numeric information that is typically conducted within the traditional scientific method which is systematic and control. (Burns and Grove, 1997) described the descriptive design as a design that provides information about the phenomenon through observation, and a picture of situation as naturally happen, and there are used to identify problems with current practice" (p. 250). Polit and Beck, (2012) described objectives of descriptive research is the accurate description of person, situation, or group, and frequency with which certain phenomena or characteristics occur. They added they describe exploratory research as a study that explores the dimensions of a phenomenon or develops hypotheses about the relationships between phenomena. Exploratory research investigates the full nature of the phenomenon and the manner in which it is manifested, used to develop or refine research questions or to test and refine data collection methods, (Polit et al, 2012).

The study instrument was a Likert- scale structured questionnaire constructed by the researcher to ensure comparison of responses and the data findings that can reflect the selected organizational factors(workload, nightshift, available recourses, education and training development and manager support) affecting professional nurses performance in North WB governmental hospitals. Structured instruments consist of a set questions in which the wording of both the questions and response alternatives is predetermined (Polit and Beck, (2012). According to the same source, in this form of instrument, the subject are asked to respond to the same questions, in the same order and with the same set of response options. Therefore, questions must be asked in standardized way to minimize the risk of response bias, and sensitive information.

4.2 Variables of the study:

Independent variables:

Demographic variables:

Age: less than 25, 25-29, 30-34, 35-39, 40 and above.

Gender: Male and female.

Years of experience: less than one year, 1-5, 6-10, 11-15, and 16 and above.

Academic degree: Diploma (Three years), Bachelor degree (four years), postgraduate diploma and Master degree.

Workplace: Dr. Suleiman Hospital, Dr. Thabet Hospital, Dr. Darweesh Nazal Hospital, Al-Watani Hospital, Rafedia Hospital and Arafat Hospital.

Selected organizational factors variables:

Work load.

Night shift.

Available of resources and.

Education and training development.

Manager and supervisor support.

Dependent variables:

Professional nurses performance.

4.3 Instrument development:

The study questionnaire was designed by the study investigator after scanning related studies and literature. The questionnaire consisted of two sections: The first section consisted of personal data about nurse's age, gender, work place, years of experience and academic degree. The second section consisted of (5) domains and (51) statements to identify the organizational factors affecting performance of professional nurses in North West Bank governmental Hospitals. The domains of the study are ; Workload with (10) statements, night shift with (10) statements, resources availability (8) statements, education and training development (12) statements and manager support (11) statements (annex 15).

The questionnaire items were constructed using a 5-point likert –scale. According to Polit and Beck (2012), Likert- scale consists of several items that express a viewpoint of a topic to indicate the degree to which the respondent agree or disagree with each statement. Accordingly, the scores of responses of the nurses to each statement were calculated according to the five-point-scale, “Likert scale”, in which strongly agree = 5 points, agree = 4 points, uncertain = 3 points, disagree = 2 points, strongly disagree = 1 point.

4.3.1 Validity and reliability of the study instrument:

Validity:

Validity refers to the degree to which an instrument has an appropriate sample of items for the construct being measured and adequately covers the construct domain ,(Polit & Beck 2012:p336). The instrument used in this study was constructed by the study investigator. Content validity refers to how relevant the questions are to the subject under study.

In this study, the content validity of instruments was censured including all the key concepts relevant to the research topic. The questions were formulated to cover selected organizational factors and professional nurses' performance. This instrument was approved and evaluated by different experts including, researcher, nursing educators and other experts in the faculty of educational

sciences to evaluate initial contents for validity (annex 12), and the researcher's thesis adviser also assesses the instrument for wording, adequacy, and coverage of items of the standard of nursing performance. After revising the items in questionnaire and summarizing the expert's suggestions, modifications were made in wording and content. Some items were added but some others were dropped.

Reliability

The reliability of a quantitative instrument is a major criterion for assessing its quality and adequacy (Polit and Beck 2012). According (Polit & Beck, 2004), reliability of an instrument can be equated to clarity, stability, consistency and accuracy of a measuring tool; it is the major criterion for assessing its quality and adequacy.

Reliability of the questionnaire ensured by pilot study and measured by using Coefficient alpha (or Cronbach's alpha) the normal range between 0.00 and 1.00, where the higher value reflected a higher internal consistency (Polit & Beck, 2012). The Crobach's alpha obtained from this questionnaire reliability was 0.863 which is considered high and suitable for research purpose (please refer to table 4.2.1 for reliability coefficient values for all items).

Pilot study

Before starting the actual data collection process, a pilot study was conducted, as a pre-test for the questionnaire in order to assess the appropriateness of the instrument and to detect if there is need for any modification to be done. A sample consists for 10 professional nurses were made to ensure the validity of the study where no changes or modification was needed. Each questionnaire took 15-20 minutes to be filled.

Table (4.2.1) : reliability coefficients for study instrument and its standards

| standard | No. of items | Reliability coefficient |
|----------------------------------|---------------------|--------------------------------|
| Workload affecting performance | 10 | 0.786 |
| Nightshift affecting performance | 10 | 0.854 |
| Resources availability | 8 | 0.840 |
| Education & Training development | 12 | 0.842 |
| Manager support | 11 | 0.880 |
| Total score | 51 | 0.863 |

4.4 Study population and sampling approach:

Population of the study

According to MOH report (2011) the total number of the nurses in the North West bank 649; of whom 315 professional nurses and 334 practical nurses. The study targeted professional nurses working in six governmental hospitals in the north ;West Bank, Dr. Suleiman Hospital, Dr. Thabet Hospital, Dr. Nazal Hospital, Al-Watani Hospital, Rafedia Hospital and Yasser Arafat Hospital.

Sample of the study:

In stratified random sample, the population is first divided into two or more strata (Polit and Beck 2012:P281). According to Polit and Beck (2012) stratified sampling designs subdivide the population into homogeneous subsets from which an appropriate number of elements are selected at random. The most common procedure for drawing a stratified sample is to group together elements belonging to a stratum and to select randomly the desired number of elements (Polit and Beck 2012:P281).

The sample size was determined using Raosoft Sample Size Calculator, according to the following equation:

$$n = \frac{1.96^2 \times (1-p)}{p \times \varepsilon^2}$$

Where 1.96^2 is statistical parameter corresponding to the confidence level of 95%.

P: is the expected prevalence: 0.335

ε : relative precision = 0.20

According to the above equation, the sample of the study consisted of (190) professional nurses with response rate 97% who were selected as a stratified random sample from the whole population (315). To have a sufficient representative randomly selected sample, the researcher and the statistician agreed to target (60%) of the study population of all professional nurses in north west bank governmental hospital and this was implied in each target hospital setting.

Sampling methods :

The population first divided into six strata were taken 60% of each strata. A separate simple random sample is chosen in each stratum and these simple random samples are combined to form the full sample, this will ensure that the sample represents key strata of the population.

Professional nurses names were taken from the director of Nursing at each strata and so each name of them was recording on paper, then put the papers in a bowl and was shuffling papers and finally random sample was withdrawn. This method was used in each strata.

The response rate was as follow:

Dr. Suleiman 60%, Dr. Thabet 55%, Dr. Nazal 60%, Al-Watani 59%, Rafedia 59% and Arafat 58% and as indicated the following table (4.4.1).

Table (4.4.1): Total number of professional nurses population and sample.

| Workplace | City | No. of professional | Frequency | Percentage | Response% |
|----------------------|-----------|---------------------|-----------|------------|-----------|
| Dr. khaleel Suleiman | Jenin | 61 | 37 | 20.0% | 60% |
| Dr. Thabet Thabet | Tulkarim | 53 | 29 | 15.7% | 55% |
| Dr. darweesh Nazal | Qalqelyah | 30 | 18 | 9.7% | 60% |
| Al-Watani | Nablus | 49 | 29 | 15.7% | 59% |
| Rafedia | Nablus | 86 | 51 | 27.6% | 59% |
| Yasser Arafat | Sulfeet | 36 | 21 | 11.4% | 58% |
| Total | | 315 | 185 | 100% | 97% |

4.4.1 Description of the socio-demographic data

The study sample consisted of 185 professional nurses affiliated with the targeted governmental hospitals. This sample represented the study population in the six governmental hospitals. The sample was selected as a stratified random sample.

Figure (4.1, 2, 3, 4, 5) below indicate the sample distribution according to the study's independent variables (age, gender, work place, years of experience and academic degree).

Figure (4.1): Sample distribution according to age variable

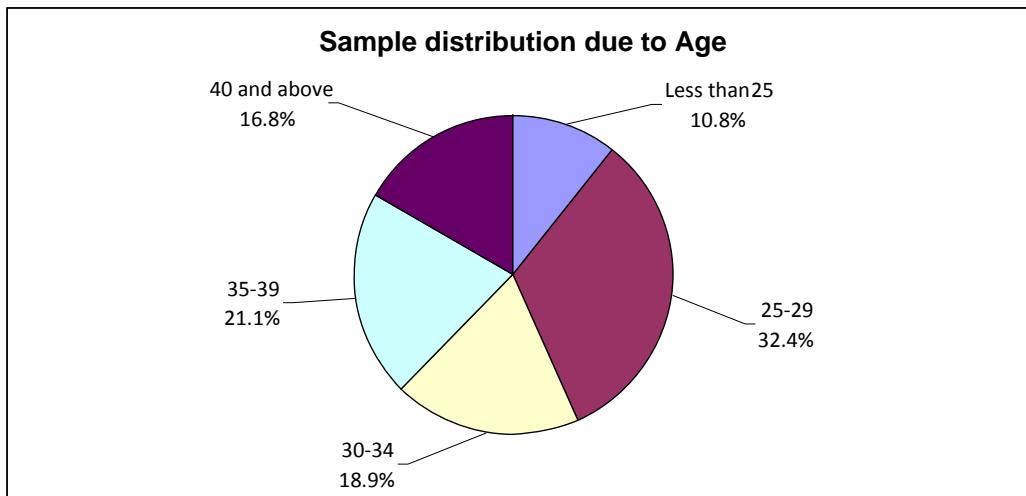


Figure 4.1 shows that the sample was heterogeneous in relation to age; 32.4% of the participants were 25-29 years old, 21.1% aged 35-39 years old, 18.9% aged 30-34 years old, 16.8% aged 40 and above years old, 10.8% aged less than 25 years old (Annex 1).

Figure(4.2): Distribution of sample according to Gender variable

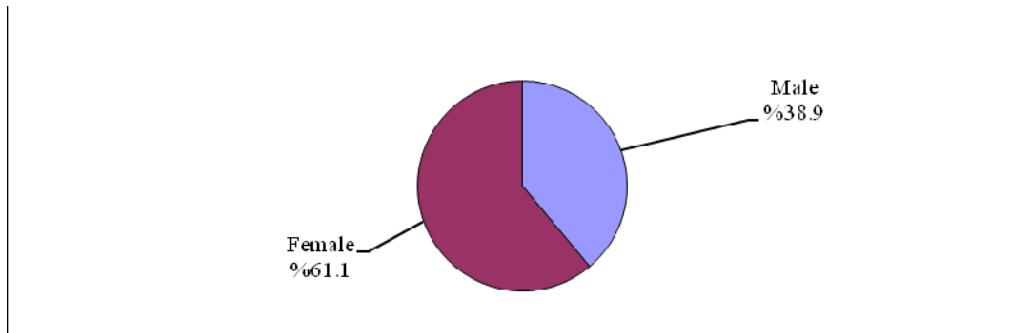


Figure 4.2 show the majority of these participants were female 61.8% as opposed to 38.9% males (Annex 2).

Figure (4.3): Sample distribution according to Workplace variable.

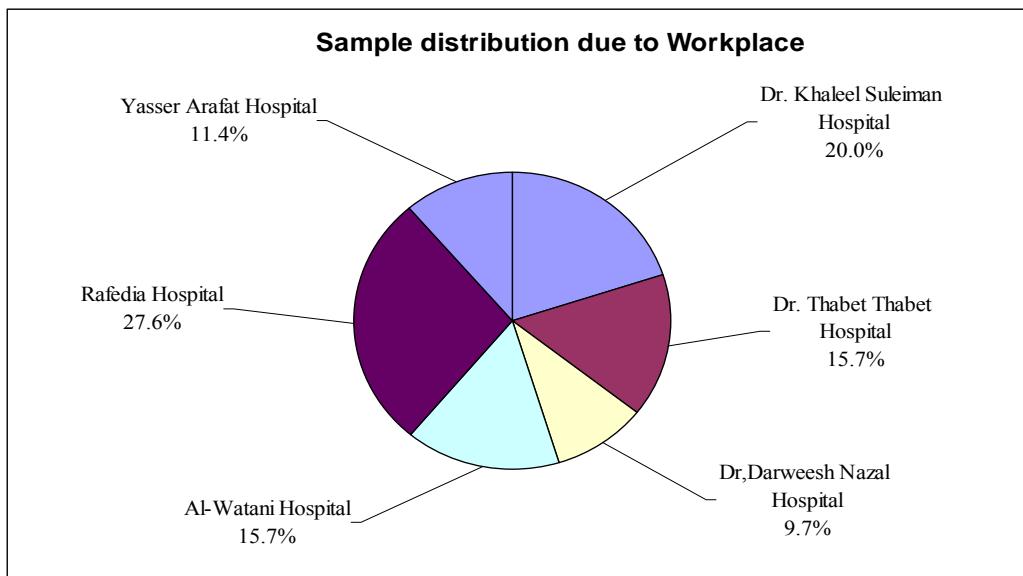


Figure 4.3 shows that the majority of the participants (27.6%) were from Rafedia hospital, (20%) were from Suleiman hospital, (15.7%) were from Alwatani hospital, (15.7%) were from Thabit hospital, (11.4%) were from Yasser Arafat hospital, and (9.7%) were from Nazal hospital (Annex 3).

Figure (4.4): Sample distribution according to Years of experience in governmental hospitals.

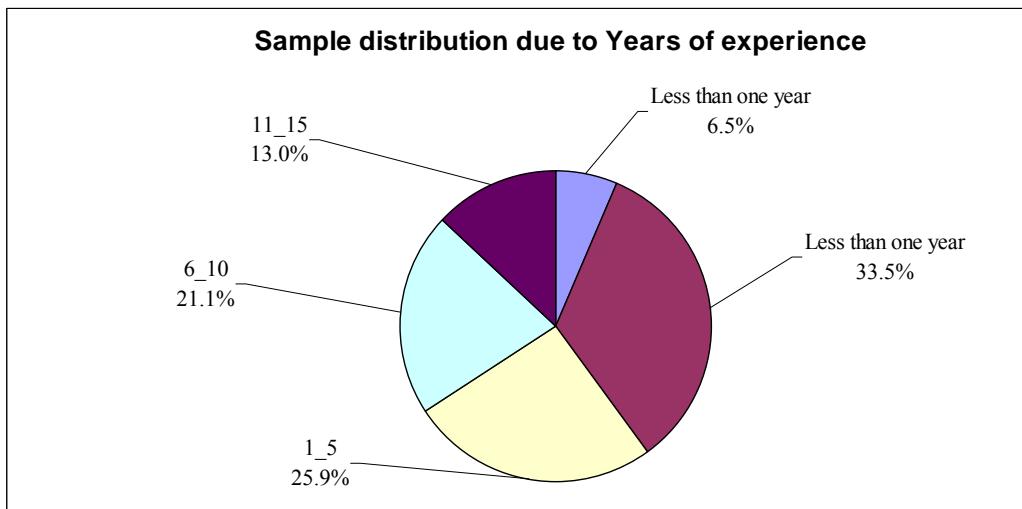


Figure 4.4 The finding for years of experience in professional nurses indicate that (33.5%) had an experience 1-5 years, (25.9%) had an experience 6-10 years, (21.1%) had an experience 11-15 years, (13%) had an experience 16 and above, (6.5%) had an experience less than one year (Annex 4).

