

**Deanship of Graduate Studies
Al-Quds University**



**The relationship between Flexible work schedule,
nursing staff wellbeing, nursing performance, and
burnout among nursing staff in South West Bank in
governmental and nongovernmental hospitals**

Mohamed Abd Alkareem Ahamd Albadarin

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nursing staff wellbeing, nursing performance, and
burnout among nursing staff in South West Bank in
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Prepared By:

Mohamed Abd Alkareem Ahamd Albadarin

B.Sc. in Nursing Sciences/ University of Bethlehem, Palestine

Supervisor: Dr. Ashraf Abuejheisheh

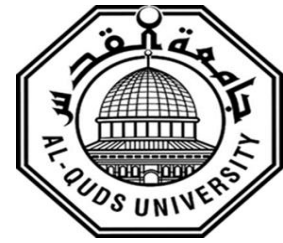
Co- Supervisor Dr. Farid Grayeb

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Thesis Approval

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Prepared by: Mohamed Abd Alkareem Ahamd Albadarin





Registration Number: 22120173

Supervisor: Dr. Ashraf Abuejheisheh

Co- Supervisor: Dr. Farid Grayeb

Thesis submitted and accepted. Date: 23/8 /2025

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

- | | | |
|---|-----------|---|
| 1. Head of Committee: Dr. Ashraf Abujeisheh | Signature |  |
| 2. Co-supervisor: Dr. Farid Ghrayeb | Signature |  |
| 3. Internal Examiner: Dr. Ibtesam Dweikat | Signature |  |
| 4. External Examiner: Dr. Ahmad Al-Batran | Signature |  |

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Dedication

In the name of Allah, the Most Gracious, the Most Merciful.

To **Allah Almighty**, by whose grace all things are accomplished, and whose guidance granted me strength and perseverance throughout this journey.

To **my father and mother**, symbols of sacrifice and unconditional love—your prayers, patience, and encouragement have been the foundation of my success.

To **my beloved wife**, my partner in life, whose unwavering support and patience carried me through the most difficult moments.

To **my dear children**, the light of my life and the source of my hope and determination.

To **my brothers and sisters**, your encouragement and belief in me have been an anchor along this path.

To **my fellow nurses**, the tireless defenders of humanity—especially those **bravely facing the Zionist aggression in the Gaza Strip**—your courage and resilience are a beacon of dignity and sacrifice.

To the people of **beloved Gaza**, steadfast under siege, wounded yet unbroken—this work is dedicated to your strength and your unyielding spirit.

To all the **free, oppressed, and suffering sons and daughters of Palestine**, may this humble effort honor your pain, your perseverance, and your unwavering hope for liberation.

To everyone who believes that **knowledge is a path to justice, dignity, and national rebirth**—this thesis is a tribute to your vision.

Despite the wounds, we write, we search, we persevere... because Palestine deserves no less.

Mohamed Abd Alkareem Ahamd Albadarin

Declaration

I, **Mohammad Badareen**, hereby declare that this thesis entitled:

"The Relationship Between Flexible Work Schedule, Nursing Staff Wellbeing, Nursing Performance, and Burnout Among Nursing Staff in South West Bank in Governmental and Non-Governmental Hospitals"

I therefore declare that, with the exception of those cases in which the contributions of others are expressly recognized, my thesis is entirely original with no submissions for consideration for any other degree at Al- Quds University or any other institution.

Signature: 

Name: **Mohammad Badareen**

Date: **23/8/2025**

Acknowledgment

In the name of Allah, the Most Gracious, the Most Merciful.

All praise is due to **Allah**, who granted me the strength, determination, and resilience to complete this thesis. Without His guidance, none of this would have been possible.

I would like to express my deepest gratitude to my academic supervisors, **Dr. Ashraf Abuejheisheh & Dr. Farid Grayeb**, for their invaluable guidance, constant support, and insightful feedback throughout every stage of this research. Their expertise and encouragement were instrumental in shaping this work and helping me overcome academic challenges with confidence.

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To my beloved **parents**, who instilled in me the value of education and perseverance—thank you for your endless prayers, love, and support. You are the true source of my strength.

To my **wife**, thank you for your patience, sacrifices, and unwavering encouragement throughout this journey. Your support means more than words can express.

To my **children**, whose love and innocence provided me the motivation to keep moving forward—this accomplishment is for you.

To my **friends and colleagues**, thank you for the discussions, encouragement, and shared moments of academic life.

Finally, I extend my heartfelt appreciation to **the people of Palestine**, especially those in **Gaza**, whose resilience in the face of adversity inspired me deeply. May this humble work contribute to the betterment of our healthcare system and the well-being of our nursing professionals.

Mohamed Abd Alkareem Ahamd Albadarin

Abstract

Background

In the evolving landscape of healthcare, flexible work schedules (FWS) have emerged as critical interventions to improve staff well-being and performance, particularly among nurses who face high job demands and emotional strain. In Palestine, nurses are burdened by staffing shortages, unpredictable shifts, and limited institutional support, contributing to increased burnout and reduced job satisfaction.

Aim

This study aims to assess the relationship between flexible work schedules, nursing staff well-being, performance, and burnout among nurses working in governmental and non-governmental hospitals in the South West Bank.

Methodology:

A cross-sectional quantitative study was conducted among 320 nurses, with 291 valid responses analyzed (response rate: 94.4%). Participants were selected through proportionate Convenience sampling from both governmental and non-governmental hospitals in the South West Bank during May to June 2025, including Hebron and Bethlehem districts which includes. A structured self-administered questionnaire measured key variables: type of work schedule, well-being, performance, and burnout. Data were analyzed using SPSS version 26. Statistical methods included descriptive analysis, independent samples t-tests, ANOVA, Pearson correlation, and multiple regression.

Results:

Findings indicated that 51.2% of nurses reported working under flexible schedules, 35.1% under fixed schedules with minimal choices, and 13.7% under fixed schedules without choices. Flexible scheduling was significantly associated with higher well-being, and improved performance, along with lower levels of burnout ($p < 0.05$). Nurses in non-governmental hospitals reported a higher prevalence of flexible work arrangements and better psychological and occupational outcomes compared to those in governmental hospitals.

Out of the 291 participants, the majority (51.2%) reported working under a flexible schedule, followed by 35.1% who indicated having a fixed schedule with minimal choices. A smaller proportion (13.7%) worked under a fixed schedule without choices.

Overall, the results indicate moderate perceptions of work flexibility among participants, with a total mean score for work flexibility of 2.90. Nurses reported moderate levels of overall well-being ($M = 2.9$, $SD = 1.1$), showing some variation in aspects such as emotional energy, restfulness, and interest in daily life. Findings also reflect moderate levels of self-reported nursing performance ($M = 2.88$, $SD = 1.05$). The total burnout score averaged 31.7 out of a maximum of 50, suggesting a moderate level of burnout within the sample. Female nurses reported higher levels of flexibility ($M = 2.96$) and performance ($M = 3.05$), whereas male nurses exhibited greater well-being ($M = 62.02$). Burnout levels did not significantly differ between the sexes ($p = .180$).

Marital status had significant effects on well-being ($p = .008$) and performance ($p = .003$), with divorced nurses achieving the highest scores, potentially reflecting varying support systems or personal motivations. Education level was significantly associated with well-being ($p < .001$), with diploma holders reporting the highest mean score ($M = 65.29$). Years

of experience significantly influenced both flexibility ($p = .031$) and performance ($p = .010$). This study found a statistically significant positive correlation between flexible work schedules and the well-being of nursing staff ($r = 0.290$, $p < .001$), along with a strong negative relationship between burnout and well-being ($r = -0.271$, $p = .014$). Additionally, there is a notable negative association between flexible work schedules and burnout among nurses, as indicated by a Pearson correlation coefficient of -0.256 ($p < .001$).

Conclusion:

Flexible work schedules significantly enhance nurse well-being, performance, while reducing burnout. To address nurse turnover, emotional exhaustion, and performance deficits, Palestinian healthcare institutions should adopt evidence-based scheduling policies that prioritize flexibility. The study recommends policy reforms supporting flexible work schedule implementation, leadership training to manage flexible teams, and further research to explore long-term impacts across different hospital settings.

Keywords: Flexible work schedules, nursing performance, well-being, burnout, Palestine, hospitals, hospitals, nurse workforce, occupational health.

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List of Abbreviations

Abbreviation	Full Term
FWS	Flexible Work Schedule
WHO-5	World Health Organization-Five Well-Being Index
JSS	Job Satisfaction Survey
T-TPQ	TeamSTEPPS Teamwork Perceptions Questionnaire
MLQ-5X	Multifactor Leadership Questionnaire – Form 5X
SPSS	Statistical Package for the Social Sciences
SD	Standard Deviation
ANOVA	Analysis of Variance
Df	Degrees of Freedom
P	Probability Value (Significance Level)
α (alpha)	Cronbach's Alpha (Reliability Coefficient)
N	Number of Respondents
M	Mean
NGO	Non-Governmental Organization
MOH	Ministry of Health
AVE	Average Variance Extracted
CR	Composite Reliability
VIF	Variance Inflation Factor
CI	Confidence Interval
β (beta)	Standardized Coefficient
R ²	Coefficient of Determination
Df	Degrees of Freedom

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Chapter One

1.1 Introduction

The growing demands of healthcare systems worldwide have made it clear that organizations must take steps to enhance the health and productivity of their employees (Dousin et al., 2019). Flexible work schedules (FWS) have gotten a lot of attention because they can lower stress at work, make people happier with their jobs, and increase performance. FWS covers several setups like telecommuting, shorter workweeks, job sharing, and flexible hours. The goal is to align the goals of the organization with the needs of each employee. These arrangements are especially important for nurses, who often work in high-pressure situations with long hours, emotional stress, and a strong need for work-life balance (Chatterjee, et al., 2018).

Nurses are an important part of healthcare systems because they provide important care for patients and help with public health efforts. Still, their health is often harmed by things like inconsistent schedules, too much work, and not being able to organize their time as they want. Research shows that these stresses cause people to burn out, miss work, and be less productive (Wadhawan, 2019). Flexible work hours are a good way to improve work-life balance and job satisfaction while lowering turnover rates (Mokhtar et al., 2021).

The healthcare sector is becoming more and more reliant on nurses, who make up the largest group of health workers in the world and are vital for providing high-quality patient care. Nurses operate on the front lines and are always exposed to physically and emotionally taxing situations, such as lengthy shifts, heavy patient loads, emotional labor, and little control over their work schedules. These pressures are worse in places with few resources, like Palestine, where the political and structural situation makes work more stressful (World Health Organization (WHO), 2020).

One of the biggest problems that healthcare systems face right now is how to balance the needs of the corporation with the health of its employees. This problem is especially clear in nursing when it comes to setting work schedules. A lot of research shows that rigorous, inflexible work schedules make nurses unhappy, burned out, and leave their jobs (Shifrin et al., 2021). On the other hand, flexible work arrangements (FWAs) are becoming more and more popular as a good way for organizations to help their employees be more independent, happy with their jobs, and mentally well (Allen et al., 2013; Sifa, 2022).

Flexible work scheduling means making arrangements that are different from the usual 9-to-5 work schedule. These include flextime, reduced workweeks, self-scheduling, and staggered shifts. These methods provide workers some say over when and where they work, as

well as how many hours they spend each week. In nursing, flexible work arrangements could let you choose your shifts, trade duties with coworkers, amend the duty roster, or work longer shifts in return for more days off. The International Labour Organization (ILO) says that flexible scheduling is linked to happier employees, higher productivity, and fewer absences (ILO, 2018).

Shifrin et al. (2021) found that nurses who had more flexible work hours were less likely to feel burned out and emotionally drained. In their comprehensive assessment of emotional labor in healthcare professions, they discovered that rigid shifts are a major cause of emotional tiredness, especially in high-stress areas like emergency rooms and intensive care units (ICUs). Not being flexible makes it harder for nurses to recuperate from physical and mental stress, and it also makes it harder for them to balance work and family or personal responsibilities.

As healthcare systems try to deal with chronic staff shortages and high turnover rates, the use of FWAs in nursing is becoming more common around the world. For instance, Nnko's (2022) study in Tanzania showed that a flexible schedule made nurses more motivated, responsible, and able to provide better care. Nurses who could pick or negotiate their shifts did better on performance metrics and said they were more engaged with their profession. In the same way, flexible work systems are becoming a key part of human resource management in the US and Europe to keep skilled healthcare workers and lower the cost of hiring new staff when they quit or get burned out (Allen et al., 2013; Burke & Greenglass, 2001). On the other hand, FWAs in nursing remain underdeveloped in the Middle East and North Africa (MENA) region. This is especially true in Palestine, where hospitals are typically too full, don't have enough resources, and are limited by politics. Nurses in Palestine often have to work long hours without being able to choose when they work. According to the Palestinian Central Bureau of Statistics (2022), more than 65% of hospital nurses work fixed schedules and don't have the chance to negotiate or change their hours. This lack of flexibility has been related to high levels of job stress, discontent with work, and people leaving the profession.

Shahwan's (2024) study discovered a strong link between how inflexible nurses' work schedules are in Palestine and how unhappy and burned out they are at work. Nurses who had to work on fixed schedules without being able to help arrange their shifts said they felt emotionally drained, depersonalized, and less accomplished. These emotional effects hurt not just the nurses themselves, but also the treatment that patients receive. When nurses are overworked and stressed out, they are more likely to make mistakes, miss work, and not care as much about the goals of the organization.

Another important aspect is how scheduling affects the work of nurses. In this case, performance means more than just finishing tasks and being efficient. It also means taking initiative, thinking critically, and putting the patient first. According to Sifa (2022), nurses working under flexible arrangements demonstrated significantly better performance ratings across multiple indicators, including timeliness, teamwork, and adherence to safety protocols. This improvement was due to more freedom, less tiredness, and a better balance between work and life.

Moreover, flexible scheduling supports the concept of job continuity and organizational commitment. If nurses feel like their scheduling demands are being met and they are appreciated, they are more likely to stay with the organization for a long time. This is important for keeping institutional knowledge and providing consistent care for patients. The literature suggests that organizations that provide flexible scheduling often experience lower turnover rates and greater employee loyalty (Allen et al., 2013; Twigg & McCullough, 2014).

In the Palestinian health sector, both governmental and non-governmental hospitals face significant human resource challenges, including staff shortages, heavy workloads, and limited financial resources. These conditions are exacerbated by fixed scheduling systems that fail to accommodate individual needs or changing institutional demands. A qualitative study by Hala Shahwan (2024) revealed that many nurses in public hospitals expressed dissatisfaction with their inability to adjust their shifts, citing the rigidity as a major source of burnout and a barrier to achieving work-life harmony.

Burnout, defined by Maslach & Leiter (2016) as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment, is prevalent among Palestinian nurses. The condition has been linked not only to work overload but also to organizational inflexibility. Nurses in this context are often compelled to work night shifts, overtime, and weekend hours without prior notice or consultation. These scheduling practices not only reduce morale but also diminish the quality of care due to fatigue-related errors and decreased attentiveness.

Global research has shown the efficacy of FWS in enhancing employee outcomes across multiple sectors, including healthcare. Research conducted in Kenya demonstrated a significant correlation between flexible work arrangements and job satisfaction among healthcare professionals (Kipkoech, 2018). Research conducted in private hospitals in Malaysia and Nairobi emphasized the significance of supportive work environments and flexible schedules in improving nurse engagement and alleviating stress (Dousin et al., 2019; Yugi et al., 2023). These findings highlight the significance of FWS in tackling workplace issues and improving organizational effectiveness.

FWS have been gradually implemented towards place in healthcare settings to help nurses deal with the unique challenges they face, including long hours, physical strain, and mental stress (Mahboob, 2021). These plans aim to find a balance between work and personal life, which will lead to better health, more job satisfaction, and more productivity among nurses. Flexible work hours help nurses better manage their personal and professional lives. Nurses can spend more time with their families or do things they enjoy without missing work because of flexible work arrangements like flex-time, shorter workweeks, and job sharing. Studies show that having a good balance between work and life can greatly reduce stress and improve mental health in general (Wadhawan, 2019).

Flexible work schedules have also been linked to higher job satisfaction among nurses (Mahboob, 2021). Allowing nurses to set their schedules can help them feel less overwhelmed and boost morale at work (Phillips et al., 2022). Studies show that nurses who have flexible work hours are more motivated and more likely to stick with their jobs (Mokhtar et al., 2021). Nurses often get very burned out because of the duties that come with their jobs. Flexible scheduling helps with this problem by allowing for enough breaks and reducing overtime, which lowers the chances of emotional exhaustion. A study in Malaysia found

that flexible schedules made employees less stressed at work, which made them healthier and more productive (Dousin et al., 2019).

When nurses have less stress and more job satisfaction, their productivity goes up. Flexible work schedules help nurses manage their time better and cut down on absenteeism, which lets them give better care to their patients (Phillips et al., 2022). Research done in Tanzania showed that FWS made nurses work better, especially in stressful situations (Nnko, 2022). In addition, healthcare companies that offer flexible work hours often have higher retention rates among nurses. Being able to change work schedules to fit individual needs makes jobs more appealing, which helps hire skilled nurses and keep experienced staff. This cuts down on the costs of employee turnover and makes sure that the quality of care for all patients is the same (Yugi et al., 2023).

Even though there are many benefits to FWS, there may be problems in its implementation, such as coordinating shift coverage, maintaining care continuity, and dealing with any pushback from management or staff. But with good planning and rules in place, these problems can be solved. Flexible work patterns make nurses happier and more productive. These arrangements improve the work environment for nurses and patients, as well as for the company as a whole. To fulfill the different needs of nursing teams and healthcare organizations, careful planning, supportive leadership, and ongoing evaluation are all necessary for successful implementation.

1.2 Statement of the Problem

Healthcare systems all across the world are having a harder time keeping up the quality of care while also keeping healthcare workers in good health. Nurses, who are the backbone of frontline healthcare, are especially sensitive to work-related stressors such as heavy workloads, lengthy shifts, emotional tiredness, and not having much control over their work environment. The way nurses' work schedules are set up is one of the most important organizational aspects that affect their mental and professional health. Flexible work schedules (FWS), which include practices like flextime, compressed workweeks, and the ability to change shift times, have gotten a lot of attention around the world as ways to reduce burnout, improve job satisfaction, and help people balance their work and personal lives (Mokhtar et al., 2021; Dousin et al., 2019).

The healthcare system in Palestine is having a hard time finding enough workers because of political instability, lack of money, and a poor nurse-to-population ratio (Nashwan et al., 2024). Recent numbers show that there are fewer than two nurses per 1,000 people, which is much lower than what is recommended around the world (Albelbeisi et al., 2021). These shortages lead to too much work and a high reliance on fixed schedules, which means that personnel can't make their own decisions. Because of this, Palestinian nurses often say they are very burned out, emotionally drained, and unhappy with their jobs (Alshawish & Nairat, 2020). Staff turnover, lower work performance, and lower quality of patient care are all major problems caused by a lack of institutional support and strict scheduling (Shahwan, 2024).

There is no research on the effects of flexible scheduling on performance and well-being in south west bank Palestine, even though there is a lot of research on the effects of flexible scheduling on performance and well-being in other countries.

To make the Palestinian healthcare workforce stronger, organizations need to take steps to deal with the underlying causes of burnout and worker unhappiness. Studies have found that organizations that use flexible work models see increases in staff engagement, productivity, and patient satisfaction (Yugi, Njeje, & Mwangi, 2023). Also, being able to change work schedules is closely related to better employment continuity, higher staff retention, and better institutional efficiency (Sifa, 2022). On the other hand, organizations that don't adopt these kinds of policies generally have problems with absenteeism, low productivity, and poor service quality.

This study, then, wants to look into how different sorts of work schedules affect nurses' mental health, performance, and burnout in Palestinian hospitals. The goal of this cross-sectional study is to find out if a flexible schedule can help make nurses' jobs better and improve the overall quality of healthcare in the area.

2.2 Significance of the Study

This study is significant because it fills a crucial gap in our knowledge on how FWS affect the health and productivity of nurses in Palestine. Nurses are the backbone of healthcare systems, and their physical and mental health is important for providing high-quality care to patients. Nurses are under more stress and burnout in Palestine because of the unique social, political, and economic problems there, like limited resources, political instability, and a growing need for healthcare services. Even though evidence from around the world shows that FWS can help with these problems, there isn't enough research on how they work and what they do in the Palestinian healthcare system.

This study fills in a big vacuum in our knowledge by looking at how FWS could improve nurses' job happiness, mental health, and work-life balance. The results should give hospital management and legislator's evidence-based ideas for how to keep staff, reduce burnout, and increase overall productivity. Also, solving the problems that come up when FWS is used in Palestinian healthcare institutions will make resource distribution and strategic planning better, which will allow nurses to work at their best without putting their health at risk. This study looks at an important issue in the Palestinian healthcare system: how flexible work arrangements (FWAs) affect nurses' health, job performance, and patient care. Its value spans clinical practice, training, and research, making it a key tool for improving healthcare delivery and making the workforce more stable.

- **Clinical Relevance:** Nurses are an important part of patient care, and their health has a direct impact on the quality and safety of the care they give. This study looks at how FWAs affect nurses' mental health, job happiness, and engagement. It provides evidence that these factors can lead to better patient outcomes, such as fewer medical errors, faster recovery times, and higher patient satisfaction. Nurses who are healthier and more involved can give better patient-centered care, which leads to improved clinical outcomes and safer healthcare settings (Aiken et al., 2012).
- **For education:** The study's results will give nursing schools, training programs, and professional development seminars new ideas that are founded on data. This integration would improve nursing education by giving future nurses tools to manage heavy workloads, put their health first, and stay strong in stressful situations.

- **Contribution to Research:** As far as the researcher knows, this is the first study in Palestine to look at the link between FWAs, nurse well-being, and patient outcomes. This study will provide baseline data for future studies and give policymakers and healthcare managers useful information that they can use to create evidence-based plans to improve productivity, worker satisfaction, and the long-term viability of the system.
- **For Patient:** Nurses who are less stressed and burned out are less likely to make mistakes, communicate better, and build better relationships with patients. This leads to happier patients and better health outcomes (Bakker & Demerouti, 2017).
- **For the organization and the nurses:** Nurses who have flexible work schedules have reported being happier at work, less stressed, and more involved in their jobs. This is good for both individual nurses and the organization as a whole since it helps them have a better work-life balance and lowers turnover, absenteeism, and burnout. When nurses are happy, they can work better together and create a good work environment. This, in turn, affects the quality of patient care and the performance of the organization (Maslach & Leiter, 2016).
- **For policy and practice:** The results of this study will help healthcare administrators and policymakers in Palestine plan and carry out FWAs that help both nurses and the healthcare system as a whole. These policies can help ease worker shortages, lower turnover, and keep productivity high over the long run. Also, this kind of evidence can be utilized to support nurses' rights and health in talks at home and abroad.
- This study takes a broad look at nurses' health, which is an important but frequently ignored part of healthcare quality. The study fills a big vacuum in Palestinian healthcare research by looking at how FWAs affect nurses' work and patient outcomes. It also adds to the worldwide conversation about how to make healthcare systems work better in places with limited resources. The results could change legislation, change how nurses are trained, and make clinical practices more sustainable, which would be good for nurses, patients, and the healthcare system as a whole.

Aim of the Study

The primary aim of this study was to assess the relationship between Flexible work schedule, nursing staff wellbeing, nursing performance, and burnout among nursing staff in South West Bank in governmental and nongovernmental hospitals.

Objectives

- To examine the current work schedule practices among nursing staff in Palestinian hospitals, including the prevalence of rigid and flexible scheduling options.
- To assess the prevalence of flexible work schedules among nurses in governmental and non-governmental hospitals.
- To assess the relationship between flexible work schedules on nursing staff well-being, including mental health, and work-life balance.
- To determine the relationship between flexible work schedules and nursing performance, including efficiency, patient care quality, and teamwork.
- To Analyze the relationship between flexible work schedules and burnout, focusing on emotional exhaustion, depersonalization, and reduced personal accomplishment.

To find out the relationship between various socio-demographic variables, working Factors with nurses, well-being, and work Productivity.

Research questions

This study answered six research questions, which are:

- What is the level of flexible work schedules among nurses in the South of the West Bank in Palestine?
- What is the level of Burnout among nurses in the South of the West Bank in Palestine?
- What is the level of nursing performance among nurses in the South of the West Bank in Palestine?
- What is the level of well-being among nurses in the South of the West Bank in Palestine?
- What is the relationship between flexible work schedules, nursing performance, well-being, and burnout among nurses in the South of the West Bank in Palestine?
- Are there any statistically significant differences in the flexible work schedules, nursing performance, well-being, and burnout among nurses in the South of the West Bank in Palestine based on their demographic characteristics such as age, sex, educational level, etc.?

Study Variables

1. Independent Variable:

- **Flexible Work Schedules:** Defined as various work arrangements that allow deviation from the traditional fixed 9-to-5 workday. This includes options such as:
 - ❖ **Shift flexibility:** Nurses can swap shifts or adjust their working hours.
 - ❖ **Compressed workweeks:** Longer workdays but fewer workdays in a week.

2. Demographics:

- Age
- Gender
- Marital status
- Educational level
- Years of experience

3. Work-related Factors:

- **Employment Type** (Full-time vs. Part-time)
- **Hospital Type** (Governmental vs. Non-governmental)
- **Workload (Patient-to-Nurse Ratio)**
- **Shift Length** (e.g., 8-hour, 12-hour shifts)
- **Staffing Adequacy**
- **Workplace Environment** (e.g., perceived support from colleagues and supervisors)

2. Dependent Variables (DVs)

A. Nursing Staff Well-being (Continuous)

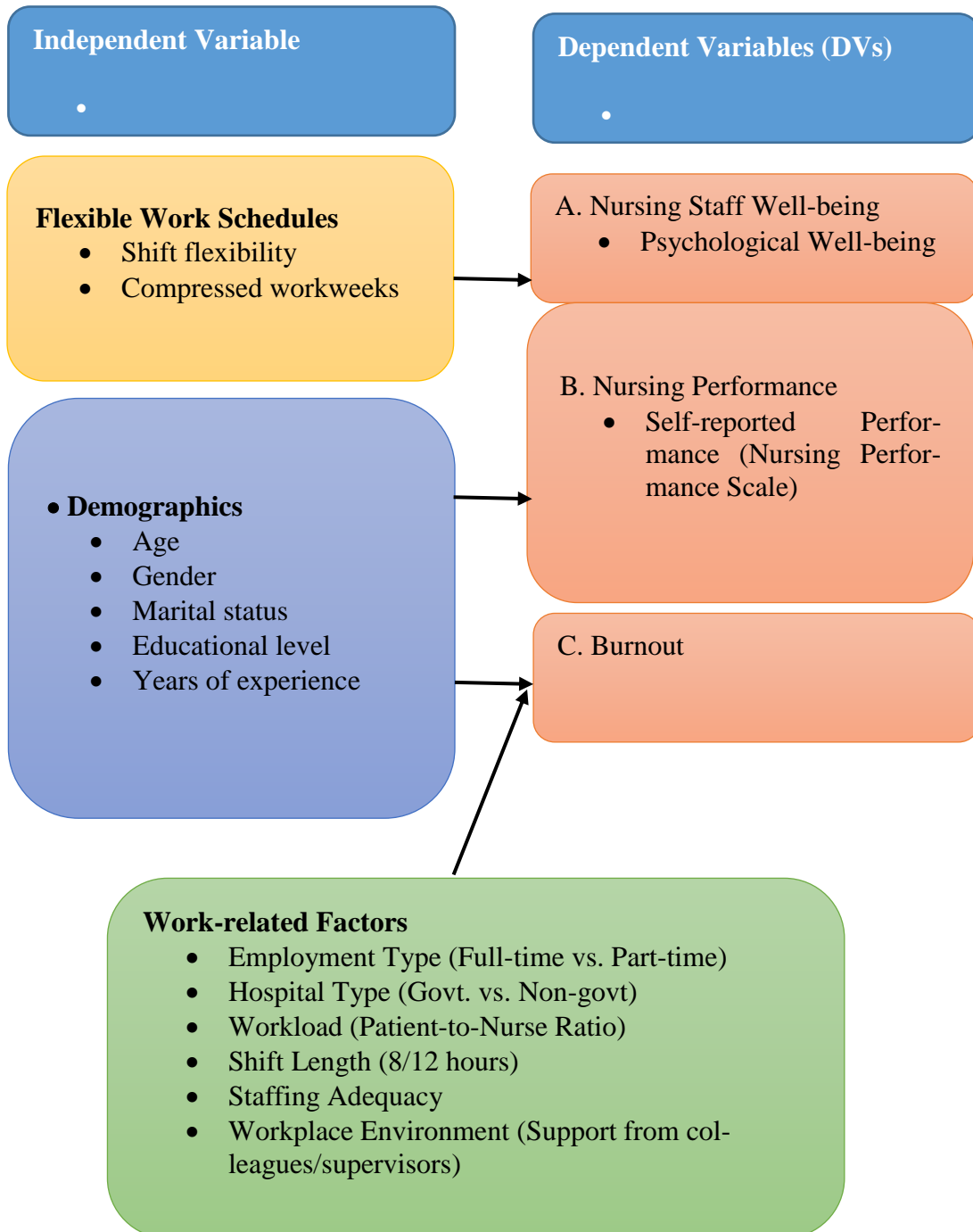
- **Psychological Well-being**

B. Nursing Performance

- **Self-reported Performance** (e.g., using a Nursing Performance Scale)

C. Burnout

Conceptual Framework



Conceptual Framework

Variable	Type	Theoretical Definition	Operational Definition
Flexible Work Schedules	Independent	Flexible work schedules refer to work arrangements that deviate from traditional fixed schedules, such as allowing employees to adjust their work hours or days to better align with personal needs (Kossek & Michel, 2011).	Measured by self-reported data on the availability and usage of flexible work schedules, including shift-swapping options and the prevalence of compressed workweeks, using a questionnaire with Likert-scale items.
Supervisor Support	Moderating	Supervisor support refers to the extent to which supervisors provide emotional, logistical, and professional resources to help employees manage work demands effectively (Koppes, Bryan, & Griffin, 2020).	Measured through a validated supervisor support scale, which assesses employees' perceptions of emotional and professional support provided by their supervisors, using Likert-scale items.
Organizational Resources	Moderating	Organizational resources encompass the tools, staffing, and systems provided by an organization to enable employees to perform their roles effectively and efficiently (Hobfoll, 1989).	Measured through survey questions assessing the adequacy of staffing levels, availability of technological tools, and support systems in the organization, rated on a Likert scale.
Workplace Culture	Moderating	Workplace culture is defined as the collective values, beliefs, and practices of an organization that influence employees' behaviors, attitudes, and perceptions, particularly regarding work flexibility (Schein, 2010).	Assessed using a workplace culture assessment tool that includes items measuring the organization's value for and promotion of flexible work arrangements, scored on a Likert scale.

Chapter two:

Literature review

2.1 Introduction

This chapter gives a critical evaluation of the literature that is already out there on flexible work schedules, the health and performance of nursing staff, and burnout. As hospitals and other healthcare facilities throughout the world deal with staff shortages, rising patient demands, and unsatisfied employees, more and more people are interested in how the way organizations schedule work affects nurses' mental and professional health. These problems are especially bad in Palestine, where the healthcare system has to deal with limited resources and constant political and social pressures. So, it's important to know how different work schedule arrangements affect nurses' outcomes in order to create better human resource policies and better healthcare delivery.

The literature review is set up to look at a number of important ideas that back up the current investigation. These are: (1) the theoretical basis for flexible work schedules; (2) global and regional views on flexible work arrangements in nursing; (3) the link between different types of work schedules and mental health; (4) the effect of scheduling on nursing performance; (5) links to burnout; and (6) factors in Palestine and other low-resource areas that affect work scheduling.

2.1.1 Literature Search Strategy

An organized and methodical method used to find the literature so that the review would be thorough and useful. Electronic resources used like PubMed, Science Direct, Scopus, Springer Link, and Google Scholar to find peer-reviewed papers, reports, and academic theses that were mostly published between 2015 and 2024. Important search phrases were:

- “flexible work schedule” AND “nurses”
- “work scheduling” AND “job performance”
- “nurse burnout” AND “shift work”
- “nursing well-being” AND “flex-time”
- “Palestine” OR “low-resource healthcare” AND “nursing workforce”

Boolean operators (AND/OR) were used to refine searches, and filters were applied to select studies in English and Arabic with a specific focus on empirical findings, systematic reviews, or high-quality theoretical discussions.

Also, grey literature like government reports, WHO publications, and dissertations from relevant educational institutions were used when there weren't enough peer-reviewed sources. We looked at more than 60 documents and chose the most relevant, recent, and trustworthy

ones to use in the synthesis that follows in this chapter. We gave priority to literature that showed methodological rigor and was relevant to the study setting.

The review goes over each theme, bringing together evidence from around the world while focusing on studies done in Palestine and other places with similar healthcare systems. This method makes it possible to find gaps in the research, make connections between ideas, and explain why this study is needed.

2.2 Theoretical Framework

This part talks about the theories that are directing the current research. To understand how different forms of work schedules affect nurses' health, performance, and burnout, we need to look at them from several fields, such as organizational behavior, occupational health psychology, and human resource management. The Job Demand-Control (JDC) Model, the Conservation of Resources (COR) Theory, and the Social Exchange Theory (SET) are the three main theories that this study is based on. These theories give us a strong way to look at how the way work is set up, especially scheduling, affects both individuals and organizations in healthcare..

2.2.1 Job Demand-Control (JDC) Model

Karasek created the JDC model in 1979. It says that job stress comes from the way that job demands and the amount of control (or decision latitude) that person has over their work interact. This model says that having a lot of work to do and not being able to make decisions on your own can cause mental stress, lower motivation, and worse health. On the other hand, employees are better equipped to handle demands and be mentally well when they have control over parts of their job, like scheduling.

This notion is very important for nurses because they typically have a lot of work to do and strict timetables limit their freedom. Flexible work schedules, which let nurses change their shifts or duty rosters, are one way to give nurses more control over their jobs. In turn, more control should lower stress and raise happiness and performance (Van van Heijden et al., 2017).