Figure (4.5): Sample distribution According to Academic degree

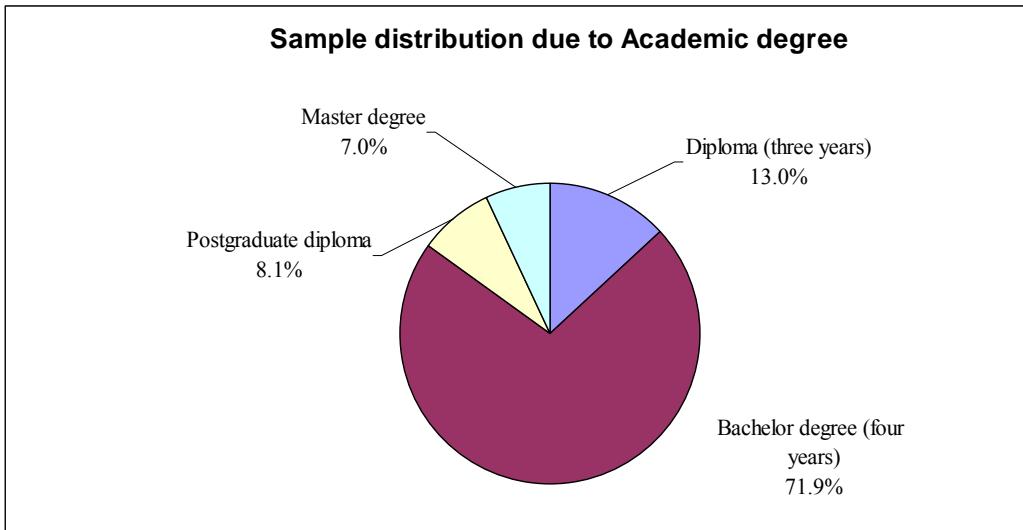


Figure 4.5 shows (71.9%) had a bachelor degree, (13%) had a diploma three years degree, (8.1%) had a post graduated diploma degree, (7%) had a master degree (Annex 5).

4.4.2 Eligibility criteria:

Inclusion criteria: Participants included in this study were stratified random sample of professional nurses (3 years and above) working in governmental hospitals in North part of West Bank, while practical nurses were excluded from this study.

4.4.3 Study settings:

This study was conducted on the governmental hospitals of the north part of West Bank, these were Dr. Khaleel Suleiman hospital (Jenin Governmental hospital), Dr. Thabet Thabet hospital (Tulkarim Govermental hospital), Dr. Darweesh Nazal hospital (Qalqelia Governmental hospital), Alwatan medical hospital (Nablus governmental hospital), Rafedia surgical hospital, and Yasser Arafat hospital (Sulfeet governmental hospital).

4.4 Data collection procedures:

The data was self administered. Questionnaire given to selected professional nurse in the targeted hospitals. it was administered by the researcher and three trained assistants through face to face interview. A self administered questionnaire was distributed to

professional nurses in. The researcher explained the purpose discussed their right to answer or not. The data was collected from 1 June 2012 to August 2012.

4.5 Ethical consideration and accessibility:

Strydom (2005) explains ethics as a set of moral principles which is suggested by an individual or group and widely accepted. It offers rules and behavioral expectations about the most correct conduct towards all role players. The title and research methods were approved by the higher studies and nursing committee of the faculty of health professions at Al-Quds University. Permission obtained to access the MOH hospitals when approval of the director of hospital services was granted.

The study participant received an explanation about the purpose of the study, confidentiality and sponsorship of the study. In addition, the participants were informed about his/her right to refuse or to withdraw at any time during the study through the informed consent attached with each questionnaire (Annex 12).

4.6 Data analysis procedures:

Kruger, et.al (2005) stated that the purpose of analysis is to reduce data to an intelligible and interpretable form so that the relations of research problems can be studied and tested and conclusions can be drawn. Polit and Beck (2012), the t-test and analysis of variance (ANOVA), are both parametric tests which are used to test the significance of the difference between group means; t- test is used for two group and ANOVA is used for more than two groups. Parametric test is used of interval or ratio-level data, and assumption of normally distributed variables. Polit and Beck (2012), Scheffe's post hoc test is the most popular of the post hoc procedure, the most flexible, and the most conservative. Scheffe's procedure corrects alpha for all pair-wise or simple comparisons of means. Post hoc test can be used to determine for all multiple comparisons of means as well.

After data collection, the compiled data was refined, entered and analyzed using the Statistical Package for Social Science program (computer soft ware SPSS V.17) for descriptive and inferential statistics. Frequencies were used to present the distribution of study variables. Means and standard deviation were computed for continuous

numeric variables. An independent t- test and one-way ANOVA statistical test were also used. The relationship between the items of questionnaire and the result of variables was established by using Scheffe Post Hoc-test where it is needed. In this study, the researcher and statistician used Cronbach's Alpha, to measure the questionnaire reliability and to test the data collection instrument for reliability. Prior to analysis data were cleaned and questionnaires were coded. Complex comparisons involve contrasts of more than two means at a time. The researcher and statistician agreed on the following statistical analysis

1. Means, frequencies, percentages, and standard deviations to estimate the nurses responses towards the study statements.
2. T-Test for Independent samples to test the hypothesis related to gender.
3. One-Way Analysis of Variance (ANOVA) to test the hypotheses related to age, workplace, years of experience and academic degree.
4. Scheffe Post Hoc Test, to compare the differences between the means in the rejected hypotheses tested by ANOVA.

4.7 Limitation of the study:

The current study faced a number of limitations which can be summarized as the following:

- 1- Difficult accessibility to all targeted professional nurses because nursing attends three shift (A 7-2, B 2-9, C 9-7). Also some of the nurses were on annual leave that required other efforts to come back and delayed time to collect the assigned number of participants.
- 2- Lack of Palestinian resources in this field (thesis, literature review, journal).
- 3- Lack of co-operation and concern by some of the professional nurses, justified this by the workload they have leaving them with inadequate time to fill the questionnaire and other showed lack of interest.
- 4- There was also the financials limitation since the study was self funded and the researcher face financial problem.
- 5- There was not enough co-operation and concern by hospital managers (head nurse and nurse director).

Summery

This study was quantitative in nature; it utilized the descriptive exploratory design. The researcher targeted professional nurses who were selected a stratified random sample from the whole population in north WB. The sample of the study consisted of (190) professional nurses who were selected a stratified random sample from the whole population (315) in the study with a 97% response rate. It was validated by experts and researcher in the field of nursing. The questionnaire reliability was measured by using coefficient alpha of 0.863 for 51 items of the questionnaire; there was a high degree of reliability and high internal consistency.

For data analysis, the researcher utilized the SPSS program. Frequency distribution was used to present results of study variables. Means and standard deviation were computed for continuous numeric variables. The Independent t-test and one-way ANOVA statistical test were also used. The relation between the items in questionnaire and the result of variables were established by using Scheffe Post Hoc test.

Chapter Five

Finding of the study

Introduction

This chapter presents the main finding of the study using a descriptive and inferential analysis. The descriptive statistics are in terms of utilizing frequencies, means, standard deviations and percentage of the socio-demographic data analysis. Variation and characteristics among professional nurses' participants are presented in the form of tables, graphs and figures.

For the inferential statistics the study investigator used one sample t-test, independent t-test used to analyze parts of the questionnaire which was developed to examine how the selected organizational factors affecting performance of professional nurses in north WB governmental hospitals. One way ANOVA test also used to compare the differences between the means of organizational factors affected professional nurses performance at North West Bank governmental hospitals. Scheffe post hoc test was used to find out in favor of the differences were related.

This study identified the selected organizational factors affecting performance of Professional Nurses and examined the effect of different socio-demographic variable on the selected organizational factors affecting performance of Professional Nurses in North West Bank governmental hospitals.

To accomplish the purpose of this study, the researcher analyzed the results by using the Statistical Package for Social Sciences (SPSS). The statistical analysis revealed the following results:

5.1 Research question of the study

"What is the level of organizational factors affecting performance of professional nurses in North West Bank governmental Hospitals?"

In order to answer this question, the researcher calculated the means, percentages and standard deviations for descriptive data and utilized five-level likret scale to evaluate the degree of agreement of the respondents regarding the use of each item: 80-100 % (very high) 70-79.9 % (high) 60-69.9 % (moderate) 50-59.9 % (low) Less than 60%

(very low). The results are presented in a descending form from the highest rank of responses to the lowest (please refer to Annexes 6-10)

5.2 Selected organizational factors affecting performance of professional nurses

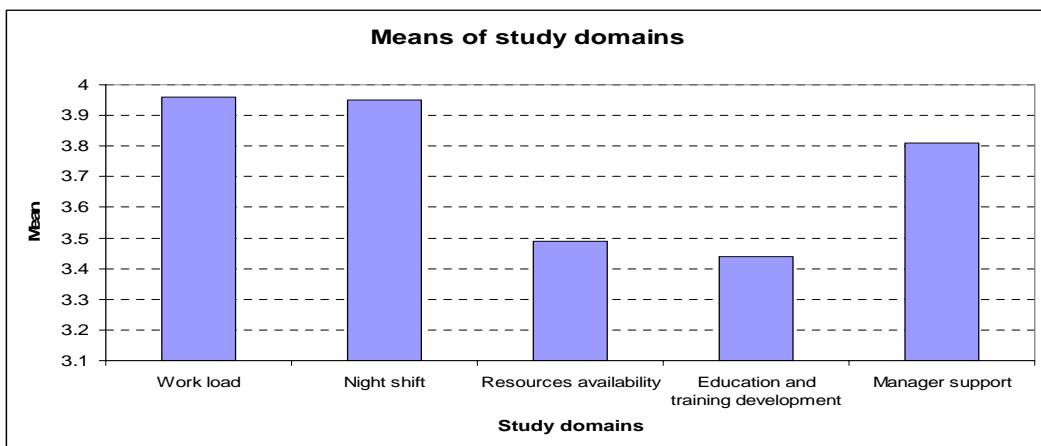
The responses toward the overall selected organizational factors affecting performance of professional nurses indicated in table (5-1).

The results indicated a high level of agreement among study participants on the means of the domains affecting performance of professional nurses in a descending form; work load (79.2%), night shift (79.0%) and manager support (72.2%), a moderate level of agreement on the domains of resources availability (69.8%) and on education and training development (68.8%). The total score of organizational factors affecting professional nurses' performance achieved a mean of (3.73) and standard deviation of (0.35) and discussion on domains will be presented sequentially.

Table(5.1): Total Score of Selected Organizational Factors Affecting Performance of Professional Nurses in Descending Form

| No. | Domain | M | SD | % | Level |
|-----|--|------|------|------|----------|
| 1 | Work load | 3.96 | 0.50 | 79.2 | High |
| 2 | Night shift | 3.95 | 0.60 | 79.0 | High |
| 5 | Manager support | 3.81 | 0.65 | 72.2 | High |
| 3 | Resources availability | 3.49 | 0.74 | 69.8 | Moderate |
| 4 | Education and training development | 3.44 | 0.62 | 68.8 | Moderate |
| | Total score of organizational factors | 3.73 | 0.35 | 74.6 | High |

Figure (5.1): means of selected organizational factors



Domain 1: Workload Affecting Performance of Professional Nurse

This domain consisted of eight items. The statistician used the mean score and standard deviation to assess the extent of workload affecting on the performance of professional nurses.

Annex 6 shows that the statements (7, 3, 6, 4 and 10) achieved a very high level of organizational factors affecting professional nurses' performance in the work load domain, while the statements (2, 9, 5, 1 and 8) achieved a high level. The total score of work load domain achieved a high level with a mean (3.96) and standard deviation (0.50).

Domain 2: Night Shift Affecting Performance of Professional Nurses

Annex 7 with ten items shows that the statements (1, 3, 2 and 4) achieved a very high level of organizational factors affecting professional nurses performance in the night shift domain, while the statements (6, 9, 10, 8 and 5) achieved a high level. The statement (7) achieved a moderate level. The total score of night shift domain achieved a high level with a mean (3.95) and standard deviation (0.60).

Domain 3: Resources Availability Affecting Performance of Professional Nurses

Annex 8 with eight items shows that the statement (8) achieved a very high level of organizational factors affecting professional nurses performance in the resources availability domain, while the statements (4, 2, 1 and 3) achieved a high level.

Statements (5 and 7) achieved a moderate level while statement (6) achieved a low level. The total score of resources availability domain achieved a moderate level with a mean (3.49) and standard deviation (0.74)

Domain 4: Education and Training Development Affecting Performance of Professional Nurses

Annex 9 with twelve items shows that the statement (6) achieved a very high level of organizational factors affecting professional nurses performance in the education and training development domain, while the statements (1, 2, 12 and 3) achieved a high level. The statements (4, 5, 8, 10 and 11) achieved a moderate level. The statement (9) achieved a low level. The total score of education and training development domain achieved a moderate level with a mean (3.44) and standard deviation (0.62).

Domain 5: manager support Affecting Performance of Professional Nurses

Annex 10 with eleven items shows that the statements (7 and 11) achieved a very high level of organizational factors affecting professional nurses performance in the manager support domain, while the statements (10, 8, 1, 3, 5, 6, 9 and 2) achieved a high level. The statement (4) achieved a moderate level. The total score of manager support domain achieved a high level with a mean (3.81) and standard deviation (0.65).

5.3 Results related to the study hypothesis:

This hypothesis indicated that there is no significant differences at the level of ($\alpha=0.05$) between the means of selected organizational factors affected professional nurses performance and socio-demographic variables. This was illustrated by the following:

Hypotheses 1: There are no significant differences at the level of ($\alpha \leq 0.05$) between the means of organizational factors affected professional nurses performance, which may be attributed to age variable(Table 5.3.1and 2).