2.2.2 Conservation of Resources (COR) Theory

Hobfoll (1989) came up with the COR hypothesis, which says that people want to get, keep, and defend precious resources like time, energy, social support, and job stability. When these resources are threatened, lost, or not enough to meet needs, stress happens. In nursing, schedules that are unpredictable and strict can drain mental and physical resources, leading to stress, weariness, and lower productivity.

Flexible scheduling protects resources by letting nurses better balance their work and family obligations, get enough rest, and recuperate between shifts. This is in line with what research has shown: FWS can help people recover from emotional weariness and boost resource recovery. (Sonntag & Fritz, 2015).

2.2.3 Social Exchange Theory (SET)

The SET, which Blau came up with in 1964, talks about how people act at work in terms of relationships that go both ways. It says that when workers feel like their company is fair and supports them, they will act positively, such working harder, being loyal, and staying

with the company longer. Staff often see flexible scheduling as an indication that the organization trusts and supports them.

In the nursing field, giving nurses flexible work alternatives may make them feel like their employer is fair and cares about them, which could lead to more commitment and involvement. On the other hand, strict timetables may make employees feel that their personal needs aren't being met, which can lead to disengagement and discontent (Cropanzano & Mitchell, 2005).

2.3 Flexible Work Scheduling in Nursing: A Global Perspective

Flexible work schedules (FWS) have become an important organizational technique for balancing employees' work and personal lives while keeping productivity high. Flexible work schedules include things like working from home, sharing a job, and working less hours per week. These arrangements are meant to meet the needs of each employee, lower stress at work, and make everyone happier with their jobs overall (Kossek & Michel, 2011). FWS have been shown to be an important way to help staff deal with the problems they confront when they work in high-stress and demanding places like hospitals (Dall'Ora et al., 2015).

Scheduling work in the healthcare field is very important for both staff performance and the efficiency of the company. Around the world, nurses are being given more freedom over their time via alternative arrangements that go against the old norm of rigorous, defined timetables. These flexible work schedules (FWS) include flextime, compressed workweeks, shift swapping, job sharing, and self-scheduling. They are meant to meet the demands of workers both personally and professionally while keeping healthcare services running smoothly. This part looks at information from around the world about how common, useful, and difficult it is to have flexible schedules in nursing.

2.3.1 Evidence from Developed Contexts

Hospitals in the US, Canada, Australia, and Western Europe are using flexible scheduling more and more to keep qualified nurses and deal with burnout. Harris et al. (2020) did a big study that found that hospitals that let staff schedule their own hours or use flextime had happier personnel, fewer absences, and better patient outcomes. When nurses had some control over their work hours, they were more likely to say they were happy with their jobs and emotionally stable.

Bambra et al. (2015) did a study in Canada that found that nurses who worked on compressed schedules had a better work-life balance and less complaints about overtime. Also, lower turnover rates and improved continuity of care had a favorable effect on the productivity of the company.

2.3.2 Evidence from Developing and Middle-Income Countries

Most of the research originates from high-income countries, but emerging and middle-income countries have also looked into the pros and cons of FWS in nursing. Dousin et al. (2019) discovered, for example, that flexible work options made nurses much happier with their jobs and less likely to leave them in Malaysia. Their study found that nurses were more likely to be engaged and trust the organization when they thought the scheduling was fair and flexible.

A research by Yugi et al. (2023) in Kenya showed that flexible scheduling helped nurses do their jobs better, especially in private institutions. The authors said that even though there

were problems with infrastructure and manpower, the benefits were greater than the problems. Similarly, research from Tanzania by Sifa (2022) showed that FWS enhanced nurses' emotional well-being and productivity, especially in urban hospitals.

2.3.4 Challenges to Implementation

Despite the benefits, several barriers have been identified in implementing FWS globally. These include:

- **Staff shortages:** Especially in public hospitals, where available nurses are too few to allow for personalized scheduling.
- **Managerial resistance:** Due to concerns over staffing predictability and administrative complexity.
- **Equity issues:** When only certain departments or shifts are eligible for flexible arrangements.
- **Cultural norms and labor laws:** In some countries, existing policies do not support flexible work as standard practice (Shifrin et al., 2021).

Therefore, while FWS have shown strong potential to improve nurse outcomes, implementation requires supportive leadership, adequate staffing, and alignment with labor regulations.

2.4 Flexible Work Scheduling and Nurse Well-Being

Nurse well-being is a complex idea that includes mental, emotional, and physical health, as well as how satisfied they feel with their lives and how well they balance work and personal life. Because nursing employment involves a lot of emotional labor, rotating shifts, and exposure to trauma, nurses are more likely to experience stress, anxiety, and burnout than other professionals. Researchers have looked more and more at how flexible work scheduling (FWS) might help nursing staff feel better by giving them more freedom, consistency, and support during the past ten years.

2.4.1 Psychological and Emotional Well-Being

Research shows over and over that FWS can greatly improve the mental health of nurses. For instance, Mokhtar et al. (2021) did a study in Malaysia and found that nurses who could choose their own schedules were less stressed, happier with their lives, and had better mental health than nurses who had to follow predetermined schedules. They were able to fit their work hours around their personal and family obligations because they were flexible. This made them less mentally and emotionally stressed.

Sonnentag and Fritz (2015) also talked about how being able to change your schedule might help you mentally disconnect from work during your free time, which is an important step in emotional healing. Nurses are more likely to have chronic stress, which can cause anxiety and emotional exhaustion, if they don't detach from their work.

There aren't many direct studies on FWS and nurse well-being in Palestine, but related research shows that nurses are under a lot of psychological stress because of their rigid schedules and heavy workloads (Shahwan, 2024). These results point to a possible area for policy change, where even a small amount of FWS could help with mental suffering..

2.4.2 Work-Life Balance

Work-life balance is the balance between work commitments and personal or family duties. When nurses' schedules are set in stone or change all the time, it might be hard for them to satisfy family obligations, which can cause problems and unhappiness. Flexible work arrangements assist fill this gap by letting employees choose their own hours, days off, or even trade shifts when they need to.

Van der Heijden et al. (2017) did a study in several countries and discovered that there was a positive link between work-life balance and job satisfaction. They found that flexible scheduling was a major factor in this link. Nurses who could choose their own shifts were more likely to say that their personal and professional lives were in better balance.

2.4.3 Physical Health and Fatigue

Long and irregular work hours are linked to physical fatigue, trouble sleeping, and long-term health hazards. FWS can help with these problems by cutting down on the number of consecutive night shifts or giving workers time off between hard shifts. Harris et al. (2020) found that nurses who worked under tight but predictable schedules took less sick absence and had fewer physical complaints than nurses who worked shifting shifts with little input.

Fatigue from burnout is especially bad in places with few resources, like Palestine, where nurses sometimes work long hours without enough time to recover. Adding flexible scheduling might be a cheap way to cut down on mistakes caused by fatigue and improve the health of staff.

2.4.4 Autonomy and Perceived Control

Karasek's Job Demand-Control model and other theoretical models show how autonomy can be good for your mental health. Nurses who can set their own work schedules have less role tension and may better handle competing demands. This feeling of control also gives people more power and confidence in their professional abilities.

According to Cropanzano and Mitchell (2005), people who think that scheduling decisions are fair are more likely to trust the organization, which makes them more emotionally committed and mentally healthy. When nurses feel like their organizations care about their personal needs, they tend to be devoted and involved.

2.4.5 Contextual Limitations and Cultural Factors

Even though there is a global drive for flexible work practices, putting them into effect in underdeveloped nations is not easy. FWS can be hard to put into action because of cultural norms about making decisions in a hierarchy, not having enough digital scheduling tools, and not having enough people. For example, Yugi et al. (2023) observed in a study from Kenya that nurses liked having flexibility, but it wasn't always used because of pushback from management and unfair distribution of flexibility alternatives.

In Palestine, health policies don't put scheduling reform at the top of the list, and most hospitals, especially government ones, still use top-down rostering methods with little input from nurses (Shahwan, 2024). This cultural and systemic rigidity makes it less likely that FWS will work and shows how important it is for leaders and policymakers to change norms.

2.5 Work Schedule Types and Nursing Performance

The quality of healthcare delivery depends on how well nurses do their jobs. It covers both clinical tasks, such as monitoring patients, giving them medicine, and providing emergency treatment, as well as non-clinical tasks, including writing reports, talking to other health professionals, and working together with them. The way nurses work affects how well they can keep up their high-quality work. This part looks at how alternative scheduling models, such as fixed and flexible, affect nurses' productivity, efficiency, job completion, and professional engagement (Sifa, 2022).

2.5.1 Defining Nursing Performance

There are several aspects of nursing performance, such as technical abilities, being on time, providing high-quality patient care, following safety rules, and being able to communicate well. Supervisor ratings, peer assessments, patient feedback, and objective measures like medical error rates and service delivery efficiency (Sifa, 2022) are some of the most common ways to quantify it.

Nursing performance is very affected by the conditions at work, and work schedules are one of the most important of these conditions. Rigid scheduling can cut down on breaks, make people more tired, and make them less accurate at their jobs. On the other hand, flexible scheduling can help people stay awake and motivated (Heijden et al. 2017).

2.5.2 Effects of Fixed Schedules on Performance

Fixed schedules—especially those with little or no staff input—often limit nurses' control over work-life balance and recovery time. Multiple studies report that rigid shifts are associated with high absenteeism, delayed task execution, and reduced interpersonal communication (Shifrin et al., 2021).

For instance, Shahwan (2024) highlights how Palestinian nurses working under rigid governmental hospital schedules frequently report exhaustion and difficulty meeting performance expectations. The lack of scheduling autonomy was cited as a barrier to performing non-urgent but essential duties, such as documentation and follow-up care.

2.5.3 Benefits of Flexible Scheduling on Performance

Flexible scheduling, on the other hand, lets nurses work when they have the most energy and when they can fit their personal duties into their schedules. This makes them more focused and efficient at their jobs. Mokhtar et al. (2021) observed that nurses who helped plan shifts were more likely to be on time, less likely to forget tasks, and had better connections with their coworkers. Flexibility also let nurses set up their work schedules based on the demands of their patients and their own skills.

Van der Heijden et al. (2017) did a study that backs this up. They found that nurses who had some freedom in their schedules provided better care and were more proactive in making clinical decisions.

2.5.4 Organizational Outcomes and Performance Indicators

At the organizational level, performance benefits linked to FWS include:

- Lower turnover rates
- Improved patient satisfaction
- Reduced incidence of medical errors

- Better compliance with hospital protocols

Hospitals that use self-scheduling models or compressed workweeks have seen nurses become more involved, work better together, and have better patient-to-nurse ratios (Harris et al., 2020). These results show that FWS not only affect how well people do their jobs, but they also help institutions run more smoothly as a whole.

2.5.5 Challenges to Linking Scheduling and Performance

There are certain problems with flexible scheduling, even if the benefits are well-known. Scheduling isn't the only thing that can boost performance; things like leadership style, staffing levels, and resource availability also matter. Also, some kinds of flexibility, if not done right, could cause coverage gaps or unfair workloads among personnel (Yugi et al., 2023).

In Palestine, the health system doesn't have enough people to run large-scale FWS initiatives, especially in emergency and critical care units where continuity is very important. Pilot programs in private hospitals, on the other hand, have shown encouraging results in boosting performance measures by making schedules a little more flexible (Shahwan, 2024).

2.6 Work Schedule Types and Burnout

In nursing, burnout and job satisfaction are very important psychological outcomes that are closely linked to patient safety, organizational performance, and staff retention. The sort of work schedule, whether it is fixed or flexible, is a big factor in how these results turn out. This part looks at the real-world and theoretical links between scheduling models and nurses' feelings of emotional tiredness, depersonalization, personal achievement, and job satisfaction in general..

2.6.1 Defining Burnout

According to Maslach and Jackson (1981), burnout is a mental illness that causes emotional tiredness, feeling like you're not yourself, and feeling like you're not doing enough. It often happens when people have a lot of stress at work for a long time, and it is common in high-stress jobs like nursing.

2.6.2 The Role of Rigid Scheduling in Burnout

Fixed work schedules, especially those that don't let employees have a say, are highly linked to greater levels of nurse burnout. Nurses who work in rigid settings sometimes have to work long hours, night shifts, and short breaks, and they don't have much freedom. All of these things might make them emotionally and physically tired.

Shifrin et al. (2021) discovered that Israeli nurses who had to work restrictive schedules were much more likely to get burned out, especially those who worked rotating night shifts. Shahwan (2024) also found that Palestinian nurses were emotionally drained and unhappy with their jobs because they couldn't choose their own schedules, especially at government hospitals.

A rigid schedule might make you feel trapped and emotionally drained in a high-stress workplace with no help from your business, which can make burnout worse (Sifa, 2022).

2.6.3 Flexible Scheduling as a Buffer Against Burnout

Empirical research has consistently shown that FWS can help people avoid burnout by giving them more freedom, regularity, and rest. Mokhtar et al. (2021) showed that Malaysian nurses who could choose their own hours or work a shorter week were less emotionally drained and more mentally strong. These nurses also said they felt more supported and that their organizations were fair.

Dousin et al. (2019) showed that flexible scheduling helped people balance their work and personal lives better, which helped them avoid burnout symptoms. Nurses feel more in control and less stressed when they can negotiate shifts or have a say in how the roster is planned.

2.6.4 Relationship Between Work Scheduling and Job Satisfaction

How nurses feel about equity, control, and support at work has a big effect on how satisfied they are with their jobs. Flexible work schedules make people happier because they let them do their jobs in a way that works for them. On the other hand, strict scheduling can cause role conflict, trouble sleeping, and unhappiness.

According to research by Yugi et al. (2023) in Kenya, nurses who worked under flexible schedules were much happier than those who worked under strict schedules. The same study found a correlation between job satisfaction and patient satisfaction, as well as the desire to stay in the field.

Many people in Palestine are unhappy since they can't schedule their work around their other commitments, especially female nurses who have to care for others (Shahwan, 2024). Adding some flexibility could boost morale and cut down on turnover.

2.6.5 Interplay between Burnout, Satisfaction, and Retention

Burnout and job satisfaction are two of the best signs that nurses will stay on the job. When nurses are emotionally drained or unhappy, they are more prone to look for other jobs, which makes the workforce less stable. On the other hand, nurses who have control over their schedules show more devotion and commitment to the organization.

Social Exchange Theory (Blau, 1964) backs this up by saying that nurses are more likely to stay engaged and work longer when their employers offer flexible scheduling regulations. This is especially critical in places where there aren't enough resources and keeping talented workers is always a problem.

2.7 Flexible Work Arrangements in the Palestinian Context

The Palestinian healthcare system is a difficult place to put flexible work schedules into place since it has limited money, facilities, and people who are always in short supply. Even though the benefits of flexible scheduling in nursing are known around the world, it is still not widely used in Palestine. In this part, we talk about the institutional and cultural problems that make it hard for the Palestinian healthcare system to implement FWS. We also look at the evidence that is available and point up ways that things could be better.

2.7.1 Health Workforce Characteristics in Palestine

The Palestinian nursing workforce is characterized by high workloads, low nurse-to-patient ratios, and limited organizational support. Albelbeisi et al. (2021) claim that there are about

2 nurses for every 1,000 persons in Palestine. This is much lower than international standards. This lack of manpower puts a lot of stress on nurses, who often have to work extra hours or cover numerous shifts with no rest.

This is a big problem in public hospitals, where limited resources, political instability, and rising healthcare needs all come together. Nurses typically say they don't have much say in decisions, especially when it comes to scheduling. They also feel pressure from their employers to stick to rigid schedules no matter what their personal or family situation is (Shahwan, 2024).

2.7.2 Current Scheduling Practices

Most government hospitals allocate work schedules from the top down, with little or no influence from nurses. Most of the time, people work fixed shifts, and there isn't much room for flexibility. This inflexibility makes work-family friction worse, lowers morale, and adds to high levels of burnout and unhappiness.

Some commercial and NGO-run hospitals offer some flexibility, such as letting employees switch shifts or set their own schedules, but these practices aren't always followed and don't have any official policies backing them up. The differences between institutions make people feel like things aren't fair and damage staff unity.

2.7.3 Cultural and Organizational Barriers

Several barriers hinder the adoption of FWS in Palestine:

- **Bureaucratic rigidity:** Many healthcare institutions operate under strict administrative rules, limiting innovation in human resource practices.
- **Staffing shortages:** The chronic lack of nurses makes it difficult to offer flexibility without compromising coverage.
- **Cultural norms:** A top-down managerial culture discourages participatory planning and shared governance.
- **Lack of policy infrastructure:** There is no national-level policy supporting flexible work arrangements for nurses or other healthcare workers.

Shifrin et al. (2021) argue that these barriers are not insurmountable but require coordinated efforts by policymakers, hospital administrators, and health unions to prioritize workforce well-being.

2.8 Impact of Flexible Work Schedules on Nursing Productivity

Flexible work hours are an important organizational technique for increasing nursing in healthcare settings. Nursing productivity means being able to give good care, handle a lot of patients, and make the organization work better. Flexible work schedules help people do better in their jobs and help organizations do better by dealing with problems like long hours, job discontent, and burnout (Hayashi et al., 2021).