Table (5.3.1): Frequencies, means, and standard deviations of selected organizational factors affected performance of professional nurses at North West Bank governmental hospitals due to age variable

| Domain | Age | Frequency | Mean | S.D |
|--|--------------|------------------|-------------|-------------|
| Work load | Less than 25 | 20 | 3.82 | 0.55 |
| | 25-29 | 60 | 3.99 | 0.56 |
| | 30-34 | 35 | 3.98 | 0.49 |
| | 35-39 | 39 | 3.98 | 0.45 |
| | 40 and above | 31 | 3.97 | 0.47 |
| | Total | 185 | 3.96 | 0.50 |
| Night shift | Less than 25 | 20 | 3.82 | 0.59 |
| | 25-29 | 60 | 3.94 | 0.62 |
| | 30-34 | 35 | 3.98 | 0.62 |
| | 35-39 | 39 | 4.02 | 0.56 |
| | 40 and above | 31 | 3.93 | 0.64 |
| | Total | 185 | 3.95 | 0.60 |
| Resources availability (disposable) | Less than 25 | 20 | 3.57 | 0.61 |
| | 25-29 | 60 | 3.58 | 0.81 |
| | 30-34 | 35 | 3.35 | 0.73 |
| | 35-39 | 39 | 3.41 | 0.74 |
| | 40 and above | 31 | 3.49 | 0.73 |
| | Total | 185 | 3.49 | 0.74 |
| Education and training development | Less than 25 | 20 | 3.46 | 0.62 |
| | 25-29 | 60 | 3.52 | 0.67 |
| | 30-34 | 35 | 3.40 | 0.50 |
| | 35-39 | 39 | 3.36 | 0.68 |
| | 40 and above | 31 | 3.44 | 0.61 |
| | Total | 185 | 3.44 | 0.62 |
| Manager support | Less than 25 | 20 | 3.85 | 0.76 |
| | 25-29 | 60 | 3.86 | 0.57 |
| | 30-34 | 35 | 3.84 | 0.64 |
| | 35-39 | 39 | 3.67 | 0.77 |
| | 40 and above | 31 | 3.83 | 0.56 |
| | Total | 185 | 3.81 | 0.65 |
| Total score | Less than 25 | 20 | 3.70 | 0.27 |
| | 25-29 | 60 | 3.77 | 0.43 |
| | 30-34 | 35 | 3.71 | 0.24 |
| | 35-39 | 39 | 3.69 | 0.35 |
| | 40 and above | 31 | 3.73 | 0.31 |
| | Total | 185 | 3.73 | 0.35 |

For the testing of this hypothesis, One Way ANOVA Test revealed no significant differences at the level of ($\alpha \leq 0.05$) between the means of organizational factors affected professional nurses performance, attributed to age variable (table 5.3.2)

Table (5.3.2): Results of One Way ANOVA to test the differences between the means of selected organizational factors affected professional nurses' performance due to age

| Domain | Source of variation | Sum of Squares | D.F | Mean Squares | F | Sig.* |
|-------------------------------------|---------------------|----------------|-----|--------------|-------|-------|
| Work load | Between groups | 0.495 | 4 | 0.124 | 0.481 | 0.750 |
| | Within groups | 46.278 | 180 | 0.257 | | |
| | Total | 46.773 | 184 | | | |
| Night shift | Between groups | 0.573 | 4 | 0.143 | 0.387 | 0.818 |
| | Within groups | 66.607 | 180 | 0.370 | | |
| | Total | 67.180 | 184 | | | |
| Resources availability (disposable) | Between groups | 1.576 | 4 | .0 0.394 | 0.708 | 0.587 |
| | Within groups | 100.195 | 180 | 0.557 | | |
| | Total | 101.772 | 184 | | | |
| Education and training development | Between groups | 0.691 | 4 | 0.173 | 0.438 | 0.781 |
| | Within groups | 70.980 | 180 | 0.394 | | |
| | Total | 71.671 | 184 | | | |
| Manager support | Between groups | 0.966 | 4 | 0.242 | 0.570 | 0.685 |
| | Within groups | 76.328 | 180 | 0.424 | | |
| | Total | 77.294 | 184 | | | |
| Total score | Between groups | 0.223 | 4 | 0.056 | 0.459 | 0.766 |
| | Within groups | 21.869 | 180 | 0.121 | | |
| | Total | 22.092 | 184 | | | |

*Significant at ($\alpha \leq 0.05$)

Hypothesis 2: There are no significant differences at the level of ($\alpha \leq 0.05$) between the means of selected organizational factors affected professional nurses performance, attributed to gender variable.

For the testing of this hypothesis, T-Test statistical analysis for independent samples was performed. It was found that there were no significant differences at the level of ($\alpha \leq 0.05$) between the means of selected organizational factors affected professional nurses performance, attributed to gender variable (Table 5.3.3) shows the results.

Table (5.3.3): Results of T-Test for independent samples T-Test used as the gender variable contains TWO groups (male & female)

| Domain | Gender | Frequency | Mean | S.D | T-value | Sig.* |
|-------------------------------------|--------|-----------|------|------|---------|-------|
| Work load | Male | 72 | 3.95 | 0.51 | 0.213 | 0.831 |
| | Female | 113 | 3.97 | 0.50 | | |
| Night shift | Male | 72 | 3.90 | 0.53 | 0.810 | 0.419 |
| | Female | 113 | 3.98 | 0.65 | | |
| Resources availability (disposable) | Male | 72 | 3.40 | 0.60 | 1.255 | 0.211 |
| | Female | 113 | 3.54 | 0.82 | | |
| Education and training development | Male | 72 | 3.37 | 0.47 | 1.197 | 0.233 |
| | Female | 113 | 3.49 | 0.70 | | |
| Manager support | Male | 72 | 3.80 | 0.58 | 0.122 | 0.903 |
| | Female | 113 | 3.81 | 0.69 | | |
| Total score | Male | 72 | 3.69 | 0.29 | 1.319 | 0.189 |
| | Female | 113 | 3.76 | 0.38 | | |

* Significant at ($\alpha \leq 0.05$), D.F = 183.

Hypothesis 3: There are no significant differences at the level of ($\alpha \leq 0.05$) between the means of selected organizational factors affecting professional nurses performance attributed to the workplace variable (Table 5.3.4)

Table (5.3.4): Frequencies, means, and standard deviations of selected organizational factors affected performance of professional nurses at North West Bank governmental hospitals due to workplace variable

| Domain | Workplace | Frequency | Mean | S.D |
|--|-----------------------|------------|-------------|-------------|
| Work load | Dr. Suleiman Hospital | 37 | 3.94 | 0.48 |
| | Dr. Thabet Hospital | 29 | 3.55 | 0.48 |
| | Dr. Nazal Hospital | 18 | 4.17 | 0.47 |
| | Al-Watani Hospital | 29 | 4.11 | 0.41 |
| | Rafedia Hospital | 51 | 4.16 | 0.40 |
| | Arafat Hospital | 21 | 3.73 | 0.56 |
| Total | | 185 | 3.96 | 0.50 |
| Night shift | Dr. Suleiman Hospital | 37 | 3.88 | 0.66 |
| | Dr. Thabet Hospital | 29 | 3.48 | 0.53 |
| | Dr. Nazal Hospital | 18 | 4.21 | 0.49 |
| | Al-Watani Hospital | 29 | 4.17 | 0.52 |
| | Rafedia Hospital | 51 | 4.08 | 0.54 |
| | Arafat Hospital | 21 | 3.84 | 0.58 |
| Total | | 185 | 3.95 | 0.60 |
| Resources availability (disposable) | Dr. Suleiman Hospital | 37 | 3.56 | 0.68 |
| | Dr. Thabet Hospital | 29 | 3.53 | 0.50 |
| | Dr. Nazal Hospital | 18 | 4.01 | 0.75 |
| | Al-Watani Hospital | 29 | 3.07 | 0.67 |
| | Rafedia Hospital | 51 | 3.49 | 0.86 |
| | Arafat Hospital | 21 | 3.39 | 0.63 |
| Total | | 185 | 3.49 | 0.74 |
| Education and training development | Dr. Suleiman Hospital | 37 | 3.46 | 0.79 |
| | Dr. Thabet Hospital | 29 | 3.52 | 0.44 |
| | Dr. Nazal Hospital | 18 | 3.90 | 0.63 |
| | Al-Watani Hospital | 29 | 3.21 | 0.39 |
| | Rafedia Hospital | 51 | 3.38 | 0.65 |
| | Arafat Hospital | 21 | 3.37 | 0.54 |
| Total | | 185 | 3.44 | 0.62 |
| Manager support | Dr. Suleiman Hospital | 37 | 3.98 | 0.50 |
| | Dr. Thabet Hospital | 29 | 3.71 | 0.34 |
| | Dr. Nazal Hospital | 18 | 2.97 | 1.20 |
| | Al-Watani Hospital | 29 | 3.81 | 0.61 |
| | Rafedia Hospital | 51 | 3.99 | 0.39 |
| | Arafat Hospital | 21 | 3.94 | 0.56 |
| Total | | 185 | 3.81 | 0.65 |
| Total score | Dr. Suleiman Hospital | 37 | 3.77 | 0.43 |
| | Dr. Thabet Hospital | 29 | 3.56 | 0.27 |
| | Dr. Nazal Hospital | 18 | 3.83 | 0.47 |
| | Al-Watani Hospital | 29 | 3.68 | 0.28 |
| | Rafedia Hospital | 51 | 3.82 | 0.30 |
| | Arafat Hospital | 21 | 3.66 | 0.24 |
| Total | | 185 | 3.73 | 0.35 |

For the testing of this hypothesis, One Way ANOVA was used. The results revealed significant differences at the level of ($\alpha \leq 0.05$) between the means of selected organizational factors affecting professional nurses performance attributed to the workplace variable.

Table (5.3.5): Result of One Way ANOVA to test the differences between the means of selected organizational factors affected professional nurses' performance attributed to the workplace

| Domain | Source of variation | Sum of Squares | D.F | Mean Squares | F value | Sig.* |
|-------------------------------------|---------------------|----------------|-----|--------------|---------|---------|
| Work load | Between groups | 9.391 | 5 | 1.878 | 8.994 | 0.0001* |
| | Within groups | 37.382 | 179 | 0.209 | | |
| | Total | 46.773 | 184 | | | |
| Night shift | Between groups | 10.269 | 5 | 2.054 | 6.459 | 0.0001* |
| | Within groups | 56.912 | 179 | 0.318 | | |
| | Total | 67.180 | 184 | | | |
| Resources availability (disposable) | Between groups | 10.432 | 5 | 2.086 | 4.089 | 0.002* |
| | Within groups | 91.339 | 179 | 0.510 | | |
| | Total | 101.772 | 184 | | | |
| Education and training development | Between groups | 5.788 | 5 | 1.158 | 3.145 | 0.010* |
| | Within groups | 65.883 | 179 | 0.368 | | |
| | Total | 71.671 | 184 | | | |
| Manager support | Between groups | 16.115 | 5 | 3.223 | 9.430 | 0.0001* |
| | Within groups | 61.179 | 179 | 0.3420 | | |
| | Total | 77.294 | 184 | | | |
| Total score | Between groups | 1.618 | 5 | 0.324 | 2.830 | 0.017* |
| | Within groups | 20.474 | 179 | 0.114 | | |
| | Total | 22.092 | 184 | | | |

*Significant at ($\alpha \leq 0.05$)

Table 5.3.5: shows that there were significant differences at the level of ($\alpha \leq 0.05$) between the means of selected organizational factors affecting performance of professional nurses due to workplace.

Scheffe Post Hoc Test used to determine this source of differences between the means of the studied organizational factors and the work place as indicated in tables (5.3.6 - 5.3.9).

Table (5.3.6): Results of Scheffe Post Hoc Test for comparing between the means of work load with Work place variable

| work place | Dr. Suleiman H | Dr. Thabet H | Dr. Nazal H | Al-Watani H | Rafedia H | Yasser Arafat H |
|-----------------|----------------|--------------|-------------|-------------|-----------|-----------------|
| Dr. Suleiman H | | 0.383* | -0.232 | -0.172 | -0.224* | 0.207 |
| Dr. Thabet H | | | -0.615* | -0.555* | -0.607* | -0.177 |
| Dr. Nazal H | | | | -0.060 | 0.008 | 0.438* |
| Al-Watani H | | | | | -0.052 | 0.378* |
| Rafedia H | | | | | | 0.430* |
| Yasser Arafat H | | | | | | |

*Significant at ($\alpha = 0.05$)

Table 5.3.6: there were significant differences at the level of ($\alpha \leq 0.05$), between the means of work load which might be attributed to the workplace variable between Dr. Khaleel Suleiman hospital and Dr. Thabet hospital, in favor of Dr. Suleiman hospital. There were also significant differences at the level of ($\alpha \leq 0.05$) between the means of work load which might be attributed to the workplace variable, between Dr. Khaleel Suleiman hospital and Rafedia hospital, in favor of Rafedia hospital. It was also found that there were significant differences at the level of ($\alpha \leq 0.05$) between the means of work load which might be attributed to the workplace variable, between Dr. Thabet hospital and Dr. Nazal hospital, in favor of Dr. Nazal hospital.

There were significant differences at the level of ($\alpha \leq 0.05$) between the means of work load which might be attributed to the workplace variable, between Dr. Thabet hospital and Al-Watani hospital, in favor of Al-Watani hospital. In addition, there were significant differences at the level of ($\alpha \leq 0.05$) between the means of work load which might be attributed to the workplace variable, between Dr. Thabet hospital and Rafedia hospital, in favor of Rafedia hospital. Besides, there were significant differences at level of ($\alpha \leq 0.05$) between the means of work load which might be attributed to the workplace variable, between Dr. Nazal hospital and Yasser Arafat hospital, in favor of Dr. Nazal hospital.

Furthermore, there were significant differences at the level of ($\alpha \leq 0.05$) between the means of work load which might be attributed to the workplace variable, between Al-Watani hospital and Yasser Arafat hospital, in favor of Al-Watani hospital. Finally,

there were significant differences at the level of ($\alpha \leq 0.05$) between the means of work load which might be attributed to the workplace variable, between Rafedia hospital and Yasser Arafat hospital, in favor of Rafedia hospital.

Table (5.3.7): Results of using Scheffe Post Hoc Test, for comparing between the means of night shift with Work place variable

| work place | Dr. Suleiman H | Dr. Thabet H | Dr. Nazal H | Al-Watani H | Rafedia H | Yasser Arafat H |
|-----------------|----------------|--------------|-------------|-------------|-----------|-----------------|
| Dr. Suleiman H | | 0.404* | -0.322* | -0.282* | -0.201 | 0.041 |
| Dr. Thabet H | | | -0.726* | -0.686* | -0.605* | -0.364* |
| Dr. Nazal H | | | | 0.040 | 0.121 | 0.363* |
| Al-Watani H | | | | | 0.081 | 0.323* |
| Rafedia H | | | | | | 0.241 |
| Yasser Arafat H | | | | | | |

*Significant at ($\alpha \leq 0.05$)

Table 5.3.7: There were significant differences at the level of ($\alpha \leq 0.05$) between the means of night shift which might be attributed to the workplace variable, between Dr. Suleiman hospital and Dr. Thabet hospital, in favor of Dr. Suleiman hospital. There were also significant differences at the level of ($\alpha \leq 0.05$) between the means of night shift which might be attributed to the workplace variable, between Dr. Suleiman hospital and Dr. Nazal hospital, in favor of Dr. Nazal hospital. It was also found that there were significant differences at the level of ($\alpha \leq 0.05$) between the means of night shift which might be attributed to the workplace variable, between Dr. Suleiman hospital and Al-Watani hospital, in favor of Al-Watani Hospital. Besides, there were significant differences at the level of ($\alpha \leq 0.05$) between the means of night shift which might be attributed to the workplace variable, between Thabet hospital and Nazal hospital, in favor of Nazal hospital.

It was also found that there were significant differences at the level of ($\alpha \leq 0.05$) between the means of night shift which might be attributed to the workplace variable, between Thabet hospital and Al-Watani hospital, in favor of Al-Watani hospital. In addition, there were significant differences at the level of ($\alpha \leq 0.05$) between the means of night shift which might be attributed to the workplace variable, between Thabet

hospital and Rafedia hospital, in favor of Rafedia hospital. Moreover , there were significant differences at the level of ($\alpha \leq 0.05$) between the means of night shift which might be attributed to the workplace variable, between Thabet hospital and Yasser Arafat hospital, in favor of Yasser Arafat hospital. It also found that there were significant differences at the level of ($\alpha \leq 0.05$) between the means of night shift which might be attributed to the workplace variable, between Dr, Nazal hospital and Dr.Arafat hospital, in favor of Dr, Nazal hospital. Finally, it was found that there were significant differences at the level of ($\alpha \leq 0.05$) between the means of night shift which might be attributed to the workplace variable, between Al-Watani hospital and Yasser Arafat hospital, in favor of Al-Watani hospital.

Table (5.3.8) : The results of using Scheffe Post Hoc Test, for comparing between the means of resources availability with Work place variable

| work place | Dr. Suleiman H | Dr. Thabet H | Dr. Nazal H | Al-Watani H | Rafedia H | Yasser Arafat H |
|-----------------|----------------|--------------|-------------|-------------|-----------|-----------------|
| Dr. Suleiman H | | 0.030 | -0.450* | 0.491* | 0.079 | 0.171 |
| Dr. Thabet H | | | -0.479* | 0.461* | 0.049 | 0.142 |
| Dr. Nazal H | | | | 0.941* | 0.529* | 0.621* |
| Al-Watani H | | | | | 0.412* | -0.320 |
| Rafedia H | | | | | | 0.092 |
| Yasser Arafat H | | | | | | |

*Significant at ($\alpha \leq 0.05$)

Table 5.3.8: shows that there were significant differences at the level of ($\alpha \leq 0.05$) between the means of resources availability which might be attributed to the workplace variable, between Dr. Suleiman hospital and Dr. Nazal hospital, in favor of Dr. Nazal hospital and also between Dr. Suleiman hospital and Al-Watani hospital, in favor of Dr. Suleiman hospital.

Furthermore, there were significant differences at the level of ($\alpha \leq 0.05$) between the means of resources availability which might be attributed to the workplace variable, between Dr.Thabet hospital and Dr. Nazal hospital, in favor of Dr. Nazal hospital. Comparison between Dr.Thabet hospital and Al-Watani hospital was in favor of Dr. Thabet hospital.

In addition, there were significant differences at the level of ($\alpha \leq 0.05$) between the means of resources availability which might be attributed to the workplace variable, between Dr. Nazal hospital and Al-Watani hospital, in favor of Dr. Nazal hospital. Comparison between Dr. Nazal hospital and Rafedia hospital was in favor of Dr. Nazal hospital. Moreover, between Dr. Nazal hospital and Yasser Arafat hospital was in favor of Dr. Nazal hospital.

Finally, there were significant differences at the level of ($\alpha \leq 0.05$) between the means of resources availability which might be attributed to the workplace variable, between Al-Watani hospital and Rafedia hospital, in favor of Al-Watani hospital.

Table (5.3.9): Results of using Scheffe Post Hoc Test, for comparing between the means of education and training development with Work place variable

| work place | Dr. Suleiman H | Dr. Thabet H | Dr. Nazal H | Al-Watani H | Rafedia H | Yasser Arafat H |
|-----------------|----------------|--------------|-------------|-------------|-----------|-----------------|
| Dr. Suleiman H | | -0.061 | -0.436* | 0.249 | 0.084 | 0.089 |
| Dr. Thabet H | | | -0.375* | 0.310 | 0.146 | 0.150 |
| Dr. Nazal H | | | | 0.686* | 0.521* | 0.525* |
| Al-Watani H | | | | | -0.165 | -0.160 |
| Rafedia H | | | | | | 0.004 |
| Yasser Arafat H | | | | | | |

*Significant at ($\alpha \leq 0.05$)

Table 5.3.9: shows that there were significant differences at the level of ($\alpha \leq 0.05$) between the means of education and training development which might be attributed to the Work place variable, between Dr. Suleiman hospital and Dr. Nazal hospital, in favor of Dr. Nazal hospital. It was also found that there were significant differences at the level of ($\alpha \leq 0.05$) between the means of education and training development which might be attributed to the workplace variable, between Thabet hospital and Dr. Nazal hospital, in favor of Dr. Nazal hospital. Furthermore there were significant differences at the level of ($\alpha \leq 0.05$) between the means of education and training development which might be attributed to the workplace variable, between and Dr. Nazal hospital

and Al-Watani hospital, in favor of Dr. Nazal hospital. Comparison between Dr. Nazal hospital and Rafedia hospital was in favor of Dr. Nazal hospital, between Dr. Nazal hospital and Yasser Arafat hospital was in favor of Dr. Nazal hospital too.

Table (5.3.10): Results of using Scheffe Post Hoc Test, for comparing between the means of manager support domain attributed to the Work place

| work place | Dr. Suleiman H | Dr. Thabet H | Dr. Nazal H | Al-Watani H | Rafedia H | Yasser Arafat H |
|-----------------|----------------|--------------|-------------|-------------|-----------|-----------------|
| Dr. Suleiman H | | 0.274 | 1.013* | 0.177 | -0.008 | 0.048 |
| Dr. Thabet H | | | 0.739* | -0.097 | -0.283* | -0.227 |
| Dr. Nazal H | | | | -0.836* | -1.021* | -0.965* |
| Al-Watani H | | | | | -0.185 | -0.129 |
| Rafedia H | | | | | | 0.004 |
| Yasser Arafat H | | | | | | |

*Significant at ($\alpha \leq 0.05$)

Table 5.3.10: There were significant differences at the level of ($\alpha \leq 0.05$) between the means of manager support which might be attributed to the workplace variable, between Dr. Suleiman hospital and Dr. Nazal hospital, in favor of Dr. Suleiman hospital. It was also found that there were significant differences at the level of ($\alpha \leq 0.05$) between the means of manager support which might be attributed to the workplace variable, between Dr. Thabet hospital and Dr. Nazal hospital, in favor of Dr. Thabet hospital. In addition, there were significant differences at the level of ($\alpha \leq 0.05$) between the means of manager support which might be attributed to the workplace variable, between Dr. Thabet hospital and Rafedia hospital, in favor of Rafedia hospital.

Furthermore, there were significant differences at the level of ($\alpha \leq 0.05$) between the means of manager support which might be attributed to the workplace variable, between Dr. Nazal hospital and Al-Watani hospital, in favor of Al-Watani hospital. Moreover, there were significant differences at the level of ($\alpha \leq 0.05$) between the means of manager support due to workplace variable, between Dr. Nazal hospital and Rafedia hospital, in favor of Rafedia hospital. Finally, there were significant differences at the level of ($\alpha \leq 0.05$) between the means of manager support which

might be attributed to the workplace variable, between Dr. Nazal hospital and Yasser Arafat hospital, in favor of Yasser Arafat hospital.

Table (5.3.11): Results of using Scheffe Post Hoc Test, for comparing between the means of total score domain attributed to the Work place variable

| work place | Dr. Suleiman H | Dr. Thabet H | Dr. Nazal H | Al-Watani H | Rafedia H | Yasser Arafat H |
|-----------------|----------------|--------------|-------------|-------------|-----------|-----------------|
| Dr. Suleiman H | | 0.204* | -0.063 | 0.085 | -0.053 | 0.107 |
| Dr. Thabet H | | | -0.267* | -0.119 | -0.257* | -0.097 |
| Dr. Nazal H | | | | 0.148 | 0.010 | 0.170 |
| Al-Watani H | | | | | -0.138 | 0.022 |
| Rafedia H | | | | | | 0.159 |
| Yasser Arafat H | | | | | | |

*Significant at ($\alpha \leq 0.05$)

Table 5.3.11 shows that there were significant differences at the level of ($\alpha \leq 0.05$) between the means of total score which might be attributed to the workplace variable, between Dr. Suleiman hospital and Thabet hospital, in favor of Dr. Khaleel Suleiman hospital. It was also found that there were significant differences at the level of ($\alpha \leq 0.05$) between the means of total score which might be attributed to the workplace variable, between Thabet hospital and Dr. Nazal hospital in favor of Dr. Nazal hospital. Finally, there were significant differences at the level of ($\alpha \leq 0.05$) between the means of total score which might be attributed to the workplace between Thabet hospital and Rafedia hospital, in favor of Rafedia hospital.

Hypothesis 4:

There are no significant differences at the level of ($\alpha \leq 0.05$) between the means of selected organizational factors affected professional nurses performance attributed to the Years of experience variable. (Please refer table 5.3.12 for the frequencies, means and standard deviations for same variables).

Table (5.3.12): Frequencies, means, and standard deviations of organizational factors affected professional nurses performance at North West Bank governmental hospitals due to years of experience

| Domain | Years of experience | Frequency | Mean | S.D |
|---|----------------------------|------------------|-------------|-------------|
| Work load | Less than one year | 12 | 3.82 | 0.48 |
| | 1-5 | 62 | 3.92 | 0.57 |
| | 6-10 | 48 | 4.06 | 0.49 |
| | 11-15 | 39 | 3.90 | 0.44 |
| | 16 and above | 24 | 4.05 | 0.45 |
| | Total | 185 | 3.96 | 0.50 |
| Night shift | Less than one year | 12 | 3.95 | 0.74 |
| | 1-5 | 62 | 3.91 | 0.58 |
| | 6-10 | 48 | 3.96 | 0.61 |
| | 11-15 | 39 | 3.91 | 0.55 |
| | 16 and above | 24 | 4.09 | 0.70 |
| | Total | 185 | 3.95 | 0.60 |
| Resources availability | Less than one year | 12 | 3.40 | 0.70 |
| | 1-5 | 62 | 3.53 | 0.76 |
| | 6-10 | 48 | 3.41 | 0.76 |
| | 11-15 | 39 | 3.46 | 0.74 |
| | 16 and above | 34 | 3.60 | 0.75 |
| | Total | 185 | 3.49 | 0.74 |
| Education and training development | Less than one year | 12 | 3.49 | 0.42 |
| | 1-5 | 62 | 3.43 | 0.68 |
| | 6-10 | 48 | 3.43 | 0.60 |
| | 11-15 | 39 | 3.42 | 0.66 |
| | 16 and above | 24 | 3.51 | 0.58 |
| | Total | 185 | 3.44 | 0.62 |
| Manager support | Less than one year | 12 | 3.68 | 0.89 |
| | 1-5 | 62 | 3.92 | 0.53 |
| | 6-10 | 48 | 3.82 | 0.60 |
| | 11-15 | 39 | 3.69 | 0.64 |
| | 16 and above | 24 | 3.77 | 0.87 |
| | Total | 185 | 3.81 | 0.65 |
| Total score | Less than one year | 12 | 3.67 | 0.24 |
| | 1-5 | 62 | 3.74 | 0.39 |
| | 6-10 | 48 | 3.74 | 0.33 |
| | 11-15 | 39 | 3.67 | 0.35 |
| | 16 and above | 24 | 3.80 | 0.29 |
| | Total | 185 | 3.73 | 0.35 |

For the testing of this hypothesis, the researcher conducted One Way ANOVA Test. The result of this analysis showed that there are no significant differences at the level of ($\alpha \leq 0.05$) between the means of selected organizational factors affected professional nurses performance, which might be attributed to the Years of experience variable (Table 5.3.13).

Table(5.3.13): Results of One Way ANOVA to test the differences for years of experience

| Domain | Source of variation | Sum of Squares | D.F | Mean Squares | F | Sig.* |
|-------------------------------------|---------------------|----------------|-----|--------------|-------|-------|
| Work load | Between groups | 1.059 | 4 | 0.265 | 1.042 | 0.387 |
| | Within groups | 45.714 | 180 | 0.254 | | |
| | Total | 46.773 | 184 | | | |
| Night shift | Between groups | 0.669 | 4 | 0.167 | 0.452 | 0.771 |
| | Within groups | 66.512 | 180 | 0.370 | | |
| | Total | 67.180 | 184 | | | |
| Resources availability (disposable) | Between groups | 0.852 | 4 | 0.213 | 0.380 | 0.823 |
| | Within groups | 100.920 | 180 | 0.561 | | |
| | Total | 101.772 | 184 | | | |
| Education and training development | Between groups | 0.159 | 4 | 0.040 | 0.100 | 0.982 |
| | Within groups | 71.512 | 180 | 0.397 | | |
| | Total | 71.671 | 184 | | | |
| Manager support | Between groups | 1.622 | 4 | 0.406 | 0.965 | 0.428 |
| | Within groups | 75.672 | 180 | 0.420 | | |
| | Total | 77.294 | 184 | | | |
| Total score | Between groups | 0.288 | 4 | 0.072 | 0.595 | 0.667 |
| | Within groups | 21.804 | 180 | 0.121 | | |
| | Total | 22.092 | 184 | | | |

*Significant at ($\alpha \leq 0.05$)

Hypothesis 5: There are significant differences at the level of ($\alpha \leq 0.05$) between the means of selected organizational factors affecting performance of professional nurses attributed to the Academic degree variable (table 5.3.14)

Table (5.3.14): Frequencies, means, and standard deviations of selected organizational factors affected professional nurses performance at North West Bank governmental hospitals according to academic degree variable

| Domain | Academic degree | Frequency | Mean | S.D |
|-------------------------------------|------------------------------|------------|-------------|-------------|
| Work load | Diploma (three years) | 24 | 3.99 | 0.53 |
| | Bachelor degree (four years) | 133 | 3.97 | 0.49 |
| | Postgraduate diploma | 15 | 4.01 | 0.51 |
| | Master degree | 13 | 3.73 | 0.62 |
| Total | | 185 | 3.96 | 0.50 |
| Night shift | Diploma (three years) | 24 | 3.88 | 0.72 |
| | Bachelor degree (four years) | 133 | 3.96 | 0.57 |
| | Postgraduate diploma | 15 | 3.87 | 0.73 |
| | Master degree | 13 | 4.05 | 0.63 |
| Total | | 185 | 3.95 | 0.60 |
| Resources availability (disposable) | Diploma (three years) | 24 | 3.36 | 0.90 |
| | Bachelor degree (four years) | 133 | 3.51 | 0.70 |
| | Postgraduate diploma | 15 | 3.82 | 0.57 |
| | Master degree | 13 | 3.06 | 0.88 |
| Total | | 185 | 3.49 | 0.74 |
| Education and training development | Diploma (three years) | 24 | 3.34 | 0.55 |
| | Bachelor degree (four years) | 133 | 3.46 | 0.61 |
| | Postgraduate diploma | 15 | 3.64 | 0.77 |
| | Master degree | 13 | 3.18 | 0.63 |
| Total | | 185 | 3.44 | 0.62 |
| Manager support | Diploma (three years) | 24 | 3.83 | 0.53 |
| | Bachelor degree (four years) | 133 | 3.84 | 0.63 |
| | Postgraduate diploma | 15 | 3.67 | 0.91 |
| | Master degree | 13 | 3.66 | 0.70 |
| Total | | 185 | 3.81 | 0.65 |
| Total score | Diploma (three years) | 24 | 3.68 | 0.34 |
| | Bachelor degree (four years) | 133 | 3.75 | 0.35 |
| | Postgraduate diploma | 15 | 3.79 | 0.36 |
| | Master degree | 13 | 3.54 | 0.33 |
| Total | | 185 | 3.73 | 0.35 |