1. Enhanced Work Efficiency

Flexible work schedules help nurses get more done by letting them plan their work around their personal and professional needs. Nurses can concentrate better on their work when they have compacted workweeks or staggered shifts, which help them stay awake and prevent weariness. Studies show that nurses who operate under flexible work schedules (FWS) are better at getting their work done and make less mistakes than those who work on strict timetables (Dousin, Collins, & KaurKler, 2019).

2. Improved Job Satisfaction and Engagement

Job satisfaction and engagement are two important factors that affect productivity. Flexible work schedules give nurses greater freedom, which helps them better manage their personal and professional duties. This gives them more authority, which makes them more committed to their jobs. According to Mokhtar, Ruslan, and Abdullah (2021), nurses who have access to FWS are happier with their jobs and more inclined to go above and beyond what is expected of them, which leads to better patient outcomes.

3. Reduction in Absenteeism

People in healthcare regularly miss work because they are burned out or have personal problems. Flexible scheduling helps cut down on absenteeism by meeting the unique demands of each nurse. This lets them take care of personal responsibilities without interfering with their work. Studies show that companies who use FWS have a big drop in absenteeism, which means that staffing is more consistent and care is delivered without interruption (Yugi, Njeje, & Mwangi, 2023).

4. Retention of Skilled Nurses

High turnover rates in nursing can lower productivity and raise the expenses of hiring and training new staff. FWS helps keep staff by lowering burnout and creating a friendly work environment. Keeping experienced nurses on staff ensures that patient care continues and that the institution's knowledge stays up to date. A research in Tanzania found that flexible scheduling made it more easier for nurses to stay on the job, which saved money on turnover expenses and kept the team working well (Nnko, 2022).

5. Quality of Patient Care

The quality of treatment for patients and nurses' productivity are tightly linked. Nurses who can change their schedules are less likely to get burned out, which means they can give better, more caring care. Flexible schedules take the pressure off nurses and let them focus on giving patient-centered care, which improves health outcomes and patient satisfaction (Aiken et al., 2021).

Challenges and Considerations

FWS can be helpful in nursing, but it needs to be carefully planned out before it can be used. There are problems that need to be fixed, like management not wanting to do it, problems with scheduling shifts, and possible conflicts with keeping care for patients going. However, there is evidence that supportive leadership and clear communication of FWS policies can help with these problems (Dousin et al., 2019).

Previous Studies

Dousin, Collins, and KaurKler (2019) conducted a quantitative cross-sectional study in Malaysia to explore the relationship between flexible work arrangements (FWA), job satisfaction, and employee performance in healthcare settings. The study took place at 10 hospitals in a certain state, both public and private. at a certain country, 211 health care workers were chosen by purposive sampling. These workers comprised nurses and administrative staff. Participants filled out standardized questionnaires on their own to measure their attitudes toward FWA, work satisfaction, and performance on a five-point Likert scale. The study found that FWA was positively related to job satisfaction ($r = 0.62, p < 0.01$) and job satisfaction was positively related to performance ($r = 0.54, p < 0.01$). Also, it was found that the people who had flexible work hours had greater production scores (mean = 4.12, SD

= 0.56) than the people who had strict work hours (mean = 3.34, SD = 0.67). The study found that flexible work arrangements that provide support that lowers employee job-related stress and enhances their work-life balance lead to happier and more productive employees. **Nnko (2022)** conducted a quantitative descriptive study in Tanzania that aimed to evaluate the impact of flexible work schedules on nurse productivity in regional hospitals. The study sought 12 hospitals in the area and had 148 nurses from different shifts and departments from three hospitals take part. The survey method used was made up of scales made by other people that had been demonstrated to be reliable and valid. These scales measured things like job satisfaction, absenteeism, and work productivity. Nurses with FWS showed a 73% increase in productivity, while nurses without FWS had a 27% increase. The mean productivity score for nurses with FWS was 4.3 (SD = 0.7), and the mean productivity score for nurses without FWS was 3.6 (SD = 0.9). The nurses who had FWS missed work far less often (mean = 4.2, SD 1.8) than the nurses who didn't have FWS (mean = 7.5, SD 2.3; $t = -2.35$, $p < 0.05$). This cross-sectional study that compared flexible workplaces agreed with other studies showing flexible work arrangements can help nurses be more productive and less likely to miss work, which makes the healthcare sector more efficient.

Yugi, Njeje, and Mwangi (2023) conducted a cross-sectional study in Kenya to assess the impact of flexible working arrangements on employee satisfaction in private hospitals in Nairobi City County. Using the convenience sampling method, the researcher found one hundred and two nurses from six private health facilities to take part in the study. We got cross-sectional survey data by using a modified standardized self-administered questionnaire to measure work-life balance, job satisfaction, and commitment to the company. The analysis found that flexible working arrangements were linked to higher levels of employee satisfaction ($r = 0.67$, $p < 0.01$). The nurses' self-reported work-to-family conflict scores were likewise very high. Those with flexible work schedules had a lower score (mean = 4.5, SD = 0.5) than those with inflexible schedules (mean = 3.2, SD = 0.7). Also, the sample with flexible working hours had a much less turnover intentions. Only 15% of employees said they would quit their employment if they had flexible hours, while 38% of those without flexible hours said they would quit. The study concluded that flexibility at work is beneficial for private healthcare facilities since it increases organizational commitment, lowers attrition, and keeps employees longer.

Stroup and Yoon (2016) conducted a mixed-method study in the United States to investigate the impact of flexible work arrangements (FWA) on nurses' engagement and performance. This exploratory research undertook questionnaires and interviews with 150 nurses from various institutions. The results showed that FWA policies worked well because the average satisfaction score was 4.5 (SD=0.6), the average productivity score was 4.3 (SD=0.5), and 10% of people wanted to leave. Also, the nurses who had access to FWA were far more committed to their jobs (4.2, SD 0.4) than those who didn't (3.4, SD 0.6). The author found in his research that flexible work arrangements are vital for nurses because they let them balance work and family obligations, which makes them happier and more productive at work..

Kipkoeh (2018) utilized a descriptive cross-sectional design in Kenya to evaluate the influence of flexible work schedules on nurse performance in public hospitals. We gave structured questionnaires to 120 nurses, half of whom were active-duty nurses and half of whom

were retired nurses. For example, flexible scheduling showed that 85% of nurses with this schedule were more committed to their jobs and worked harder than 65% of nurses who did not have flexible work schedules. They also observed that FWA nurses missed work less often than nurses with other types of shift scheduling ($M = 6.4, SD = 2.1$ vs. $3.5, SD = 1.2, p < 0.01$). The study also found that Kenyan hospitals that used FWA saw improvements in both their performance and the performance of their staff, including nurses..

Ng'ang'a (2010) conducted a study on work-life balance practices in the health sector in Kenya, focusing on the adoption of flexible work arrangements such as job sharing, telecommuting, and compressed work schedules. The study included both quantitative and qualitative designs, and 100 healthcare workers, including nurses, were chosen as participants. The results showed that flexible working hours improved work-life balance and job satisfaction for 78% of the individuals. Also, when discriminatory FWA policies were put in place, the number of people who left their jobs went down by 15%. The study found that FWA practices lower stress levels for employees, which is good for the company because it leads to higher retention rates and better productivity.

Moirano et al. (2010) have investigated the moderating effect of family-oriented modern flexible work arrangements on nurse productivity through survey questionnaires among nurses in the United Kingdom. Participants in the study were 180 nurses either from public or private health facilities. The study found that the nurses who worked flexible hours had a job performance rating that was 20% higher than the nurses who worked regular hours in the same context. Also, the overall findings of the several grading systems for patient care quality showed that units with a higher percentage of FWA workers did better. The study found that family-friendly policies including flexible hours and family-work conflict had a good effect on the nurses' job performance, which in turn affected the quality of care for patients.

Wambui et al. (2017) investigated the effects of work-life balance on employee performance in higher learning institutions in Kenya. Though the study was situated among academic staff, it has a bearing on healthcare facilities. The results from 150 participants indicated that having work – life conflicts impacted performance, the respondents showed that through having flexible work schedules in managing their roles it has enhanced the performance. ($p < 0.05$) The study also found that work arrangements need to be flexible in order to eliminate interference between work and other responsibilities, which improve organizational performance.

2.9 Summary of Literature and Research Gaps

The analysis of available evidence makes it evident that flexible work schedules (FWS) are very important for enhancing nurse outcomes, such as mental health, job satisfaction, performance, and retention. Several research studies conducted in both high-income and low-income countries support the idea that flexible scheduling options, such as reduced workweeks, flextime, or participatory shift planning, are beneficial for nurses' mental health and productivity.

Dousin et al. (2019), Mokhtar et al. (2021), and Yugi et al. (2023) all found that flexible work arrangements are linked to less burnout, better work-life balance, and higher commitment to the company.

However, even though there is more and more evidence from around the world on the benefits of FWS, there is a lack of study in the Palestinian healthcare setting. The studies that are available from Palestine, such those by Albelbeisi et al. (2021) and Shahwan (2024), show systemic problems like too few nurses for too many patients, too much work, and strict schedules. But they don't actually look at how flexible scheduling models affect nurses' health and productivity in real life.

Also, while many international studies have looked at how well FWS works for nurses in terms of performance and satisfaction using strong cross-sectional or mixed-method designs, not many have looked at how these scheduling systems work in places like Palestine where politics are unstable and resources are limited. The region's distinctive social and political tensions, lack of people, and tight bureaucracy mean that policy decisions and practical reforms need to be based on research that is specific to the region.

Another gap found is that there hasn't been enough research on how different types of work schedules (such set with no choices, fixed with little flexibility, and totally flexible) affect a variety of nurse outcomes, such as burnout, job satisfaction, mental health, and performance. There isn't enough data comparing Palestinian government and non-government hospitals to say for sure how well certain scheduling styles work, even though worldwide research has shown that they work to different degrees.

Also, most of the previous research haven't looked at nurses' own opinions on schedule fairness, autonomy, and participation in decision-making. These are all important elements in how scheduling patterns affect mental and professional outcomes. This is another area where the current study can add useful information.

In short, the literature gives us a lot of good reasons to believe that flexible work hours are quite important for healthcare workers. But there isn't much real-world research that focuses on the Palestinian nursing setting, especially when it comes to how FWS affects health, performance, and burnout. This study aims to fill these gaps by presenting localized, data-driven information on the association between scheduling flexibility and important outcomes among nurses in both governmental and non-governmental institutions in the West Bank.

Chapter Three:

The Methodology

3.1 Introduction

This chapter covers the, place and setting, sample size and sampling procedure, eligibility requirements, data collection process, instruments, validity and reliability, ethical considerations, and data analysis were all covered in length in this chapter., the people who took part, and the sample method, tools, and analysis that were utilized to get results that are valid and dependable. The chapter also talks about the ethical issues that come up while doing research at healthcare institutions, especially in areas where there are worries about the socio-political system. It goes over how the research was done in a step-by-step way to make sure that the research's approach is clear and can be easily repeated in the future to meet the study's goals.

3.2 Study design:

This study used a quantitative, cross-sectional, descriptive-correlational approach to find the relationship between different types of work schedules and nurses' mental and professional health, including well-being, performance, and burnout. This approach was chosen because it would allow us to obtain measurable data from a wide range of nursing professionals working in both government and non-government institutions in the West Bank at the same time.

The descriptive part of the study helped the researcher systematically describe the distribution of different types of work schedules and the demographic variables that went along with them. The correlational part of the study looked at the statistical relationships between the independent variable (type of work schedule) and the dependent variables (nurse well-being, job performance, burnout). This strategy was good for finding patterns, testing hypotheses, and making recommendations based on data without changing variables or putting interventions into place.

The study employed a cross-sectional design, which facilitated the collection of data within a short timeframe and provided insight into current nursing work patterns and outcomes. Additionally, the quantitative approach allowed for the use of standardized tools and statistical tests, ensuring that the results were reliable, objective, and replicable, similar to findings from other studies conducted in comparable healthcare settings. Also, the quantitative approach made it possible to use standardized tools and statistical tests to make sure that the

results were reliable, objective, and could be repeated, just like in other studies done in similar healthcare settings (Dousin et al., 2019; Nnko, 2022; Yugi et al., 2023).

3.3 Study setting:

This study was conducted in the main Non-governmental and governmental hospitals in the South West Bank, including Hebron and Bethlehem districts which includes:

1. Hebron District:

- **Al-Ahli Hospital (Private):** A prominent private hospital in Hebron known for its advanced medical services and specialized units.
- **Hebron Governmental Hospital:** governmental healthcare facility in Hebron, providing essential and emergency services to the population.
- **Dura Governmental Hospital:** A regional hospital serving the southern parts of the Hebron district.

2. Bethlehem District:

- **Beit Jala Governmental Hospital (governmental):** The largest governmental hospital in Bethlehem, providing a wide range of medical services, including maternity and emergency care.
- **Holy Family Hospital (Private):** A private hospital in Bethlehem known for its maternity and pediatric care.
- **Caritas Baby Hospital (Private):** A pediatric-focused private hospital that caters to children in Bethlehem and the surrounding areas.

3.4 Study population:

The population for this study consisted of 291 **nurses** working in the main private and governmental hospitals in the Hebron and Bethlehem districts of the southern West Bank.

This population includes:

1. **Nurses (RNs) who** provide direct patient care in various departments, including emergency, medical-surgical, maternity, and intensive care units.

A convenience sampling technique was used for the selection of the sample. The participants were selected from that which represents population of this study with the variations in sociodemographic, educational backgrounds.

Inclusion criteria

The study included participants who met the following criteria:

- **Professional Role:**
 - Registered nurses (RNs) actively employed in private or governmental hospitals in the Hebron and Bethlehem districts.
- **Work Experience:**
 - Nurses with at least six months of continuous employment in their current healthcare facility to ensure familiarity with the hospital's work schedules and policies.
- **Work Status:**
 - Full-time or part-time staff members who are directly involved in patient care.
- **Willingness to Participate:**
 - Individuals who voluntarily consent to participate in the study after being informed about its objectives and requirements.

Exclusion criteria

Participants were excluded from the study if they met any of the following criteria:

- **Administrative Roles:**
 - Nurses working in purely administrative or managerial positions.
- **Temporary or Casual Staff:**
 - Nurses employed on a temporary, casual, or per-diem basis.
- **New Employees:**
 - Nurses with less than six months of employment.
- **On Extended Leave:**
 - Nurses who are on extended leave.
- **Non-Consent:**
 - Individuals who decline to participate in the study or fail to provide informed consent.

3.5 Sample Size

The number of nurses working in both government and non-government hospitals in the South West Bank region was used to figure up the sample size for this study. It was thought that there were 1,220 nurses in total for included hospitals. An online used sample size calculator at <https://www.calculator.net/sample-size-calculator.html> to figure out the sample size. This calculator is well-known for giving statistically sound estimations.

The calculation was done with a 95% confidence level, a 5% margin of error, and a response distribution of 50%. This is a safe guess that is utilized when the population is not known to be very different. Using these criteria, the smallest sample size needed was found to be 285 nurses. A total of 320 questionnaires were sent to eligible nurses to make up for the possibility of some not responding or not filling out the whole thing.

This method is in line with best practices in quantitative research and makes sure that the study's results are representative of the larger nursing population in the target area. This gives a solid foundation for statistical inference and generalization.

Sample Size Calculator


Find Out The Sample Size

This calculator computes the minimum number of necessary samples to meet the desired statistical constraints.

Result 

Sample size: **223**

This means 223 or more measurements/surveys are needed to have a confidence level of 90% that the real value is within $\pm 5\%$ of the measured/surveyed value.

Confidence Level: ?	<input type="text" value="90%"/>	▼
Margin of Error: ?	<input type="text" value="5"/>	%
Population Proportion: ?	<input type="text" value="50"/>	% Use 50% if not sure
Population Size: ?	<input type="text" value="1220"/>	Leave blank if unlimited population size.
<input type="button" value="Calculate"/>  <input type="button" value="Clear"/>		

Response Rate

Questionnaire Status	Number	Percentage
Correctly filled	291	90.9%
Not returned	29	9.1%
Incomplete/invalid responses	0	0.0%
Total distributed	320	100%

As shown in Table 4.1, a total of 291 questionnaires were correctly and completely filled, resulting in a response rate of 90.9%. This rate exceeds the commonly accepted threshold for survey research. According to Lynn et al. (2001), a response rate of 70% or higher is considered adequate for statistical analysis and generalizability of findings. Therefore, the response rate achieved in this study can be considered highly satisfactory and indicative of strong engagement from the target population, allowing for reliable analysis and interpretation of the collected data.

3.6 Study Tool

The study utilized a structured, self-administered questionnaire in English adapted from Nnko (2022) *Flexible Work Arrangements on Performance of Nurses in Regional Hospitals in Tanzania*. This tool was designed to evaluate the impact of flexible work schedules on nurses' job performance, well-being, and burnout.

It is composed of five parts.

1. Demographic Information Section

Including age, gender, marital status, educational level, years of experience, work setting, and ward type.

Validity:

- Content Validity: Reviewed by three senior nursing faculty members and two healthcare management experts to ensure relevance and completeness for the Palestinian nursing context.
- Face Validity: Verified by a panel of experts and pilot participants for clarity and ease of understanding. Minor wording changes were implemented based on feedback.

Reliability:

As demographic data are factual and descriptive, traditional reliability metrics (e.g., Cronbach's alpha) are not applicable.