One Way ANOVA test revealed no significant differences at the level of ($\alpha \leq 0.05$) between the means of selected organizational factors affecting performance of professional nurses attributed to the Academic degree variable except the domain of resources availability. (Table 5.3.15)

Table (5.3.15): Results of One Way ANOVA to test the differences between the means of organizational factors to academic degree

| Domain | Source of variation | Sum of Squares | D.F | Mean Squares | F | Sig.* |
|-------------------------------------|---------------------|----------------|-----|--------------|-------|--------|
| Work load | Between groups | 0.776 | 3 | 0.259 | 1.018 | 0.386 |
| | Within groups | 45.996 | 181 | 0.254 | | |
| | Total | 46.773 | 184 | | | |
| Night shift | Between groups | 0.318 | 3 | 0.106 | 0.287 | 0.835 |
| | Within groups | 66.862 | 181 | 0.369 | | |
| | Total | 67.180 | 184 | | | |
| Resources availability (disposable) | Between groups | 4.464 | 3 | 1.488 | 2.768 | 0.043* |
| | Within groups | 97.308 | 181 | 0.538 | | |
| | Total | 101.772 | 184 | | | |
| Education and training development | Between groups | 1.794 | 3 | 0.598 | 1.549 | 0.203 |
| | Within groups | 69.877 | 181 | 0.386 | | |
| | Total | 71.671 | 184 | | | |
| Manager support | Between groups | 0.662 | 3 | 0.221 | 0.521 | 0.668 |
| | Within groups | 76.632 | 181 | 0.423 | | |
| | Total | 77.294 | 184 | | | |
| Total score | Between groups | 0.609 | 3 | 0.203 | 1.712 | 0.166 |
| | Within groups | 21.483 | 181 | 0.119 | | |
| | Total | 22.092 | 184 | | | |

*Significant at ($\alpha \leq 0.05$)

Table (5.3.15) shows that there are no significant differences at the level of ($\alpha \leq 0.05$) between the means of selected organizational factors affected professional nurses performance at North West Bank governmental hospitals according to academic degree except the domain of resources availability. The researcher used Scheffe Post Hoc Test to determine the source of differences between the means of resources availability domain due to academic degree as indicated in Table (5.3.16)

Table (5.3.16): Results of using Scheffe Post Hoc Test for comparing between the means of resources availability (disposable) and academic degree variable

| Academic degree | Diploma (3 years) | Bachelor degree (4 years) | Postgraduate diploma | Master degree |
|---------------------------|-------------------|---------------------------|----------------------|---------------|
| Diploma (3 years) | | -0.147 | -0.452 | 0.307 |
| Bachelor degree (4 years) | | | -0.305 | 0.454* |
| Postgraduate diploma | | | | 0.759* |
| Master degree | | | | |

*Significant at ($\alpha \leq 0.05$)

Table 5.3.16: shows that there were significant differences at the level of ($\alpha \leq 0.05$) between the means of resources availability attributed to academic degree between bachelor degree (four years) and master degree, in favor of bachelor degree (four years).

It was also found that there were significant differences at the level of ($\alpha \leq 0.05$) between the means of resources availability attributed to academic degree between postgraduate diploma and master degree, in favor of postgraduate diploma.

According to the researcher opinion that bachelor degree (4 years) and postgraduate diploma are influenced by resources availability (disposable) more than the Masters degree because of the number of master's degree small compared with Bachelor degree (4 years), and also the master does not use resources availability (disposable) because they often hold positions in management such as head nurse, supervisor and manager director compared with other professional nurses who work with the patients and use of medical devices and other instruments (resources availability).

Summary

The researcher targeted 190 participants making 60% of the study population (professional nurses) distributed among six governmental hospitals of the north West Bank. These hospitals are; Dr. Suleiman hospital (Jenin Governmental hospital), Dr. Thabet hospital (Tulkarim Governmental hospital), Dr. Nazal hospital (Qalqelia Governmental hospital), Al-watani medical hospital (Nablus governmental hospital), Rafedia surgical hospital, and Yasser Arafat hospital (Sulfeet governmental hospital). The study finding showed a variation among study locations or workplace in relation to number of participants and hospitals.

The majority of the participants were of younger age group (25-29) which was congruent with the total number of experience as the majority had an experience of (1-5). The majority of participants 71.9% were holders of bachelor degree (four years) 13.0% were holders of diploma (three years), 8.1% were holders of postgraduate diploma and 7.0% were master degree holders. Of these 61.1% were females and 38.9% were males.

Scheffe Post Hoc Test used to compared between the means of selected organizational factors affecting performance and demographic variables and it was also found that there were significant differences at the level of $\alpha = 0.05$ between the total score which might be attributed to the workplace variable between Dr. Suleiman hospital and Thabet hospital, in favor Dr Suleiman hospital. Also it was found that there are significant differences at $\alpha \leq 0.05$ between the total score due to workplace between Thabet hospital and Rafedia hospital, in favor Rafedia hospital.

Conclusion : The professional nurses at Dr.Nazal hospital feel that the organizational factors mentioned in this study are affecting their performance, more than the professional nurses at other hospitals.

Chapter Six

Discussion and policy Implications

Introduction

This chapter discussed the study finding correlated with other studies, participants performance affected with selected organizational factors. This is an attempt to utilize these finding, by implication, in the current selected organizational factors, in order to improve the quality of nursing performance.

The finding begin with socio-demographic data first, followed by discussion of the subcategories on the nurses performance affected by selected organizational factors at the professional level. In the second part of discussion the researcher focuses on correlation between the independent variables and the participants performance as dependant variables.

6.1 Discussion of socio-demographic data

As aforementioned, the participants were 185 professional nurses distributed among six governmental hospitals in the north west bank. The study population was heterogeneous in terms of Age, Gender, workplace Years of experience and Academic degree. Each of these independent variables was correlated with five subcategories of questionnaire as dependent variables.

The majority of professional nurses were bachelor degree (71.9%), while (32.4%) of the participants (25-29) years old. There was a bias in the distribution. On the other hand, the majority were female (61.1%) as opposed to (38.9%) males.

6.1.1 Age

It was found that 32.4% of the participants were 25-29 years old, 21.1% aged 35-39 years old, 18.9% aged 30-34 years old, 16.8% aged 40 and above years old, 10.8% aged less than 25 years old (annex 1). However, there were no significant differences at the level $\alpha \leq 0.05$ between means of organizational factors affected professional nurses performance which might be attributed to the age variable (table 5.3.1). This means that the age of the participant had no effect on the organizational factors affected professional nurses' performance at the selected hospitals.

For the testing of the first hypothesis, the researcher conducted One way ANOVA Test and the result of this analysis are shown in table (5.3.2). The majority of respondents age range between 25-29 years old (32.4%). This result could be interpreted by the following: the nurses with long experiences in the hospitals prefer to move to public clinics so as to get rid of evening and night shift duties, this movement give chance for new professional nurses to be hired by hospitals, and also the application of the law in the civil service and the Palestinian MOH, which gives the chance for early retirement of (50s) for females or after 20 years of experience, so many nurses now scheduled on the program of retirement according to this law, and the MOH starts to replace the nurses with new graduated.

6.1.2 Gender

It was found that the majority of participants were female (61.1%) as opposed to (38.9%) males. There was no significant differences at the level $\alpha \leq 0.05$ between the mean of organizational factors affected professional nurses performance at north west bank governmental hospitals due to gender (table 5.3.3). T-Test was used to test the second hypothesis, it was found that gender of the participants had no effect on their on the organizational factors affecting professional nurses performance at the selected hospitals

Through the study results it was congruent with the result of Awads study (2004) where males formed most of respondent, they were congruent with the study of Elkahlout & Algaed (2003) however, most of the nursing staff are females, they 88% of the population of nurses and the rest 12% are males . It should note that nurses is a female profession and needs female more than males. The Palestinian Central Bureau of Statistics (2003) found that the percentage of female nurse was nearly 63.0%as opposed to 37% males.

6.1.3 Workplace

The majority of the participants worked at Rafedia hospital (27.6%), worked at Dr. Suleiman hospital (20%), at Alwatan hospital (15.7%), worked at Dr. Thabit hospital(15.7%), Dr. Arafat hospital (11.4%), and worked at Dr. Nazal hospital(9.7%) (Annex 3). However the researcher found there are no significant differences at $\alpha \leq 0.05$ between the means of organizational factors affecting professional nurses

performance at north west bank governmental hospitals which might be attributed to workplace variable.

In the light of the findings, indicated in previous chapter according to mean workload it was found that Dr. Nazal hospital the highest to affect nurses' performance in north WB hospitals, according to the researcher opinion this result related to shortage of professional nurses (30) compared with the number of beds 56 and nursing staff provide their own coverage for weekend, annual leave, sick leaves, maternity leave and nurses may end up working many extra shifts. In addition, the other causes of short staffing include poor work conditions, nursing is mostly female in nature, training of new staff and increased overtime and use of temporary agency staff to fill gaps, and the increasing complexity of health care and care technology.

Followed sequentially by Rafedia hospital, Al-Watani hospital, Because the two hospitals in the central area of the north West Bank, where it was found the most of medical ,surgical, cardiology, neurology, hematology, oncology and other specialties of this hospitals.

Followed Dr. Suleiman hospital, Thabet hospital and the last one was Arafat hospital.

The selected organizational factors affecting performance through emphasizes on night shift between participants first Dr. Nazal hospital followed Al-Watani hospital, Rafedia hospital, then Dr. Suleiman hospital, Arafat hospital and the last one was Dr. Thabet hospital. According to the researcher opinion this result related to shortage of professional nurses that plays an important role in increasing the night shift of them, and extra workload, and also there is diversity of problems encountered by nurses in normal working situation, some of these may be physical, physiological, psychological, socio-economic, and or health related. Problem vary with each individual since the biological structure is different.

In the light of these finding, the researcher found that the workplace was significant variable in the selected organizational factors in north WB toward the workplace variable due to available resources (disposable), Dr, Nazal hospital was the most affected on nurses performance followed Dr. Suleiman hospital, then Dr. Thabet hospital, Rafedia hospital, Arafat hospital and the last one Al-Watani hospital. According to the researcher opinion this result related to an inadequate supply of stock

and equipment and lack of resources is creating an ongoing crisis in the healthcare sector and also effect on professional nurses performance. In addition providing the disposable resources varies from one hospital to another according to the priorities and it is known that from time to time government hospitals are faced with the challenges of an insufficient supply of stock and inadequate and malfunctioning equipment.

Education and training found to be Dr. Nazal hospital the highest to affect nurses' performance in north WB followed Dr. Thabet hospital, Dr. Suleiman hospital, Rafedia hospital, Arafat hospital and the last one was Al-Watani hospital. According to the researcher opinion this result that there are moderate training and development opportunities for the professional nurses in governmental hospitals in order to improve capacity to perform their duties.

Manager support affect nurses performance in north WB found to be Rafedia hospital the highest affect followed Dr. Suleiman hospital, Arafat hospital, Al-Watani hospital, Thabet hospital and the last one was Dr. Nazal hospital.

More specially, the researcher investigated the relationship between each selected organizational factors and the workplace. Table (5.3.4) shows that there were significant differences at the level of $\alpha \leq 0.05$ between the means of selected organizational factors which might be attributed to the workplace variables between selected governmental hospitals. To know the favor of whom the differences were, Scheffe Post Hoc Test was conducted. Tables 5.3:4,5,6,7,8 and 9 show the results of using Scheffe Post Hoc Test discussed in chapter five.

The hypothesis that correlated workplace of participants with their workload, night shift, resources availability, education and training development, manager support and the total score, which might be attributed to the workplace variable, were significant at the level of $\alpha = 0.05$. that is, the workplace of participates had an effect on their selected organizational factors.

6.1.4 Number of years of experience in professional nurses

The majority of participants (33.5%) have an experience 1-5 years, (25.9%) had an experience 6-10 years, (21.1%) had an experience 11-15 years, (13%) had an experience 16 and above, (6.5%) had an experience less than one year show (annex 4). This result could be explained that the nurses with long experiences in the hospitals

prefer to move to public clinics so as to get rid of evening and night shift duties, this movement give chance for new professional nurses to be hired by hospitals and may be related to the fact that nurses through their experience they gain knowledge that enable them to enhance their performance. McLaughlin and Kaluzny (2006) emphasized that nurses learn from experience and they become capable to view their performance and develop strategies to enhance it.

However, the researcher found that there were no significant differences at the level of $\alpha=0.05$ between the means of organizational factors affecting professional nurses performance at north west bank governmental hospitals which might be attributed to years of experience of participants. For the testing of the fourth hypothesis, the researcher used One Way ANOVA to test the hypothesis. Table (5.3.10) and annex (13) show the frequencies, means and standard deviations of organizational factors affected professional nurses' performance at North West bank governmental hospitals due to years of experience of participants and the results of One Way ANOVA Test respectively.

The result show that there were no significant differences at the level of $\alpha=0.05$ between the means of workload, night shift, resources availability, education and training development, manager support and the total score, which might be attributed to the experience variable. The result agree with Blegen et al (2002) found that there are negative relationship between nurses' experience and the medication errors and patient's fall rates.

6.1.5 Academic degree

The majority of participants (71.9%) had a bachelor degree, (13%) had a diploma three years degree, (8.1%) have post graduated diploma degree, (7%) had a master degree(annex 5). This result is inconsistent with the literatures that focused on the importance of the educational level for nurses because it determines their responsibilities for performing the various roles (Jacob, 2002).

According to Kane, et al (2007) found that there is a relationship between registered nurses and the quality of nursing outcome, decreasing mortality rate, decreasing complications, and infection among nurses.

However, the researcher found that there were no significant differences at the level of $\alpha=0.05$ between the means of selected organizational factors affecting professional

nurses performance at north west bank governmental hospitals which might be attributed to academic degree of participants. For the testing of the fifth hypothesis, the researcher used One Way ANOVA to test the hypothesis table (5.3.15) and annex (14) show the frequencies, means and standard deviations of organizational factors affected professional nurses performance at north west bank governmental hospitals which might be attributed to academic degree except the domain of resources availability.

More specially, the researcher used Scheffe Post Hoc Test to determine the source of differences between the means of resources availability domain which might be attributed to academic degree variable (table 5.3.12) shows that there were significant differences at the level of $\alpha = 0.05$ between the means of resources availability which might be attributed to academic degree.

6.2 Correlation between the participants' socio-demographic independent variable and selected organization factors affecting performance of professional nurses as a dependant variable.

The hypothesis that correlated the age of participants with selected organizational factors was not significant at the level of 0.05 that the age of the participants had no effect on the selected organizational factors in North West bank governmental hospitals.

The hypothesis that correlated the gender of participants with selected organizational factors was not significant at the level of alpha 0.05 that the gender of the participants had no effect on the selected organizational factors in North West bank governmental hospitals.

The hypothesis that correlated the workplace of participants with selected organizational factors was significant at the level of 0.05 that the workplace of the participants had effect on the selected organizational factors in north west bank governmental hospitals.

The hypothesis that correlated the years of experience of participants with selected organizational factors was not significant at the level of 0.05 that the years of experience of the participants had no effect on the selected organizational factors in north west bank governmental hospitals.

The hypothesis that correlated the academic degree of participants with selected organizational factors was not significant at the level of 0.05 except the domain of resource availability. that the academic degree of the participants had no effect on the selected organizational factors in north west bank governmental hospitals except the domain of resources availability due to academic degree between Bachelor degree (four years) and master degree, in favor of Bachelor degree (four years). And between postgraduate diploma and master degree, if favor of postgraduate diploma.

6.3 Inferential statistics and selected organizational factors affecting performance of professional nurses in North West bank governmental hospitals:

Inferential statistics supply more sophisticated tools for generalizing from sample of the target population. Researcher use inferential statistics to estimate population parameter from sample statistics.

inferential statistics provide a framework for making objective , judgments about the reliability of sample estimate. Different researcher applying inferential statistics to same data are likely to draw the same conclusion (Polit,Beck, 2012:p404)

The inferential statistics used one sample T test and independent T test to analyze the parts of the questionnaire which aimed to measure the effectiveness of selected organizational factors on the participants. One Way ANOVA test also used to compare between selected organizational factors and between them for differences. Scheffe Post Hoc test was conducted to know in favor of whom the differences were related.

This part of analysis will discuss the respondent of professional nurses performance affected by organizational factors items presented under each subcategories. These standards were workload, night shift, resources availability, education and training development and manager support.

6.3.1 Selected Organizational factors affecting performance of professional nurses':

To measure the selected organizational factors toward professional nursing performance, a questionnaire with items categorized subcategories including workload, night shift, resources availability, education and training development and manager support.

Under each subcategory, there were a number of items set into a five points Likert scale format on there.

6.3.1.1 Workload affected professional nurses' performance:

This subcategory consists of ten items related to workload statement reflecting the professional nurses' performance effectiveness to identify the workload statement at the professional level. Annex (6) indicate the total mean of workload affecting professional nursing performance in selected north west bank governmental hospitals: mean 3.97, SD. 0.50. the percentage 79.2% that was high, which might be attributed to the majority of participants (79.2%) who agreed on all items included under this subcategory.

Statement, workload of nurses reduces quality of service provided to patients (82.2%) achieved very high level, according researcher opinion this result due to staff shortage and high number of patients attended to these hospitals. These result are confirmed with Swansburg (1993) that understaffing cause absenteeism due to staff fatigue, burnout and professional absenteeism. Unscheduled staff absence and understaffing force may nurses to work extra shifts and overtime. Wilkins, et. al. (2007) reported from the survey result that having fewer staff was by far the most common reason cited for deterioration in the quality of care, nurses may also make mistakes during the handover and this can lead to the deterioration in patient's care or inadequate care.

Statement, duties delegated to nurses are often increasing; (82.0%) achieved very high level, they found that many professional nurses in the department feel frustrated and lack of necessary skills to carry out delegated responsibilities. The finding is consistent with Muller (2001) said that if professional nurses capabilities are not recognized or are inappropriate for responsibilities delegated, they may feel frustrated because they lack the necessary skills to carry out delegated responsibilities.

Statement, workload of nurses reduces patient's satisfaction and increase their complaints (81.6%), turnover of nurses in your workplace affect their performance (80.0%), and workload of nurses exceeds their capabilities (80.0%) achieved a very high level of organizational factors affecting professional nurses performance in the workload domain. Sullivan and Decker (2009) turnover may be viewed as a loss by co-workers and they develop p negative job attitudes because they may have to work

longer hours (overtime) or simply work harder to cover for a departed nurse. The researcher show that a very high number of nurses believe that there is high staff turnover in their hospital. Many nurses in selected hospitals believe that they are not coping with their work demands. High workloads due to staff shortage are putting pressure on them to function effectively in health care system. Marquis and Houston (2006) explained that burnout and other form of work-related stress are related to negative organizational outcomes such as absenteeism, turnover, performance deterioration, decrease productivity and patient's satisfaction.

While the statements, not enough time to complete all nurses tasks (78.0%), workload of nurses duties consider the areas they master (77.8%) achieved high, they found that many professional nurses in the department are experiencing role conflict that make them feel inadequate and frustrated. This consistently agree with Marquis and Houston (2006) explained that being overwhelmed by work and time-constraint can lead to general feeling of stress and ineffectiveness. Sullivan and Decker (2009) study that nurses are being asked to assume responsibilities for tasks that previously had been performed by other department. they see these responsibilities as work that is not appropriate for them to do.

Statement, workload increases rate of absenteeism among nurses (77.6%), duties delegated to nurses are sometimes outside their scope of work (77.0%), and the volume workload reduces nurse's loyalty to their working place (76.2%) achieved a high level. The result is validated by McConell (2003) that when professional nurses fail to show up for work, someone else must be assigned to do the absent nurses work. This could have a negative impact on the remaining nurse and could also lead to the development of a negative attitude toward work, with adverse result on the patient.

Sullivan and Decker (2009) argue that verbal abuse by patients is viewed as a violence in the workplace and this is harmful to professional nurses. It can affect worker moral, increase staff stress, cause mistrust of administration and decrease loyalty. The researcher observation is that nurses often have to deal with patients and sometimes families who have unreasonable expectation and who make unrealistic demands, which decrease their loyalty toward their job that increase workload.

The total percentage of the participants who agreed with all items related to the workload was very high, according to the researcher opinion the high of percentage

related to the increase in the number of patients attended to the governmental hospitals in the west bank ,number of patients attended to one hospital 80204 according annual report 2011, show table (6.1) and when facilities that unit nursing staff provide their own coverage for sick leaves, maternity leaves, nurses may end up working many extra shifts and that there is no job description at the Health Ministry which helps to increase the pressure of work on the nursing category.

According to the annual report of Palestinian ministry of health, the number of nurses worked in selected north west bank hospitals are short, correlated with the high number of patients attended to these hospitals, that increase the duties delegated to the professional nurses which reflect on their efficiency of work. This will manifest more stress among nurses than other health care workers.

**Table (6.1), MOH Hospital Utilization by hospital &Region, Palestine, 2011
((health annual report Palestine 2011))**

| North west bank governmental hospitals | No of beds | No of patients Admissions(2011) | No of professional nurses | Total no of nurses |
|--|------------|---------------------------------|---------------------------|--------------------|
| Jenin (Dr. Sulaiman) | 127 | 20992 | 61 | 130 |
| Tulkarem (Dr. thabet) | 105 | 13308 | 53 | 109 |
| Alwatanī/nablus | 55 | 8279 | 49 | 87 |
| Rafedia /nablus | 213 | 25472 | 86 | 196 |
| Qlqilia (Dr. nazal) | 56 | 6623 | 30 | 60 |
| Salfit (Arafat) | 50 | 5530 | 36 | 63 |
| total | 606 | 80204 | 315 | 645 |

Inadequate nurses staffing in governmental hospitals contributes to burnout because nurses are unable to meet all the needs of patients. An even more compelling concern regarding staffing involves the increased rate of errors when the nurses staffing is inadequate.

Ellis,(2008), there may be difficult in obtaining professional nurses coverage for anyone who leaves the units and nurses may work an entire shift without a break. Overtime becomes more common when there are too few nurses to accomplish the needed tasks during the shift. When facilities that unit nursing staff provide their own

coverage for sick leaves, maternity leaves, nurses may end up working many extra shifts. As these demands increase and the problem of professional nurse fatigue increases.

Sullivan and Decker (2009) stated that cautions that when nurses are asked to assume responsibilities for tasks that previously had been performed by other departments, they see these responsibilities as work that is over whelming and not appropriate for nurses to do. The researcher is of the opinion that conflicting and in appropriate role demand are likely to cause unhappiness and dissatisfactions for the professional nurses.

Marquis and Houston (2009) argue that being over whelmed by work and time-constraints can lead to general feeling of stress and in effectiveness. The researcher is aware that in addition to the staff shortage, the nurses are also sometime ordered to participate in unscheduled activities at short notice which disrupts the effective functioning in their workplace departments. The remaining nursing stuff may become over whelmed by the workload and be forced to work through their tea and lunch breaks to provide expected patients care.

McConell (2003) said that when employees fail to show up for work, someone else must be assigned to do the absent employees work. This could have a negative impact on the remaining employees and could also lead to the department of a negative attitude toward work, with adverse results on the patients. The researcher show that a high number of nurses believe that there is high stuff absenteeism in the selected hospitals. Absenteeism can a detrimental effect on the over stuff members, because they are expected to ensure the functioning of the unit despite their missing colleagues

6.3.1.2 Nightshift affected professional nurses' performance:

This subcategory consists of ten items related to Nightshift statement reflecting the professional nurses' performance effectiveness to identify the Nightshift statement at the professional level. Annex (7) indicates the total mean of Nightshift affecting professional nursing performance in selected North West bank governmental hospitals: 3.95, SD. 0.60. the percentage 79% that was high, which might be attributed to the majority of participants (79%) who agreed on all items included under this subcategory.

Statement, night shift makes some nurses physically exhausted (88.8%), night shift makes some nurses unwilling to work next day (87.2%), night shift makes some nurses frustrated (85.8%) and nurse's shortage forces to working extra shifts adding extra workload (85.8%) achieved a very high level of organizational factors affecting professional nurses performance in the Nightshift domain.

This result that the nurses regarded the time of 10 hours allocated for either the day shift or night shift as too long. Circadian rhythms can get out of phase with an abrupt change in an individual's activity, certain nurses take a long time to adjust to changes due to internal clock rhythm and inability to keep track with the time cues results in a person being frustrated. Nurse's shortage forces to working extra shifts adding extra workload (85.8%), the temporary supporting night nurses not as competent as permanent staff to deal with peculiar problems encountered in specialized units. This make it necessary for night nurses to work extra hard shift to keep their sections functioning to the desired health care standard and also the workload of the night nurses is dependent on the intake of patients during a particular day.

This result agree with Sizeni Madide (2003:66), that there is a diversity of problems encountered by nurses in a normal working situation. Some of these may be physical, physiological, psychosocial, socio-economic and cultural or health related. Night work intensifies problems since the individual is working when the body clock is naturally telling the majority of the people to rest. 50% of the respondents working on day shift indicated that they do not get enough sleep due to night shift, whilst only 18% of nurses complain of a lack of sleep after working on nightshift. The researcher observation is 88.8% of participants are physically exhausted due to the nightshift. The researcher opinion is problems vary with each individual since the biological structure is different, some nurses physically exhausted due to the night shift, unwilling to work next day, frustrated and their shortage forces to work extra shift adding extra workload.

According (pheasant,1991) the general state of bodily exhaustion which , results from prolonged heavy work, is the depletion of the body's energy reserve, fatigue which results from most occupational tasks, is due to more suitable psycho physiological processes. fatigue is the feeling of abnormal tiredness, lethargy and loss of drive .

Makino(1995) nurses who work rotating shift had complaints concerning fatigue and this was highest in night-shift, followed by evening then morning shift. According to

Behar et. al.(1999) the symptoms reported by night –shift nurses include sleepiness, sadness and difficulty concentrating, with numerous complaints about cumulated fatigue and disturbed social life.

While the statements, night shift increase rate of absenteeism among nurses (75.4%), night shift affects nurse attitude toward their practice and profession (75.2%), night shift increases turnover (75.0%), there is a low concentration among nurses during night shift (74.0%) and night shift allow for more error and accident (72.6%) achieved a high level. While the statement night shift decrease quality of service provided to patients (69.8%) achieved moderate.

The influence of circadian rhythm on the night worker difference in the circadian rhythm make other worker to be at their peak in the evening and some to reach their peak in the morning Meckenzie J(2001) The study also examined if nurses felt more when working on night shift . the result show that 67% of nurses did not feel energetic. Tiredness may be due to insomnia, changes in sleeping patterns, variation in length of shift period, and circadian rhythm. The fact that about 20% of the respondent experienced persistent tiredness implies that their performance could be impaired. This inefficiency in performance could have deleterious consequences on the health care of patients.

The researcher found that sleep has major effects on the health and the performance of nurses . The health care worker in this have indicated that are exposed to any error or accident resulting from fatigue or stress can cost a life patients.

Ohida, "et al" (2001) find that in examining the influence of day, afternoon, night and rotating shifts on job performance and stress on nurses, found that job performances and satisfaction was less on a rotating roster than on a fixed roster. Although there has been a move towards studies of nursing turnover, there is still a general absence of research that attempts to associate perceptions of night duty with job satisfaction and ultimately staff turnover.

6.3.1.3 Resources Availability affected professional nurses' performance:

This subcategory consist of Eight items related to Resources Availability statement reflecting the professional nurses performance effectiveness to identify the Resources

Availability statement at the professional level. annex (8) indicate the total mean of Resources Availability affecting professional nursing performance in selected north west bank governmental hospitals: 3.49, SD. 0.74. the percentage 69.8% that was high, which might be attributed to the majority of participants (69.8%) who agreed on all items included under this subcategory.

Statement, nurses work best when working equipment and facilities are adequately provided (83.4%) achieved a very high level of organizational factors affecting professional nurses performance in the resources availability domain. While the statements available resources enhances the quality of care provided to patients (74.2%), the available resources reduces nurses' error and accident (71.4%), equipment and supplies enables for standard service are available (71.0%) and the available resources decreases patient complaints (70.8%) are achieved a high level. while the statements, the available resources attracts qualified nurses (66.8%) and the quantify of recourses are sufficient (60.2%) are achieved Moderate level. While the statement, the quality of available equipment and supplies is good (59.8%) achieved low level.

The researcher opinion is, there must be adequate resources for any organization to function effectively. The researcher determined the nurses perceptions regarding the resources that are at their disposable to meet their work demands. The finding is consistent with the view of Gerber et al. (1999), since the availability of adequate equipment and appliances facilities productivity, whereas failure to provide equipment, appliance and adequate clothing make it difficult for employees to carry out their jobs.

Bhaga,(2010)found that 47.06% respondents who believe that there is an in adequate supply of stock and equipment to provide services to patients, 38.23% respondents also believe that there is deterioration in the services provided to patients. The researcher observation find that 74.2% of participants believe that the availability of resources enhance the quality of care provided to patients. The finding confirm that when there is an inadequate supply of stock and equipment, the employees are unable to carry out their jobs at the required standards, with a negative impact on the patients.

Lewy (1991) argue when patient injury occur because of equipment , the issue become one of whether the patient was injured due to a defect , due to the misuse or improper maintenance of the equipment . Manager should learn to lessen potential liability by

ensuring that equipment is maintained properly and to ensure that storage of the equipment follow manufacturers written guidelines.

6.3.1.4 Educational and training development affected professional nurses' performance:

This subcategory consist of thirteen items related to Educational level statement reflecting the professional nurses performance effectiveness to identify the Educational level statement at the professional level. Annex (9) indicate the total mean of Educational and training development affecting professional nursing performance in selected north west bank governmental hospitals: 3.44, SD. 0.62. the percentage 68.8% that was high, which might be attributed to the majority of participants (68.8%) who agreed on all items included under this subcategory.