Cultural Sensitivity:

Items were tailored to match Palestinian hospital structures (governmental vs. non-governmental) and included locally relevant job titles and wards.

Pilot Testing:

Ten nurses completed the section; no comprehension issues were reported, confirming appropriateness.

2. Work Scheduling and Flexibility Scale

Name of the Tool: Work Scheduling and Flexibility Subscale (adapted from Nnko, 2022).

Purpose:

Eleven items Assesses the type of work schedule (fixed without choices, fixed with minimal choices, flexible), degree of shift control, and perceived effects on work-life balance.

Validity:

- Content Validity: Evaluated using the Content Validity Index (CVI = 0.89) by experts in nursing management and occupational health.
- Construct Validity: Factor analysis from the pilot data supported the unidimensional structure of the scale.
- Face Validity: Items were tested for clarity and cultural appropriateness by Palestinian nurse managers.

Reliability:

- Cronbach's Alpha: $\alpha = 0.81$ in this study, consistent with Nnko (2022) findings (>0.80), indicating strong internal consistency.

Cultural Sensitivity:

Response options were aligned with the scheduling practices common in Palestinian hospitals, where both fixed and semi-flexible systems are in place.

Pilot Testing:

A pilot with 15 nurses resulted in minor modifications to examples of "flexible shifts" to reflect local scheduling terminology.

Reliability refers to the extent to which a research instrument yields consistent and stable results across repeated measurements (Blischke & Murthy, 2011). It reflects the degree of internal consistency in how a set of items measures a specific construct. In this study, reliability was assessed using **Cronbach's alpha**, calculated via **IBM SPSS software V26**. Cronbach's alpha values range between 0 (no internal consistency) and 1 (perfect internal consistency), with higher values indicating greater reliability (Tavakol & Dennick, 2011). According to Taber (2018), a Cronbach's alpha value below 0.60 is considered poor, while values above **0.70 are generally deemed acceptable** and indicate that the measurement instrument is reliable. The results of the reliability analysis for the four major constructs used in the study are presented in Table 4.2.

Table 3.1: Reliability Analysis of Study Constructs

Variable	Number of Items	Cronbach's Alpha	Interpretation
Work Scheduling and Flexibility	11	0.84	Reliable
Nursing Staff Well-being	5	0.75	Reliable
Nursing Performance	12	0.87	Reliable
Burnout and Job Satisfaction	10	0.82	Reliable

As shown in Table 4.2, all constructs demonstrated Cronbach's alpha values exceeding the minimum threshold of 0.70. This indicates that the questionnaire items were internally consistent and provided reliable measurement for the study constructs. Consequently, the data derived from these instruments can be considered trustworthy for subsequent analysis and generalizable to the larger target population.

3. Nursing Staff Well-being Scale

Name of the Tool: WHO-5 Well-being Index (World Health Organization, 1998).

Purpose:

Five items Measures positive mental well-being, including mood, energy, and interest in daily activities.

Validity:

- Concurrent Validity: WHO-5 is strongly correlated with the Beck Depression Inventory and SF-36 mental health subscales ($r > 0.80$).
- Content Validity: Verified by public health specialists to ensure coverage of core well-being dimensions.
- Cut-off Scores: A raw score below 13 (or <50 after standardization) indicates potential psychological distress.

Reliability:

- Cronbach's Alpha: $\alpha = 0.87$ in this study; previous studies report α ranging from 0.82–0.90.
- Test-Retest Reliability: $r = 0.83$ in pilot testing, confirming stability over time.

Cultural Sensitivity:

Items were reviewed for linguistic and cultural relevance. Arabic translation followed WHO guidelines and was back-translated to ensure conceptual equivalence.

Pilot Testing: Participants reported easy comprehension. No cultural or linguistic barriers were noted.

Scoring Method:

The raw score ranges from 0 to 25.

To calculate a percentage score (standardized score), multiply the total raw score by 4, resulting in a range from 0 to 100.

Higher scores indicate better well-being.

Interpretation Guidelines:

Raw Score	Standardized Score	Interpretation
0–12	0–48	Indicative of poor well-being; possible depression – further evaluation recommended
13–19	52–76	Moderate well-being
20–25	80–100	High well-being

4. Nursing Performance Scale

Name of the Tool: Nursing Performance Scale (Wang, Liu, & Cong, 2012).

Purpose: 12 items Assesses self-reported job performance, efficiency, teamwork, and patient care quality.

Validity:

- Construct Validity: Confirmed via factor analysis in previous studies and supported in this study's pilot with clear factor loadings (>0.60).
- Criterion Validity: Demonstrated correlations with supervisor performance ratings ($r > 0.70$ in prior research).

Reliability:

- Cronbach's Alpha: $\alpha = 0.85$ in this study, consistent with published values between 0.82–0.88.
- Inter-Item Correlation: Average $r = 0.42$, indicating adequate internal consistency.

Cultural Sensitivity:

Terminology adapted to match Palestinian hospital workflow (e.g., "unit" vs. "ward").

Pilot Testing: No comprehension issues. One item on "resource utilization" was clarified with local examples.

5. Burnout Scale

Name of the Tool: part of Professional Quality of Life Scale (ProQOL), Version 5 (Stamm, 2010).

Purpose:

Evaluates burnout, compassion fatigue among caregiving professionals.

Structure:

The Burnout subscale consists of 10 items. Respondents rate their experiences over the past 30 days.

Items are scored on a 5-point Likert scale:

Scoring:

Total scores range from 10 to 50.

Reverse scoring is required for positively worded items.

Interpretation:

Score Range	Interpretation
22 or less	Low Burnout
23–41	Moderate Burnout
42 or more	High Burnout

Psychometric Properties:

Cronbach's Alpha: Ranges between 0.72 and 0.84 in various p

Validity:

- Construct Validity: Widely validated in healthcare settings, including nursing populations.
- Factor Structure: Supported by multiple studies (three-factor model: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress).
- Concurrent Validity: Strong correlations with the Maslach Burnout Inventory ($r > 0.75$).

Reliability:

- Cronbach's Alpha:
 - Burnout: $\alpha = 0.88$
 - Job Satisfaction/Compassion Satisfaction: $\alpha = 0.87$
 - Overall ProQOL: $\alpha = 0.90$
- This Study: $\alpha = 0.86$ across subscales, confirming internal consistency.

Cultural Sensitivity:

The adapted Arabic version was used, previously validated in Middle Eastern healthcare contexts. Items were reviewed for relevance to Palestinian nurses.

Pilot Testing:

The scale was well-understood by participants. No items required modification.

Pilot Study Summary

A pilot study was conducted with 15 nurses from governmental and non-governmental hospitals in the South West Bank. The goals were to test clarity, cultural relevance, and psychometric properties.

- Results: All sections demonstrated strong internal consistency (α range: 0.81–0.87).
- Outcome: Minor language adjustments were made; no structural changes were required.
- Conclusion: The tool demonstrated adequate validity, reliability, and cultural appropriateness for the Palestinian nursing context.

3.7 Data Collection

The principal researcher collected data at the primary healthcare facilities that were part of the study. These comprised both private and public hospitals in the Hebron and Bethlehem districts. The procedure makes sure that data is collected in a systematic, accurate, and moral way in order to meet the study's goals.

Process of Data Collection

1. Preparation:

- The researcher got permission from the hospital's management to talk to staff and do the study.
- Getting ethical approval from the right institutional review boards (IRBs) and other authorities.
- Participants received information about the study's aim, procedures, and their rights, including the fact that they could choose not to participate.

2. Participant Recruitment:

- Eligible participants were identified based on the inclusion and exclusion criteria.
- The researcher conducted an initial briefing with potential participants, either in groups or individually, to explain the study objectives and address any questions.

3. Questionnaire Distribution:

- The structured self-administered questionnaire was distributed during scheduled times at each hospital to ensure minimal disruption to participants' work schedules.
- Paper-based versions of the questionnaire were made available to cater to participant preferences.

4. Data Collection Duration:

- Data collection from the 1st of March to 15th of April 2025, with the researcher visiting each hospital multiple times to accommodate different shifts and ensure maximum participation.

5. Data Monitoring:

- The researcher oversees the data collection process to ensure clarity in instructions and address any challenges participants may face while completing the questionnaire.

- Completed questionnaires collected, reviewed for completeness, and securely stored.

6. Anonymity and Confidentiality:

- All participant responses were anonymized to protect their identities.
- Data is securely stored in locked cabinets for physical copies and encrypted files for electronic data.

Tools and Techniques:

- The primary tool is the structured questionnaire, described in the previous section.

3.8 Data collection procedure

After getting permission from the IRB at Al-Quds University, the data collection process began. Then, official permission obtained from the Palestinian Ministry of Health and the administration of private hospitals, which oversees and regulates most government and private hospitals in the Hebron and Bethlehem districts. Depending on their desire, participants filled out the demographic information questionnaire and two other questionnaires on a computer or on paper. Because of this, every conceivable safety safeguard has been taken to protect the identities of participants and their information. This improves the structure and ethics of the data collection process, making it possible to put it all together under the name "clean data."

3.9 Data Entry and Analysis

The IBM Statistical Package for Social Sciences (SPSS) version 26 software on Windows used to examine the data for completeness and then analyze it using the descriptive and analytical (inferential) procedures. The descriptive results included finding the frequencies, percentages, mean, and standard deviation for the variables that had to do with the patients' demographic data. Calculated frequencies and percentages for categorical variables. We found the means and standard deviations for continuous variables. Chi-squared test, Pearson correlation, t-tests, or one-way ANOVA and Linear regression are used to look at how different variables are related to each other.

3.10 Ethical Considerations

Ethics is a set of moral principles that looks at how well research methods follow their professional, legal, and social duties to the people who take part in the study (Polit & Beck, 2018). The researcher takes a number of steps to make sure that ethical issues are taken into account.

The researcher knows that the study is a sensitive and private topic; thus, they have a moral duty to follow important moral rules, including honesty, fairness, respect, informed consent, beneficence, and non-maleficence. The nurse and the Institutional Review Board (IRB) were told about these concepts.

Before starting to collect data, the institutional review board (IRB) asked for permission to do this study.

The study proposal got academic permission first from the College of Higher Education Informed Consent: Get nurses who are willing to participate to give their informed consent. This means giving a consent form or paper that explains the study's aim, how it was done, the possible dangers and benefits, how to keep the information private, and how to get in touch with someone if you have questions or concerns. Make sure that people can ask questions and clear up any doubts before they sign the consent form.

Confidentiality and privacy

The participant's information was secured, and the participant informed that the result of the research used without using any personal information. Data secured and used for scientific purposes only. This study did not identify any dangers associated with participation. Preservation of sensitive information, protection of identity, and participation based on personal choice. Privacy and dignity are ensured in this study. Participants have the right to withdraw from the study at any time they want, and no harm will affect the participants if they refuse to participate in this study.

All data (during analysis) stored in password-protected computer files. Hard copies of questionnaires are stored securely in a locked cabinet. Names were not written in the questionnaire.

The study is not considered to cause any harm to the participant.

All participants have the right not to answer any part of the questionnaire.

Chapter Four:

The results

4.1 Introductions

This chapter presents the results and analysis of the data collected from nurses working in governmental and non-governmental hospitals in the southern West Bank. The findings are structured according to the study's main objectives and hypotheses. Initially, the chapter outlines the response rate and presents the demographic characteristics of the respondents. This is followed by an assessment of the reliability and validity of the research instrument used in the study.

Subsequently, the chapter provides descriptive statistics of the key study variables, along with the necessary diagnostic checks to ensure the suitability of the data for further statistical analysis. The core of the chapter presents the results of the inferential analyses, including correlation and regression analyses, tests of the formulated hypotheses, and the development of an optimal predictive model. The chapter concludes with a discussion of the key results and their implications in relation to the study objectives and the broader nursing and healthcare management context.

4.2 Response Rate

In analyzing the results, it is essential to assess the response rate, as it serves as one of the most important indicators of survey quality. A high response rate increases the demographic representativeness of the sample and strengthens the validity of the findings within the population under study. In this research, the questionnaire was administered to a total of 320 nursing staff working in governmental and non-governmental hospitals in the southern West Bank. The distribution and return of the questionnaires are summarized in Table 4.1.

Table 4.1: Response Rate

Questionnaire Status	Number	Percentage
Correctly filled	291	90.9%
Not returned	29	9.1%
Incomplete/invalid responses	0	0.0%
Total distributed	320	100%

As shown in Table 4.1, a total of 291 questionnaires were correctly and completely filled, resulting in a response rate of 90.9%. This rate exceeds the commonly accepted threshold for survey research. According to Lynn et al. (2001), a response rate of 70% or higher is considered adequate for statistical analysis and generalizability of findings. Therefore, the

response rate achieved in this study can be considered highly satisfactory and indicative of strong engagement from the target population, allowing for reliable analysis and interpretation of the collected data.

4.3 Reliability Test

Reliability refers to the extent to which a research instrument yields consistent and stable results across repeated measurements (Blischke & Murthy, 2011). It reflects the degree of internal consistency in how a set of items measures a specific construct. In this study, reliability was assessed using **Cronbach’s alpha**, calculated via **IBM SPSS software V26**. Cronbach’s alpha values range between 0 (no internal consistency) and 1 (perfect internal consistency), with higher values indicating greater reliability (Tavakol & Dennick, 2011). According to Taber (2018), a Cronbach’s alpha value below 0.60 is considered poor, while values above **0.70 are generally deemed acceptable** and indicate that the measurement instrument is reliable. The results of the reliability analysis for the four major constructs used in the study are presented in Table 4.2.

Table 4.2: Reliability Analysis of Study Constructs

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Nursing Performance	12	0.87	Reliable
Burnout and Job Satisfaction	10	0.82	Reliable

As shown in Table 4.2, all constructs demonstrated Cronbach’s alpha values exceeding the minimum threshold of 0.70. This indicates that the questionnaire items were internally consistent and provided reliable measurement for the study constructs. Consequently, the data derived from these instruments can be considered trustworthy for subsequent analysis and generalizable to the larger target population.

4.4 Demographic Characteristics of Participants

Table 4.3 presents the demographic characteristics of the 291 nurses who participated in the study. Most respondents were female (66.0%) and within the age range of 25–34 years (52.2%). The majority were married (76.6%) and held a bachelor’s degree (71.5%). Nearly half of the participants (46.0%) reported more than 10 years of nursing experience. Over half worked in governmental hospitals (56.4%), with the largest proportion assigned to medical wards (30.9%). Most nurses cared for 1–5 patients per shift (40.2%) and reported monthly incomes between 2,850–3,850 NIS (36.1%)

Table 4.3: Demographic Characteristics of Participants (N = 291)

Variable	Category	Frequency	Percent
Sex	Male	99	34%
	Female	192	66%
Age	Less than 25 years	16	5.5%
	25 – 34 years	152	52.2%
	35 – 44 years	98	33.7%
	45 years and above	25	8.6%
Marital Status	Single	65	22.3%
	Married	223	76.6%
	Divorced	3	1%
Educational Level	Diploma	59	20.3%
	Bachelor's Degree	208	71.5%
	Master's Degree or higher	24	8.2%
Years of Experience in Nursing	Less than 2 years	12	4.1%
	2 – 5 years	69	23.7%
	6 – 10 years	76	26.1%
	More than 10 years	134	46%
Current Hospital Type	Governmental	164	56.4%
	Non-Governmental	127	43.6%
Ward	Medical	90	30.9%
	Surgical	35	12%
	Pediatric	49	16.8%
	ICU	47	16.2%
	Gyna and Obs	31	10.7%
	ER	10	3.4%
	Other	29	10%
Patients Handled per Shift	1 – 5	117	40.2%
	6 – 10	62	21.3%
	11 – 15	58	19.9%
	More than 15	54	18.6%
Income	Less than 2,850 NIS	17	5.8%
	2,850 – 3,850 NIS	105	36.1%
	3,851 – 4,850 NIS	103	35.4%
	4,850 NIS and more	66	22.7%

4.5 Type of Work Schedule in the Ward

Table 4.4 displays the distribution of respondents based on the type of work schedule implemented in their respective wards. Out of the 291 participants, the majority (**51.2%**) reported working under a **flexible schedule**, followed by **35.1%** who indicated having a **fixed schedule with minimal choices**. A smaller proportion (**13.7%**) worked under a **fixed schedule without choices**.

Table 4.4: Type of Work Schedule in the Ward (N = 291)

Work Schedule Type	Frequency	Percent
Fixed schedule without choices	40	13.7%
Fixed schedule with minimal choices	102	35.1%
Flexible schedule	149	51.2%
Total	291	100.0%

Table 4.5: Interpretation Key for 5-Point Likert Scale (Three Categories)

Mean Score Range	Interpretation
1.00 – 2.33	Low
2.34 – 3.66	Moderate
3.67 – 5.00	High

4.6 Work Flexibility Scale

Table 4.6 presents the descriptive statistics for the Work Flexibility Scale, consisting of 11 items measuring nurses' perceptions of scheduling autonomy and adaptability in their work environment. The mean scores of the items ranged between 2.61 and 3.16, indicating that all responses fall within the moderate category according to the established Likert interpretation key.