Statement, Provided education and training improve nurses performance (80.2%) achieved a very high level of organizational factors affecting professional nurses performance in the Educational and training development domain. According the researcher opinion education and training of nurses in an organization play an important role in paving the way for institutionalization and its improvement, and for this purpose professional nurses participation is of significant importance. The result agree with Benti, et. al. (2006) said, that training is any process by which the aptitudes, skills, and abilities of employees to perform specific jobs are increased. It is the act of increasing the knowledge and skills of an employee for doing a particular job.

Abruzzese (1996) stated that because the health care delivery in hospitals become complex, the need for continuous skilled training becomes also increasable.

While the statements, nurses are well trained to protect themselves against hazards and professional errors (74.2%), error and accidents are referred to lack of competence (74.2%), absenteeism is referred to low competence (73.8%) and professional nurses participate in identifying their staff development needs (70.0%) achieved a high level.

The American Nurses Association (ANA, 1991) emphasized on the ongoing educational activities for nurses, because it helps in enhancement of practice relevant to their responsibilities, professional growth, and maintaining competency in their respective positions.

Ward and O'Brien (2005) supported that the division of nursing ensures development of educational programs to support the delivery of high quality nursing care.

Bahaga (2010) found that 50% respondents believe that they are given sufficient information to protect themselves against hazards that may occur in their work. However 26.47% respondents believe that they are not provided sufficient information to protect themselves against hazards that may occur in their work. The researcher opinion that all the professional nurses should be given sufficient information to protect themselves from hazards in their work.

While the statements, there is an increase in patient complains due to the lack of skills and knowledge provided to nurses (69.2%), there is continuous education and training are provided to nurses (67.6%), education and training provided responses to the nurses training needs (66.6%), nurses education and training needs are systematically identified (66.2%), in service training adequately addresses performance gaps (65.6%) and continuous education and training are provided fairly to all nurses (61.6%) are achieved moderate level. While the statement, there is a clear policy for training nurses (56.8%) is achieved low level.

Mariner –Tomey (2004) explains that employees who are not given the chance to improve their knowledge and training ,feel frustrated when faced the new situation affect the jobs because they do not have up to date knowledge to intervene in order meet patients needs . The researcher believe that in health care organizations, training and development program are very important . it empower health care workers to meet the need of the rapidly changing health care systems.

According to swansburg (1999) in service education provides learning experience in the work setting for the purpose of refining new skills.” In an organization, managers and supervisors are responsible for developing employee’s potential and abilities to perform, and helping them adjust to rapidly changing Job requirement. Supervisors, therefore, should continuously assess gaps and the potential abilities of their subordinates in order to provide planned in- service training to correct matters (Boyens 1993, price 2000).

Kelly (2007) stated that continuing development of one’s professional skills and training is an empowering experience, preparing the nurse to make decision with the support of an expanding body of knowledge.

Mc Connel (2003) argue that in addition to increasing knowledge, improving skills and changing attitude as Job performance requires, continuing education creates as learning attitude among employee. It can therefore, be said that training and development increases an individual's capabilities and improves the potential effectiveness of all members of the work group with ultimately improve the ability of the organization to perform better. However, a heavy load of in-service training activities.

According to Bossert et al. (2007:28-29) health education system should produce an appropriately skilled workforce to address its health priorities. The education system help to determine two key elements of that workforce: the number of graduates with a given skill set (e.g. physicians, nurses, pharmacists, laboratory technicians) and the quality of those human resources (e.g. knowledge and skills). In assessing the role of the education system for strategic planning and policy-making, it is important to develop indicators of the quantity and quality of graduates educated in the health professions

6.3.1.5 Manager Support affected professional nurses' performance:

This subcategory consist of ten items related to Manager support statement reflecting the professional nurses performance effectiveness to identify the Manager support statement at the professional level. Annex (10) indicate the total mean of Manager support affecting professional nursing performance in selected north west bank governmental hospitals: 3.81, SD. 0.65. the percentage 76.2% that was high, which might be attributed to the majority of participants (76.2%) who agreed on all items included under this subcategory.

Statements, coordination among nurses promote their performance (80.2%) and Well-motivated staffs have a positive attitude towards work (80.2%) achieved a very high level of organizational factors affecting professional nurses performance in the Manager support domain. While the statements, manager provision of positive feedback motivate nurses (79.8%), rewarding good work contribute to healthy competence (79.2%), manager support has an effect on the level of nurses performance (78.8%), nurse manager should possess adequate communication skills (78.2%), the manager collaboration improve nurses performance (75.4%), employees who receive

frequent feedback concerning their performance are usually more highly motivated than those do not (74.4%), financial incentive are the best tools for motivate workers (72.6%) and manager and supervisor give nurses regular ,timely feedback (70.8%) achieved a high level. While The statement, Workers put in their best when they are placed on little or no supervision at all (68.6%) achieved Moderate level.

Professional nurses are placed in a work which forces them to deal with pain, sickness, death and depression. They deal with human beings, no mistakes are allowed; it could be a patient life or the patient might be at risk for suffering. The nature of their work is tough and stressful, because of the long working hours, shift working hours, and they have to work during holidays and other occasion time, so they lose their normal life style. nurses are human beings who need to be rewarded for their great job in reducing suffering of patients and saving lives at least with a thankful word absorb their stresses during their work and allow them to be motivated to perform standard of care, work harder, and move along with their tough career.

motivating the nurses is not the only issue, but motivating them in a way having their sense of responsibility toward their work to ensure the safety of the patients.

worker , where effective means the feedback will heard and listened to, and the feedback will actually help heath worker to improve their performance. Providing feedback on performance is one of the critical aspect of appraisal. Do it right and things improve. Do it wrong, and...well...things get worse. Here is how to do it right .

Ellis, J. and Hartely (2000) emphasized on the fact that in order to achieve the quality of care and patients desired outcome the nursing profession requires manager who can transform practice cultures so the essence, uniqueness, and outcomes of professional practice can be realized.

According to Benti, et.al., (2006) communication facilitates managerial function such as planning, organization, directing and controlling. Communication is the mean by which people are linked together in an organization to achieve a common purpose. It is the process by which ideas are transmitted to others for the purpose of effective a desired result. Communication relates and connects the organization with the external environment p149.

Benti, et.al., (2006) defined Motivation as "the act of stimulating someone or oneself to taken a desired course of action; it is the act or process of furnishing with an incentive or inducements to action"(p. 142).

Schabraq (2003:588) suggest that manager can stimulate a positive socio-emotional climate that will contribute toward improved productivity by acknowledge and rewarding good performance instead of exclusively correcting performance, fair toward employees because this will strengthen the psychological contact and putting problem on the agenda and discussing these in an open constructive and problem solving way, both in work meeting and individual task. The nurse manager should strive to create and maintain a healthy productive climate at all times.

Duncan (2004) found that the majority of nurses afraid of manager and coworkers' reactions toward medication error, or thinking that error was not seriously enough to be reported. Moreover, Friesen, et. al. (2006) emphasized that the organization culture that is built on the trust promote safe environment where errors are identified and reported, and the patient care delivery and quality will be improved.

Wagner (2006) commented that the primary factor in professional nurses satisfaction and loyalty to workplace and the professional nurse relationship with his or her immediate supervision is that health care administrators to be concerned with their satisfaction. Curran's (2001) found that nurses management that is out of touch with the realities of patient care lead to lower nurses satisfaction and loyalty.

Summary and conclusion

In this study, the researcher targeted 60% of population of each hospital, the total number of respondent was 185 professional nurse distributed among six hospitals in north west bank governmental hospital: (37) respondent from Dr. Suleiman hospital (20%), (29) respondent from Dr. Thabet hospital (15.7%), (18) respondent from Dr. Nazal hospital (9.7%), (29) respondent from Alwatan hospital (15.7%), (51) from Rafedia hospital (27.6%), and (21) from Yasser Arafat hospital (11.4%). The study findings showed a variation among the study workplaces in relation to number of the participants and comparison with the differences among the professional nurses performance effectiveness concerning selected organizational factors.

The result revealed that most of respondent were female and had a Bachelor degree. The majority were (25-29) years old and had an experience (1-5) years. The hypothesis, which correlated age, gender, and years of experience indicated no significant differences at the level of $\alpha = 0.05$ between Age, Gender and Years of experience and professional nurses performance affected by organizational factors implemented at their organizations, meaning that the Age, Gender, Years of experience of the participants had no effect on their performance affected by organizational factors.

Regarding academic degree, (71.9%) were Bachelor degree four years, (13%) were diploma three years, (8.1%) were postgraduate diploma, and (7%) were Master degree. The hypothesis, correlated the academic degree of participants with selected organizational factors affecting performance of professional nurses in north west bank governmental hospitals was not significant at the level of $\alpha=0.05$ except the domain of resource availability, meaning that the academic degree of participants had no effect on selected organizational factors hospitals except the domain of resources availability due to academic degree between Bachelor degree (four years) and master degree, in favor of Bachelor degree (four years). And between postgraduate diploma and master degree, if favor of postgraduate diploma.

Concerning differences between the means of workload, night shift, resources availability, education and training development and manager support due to workplace (total score). It was found that there are significant differences at $\alpha \leq 0.05$

between the total score due to workplace between Dr. Suleiman hospital and Thabet hospital, in favor Dr. Suleiman hospital. Also it was found that there are significant differences at $\alpha \leq 0.05$ between the total score due to workplace between Thabet hospital and Rafedia hospital, in favor Rafedia hospital.

The selected organizational factors affecting performance found that Dr. Nazal Hospital the highest to affect nurses' performance in north West Bank Hospitals followed Rafedia hospital, Dr. Suleiman hospital, Al-Watani hospital, Arafat hospital and the last one was Dr. Thabet Hospital

The selected organizational factors in north west bank governmental hospitals affecting performance of professional nurses have a significant effect on raising the quality of nursing services provided to patients on these organizations.

Recommendation :

The results revealed that there are selected organizational factor affecting performance of professional nurses. These factors need to be addressed to sustainable progress in improving performance of professional nurse's within their workplace.

Recommendation for workload

Manager should ensure that there is adequate number of staff and qualification according to work condition and ensure that there is a sufficient number of professional nurse's in the hospital at all time.

- Manager should ensure that there is adequate professional nurses in term of number and qualifications. The management team should regularly evaluate the staffing level at the hospital. The challenges of professional nurses' shortage should be addressed meaningfully. Management should fill vacant posts speedily and create more posts where applicable. In addition management should negotiate with the authorities for urgent intervention to ensure appropriate staffing.

- Nursing managers should negotiate with the Ministry of Health on the importance of the application of the job description in government hospitals in order to improve performance of professional nurse's.
- The management should treat the professional nurses as their most valuable resources and express sincere interest in them and also that the professional nurses should be allowed more participation in order to meet the organizational goals. The manager should recognize and acknowledge the nurses contributions, they should be share information with the nurses and should allow nurses greater participation in the decision-making procedures in order to increase belonging to the workplace and reduce the number of nurses turnover in governmental hospitals.

Night shift:-

Managers must have responsibility toward nurses, such as let nurses have a freedom of choice regarding the shift, identify the occupational hazard affecting professional nurses and will be able to implement possible strategies that help to reduce hazards in hospital and improve professional nurses performance.

Manager and head nurses are unable to meet all the needs of professional nurses when planning schedule, on different department , but the manager can make adaptations by reduce the strain of long work hours on night shift and motivation could improve adaptation of the nurses toward work hours of night shift.

Provide psychological supportive environment to the professional nurses like rest room should be provided to relieve psychological stressor, reading material and games provide relaxation to nurses.

Skills and education development:-

- Providing continuous professional development of nurses in service training program is essential to ensure that the nurses are able with be considered to their knowledge and skills as well as are responsive to changing in the health sector. The Palestinian MOH are responsible for overseeing the nurses services in the Palestinian city. They should develop a program and encourage professional nurses to develop themselves and thus enhance the nursing profession.
- To ensure that both professional nurses and managerial nurses it is very important preparing skill development program and development of short-term courses. In service training is most likely to change professional nurses behavior when it is interactive, based on real-life problem, and combined with continuing, intermittent support. The Palestinian MOH should be realized that skill development program and development of courses to address the skill gap and should contact with health training providing centers some of courses needed.
- Manager should be implement a system regarding education and training development for all categories of nursing staff and ensure that the nurse are given affair opportunity to be selected for training and development.

Available resources:-

- The management should provide appropriate equipment and adequate material resources for the governmental hospitals to function effectively.
- The manager should carry out regular audits the adequacy, availability and quality of stock and equipment and they should negotiate with authorities when necessary to address shortage of resources and quality of equipment.

Manager support:-

- Manager and supervision are responsibility toward the nurse's for encouraging professional development, and improving professional nurse's job satisfaction and motivation. Supervisor should be empowered by strengthening supervisory skills and developing tools and plans for supervision.
- Strategies and providing clear and specific job description, flexible work schedules, fair treatment and regular meeting between supervisors and their staff nurses to discuss and solve their problem.
- Program that will help to develop nurses as effective nurses manager should be implemented. It is also recommended that managers course be developed and that every nurse in a supervisory or management position should attend to prepare them for important role.
- An increasing recognition that managerial skills are important in making health system performance. Corrected efforts should be made to develop and update the skills of nurses who are in management position.

Recommendations for further research:

This research paper only covers the selected factors that affect performance of professional nurses who are working in governmental hospitals in North West Bank. Further research is needed to validate these results in facilities administrated by other regions health as well as health facilities administrated by ministry health of Palestine. It is essential to encouraging more research to expand and strengthen on nursing practice.