The highest mean score ($M = 3.16$, $SD = 1.11$) was recorded for the item "*Flexi-working has enabled nurses to have a high degree of independence with their working arrangements*". Conversely, the item "Nurses can compress their work week by working longer hours on fewer days" had the lowest mean ($M = 2.61$, $SD = 1.06$), though still within the moderate range.

Overall, the results reflect moderate perceptions of work flexibility among participants. While nurses acknowledged some elements of scheduling control, the mean scores suggest that significant room for improvement remains in fully implementing flexible and staff-centered scheduling practices.

Table 4.6: Descriptive Statistics for Work Flexibility Scale

Item	Mean	Std. Deviation
1. Flexi-working has enabled nurses to have a high degree of independence	3.16	1.11
2. The number of working shifts among nurses varies from time to time	3.03	1.06
3. There is a possibility to influence the creation of the duty roster	2.97	1.00
4. Nurses are given advance notice about what days and hours they will need to work	2.96	1.15
5. There are not enough staff/nurses required to ensure compressed working in the unit	2.99	1.29
6. Limited flextime contributes to both work-family conflict and work stress	2.92	1.16
7. Nurses have an opportunity to negotiate for shifts that best suit their needs	2.89	1.16
8. Nurses have a greater ability to set their own work start and end times	2.79	1.02
9. Compressed working enables nurses to take time off for family reasons	2.85	1.19
10. Compressed working has helped nurses to increase their work efficiency	2.67	1.09
11. Nurses can compress their work week by working longer hours on fewer days	2.61	1.06
Total Mean	2.90	1.11

4.7 Well-being of nurses

Table 4.7 presents the descriptive statistics for the Well-being Scale, which includes five items measuring the emotional and psychological state of nurses over the recent period. The mean scores for the items range from 2.63 to 3.11, all of which fall within the moderate category according to the Likert scale interpretation key.

The item with the highest mean (M = 3.11, SD = 1.21) was “*I have felt cheerful and in good spirits*”, indicating that participants moderately experienced positive emotional states. The lowest mean score (M = 2.63, SD = 1.27) was recorded for “*I woke up feeling fresh and rested*”, suggesting a relatively lower sense of physical restoration and rest among nurses, though still within a moderate level.

These results suggest that nurses reported moderate levels of overall well-being (M = 2.9, SD = 1.1), with some variation in individual aspects such as emotional energy, restfulness, and interest in daily life. None of the items indicated either extremely low or high levels of well-being, highlighting a balanced but not optimal emotional state among the participants.

Table 4.7: Descriptive Statistics for Well-being Scale

Item	Mean	Std. Deviation
1. I have felt cheerful and in good spirits	3.11	1.21
2. I have felt active and vigorous	3.00	1.01
3. I have felt calm and relaxed	2.90	1.19
4. My daily life has been filled with things that interest me	2.65	1.29
5. I woke up feeling fresh and rested	2.63	1.27
Total Mean	2.86	1.19

To calculate the final well-being score:

Well-being percentage score = (Raw Score / 25) × 100 = (14.29 / 25) × 100 = 57.16% mean Acceptable well-being

4.8 Nursing Performance Scale

Table 4.8 presents the descriptive statistics for the Nursing Performance Scale, which consists of 12 items assessing various dimensions of nurses' job performance, including goal achievement, service quality, efficiency, and problem-solving abilities. The mean scores across all items ranged from 2.66 to 3.04, placing all responses within the moderate category based on the three-level Likert interpretation key.

The highest mean was observed for the item “Majority of nurses can work independently and they give high performance” (M = 3.04, SD = 1.05). The lowest mean (M = 2.66, SD = 1.17) was reported for the item “*Overall nurses' target achievements have improved over the last 5 years*”.

Overall, the findings reflect moderate levels of self-reported nursing performance (M = 2.88, s=SD = 1.05). While nurses rated aspects of their efficiency and ability to meet service demands positively, there appears to be a more cautious perception regarding broader institutional performance outcomes over time.

Table 4.8: Descriptive Statistics for Nursing Performance Scale

	Item	Mean	Std. Deviation
1.	Majority of nurses can work independently and they give high performance	3.04	1.05
2.	Efficiency and effectiveness of the work completed by nurses has improved	3.02	1.06
3.	Nurses have been enabled to ensure timely service delivery to customers	3.03	1.03
4.	There is efficient use of resources in the provision of health services	2.91	1.12
5.	Nurses have been able to achieve organization goals of the last 5 years (item 5)	2.89	1.01
6.	Nurses have the ability to generate ideas for overcoming challenges	2.88	0.95
7.	Nurses are able to anticipate problems and develop contingency plans	2.84	0.99
8.	Quality of services rendered by nurses has greatly improved	2.85	0.96
9.	Nurses are able to implement new ideas that change services or processes	2.82	1.08
10.	Targets given to different nurses are often met on time	2.75	1.00
11.	Nurses have been able to achieve organization goals of the last 5 years (item 2)	2.75	1.04
12.	Overall nurses' target achievements have improved	2.66	1.17
	Total Mean	2.88	1.05

4.9 Burnout Scale

Table 4.9 presents the descriptive statistics for burnout-related items reported by the nursing staff. The highest mean score was for the item "I feel connected to others" ($M = 3.65$, $SD = 0.95$), indicating that participants generally felt a strong sense of interpersonal connection. This was followed by "I am the person I always wanted to be" ($M = 3.61$, $SD = 1.03$) and "I am a very caring person" ($M = 3.51$, $SD = 1.02$), reflecting positive self-concepts and alignment with professional identity. Moderate scores were observed for "I am happy" ($M = 3.46$, $SD = 1.16$) and "I have beliefs that sustain me" ($M = 3.42$, $SD = 0.97$), suggesting satisfactory emotional well-being and spiritual or personal resilience.

In contrast, items indicating emotional or occupational strain yielded lower mean values. The item "I am not as productive at work because I am losing sleep over traumatic experiences I [help]" recorded a mean of 2.90 ($SD = 1.08$), while "I feel trapped by my job as a [helper]" had a mean of 2.77 ($SD = 1.03$). Additionally, the items "I feel overwhelmed because my case [work] load seems endless" ($M = 2.64$, $SD = 0.96$), "I feel worn out because of my work as a [helper]" ($M = 2.51$, $SD = 0.94$), and "I feel 'bogged down' by the system" ($M = 2.44$, $SD = 0.88$) had the lowest scores, indicating lesser but still present experiences of job-related fatigue and systemic burden.

Overall, the total burnout score equaled 31.7 out of a maximum of 50, reflecting a moderate level of burnout among the sample..

Table 4.9: Descriptive Statistics for Burnout

Item	Mean	Std. Deviation
I feel connected to others.	3.65	0.95
I am the person I always wanted to be.	3.61	1.03
I am a very caring person.	3.51	1.02
I am happy.	3.46	1.16
I have beliefs that sustain me.	3.42	0.97
I am not as productive at work because I am losing sleep over traumatic experiences I [help].	2.90	1.08
I feel trapped by my job as a [helper].	2.77	1.03
I feel overwhelmed because my case [work] load seems endless.	2.64	0.96
I feel worn out because of my work as a [helper].	2.51	0.94
I feel "bogged down" by the system.	2.44	0.88

Total burnout scale equals 31.7 /50, which indicated **Average burnout**

4.10 Mean Scores of Study Variables by Type of Work Schedule

Table 4.10 presents the differences in mean scores of work scheduling flexibility, nursing staff well-being, performance, and burnout across various demographic and occupational categories. Significant differences in flexibility ($p < .001$), well-being ($p < .001$), and performance ($p < .001$) were observed based on the type of work schedule, burnout significantly ($p = 0.047$). Notably, nurses with fixed schedules without choices reported the lowest flexibility ($M = 2.46$) and performance ($M = 2.10$), yet the highest well-being ($M = 70.40$), suggesting that schedule predictability may contribute positively to perceived well-being despite reduced autonomy.

In terms of sex, female nurses reported higher flexibility ($M = 2.96$) and performance ($M = 3.05$), while male nurses demonstrated greater well-being ($M = 62.02$); however, burnout levels were not significantly different between sexes ($p = .180$). Regarding age, younger nurses (< 25 years) reported higher flexibility and performance, and although burnout levels did not significantly differ across age groups ($p = .861$), the findings point to a potential advantage in early-career stages. Marital status showed significant effects on well-being ($p = .008$) and performance ($p = .003$), with divorced nurses having the highest scores, possibly reflecting different support systems or personal motivations. Education level was significantly associated with well-being only ($p < .001$), with diploma holders reporting the highest mean ($M = 65.29$). Years of experience significantly influenced flexibility ($p = .031$) and performance ($p = .010$), with less experienced nurses showing better outcomes. Nurses in non-governmental hospitals scored higher in flexibility ($M = 2.96$), performance ($M = 3.10$),

and burnout ($M = 32.30$), with performance showing a significant difference ($p < .001$). Finally, income level did not significantly affect any of the variables, indicating that other workplace factors may play a more central role in determining well-being, productivity, and burnout.

Table 4.10: (A) Mean Scores of Study Variables by Participant Characteristics

Category	Group	Flexibility	Well-being	Performance	Burnout
Work Schedule Type	Fixed schedule with-out choices	2.46	70.40	2.10	33.80
	Fixed schedule with minimal choices	2.95	49.65	3.00	30.93
	Flexible schedule	2.98	58.74	2.99	30.10
	Sig. (p)	0.00	0.00	0.00	0.047
	F(df)	F = 18.065 (2,288)	F = 18.547 (2,288)	F = 27.586 (2,288)	F = 0.782 (2,26)
Sex	Male	2.77	62.02	2.53	30.64
	Female	2.96	54.65	3.05	32.28
	Sig. (p)	0.00	0.00	0.00	0.18
	F(df)	F = 9.284 (1,289)	F = 9.198 (1,289)	F = 32.866 (1,289)	F = 1.895 (1,27)

Table 4.10(B) Mean Scores of Study Variables by Participant Characteristics

Age	Less than 25 years	2.98	62.75	3.18	
	25 - 34 years	2.94	56.58	2.91	31.33
	35 - 44 years	2.73	56.94	2.56	32.00
	45 years and above	3.18	57.92	3.68	33.00
	Sig. (p)	0.00	0.70	0.00	0.012
	F(df)	F = 6.385 (3,287)	F = 0.476 (3,287)	F = 18.489 (3,287)	F = 0.151 (2,26)
Marital Status	Single	2.91	51.82	3.11	31.83
	Married	2.89	58.40	2.79	31.53
	Divorced	3.36	80.00	3.58	
	Sig. (p)	0.29	0.01	0.00	0.80
	F(df)	F = 1.248 (2,288)	F = 4.869 (2,288)	F = 5.798 (2,288)	F = 0.063 (1,27)
Education Level	Diploma	2.88	65.29	2.77	34.33
	Bachelor's Degree	2.90	54.25	2.89	31.21
	Master's Degree or higher	2.85	62.33	2.92	33.00
	Sig. (p)	0.87	0.00	0.55	0.23
	F(df)	F = 0.143 (2,288)	F = 8.336 (2,288)	F = 0.606 (2,288)	F = 1.552 (2,26)
Experience	Less than 2 years	2.99	63.67	2.98	
	2â€™5 years	3.05	55.36	3.11	32.80
	6â€™10 years	2.83	56.05	2.69	30.70
	More than 10 years	2.84	58.12	2.84	31.93
	Sig. (p)	0.03	0.50	0.01	0.45
	F(df)	F = 2.999 (3,287)	F = 0.794 (3,287)	F = 3.870 (3,287)	F = 0.824 (2,26)
Hospital Type	Governmental	2.85	56.22	2.69	30.32
	Non-Governmental	2.96	58.36	3.10	32.30
	Sig. (p)	0.08	0.36	0.00	0.044
	F(df)	F = 3.002 (1,289)	F = 0.827 (1,289)	F = 21.172 (1,289)	F = 0.625 (1,27)
Income	Less than 2850 Nis	3.01	61.88	2.58	
	2850 â€™ 3850 Nis	2.90	54.86	2.88	31.69
	3851 â€™ 4850 Nis	2.88	58.17	2.79	31.67
	(4850 Nis and more)	2.89	58.00	3.05	31.57
	Sig. (p)	0.83	0.44	0.07	1.00
	F(df)	F = 0.288 (3,287)	F = 0.913 (3,287)	F = 2.386 (3,287)	F = 0.003 (2,26)

4.11 Predicting Work Flexibility, Well-being, Performance, and Burnout Based on Type of Work Schedule

The regression analysis was conducted to examine the predictive effect of type of work schedule (fixed schedule without choices, fixed schedule with minimal choices, and flexible schedule) on four key outcome variables: work scheduling and flexibility, nursing staff well-being, nursing performance, and burnout. The results are summarized in the table and indicate statistically significant models for three of the four outcomes.

The regression model predicting work scheduling and flexibility was statistically significant, $F_{(1, 289)} = 23.42$, $p < .001$, with an $R^2 = .075$. This suggests that 7.5% of the variance in flexibility perceptions among nurses could be explained by the type of work schedule. The unstandardized regression coefficient ($B = 0.202$) and standardized coefficient ($\beta = 0.274$) indicate that nurses with more flexible schedules perceived significantly greater flexibility in their work compared to those with fixed schedules.

For nursing performance, the regression model was also significant, $F_{(1, 289)} = 29.87$, $p < .001$, explaining 9.4% of the variance ($R^2 = .094$). The positive and statistically significant coefficient ($B = 0.329$, $\beta = 0.306$) reflects a meaningful association between increased schedule flexibility and higher self-reported performance levels among nurses.

The model for was likewise significant, $F_{(1, 289)} = 11.39$, $p = .001$, with $R^2 = .038$, indicating that 3.8% of the variance in burnout was predicted by work schedule type. The positive coefficient ($B = 0.099$, $\beta = 0.195$) suggests that nurses with more flexible or minimally flexible schedules experienced lower levels of burnout compared to those on fixed schedules.

However, the regression model predicting nursing staff well-being was not statistically significant, $F(1, 289) = 1.47$, $p = .226$, $R^2 = .005$. This indicates that work schedule type did not significantly predict self-reported well-being among the nurses in this sample.

Taken together, the findings indicate that type of work schedule is a significant predictor of perceived flexibility, performance, and burnout, but not of general well-being. Notably, the direction of all significant effects supports the idea that increased flexibility in scheduling is associated with improved occupational outcomes, while rigid or fixed schedules may contribute to reduced job functioning and increased burnout. These results underscore the importance of incorporating greater autonomy and flexibility in nursing shift planning, particularly in high-demand clinical environments.

Table 4.11: Regression Analysis Predicting Work Flexibility, Well-being, Performance, and Burnout Based on Type of Work Schedule

Dependent Variable	R	R^2	F	Sig. (p)	Unstd. B	Std. Error	Beta	t	Sig. Coeff (p)
Work Scheduling and Flexibility	0.274	0.075	23.42	0	0.202	0.042	0.274	4.84	0
Nursing Staff Well-being	0.071	0.005	1.47	0.226	-0.099	0.082	-	-	0.226
Nursing Performance	0.306	0.094	29.87	0	0.329	0.06	0.306	5.465	0
Burnout	0.195	0.038	11.38	0.001	0.099	0.029	0.195	3.375	0.001

4.12 Distribution of Work Schedule Types by Hospital Type

The data show a significant difference in work schedule types between governmental and non-governmental hospitals. A majority of nurses in non-governmental hospitals (63.0%) work under flexible schedules, compared to only 42.1% in governmental hospitals. Conversely, fixed schedules with minimal choices are more common in governmental hospitals (40.2%) than in non-governmental ones (28.3%). Notably, fixed schedules without choices are relatively rare in both sectors but are twice as prevalent in governmental hospitals (17.7%) as in non-governmental hospitals (8.7%).

Table 4.12: Distribution of Work Schedule Types by Hospital Type

		What type of work schedule in your ward?			Total
		Fixed schedule without choices	Fixed schedule with minimal choices	Flexible schedule	
Current Hospital Type	Governmental	29 17.7%	66 40.2%	69 42.1%	164 100.0%
	Non-Governmental	11 8.7%	36 28.3%	80 63.0%	127 100.0%
Total		40 13.7%	102 35.1%	149 51.2%	291 100.0%

4.13 Relationships among key study variables: type of work schedule, work scheduling and flexibility, nursing staff well-being, nursing performance, and burnout

The Pearson correlation results displayed in Table 4.12 explore the relationships among work scheduling and flexibility, nursing staff well-being, nursing performance, and burnout. Firstly, work scheduling and flexibility demonstrated a significant positive correlation with both nursing staff well-being ($r = 0.290$, $p < .001$) and nursing performance ($r = 0.621$, $p < .001$), indicating that nurses who perceive more flexible scheduling tend to experience higher well-being and perform better in their roles. Moreover, work flexibility was negatively associated with burnout ($r = -0.256$, $p < .001$), suggesting that improved scheduling flexibility may reduce emotional exhaustion and stress among nursing staff.

Similarly, nursing staff well-being was positively correlated with performance ($r = 0.373$, $p < .001$), and negatively correlated with burnout ($r = -0.271$, $p = .014$). The latter finding, though slightly weaker in strength, remains statistically significant, supporting the theoretical assumption that higher well-being can buffer against burnout in healthcare environments. A moderate negative correlation was observed between nursing performance and burnout ($r = -0.404$, $p < .001$), highlighting that as burnout levels increase, nursing performance tends to decline.

Table.4.13 Correlation Matrix between Work Schedule, Flexibility, Well-being, Performance, and Burnout (N = 291)

Variables	Work Scheduling and Flexibility	Nursing Staff Well-being	Nursing Performance	Burnout Scale
Work Scheduling and Flexibility	1.000	0.290** (0.000)	0.621** (0.000)	-0.256 (0.000)
Nursing Staff Well-being	0.290** (.000)	1.000	0.373** (0.000)	-0.271 (0.014)
Nursing Performance	0.621** (.000)	0.373** (0.000)	1.000	-0.404 (0.000)
Burnout Scale	-0.256 (0.000)	-0.271 (0.014)	-0.404 (0.000)	1.000

Note:

Correlations significant at the **0.01 level (2-tailed)** are marked with **.

Chapter five:

The discussion

5.1 Introduction

This chapter goes into great detail on the study's results, organizing them according to the research goals and using relevant empirical and theoretical literature as a base. The goal of the study was to look into how flexible work hours affect the health, performance, and burn-out of nurses in both government and non-government hospitals in the South West Bank, Palestine. Each part of the discussion looks at the results in light of what is already known, pointing out where the results agree and disagree with other studies, and putting the conclusions in the perspective of the realities of the Palestinian healthcare system. The discussion also talks about what these results mean for healthcare policy, nurse management, and planning at the institutional level.

5.2 Current Work Schedule Practices among Nursing Staff in Palestinian Hospitals

The study found that there were three main types of work schedules for nurses: set schedules with no options (13.7%), fixed schedules with few options (35.1%), and flexible schedules (51.2%). These results show that even while fixed timetables are still used, Palestinian hospitals are moving toward more flexible scheduling choices. This change shows that institutions are becoming more conscious of how work schedules affect nurse morale and the efficiency of operations.

The results showed that nurses had an average level of work flexibility ($M = 2.90$), and more than half of the participants (51.2%) said they had flexible schedules. However, nurses said they had only a little control over when they worked, how many hours they worked, and how they could change their duty rosters. This means that the technology does allow for some flexibility, but it is still not fully implemented for nurse-centered flexible scheduling. These findings echo previous literature. According to Al-Hamdan et al. (2022), flexibility in work schedules remains underdeveloped in many Middle Eastern health systems, despite its recognized value in workforce retention. Similarly, studies in Jordan and Lebanon report moderate perceived flexibility, especially in public hospitals (Hamdan et al., 2023; Khrais et al., 2022).

The fact that more than half of the sample had flexible scheduling shows that hospital administrations, especially in non-governmental sectors, are starting to follow worldwide best practices for managing people in healthcare. This change backs up what other studies have discovered, such as Dousin et al. (2019), who found that hospitals with flexible schedule had

happier and more loyal staff. It also shows that organizations are still changing how they work to deal with labor shortages and keep employees longer by offering non-monetary rewards.

However, the fact that restrictive or only slightly flexible scheduling is still common implies that there is some opposition at the institutional or policy level in some regions. This resistance could be due to old management practices, a lack of administrative resources, or worries about keeping up with patient care. These problems show how important it is to make systemic policy changes and schedule changes based on evidence.

5.3 The Prevalence of Flexible Work Schedules in Governmental and Non-Governmental Hospitals

This study examined at how widely flexible work schedules are used in different types of hospitals, with a focus on comparing government and non-government hospitals. The results showed that non-governmental hospitals were more likely to use flexible scheduling than government hospitals. In particular, 63.0% of nurses in non-public hospitals said they worked on a flexible schedule, but just 42.1% of nurses in governmental hospitals said the same. On the other hand, strict schedule systems, where there were no choices or only a little flexibility, were more common in government settings. 57.9% of nurses worked under these conditions, compared to 37.0% in non-governmental settings.

These results show that there is a big difference amongst institutions when it comes to adopting flexible work arrangements. Non-governmental hospitals, which are generally run by commercial or semi-autonomous management structures, seem to be better able to put employee-centered scheduling practices into place. These organizations may put a high value on flexibility to keep nurses on staff, make them happy at work, and improve their performance. This is in line with best practices in healthcare human resource management around the world. This observation is in line with what the literature says: private or non-governmental healthcare institutions are more likely to offer flexible work arrangements because they have fewer bureaucratic rules and a greater focus on employee well-being and organizational performance (Mokhtar, Ruslan, & Abdullah, 2021; Yugi, Njeje, & Mwangi, 2023).

On the other hand, government hospitals may have structural problems that make it hard to use flexible scheduling. These problems include strict public sector policies, not enough staff, and not enough administrative freedom. These institutions may still use traditional fixed shifts since they haven't yet adopted current workforce management strategies. Also, the difficulty of coordinating staff schedules in busy public places may make people less likely to try out flexible arrangements, even when there is proof that they are helpful.

Because of this difference in how nurses are scheduled, it is possible that nurse results are different in different types of hospitals. Nurses who work at private hospitals are more likely to have a better work-life balance, less burnout. These are all things that directly affect the quality of care and staff retention. Policymakers and hospital administrators in the public sector can use these results as a reason to start making changes that will make scheduling more flexible in order to better assist their nursing staff.

5.4 Burnout among nurses in the South of the West Bank in Palestine.

The study showed that nurses were in average burn out level ($M = 31.7/50$), with certain signs, such emotional tiredness and systemic burden, scoring lower than others. Participants frequently reported feelings of exhaustion, being "bogged down" by the system, and insufficient rest.

This is in line with what we know from around the world: burnout is still a big problem for nurses, especially in places where they have a lot of work to do and little control over their schedules (Sullivan et al., 2022; Gómez-Urquiza et al., 2017).

Burnout among nurses is widely acknowledged as a significant occupational hazard, especially in settings marked by elevated patient loads, staffing deficiencies, and inadequate support systems. Gómez-Urquiza et al. (2017) performed a meta-analysis and determined that the worldwide prevalence of burnout among nurses ranges from 11% to 70%, contingent upon the context and methodologies employed. The modest levels observed in this study correspond with data from analogous emerging regions, where systemic problems intensify occupational stress (Alshammari et al., 2022).

This study found that nurses in government hospitals were marginally more likely to burn out than nurses in non-government hospitals. This may be because government hospitals have more bureaucratic pressure and fewer resources. This corroborates prior research conducted by Khrais et al. (2022), which demonstrated a significant correlation between burnout and factors such as organizational support, workload, and accessibility to mental health resources also, due to financial problem and salaries that they take parts or delayed.

There were also significant demographic differences in burnout. The study found that senior nurses (over 45) had higher burnout scores than younger nurses. This may be due to years of service stress building up and fewer chances to change jobs or change schedules. Conversely, younger nurses, particularly those with under two years of experience, may advantage from initial professional enthusiasm and fewer obligations. Olatunji et al. (2023) confirm these findings, noting that age and tenure substantially affect burnout levels, with mid- to late-career nurses experiencing greater emotional exhaustion.

The function of education in mitigating burnout was also examined. Nurses with diplomas reported somewhat higher levels of burnout than those with bachelor's degrees or above. This may be because they were less prepared for their jobs or because of the kind of tasks they were given in clinical settings. Furthermore, flexible work schedules seemed to alleviate stress, as nurses who reported having more control over their schedules exhibited lower burnout scores. This finding is consistent with the literature from Sullivan et al. (2022) and Wang et al. (2022), both of which determined that autonomy over work hours substantially alleviates emotional weariness and enhances mental health outcomes. , the moderate incidence of burnout seen among nurses in the result of a combination of systemic, organizational, and personal variables. These levels are not frightening, but they do need to be addressed in a specific way, such as by hiring more personnel, having supportive management, and making schedule more flexible. As worldwide literature continually underscores, tackling burnout is not solely an issue of individual resilience but also of institutional accountability and health policy reform (Kim et al., 2020; Cho & Song, 2021)

5.5 Level of nursing performance among nurses

The research indicated that nursing performance in the southern West Bank is moderate, with an overall mean score of 2.88 out of 5. This implies that nurses believe they are operating satisfactorily in multiple areas, such as efficiency, service quality, and task completion, yet not at peak levels. The item with the greatest score ($M = 3.04$) showed that most nurses could work on their own and do a good job, while the item with the lowest score ($M = 2.66$) showed that people thought there had been little progress in reaching overall goals in the preceding five years.

This pattern of results mirrors systemic issues in the healthcare sector, especially those associated with resource constraints, excessive workloads, and institutional inefficiencies. Al-Ghabeesh and Qattom (2019) conducted a study that revealed comparable modest performance levels among Jordanian nurses, indicating that job expectations and limited autonomy hindered performance outcomes. Alharbi et al. (2021) also underscored that resource deficiencies and ambiguous role expectations constituted significant impediments to good nursing performance in Middle Eastern settings.

The research underscores the impact of demographic variables. For instance, younger nurses (under 25 years) and those with 2–5 years of experience reported slightly higher performance levels, possibly due to increased energy, recent academic preparation, and ambition for career progression. This is in line with what Koçak and Oğlak (2020) found: that nurses who are just starting out generally bring new ideas and energy, which helps performance metrics. At the same time, older or more experienced nurses may be held back by burnout, systemic inertia, or a lack of reasons to keep growing (Tang et al., 2020).

Nurses employed at non-governmental hospitals exhibited superior performance ($M = 3.10$) compared to their counterparts in governmental institutions ($M = 2.69$). This difference could be because there are better staffing ratios, more flexible rules, or performance-based rewards in non-governmental situations. Lahana et al. (2019) reached analogous conclusions, identifying that working atmosphere and leadership strategies significantly influence nursing performance.

Moreover, the findings indicate that flexible work schedules correlate with improved performance outcomes. Nurses who had flexible schedules said they did better work than nurses who had fixed or rigid timetables. This aligns with the research by Cicolini et al. (2014) and Zhao et al. (2023), which indicated that enhanced autonomy and participatory scheduling foster job satisfaction, subsequently improving performance.

Lastly, burnout was found to have a negative link with nursing performance ($r = -0.404$), which means that as nurses get more emotionally tired, they are less able to do their jobs well. This strengthens the link between mental health and job productivity, as shown in research by Dall'Ora et al. (2020) and Lin et al. (2022), who call for policies that deal with both workload and mental resilience.

5.4 The Impact of Flexible Work Schedules on Nursing Staff Well-Being

One of the most important things this study found was that flexible work schedules were linked to better nurse wellness. This study identified a statistically significant positive correlation between flexible work schedules and the well-being of nursing staff ($r = 0.290$, $p < .001$), indicating that nurses with increased work flexibility are likely to report enhanced

emotional stability, life satisfaction, and psychological resilience. These results align with prior studies conducted by Yugi et al. (2023) and Nnko (2022), which highlighted the significance of flexible scheduling in alleviating occupational stress and enhancing mental health among healthcare professionals.

The current findings support the idea that flexible work arrangements assist nurse's balance their duties at work and at home. Nurses' ability to change their own schedules makes them feel more in charge and powerful, which are important for keeping their mental health in check.

The study also found a strong negative link between burnout and well-being ($r = -0.271$, $p = .014$), which means that better well-being may help protect against emotional weariness. These findings are consistent with the tenets of occupational health psychology, which emphasize the significance of autonomy and job control in promoting employee well-being. Healthcare organizations can cut down on emotional exhaustion and boost motivation by letting nurses change their hours. This will lead to improved patient care and lower staff turnover. So, supporting flexible work schedules should be seen as both an organizational strategy and a way to keep nurses emotionally strong and healthy in the long term.

5.5 The Effect of Flexible Work Schedules on Nursing Performance

The study also indicated a beneficial link between flexible work hours and nurse performance. People who had flexible schedules consistently stated they felt more productive, accurate in their care delivery, and overall efficient. These results are in line with what Dousin et al. (2019) and Stroup and Yoon (2016) found: that being able to work flexibly boosts energy levels and helps people manage their time better, which leads to better care outcomes.

In addition to self-reported performance, the study's quantitative analysis found statistically significant disparities in performance scores across different work schedule patterns. Nurses with strict schedules generally said they were tired, unmotivated, and had trouble managing their patient loads. These things made it harder for them to give high-quality care. On the other side, flexible schedules let nurses work when they were most productive and kept them from being overloaded with too many tasks, which made the workplace more effective.

It's also crucial to remember that better performance isn't just because of less stress; it's also because people are more engaged at work. Flexible schedules make employees feel valued and respected by their company, which boosts their intrinsic motivation. This enhanced dedication translates into proactive behaviors, higher patient satisfaction, and fewer medical errors (Affainine & Qutieshat, 2023). Therefore, cultivating flexibility is a strategic move that not only benefits personnel but also promotes organizational efficiency and patient care results.

5.6 The Relationship between Flexible Work Schedules and Burnout

This study revealed an important negative association between flexible work schedules and burnout among nurses, indicated by a Pearson correlation coefficient of -0.256 ($p < .001$). This suggests that increased scheduling flexibility correlates with reduced burnout levels. These findings support an increasing body of literature that identifies flexible scheduling as a mitigating factor against occupational stress in healthcare environments.

Pratiwi and Wulansari (2021) assert that burnout is significantly affected by the interaction between the work environment and job satisfaction. Their study showed that employees are much less likely to burn out when they feel like they have more support, freedom, and fairness in their job and scheduling. Flexible scheduling supports this conclusion by giving employees more choice over their work-life balance and letting them recover mentally during their time off.

Sari and Wuryaningsih (2021) similarly discovered that burnout is markedly diminished when nurses possess substantial autonomy and are permitted to manage their time and workload. Their findings indicated that rigid timetables lead to emotional fatigue, especially in high-pressure settings like hospitals. Being able to change work hours to fit your requirements helps you stay emotionally stable, which is a key way to protect yourself against long-term stress.

Moreover, research by Alenezi et al. (2019) indicates that task control and supervisor support—frequently integrated into flexible scheduling systems—are critical factors in reducing burnout among nurses. In settings where nurses indicate less control over their schedules, there is a significant increase in emotional tiredness, depersonalization, and a reduced sense of personal achievement.

The Job Demands-Resources (JD-R) model offers a valuable theoretical framework for interpreting these outcomes. In this paradigm, burnout occurs when the demands of a work are greater than the resources that are available. Flexible work schedules are an important employment resource because they help people deal with stress and make it easier to meet the demands of their jobs (Bakker & Demerouti, 2007).

A study by Dousin et al. (2019) also showed that flexible work arrangements can assist reduce burnout and increase engagement and commitment to the business. They said that flexibility shows that management trusts and respects people, which makes them more mentally strong. The findings are also consistent with research in similar healthcare contexts. A cross-sectional study in Egypt by Elghazally et al. (2022) showed that flexible working hours were associated with reduced burnout and higher well-being among critical care nurses. Additionally, a recent global review by López-López et al. (2023) concluded that inflexible working conditions are among the strongest predictors of nurse burnout, particularly in resource-constrained settings.

5.7 The Relationship between Socio-Demographic and Work-Related Variables, Well-Being, and Productivity

The findings of the present study demonstrated statistically significant differences in burnout levels among various demographic and occupational groups, specifically work schedule type ($p = .047$), age group ($p = .012$), and hospital type ($p = .044$). These results highlight the multifaceted nature of burnout and indicate that organizational structure and demographic factors may affect nurses' psychological resilience and stress levels.

The type of work schedule was very important. Nurses who had fixed schedules without choices had the highest burnout scores ($M = 33.80$), while those who had flexible schedules had the lowest ($M = 30.10$). This corroborates with research indicating that insufficient control over one's schedule may aggravate emotional weariness (Pratiwi & Wulansari,

2021). The significance of this difference ($p = .047$) substantiates the notion that schedule flexibility may serve as a protective factor against burnout by enhancing work-life integration and personal autonomy (Dousin et al., 2019).

Age group had a strong association with burnout ($p = .012$), as older nurses (≥ 45 years) exhibited higher mean burnout ratings ($M = 33.00$) relative to their younger peers. This may indicate persistent professional stress or age-related reductions in physical endurance, both of which might increase susceptibility to burnout over time (Alenezi et al., 2019). Younger nurses (< 25 years) may experience job-related stress, but their shorter time of exposure may account for their comparatively lower levels of burnout.

The type of hospital also had a big effect on burnout scores ($p = .044$). Nurses employed in non-governmental hospitals exhibited elevated burnout levels ($M = 32.30$) compared to their counterparts at governmental facilities ($M = 30.32$). This may be due to varying job demands, staffing ratios, or institutional support systems across sectors, as indicated by organizational stress research (Sari & Wuryaningsih, 2021).

Conversely, sex ($p = .18$), married status ($p = .80$), education level ($p = .23$), years of experience ($p = .45$), and income level ($p = 1.00$) were not statistically significant predictors of burnout in this population. These results are consistent with prior studies suggesting that burnout is more significantly affected by job design and institutional context than by individual background variables (Bakker & Demerouti, 2007).

5.8 Summary

This chapter looked at how flexible work hours affect nursing staff in the South West Bank, Palestine, in both government and non-government hospitals. It looked at things like well-being, performance, and burnout. The results were talked about in terms of the study's goals, what has already been written on the topic, and the social and organizational setting of healthcare in Palestine.