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Annex 1

Distribution of sample according to Age

| Age | Frequency | Percentage % |
|--------------|-----------|--------------|
| Less than 25 | 20 | 10.8 |
| 25-29 | 60 | 32.4 |
| 30-34 | 35 | 18.9 |
| 35-39 | 39 | 21.1 |
| 40 and above | 31 | 16.8 |
| Total | 185 | 100% |

Annex 2

Distribution of sample according to Gender

| Gender | Frequency | Percentage % |
|--------|-----------|--------------|
| Male | 72 | 38.9 |
| Female | 113 | 61.1 |
| Total | 185 | 100% |

Annex 3

Sample distribution according to workplace variables

| Workplace | Frequency | Percentage % |
|-------------------------------|------------|--------------|
| Dr. Khaleel Suleiman Hospital | 37 | 20.0 |
| Dr. Thabet Thabet Hospital | 29 | 15.7 |
| Dr. Darweesh Nazal Hospital | 18 | 9.7 |
| Al-Watani Hospital | 29 | 15.7 |
| Rafedia Hospital | 51 | 27.6 |
| Yasser Arafat Hospital | 21 | 11.3 |
| Total | 185 | 100 % |

Annex 4

Distribution of Sample According to Years of experience

| Years of experience | Frequency | Percentage % |
|----------------------------|-----------|--------------|
| Less than one year | 12 | 6.5 |
| 1-5 | 62 | 33.5 |
| 6-10 | 48 | 25.9 |
| 11-15 | 39 | 21.1 |
| 16 and above | 24 | 13.0 |
| Total | 185 | 100 % |

Annex 5

Distribution of Sample According to Academic degree

| Academic degree | Frequency | Percentage % |
|------------------------------|-----------|--------------|
| Diploma (three years) | 24 | 13.0 |
| Bachelor degree (four years) | 133 | 71.9 |
| Postgraduate diploma | 15 | 8.1 |
| Master degree | 13 | 7.0 |
| Total | 185 | 100 % |

Annex 6

The Means scores, Standard Deviation and Percentage of Workload Affecting Performance of Professional Nurses Domain in Descending Form

| No. | Statement | M | SD | Percentage | <i>Level</i> |
|--|--|-------------|-------------|-------------|--------------|
| 7 | Workload of nurses reduces quality of service provided to patients. | 4.11 | 0.85 | 82.2 | Very high |
| 3 | Duties delegated to nurses are often increasing. | 4.10 | 0.75 | 82.0 | Very high |
| 6 | Workload of nurses reduces patient's satisfaction and increase their complaints. | 4.08 | 0.79 | 81.6 | Very high |
| 4 | Turnover of nurses in your workplace affect their performance. | 4.00 | 0.79 | 80.0 | Very high |
| 10 | Workload of nurses exceeds their capabilities | 4.00 | 0.82 | 80.0 | Very high |
| 2 | Not enough time to complete all nurses tasks. | 3.90 | 0.91 | 78.0 | High |
| 9 | Workload of nurses duties consider the areas they master. | 3.89 | 0.79 | 77.8 | High |
| 5 | Workload increases rate of absenteeism among nurses . | 3.88 | 0.89 | 77.6 | High |
| 1 | Duties delegated to nurses are sometimes outside their scope of work. | 3.85 | 0.90 | 77.0 | High |
| 8 | The volume workload reduces nurse's loyalty to their working place. | 3.81 | 1.08 | 76.2 | High |
| Total score of work load domain | | 3.96 | 0.50 | 79.2 | High |

Annex7

The Means scores, Standard Deviation and Percentage of Night Shift Affecting Performance of Professional Nurses Domain in Descending Form

| No. | Statement | M | SD | Percentage | Level |
|--|--|-------------|-------------|-------------|-------------|
| 1 | Night shift makes some nurses physically exhausted | 4.44 | 0.67 | 88.8 | Very high |
| 3 | Night shift makes some nurses unwilling to work next day. | 4.36 | 0.72 | 87.2 | Very high |
| 2 | Night shift makes some nurses frustrated . | 4.29 | 0.79 | 85.8 | Very high |
| 4 | Nurse's shortage forces to working extra shifts adding extra workload. | 4.29 | 0.70 | 85.8 | Very high |
| 6 | Night shift increase rate of absenteeism among nurses | 3.77 | 0.92 | 75.4 | High |
| 9 | Night shift affects nurse attitude toward their practice and profession. | 3.76 | 1.08 | 75.2 | High |
| 10 | Night shift increases turnover. | 3.75 | 0.94 | 75.0 | High |
| 8 | There is a low concentration among nurses during night shift. | 3.70 | 1.03 | 74.0 | High |
| 5 | Night shift allow for more error and accident. | 3.63 | 1.01 | 72.6 | High |
| 7 | Night shift decrease quality of service provided to patients | 3.49 | 1.16 | 69.8 | Moderate |
| Total score of night shift domain | | 3.95 | 0.60 | 79.0 | High |

Annex 8

The Means scores, Standard Deviation , Percentage and levels of the statements of resources availability Affecting Performance of Professional Nurses Domain in Descending Form

| No. | Statement | M | SD | Percentage | <i>Level</i> |
|---|---|-------------|-------------|-------------|-----------------|
| 8 | Nurses work best when working equipment and facilities are adequately provided. | 4.17 | 0.91 | 83.4 | Very high |
| 4 | Available resources enhances the quality of care provided to patients. | 3.71 | 1.04 | 74.2 | High |
| 2 | The available resources reduces nurses' error and accident. | 3.57 | 1.09 | 71.4 | High |
| 1 | Equipment and supplies enables for standard service are available. | 3.55 | 1.16 | 71.0 | High |
| 3 | The available resources decreases patient complaints. | 3.54 | 1.14 | 70.8 | High |
| 7 | The available resources attracts qualified nurses . | 3.34 | 1.04 | 66.8 | Moderate |
| 5 | The quantify of recourses are sufficient. | 3.01 | 1.15 | 60.2 | Moderate |
| 6 | The quality of available equipment and supplies is good.. | 2.99 | 1.11 | 59.8 | Low |
| Total score of resources availability domain | | 3.49 | 0.74 | 69.8 | Moderate |

Annex 9

The Means scores, Standard Deviation , Percentage and levels of the statements of Education and Training development Affecting Performance of Professional Nurses Domain in Descending Form

| No. | Statement | M | SD | Percentage | Level |
|---|---|-------------|-------------|-------------|-----------------|
| 6 | Provided education and training improve nurses performance | 4.01 | 0.89 | 80.2 | Very high |
| 1 | Nurses are well trained to protect themselves against hazards and professional errors . | 3.71 | 0.97 | 74.2 | High |
| 2 | error and accidents are referred to lack of competence . | 3.71 | 0.85 | 74.2 | High |
| 12 | Professional nurses participate in identifying their staff development needs. | 3.69 | 0.89 | 73.8 | High |
| 3 | Absenteeism is referred to low competence. | 3.50 | 0.89 | 70.0 | High |
| 4 | There is an increase in patient complains due to the lack of skills and knowledge provided to nurses. | 3.46 | 1.05 | 69.2 | Moderate |
| 5 | There is continuous education and training are provided to nurses. | 3.38 | 1.12 | 67.6 | Moderate |
| 8 | Education and training provided responses to the nurses training needs. | 3.33 | 1.09 | 66.6 | Moderate |
| 10 | Nurses education and training needs are systematically identified. | 3.31 | 1.09 | 66.2 | Moderate |
| 11 | In service training adequately addresses performance gaps. | 3.28 | 1.02 | 65.6 | Moderate |
| 7 | Continuous education and training are provided fairly to all nurses | 3.08 | 1.28 | 61.6 | Moderate |
| 9 | There is a clear policy for training nurses . | 2.84 | 1.15 | 56.8 | Low |
| Total score of education and training development domain | | 3.44 | 0.62 | 68.8 | Moderate |

Annex 10

The Means scores, Standard Deviation , Percentage and levels of the Statements of Manager Support Affecting Performance of Professional Nurses Domain in Descending Form

| No. | Statement | M | SD | Percentage | Level |
|--|--|-------------|-------------|-------------|-------------|
| 7 | Coordination among nurses promote their performance. | 4.01 | 0.86 | 80.2 | Very high |
| 11 | Well-motivated staffs have a positive attitude towards work | 4.01 | 0.90 | 80.2 | Very high |
| 10 | Manager provision of positive feedback motivate nurses | 3.99 | 0.93 | 79.8 | High |
| 8 | Rewarding good work contribute to healthy competence. | 3.96 | 0.84 | 79.2 | High |
| 1 | Manager support has an effect on the level of nurses performance | 3.94 | 0.91 | 78.8 | High |
| 3 | Nurse manager should possess adequate communication skills | 3.91 | 0.93 | 78.2 | High |
| 5 | The manager collaboration improve nurses performance | 3.77 | 0.97 | 75.4 | High |
| 6 | Employees who receive frequent feedback concerning their performance are usually more highly motivated than those do not | 3.72 | 0.94 | 74.4 | High |
| 9 | Financial incentive are the best tools for motivate workers. | 3.63 | 1.09 | 72.6 | High |
| 2 | Manager and supervisor give nurses regular ,timely feedback | 3.54 | 1.07 | 70.8 | High |
| 4 | Workers put in their best when they are placed on little or no supervision at all. | 3.43 | 1.10 | 68.6 | Moderate |
| Total score of manager support domain | | 3.81 | 0.65 | 76.2 | High |

Annex 11



**Al-Quds University
Faculty of Graduated Studies
Nursing Management Department**

Consent Form

Selected Organizational Factors Affecting Performance of Professional Nurses in North West Bank Governmental Hospitals.

Questionnaire

Dear nurse

I'm Ahida Thulth a graduate master student at Al-Quds University kindly request you to full the enclosed questions on aim for a scientific research. Titled: Selected Organizational Factors Affecting Performance of Professional Nurses in North West Bank Government Hospitals. This study was conducted as a partial fulfillment for master degree in nursing management .

This study aims at identifying the Selected Organizational Factors Affecting Performance of Professional Nurses in the North West Bank Governmental Hospital.

It is note worthy to state that your cooperation is highly appreciated . I also reaffirm that your responses to this questionnaire will be kept secret and will not be used in any other instances exceeding scientific research .

If you have any query don't hesitate to call me at mobile No :(0597944288).

Thanks for your cooperation

researcher/ Ahida Thulth.

Supervised by / Dr. Sumaya sayej

Selected Organizational Factors Affecting Performance of Professional Nurses in North West Bank Governmental Hospitals

1: Demographical data:

Please mark circle around the number that best matches your choice in the following items:

Age: less than 25 25-29 30-34 35-39 40 and above

Gender: male female

Work place:

- Dr. khaleel Suleiman Hospital
 - Dr. Thabet Thabet Hospital.
 - Dr. Darweesh Nazal Hospital.
 - Al-Watani Hospital.
 - Rafedia Hospital.
 - Yasser Arafat Hospital.

Years of Experience: less than one year. 1-5 6-10 11-15 16 and above

Academic degree:

- Diploma (Three years) Bachelor degree (four years)
 postgraduate diploma Master degree

11. Selected organizational factors affecting professional nurses' performance; workload, nightshift, education and training development, available resources and

manager support. Please mark (x) for appropriate box that reflects your opinion

| Manager Support: Please mark (A) for appropriate box that reflects your opinion | | | | | | |
|---|--|----------------|-------|-----------|----------|-------------------|
| 2.1 | Workload statements | Strongly agree | Agree | Uncertain | Disagree | Strongly disagree |
| 1. | Duties delegated to nurses are sometimes outside their scope of work. | | | | | |
| 2. | Not enough time to complete all nurses tasks. | | | | | |
| 3. | Duties delegated to nurses are often increasing. | | | | | |
| 4. | Turnover of nurses in your workplace affect their performance. | | | | | |
| 5. | Workload increases rate of absenteeism among nurses . | | | | | |
| 6. | Workload of nurses reduces patient's satisfaction and increase their complaints. | | | | | |
| 7. | Workload of nurses reduces quality of service provided to patients. | | | | | |
| 8. | The volume workload reduces nurse's loyalty to their working place. | | | | | |

| | | | | | | |
|-----------|---|--|--|--|--|--|
| 9. | Workload of nurses duties consider the areas they master. | | | | | |
| 10 | Workload of nurses exceeds their capabilities. | | | | | |

| 22 | Nightshift statements | Strongly agree | Agree | Uncertain | Disagree | Strongly disagree |
|-----------|--|-----------------------|--------------|------------------|-----------------|--------------------------|
| 1 | Night shift makes some nurses physically exhausted | | | | | |
| 2 | Night shift makes some nurses frustrated . | | | | | |
| 3 | Night shift makes some nurses unwilling to work next day. | | | | | |
| 4 | Nurse's shortage forces to working extra shifts adding extra workload. | | | | | |
| 5 | Night shift allow for more error and accident. | | | | | |
| 6 | Night shift increase rate of absenteeism among nurses | | | | | |
| 7 | Night shift decrease quality of service provided to patients | | | | | |
| 8 | There is a low concentration among nurses during night shift. | | | | | |
| 9 | Night shift affects nurse attitude toward their practice and profession. | | | | | |
| 10 | Night shift increases turnover. | | | | | |

| 2.3 | Resources availability statement. | Strongly agree | Agree | Uncertain | Disagree | Strongly disagree |
|------------|--|-----------------------|--------------|------------------|-----------------|--------------------------|
| 1 | Equipment and supplies enables for standard service are available in your workplace . | | | | | |
| 2 | The available resources in your workplace reduces nurses' error and accident. | | | | | |
| 3 | The available resources in your workplace decreases patient complaints. | | | | | |
| 4 | Available resources in your workplace enhances the quality of care provided to patients. | | | | | |
| 5 | The quantity of resources are sufficient. | | | | | |
| 6 | The quality of available equipment and supplies is good.. | | | | | |
| 7 | The available resources in your workplace attracts qualified nurses . | | | | | |

| | | | | | | |
|-----------|---|--|--|--|--|--|
| 8- | Nurses work best when working equipment and facilities are adequately provided. | | | | | |
|-----------|---|--|--|--|--|--|

| 2.4 | Education and training development | Strongly agree | Agree | Uncertain | Disagree | Strongly disagree |
|------------|---|-----------------------|--------------|------------------|-----------------|--------------------------|
| 1 | Nurses are well trained to protect themselves against hazards and professional errors . | | | | | |
| 2 | error and accidents are referred to lack of competence . | | | | | |
| 3 | Absenteeism is referred to low competence. | | | | | |
| 4 | There is an increase in patient complains due to the lack of skills and knowledge provided to nurses. | | | | | |
| 5 | There is continuous education and training are provided to nurses. | | | | | |
| 6 | Provided education and training improve nurses performance | | | | | |
| 7 | Continuous education and training are provided fairly to all nurses | | | | | |
| 8 | Education and training provided responses to the nurses training needs. | | | | | |
| 9 | There is a clear policy for training nurses . | | | | | |
| 10 | Nurses education and training needs are systematically identified. | | | | | |
| 11 | In service training adequately addresses performance gaps. | | | | | |
| 12 | Professional nurses participate in identifying their staff development needs. | | | | | |

| 2-5 | Manager support statements | Strongly agree | agree | Uncertain | disagree | Strongly disagree |
|------------|--|-----------------------|--------------|------------------|-----------------|--------------------------|
| 1- | Manager support has an effect on the level of nurses performance | | | | | |
| 2- | Manager and supervisor give nurses regular ,timely feedback | | | | | |
| 3- | Nurse manager should possess adequate communication skills | | | | | |
| 4- | Workers put in their best when they are placed on little or no supervision at all. | | | | | |
| 5- | The manager collaboration improve nurses performance | | | | | |
| 6- | Employees who receive frequent | | | | | |

| | | | | | | |
|------------|---|--|--|--|--|--|
| | feedback concerning their performance are usually more highly motivated than those do not | | | | | |
| 7- | Coordination among nurses promote their performance. | | | | | |
| 8- | Rewarding good work contribute to healthy competence. | | | | | |
| 9- | Financial incentive are the best tools for motivate workers. | | | | | |
| 10- | Manager provision of positive feedback motivate nurses | | | | | |
| 11- | Well-motivated staffs have a positive attitude towards work | | | | | |

Thanks for your cooperation

Annex 12

Experts validated the study instrument

| Names | Qualification |
|--------------------------|---|
| Dr. Sumaya Sayij | thesis advisor |
| Dr. Abdul Fattah Shamleh | Director, institute of public administration |
| Dr. Asma Emam | Teacher at Public Health Faculty at Al-Quads University |
| Dr. Soheal Salha | Teacher at Science Education college and statistician at Al-Najah National University |
| Dr. Jamal Alqdomi | Teacher at nursing Faculty at Al-Najah University |
| Dr. Ayda Al-qysi | The dean of nursing Faculty at Al-Najah University |