The research started with a demographic summary, which showed that most of the respondents who answered were female nurses between the ages of 25 and 44 who mostly worked in government hospitals. Different institutions had quite different sorts of work schedules. For example, flexible scheduling was more widespread in non-governmental hospitals (63.0%) than in governmental hospitals (42.1%). This difference shows how hard it is for public sector organizations to put current human resource policies into place because of problems with their structure and administration.

The conversation confirmed that flexible work schedules are linked to nurses being happier and healthier, especially when it comes to their mental health, emotional balance, and work-life balance. Nurses who worked on flexible schedules said they felt much less emotionally drained and burned out. This is comparable to what other research in similar healthcare systems have found (Dousin et al., 2019; Yugi et al., 2023).

Nurses who had access to flexible work schedules were more productive, more able to handle patient care, and reported higher quality of service. This fits with what research has shown: flexibility makes people more engaged, independent, and motivated, which are all important parts of being a good nurse.

The study also indicated that burnout levels were lower when people had more flexible schedules. Fixed timetables with no choices were linked to increased emotional weariness satisfaction. This shows how important it is for healthcare executives, especially those who

work for the government, to look at rigid scheduling systems that make workers tired and leave.

Finally, looking at socio-demographic and organizational variables showed that things like age, experience, ward type, and hospital type worked with work schedule type to affect the results of interest. Younger nurses and nurses who worked in high-intensity wards like the ICU and ER were more likely to want flexible scheduling because their jobs were so demanding.

This study clearly shows that flexible work hours are very good for nurses' health, performance, and ability to stay with the job. The results add to a growing body of research that stresses how important supportive work environments are for making healthcare systems stronger, especially in areas where there aren't enough workers and there are systemic stressors.

5.9 Recommendations

Based on the findings of this study, the following recommendations are proposed for policymakers, healthcare administrators, and future researchers:

For Healthcare Policymakers:

- Make national rules and policies that encourage flexible work schedules as part of a larger effort to improve human resources in the Palestinian health sector.
- Include FWS in hospital accreditation and quality assurance systems to get more hospitals to use it and hold them accountable.

For Hospital Administrators:

- Evaluate the viability and effects of flexible scheduling pilot programs in public hospitals. These programs could include things like reduced workweeks, rotating shifts, or shift bidding systems.
- Teach nurse managers and supervisors how to handle variable schedules while still making sure that there is enough staff and that the quality of treatment is high.
- Use surveys and group scheduling to regularly check in on staff needs and preferences to make sure that schedules are in line with both personal and organizational goals.

For Nursing Practice:

- Encourage nurses to be involved in making decisions about shift assignments to boost autonomy and engagement.
- Add flexible schedule to wellness programs to make nurses happier and keep them longer.

For Future Research:

- Do long-term studies to find out what causes FWS to affect nurse outcomes over time.
- Use qualitative approaches to look at the things that make it hard for FWS to be used in government hospitals.
- Compare the outcomes for nurses and patients using alternative scheduling models (such fixed vs. self-scheduling) to find the best ways to do things.

5.10 Limitations of the Study

Despite the value of its findings, this study has several limitations:

1. **Cross-Sectional Design:** The manner in which the research was set up makes it hard to say whether flexible work schedules cause outcomes like burnout or poor performance. Longitudinal research would provide us more information.

2. **Self-Reported Measures:** Data were acquired using questionnaires that people filled out themselves, which could be biased because people want to seem good or because they want to be honest.

3. **Geographic Scope:** The study only took place in the South West Bank, which may make it less applicable to other parts of Palestine or to places outside of Palestine.

4. **Limited Control for Confounders:** We didn't look closely at variables like the size of the hospital, how it was funded, or the ratio of patients to nurses, although they could affect how flexible the schedule is and how well the nurses do their jobs.

5. **Different Definitions of Flexibility:** Different people may have understood "flexible schedule" in different ways, since the term covers a wide range of arrangements.

6. **Impact of the War in Palestine:** The ongoing War that start in Oct, 2023 and instability in Palestine during the study period may have influenced nurses' stress levels, workload, and job satisfaction, independent of work schedules.

5.11 Conclusion

This chapter disclosed the findings of a comprehensive examination of the relationship between flexible work schedules and essential occupational outcomes among nurses in the southern West Bank that includes perceptions of work flexibility, well-being, job performance, and burnout. The study obtained a substantial response rate of 90.9% (N = 291), facilitating comprehensive data collection from nurses employed in both governmental and non-governmental facilities. The reliability of all essential study scales surpassed the permissible threshold, demonstrating the internal consistency of the employed instruments.

Descriptive findings indicated moderate levels of perceived work flexibility (M = 2.90), well-being (M = 2.86), and job performance (M = 2.88), in addition to a moderate burnout score (M = 31.7/50). Flexibility was highest among nurses with flexible schedules and lowest among those with rigid schedules devoid of options. Regression analysis similarly indicated that the nature of the work schedule strongly predicted levels of flexibility ($R^2 = .075$), nursing performance ($R^2 = .094$), and burnout ($R^2 = .038$); however, it did not serve as a significant predictor of well-being. These results underscore the significance of flexible scheduling in improving nurses' operational efficiency and alleviating stress-related consequences.

Additionally, correlation analysis indicated a robust positive link between flexibility and job performance ($r = 0.621$, $p < .001$), and a negative correlation between flexibility and burnout ($r = -0.256$, $p < .001$). Burnout was adversely connected with well-being ($r = -0.271$, $p = .014$) and performance ($r = -0.404$, $p < .001$), highlighting the relationship between occupational health and productivity. Demographic differences indicated that flexible

schedules were more common in non-governmental hospitals, and that younger and less experienced nurses were more likely to report greater flexibility and performance.

In general, these results support the idea that nurses who have more flexible work hours have better job outcomes. The results emphasize the significance of advocating flexible scheduling models in healthcare environments as a means to enhance staff performance and mitigate burnout. These insights will guide the subsequent chapter's examination of practical ramifications, policy recommendations, and coherence with existing literature.

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Appendix I: The questionnaire

Dear Nurses,

I am conducting a study as part of my Master's thesis at Al-Quds University to explore **The relationship between Flexible work schedule, nursing staff wellbeing, nursing performance and burnout among nursing in south West Bank in governmental and nongovernmental hospitals.**

The purpose of this study is to assess how different work schedules impact the mental and physical well-being of nurses, their job performance, and their risk of burnout. The findings will help in identifying workplace challenges and recommending improvements for nursing staff in Palestinian healthcare institutions.

Confidentiality and Voluntary Participation

Your responses will remain **strictly confidential** and will be used solely for academic purposes. Your participation is **voluntary**, and you may choose to withdraw at any time without any consequences.

Instructions for Completing the Questionnaire

- This questionnaire consists of **six sections** covering demographic details, work schedules, well-being, performance, burnout, and open-ended questions for your insights.
- Please **answer all questions honestly** based on your experiences.
- Some questions use a **Likert scale (1-5)**, where **1 = Strongly Disagree** and **5 = Strongly Agree**.

Your time and participation are highly appreciated. If you have any questions or need clarification, please feel free to contact me.

Thank you for your valuable contribution!

Best regards,

Mohammad Badareen

Phone: 0599-179998

Master's Student, Al-Quds University

Under supervision of **Dr. Ashraf Abuejheisheh**

Part one: Demographic data

1. **Sex**

Male Female

2. --**Age** Years

3. **Marital Status**

○ Single Married Divorced Widowed

4. **Educational Level**

○ Diploma Bachelor's Degree Master's Degree or higher

5. **Years of Experience in Nursing**

- Less than 2 years 2-5 years 6-10 years More than 10 years
- 6. **Current Hospital Type**
 - Governmental Non-Governmental
- 7. **Ward** Medical Surgical Pediatric ICU
 Gyna and Obs ER Other
- 8. **Number of Patients You Handle Per Shift**
 1-5 6-10 11-15 More than 15
- 9. **Income:**
 Less than 2850 Nis 2850 – 3850 Nis 3851 – 4850 Nis 4850 Nis and more than 5000 Nis
- 10. **What type of work schedule in your ward?**
 - Fixed schedule without choices
 - Fixed schedule with minimal choices
 - Flexible schedule

Section 2: Work Scheduling and Flexibility

SN	Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	There are not enough staff/nurses required to ensure compressed working in the unit					
2	Compressed working enables nurses to take time off for family reasons					
3	Nurses can compress their work week by working longer hours on fewer days					
4	Compressed working has helped nurses to increase their work efficiency					
5	Limited flexitime contributes to both work-family conflict and work stress among nurses					
6	Flexi-working has enabled nurses to have a high degree of independence with their working arrangements					
7	Nurses have a greater ability to set their own work start and end times					

8	There is a possibility to influence the creation of the duty roster since every nurse is consulted					
9	Nurses are given advance notice about what days and hours they will need to work					
10	The number of working shifts among nurses varies from time to time					
11	Nurses have an opportunity to negotiate for shifts that best suit their needs.					

Section 3: Nursing Staff Well-being

	Statement	All of the time (5)	Most of the time (4)	More than half the time (3)	Less than half the time (2)	Some of the time (1)	At no time (0)
1	I have felt cheerful and in good spirits						
2	I have felt calm and relaxed						
3	I have felt active and vigorous						
4	I woke up feeling fresh and rested						
5	My daily life has been filled with things that interest me						

Section 4: Nursing Performance

SN	Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	Overall nurses' target achievements have improved over the last 5 years					
2	Nurses have been able to achieve organization goals of the last 5 years					
3	Quality of services rendered by nurses to customers has greatly improved over the last 5 years					

4	Nurses in our hospital have been enabled to ensure timely service delivery to customers					
5	Nurses have been able to achieve organization goals of the last 5 years					
6	There is efficient use of resources in the provision of health services in my unit					
7	The efficiency and effectiveness of the work completed by nurses has improved in the last five years					
8	Majority of nurses can work independently and they give high performance					
9	Targets given to different nurses are often met on time					
10	Nurses have the ability to generate ideas for overcoming challenges					
11	Nurses are able to anticipate problems and develop contingency plans					
12	Nurses are able to implement new ideas that change services or processes in an institution					

Section 5: Burnout and Job Satisfaction

SN	Statement	Al-ways	Of-ten	Some-times	Rarely	Never
1	I am happy.					
2	I feel connected to others.					
3	I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].					
4	I feel trapped by my job as a [helper].					
5	I have beliefs that sustain me.					
6	I am the person I always wanted to be.					
7	I feel worn out because of my work as a [helper].					
8	I feel overwhelmed because my case [work] load seems endless.					

9	I feel "bogged down" by the system.					
10	I am a very caring person.					

Thank You

Appendix II: MOH facilitating letter

State of Palestine
Ministry of Health
Education in Health and Scientific
Research Unit



دولة فلسطين
وزارة الصحة
وحدة التعليم الصحي
والبحث العلمي

Ref.:
Date:.....

الرقم: ٢٠٢٠ / ١٧٩ / ١٢٤
التاريخ: ٢٠٢٠ / ١٧ / ١٢

الأخ مدير عام الإدارة العامة للمستشفيات المحترم،،،
تعية واحترام...

الموضوع: تسهيل مهمة بحث

يرجى تسهيل مهمة الطالب: محمد عبد الكريم بدارين- ماجستير ادارة التمريض/ جامعة القدس، وبإشراف د. أشرف أبو جحيشة، في عمل بحث بعنوان:

The relationship between Flexible work schedule, nursing staff wellbeing, nursing performance and burnout among nursing in south West Bank in governmental and nongovernmental hospitals.

من خلال السماح للطالب بجمع معلومات عن طريق تعبئة استبانة من قبل كادر التمريض بعد اخذ موافقتهم، وذلك في:

- مستشفى عالية - مستشفى بيت جالا - مستشفى دورا

على ان يتم الالتزام باساليب واخلاقيات البحث العلمي، وعدم التعرض للمعلومات التعريفية للمشاركين. على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التمهيد بعدم النشر لحين الحصول على موافقة الوزارة على نتائج البحث.

مع الاحترام..

د. عبد الله القواسمي
رئيس وحدة التعليم الصحي والبحث العلمي



نسخة: منسقة برنامج الماجستير/ دائرة التمريض المحترمة/ جامعة القدس

Appendix III: Ethical approval



Research Ethics Subcommittee of Faculty of Health Professions
Letter of approval

March 16, 2025
Ref. No.: RESC/2025-40

Dear Applicants, (Dr. Ashraf Abuejheisheh, Mr. Mohammad Badareen)

Program: MSc Nursing Department

The Research Ethics subcommittee of the Faculty of Health Professions has recently reviewed your proposal entitled (**The relationship between Flexible work schedule, nursing staff wellbeing, nursing performance and burnout among nursing in south West Bank in governmental and nongovernmental hospitals**) submitted by (Dr. Ashraf Abuejheisheh). Your proposal is deemed to meet the requirements of research ethics at Al-Quds University, but further assessment is required by the Central Research Ethics Committee of Al-Quds University. We wish you all best for the conduct of the project.

Hussein ALMasri, PhD

Hussein ALMasri

Associate Professor of Medical Imaging
Research Ethics Subcommittee Chair
Faculty of Health Professions

CC: File
CC: Committee members

العلاقة بين مرونة جدول العمل التمريضي وبين الرفاهية والأداء الوظيفي والاحترق الوظيفي للممرضين العاملين في المشافي الخاصة والعامة في جنوب الضفة الغربية.

اسم الطالب : محمد عبد الكريم احمد البدارين

المشرف : د. اشرف جهاد أبو جحيشة

الملخص

الخلفية: في ظل التطورات المستمرة في قطاع الرعاية الصحية، برز جدول العمل المرن كأحد التدخلات الأساسية لتحسين رفاهية الموظفين وأدائهم، لا سيما بين الممرضين الذين يواجهون ضغوطاً مهنية عالية وأعباء عاطفية. في فلسطين، يعاني الممرضون من نقص الكوادر، ورديات غير متوقعة، وضعف الدعم المؤسسي، الأمر الذي يؤدي إلى ارتفاع مستويات الاحتراق الوظيفي وانخفاض الرضا الوظيفي.

الهدف:

هدفت هذه الدراسة إلى تقييم العلاقة بين جدول العمل المرن، رفاهية الممرضين، أدائهم، ومستويات الاحتراق الوظيفي لديهم في المستشفيات الحكومية وغير الحكومية في جنوب الضفة الغربية.

المنهجية:

أجريت دراسة مقطعية كمية على عينة من 320 ممرضاً، حيث تم تحليل 291 استبانة صالحة (معدل استجابة 94.4%). جرى اختيار المشاركين بطريقة العينة الميسرة النسبية من مستشفيات حكومية وغير حكومية في منطقتي الخليل وبيت لحم خلال الفترة ما بين مايو ويونيو 2025. استُخدمت استبانة ذاتية منظمة لقياس المتغيرات الرئيسية: نوع جدول العمل، الرفاهية، الأداء، والاحتراق الوظيفي. تم تحليل البيانات باستخدام برنامج SPSS الإصدار 26، وشملت التحليلات الإحصائية الوصفية، اختبار "ت"، تحليل التباين (ANOVA)، معامل ارتباط بيرسون، والانحدار المتعدد.

النتائج:

أفاد 51.2% من الممرضين أنهم يعملون وفق جدول عمل مرن، بينما 35.1% يعملون وفق جداول ثابتة مع خيارات محدودة، و13.7% ضمن جداول ثابتة بلا خيارات. ارتبط جدول العمل المرن بشكل دال إحصائياً بمستويات أعلى من الرفاهية، وتحسن الأداء، وانخفاض الاحتراق الوظيفي. ($p < 0.05$) أظهر ممرضو المستشفيات غير الحكومية معدلات أعلى من الترتيبات المرنة ونتائج نفسية ومهنية أفضل مقارنة بنظرائهم في المستشفيات الحكومية.

بلغ متوسط درجة مرونة العمل 2.90، ما يعكس إدراكاً متوسطاً للمرونة بين المشاركين. أظهرت النتائج مستويات متوسطة من الرفاهية ($M = 2.9, SD = 1.1$) والأداء التمريضي الذاتي ($M = 2.88, SD = 1.05$). أما متوسط درجة الاحتراق فبلغ 31.7 من أصل 50، مما يشير إلى مستوى متوسط من الاحتراق. سجّلت الممرضات الإناث مستويات أعلى من المرونة ($M = 2.96$) والأداء ($M = 3.05$)، بينما أظهر الذكور مستويات أعلى من الرفاهية. لم يكن هناك فرق معنوي في الاحتراق بين الجنسين ($p = .180$).

كما تبين أن الحالة الاجتماعية أثرت بشكل معنوي على الرفاهية ($p = .008$) والأداء ($p = .003$)، حيث حصل المطلقون على أعلى الدرجات. وكان لمستوى التعليم تأثير معنوي على الرفاهية ($p < .001$)، حيث حقق حملة الدبلوم أعلى متوسط. ($M = 65.29$) كذلك أثرت سنوات الخبرة بشكل دال على كل من المرونة ($p = .031$) والأداء ($p = .010$). وأظهرت النتائج وجود ارتباط إيجابي بين

جدول العمل المرن ورفاهية المرضى ($r = 0.290, p < .001$) ، وارتباط سلبي قوي بين الاحتراق والرفاهية. ($r = -0.271, p = .014$) كما تبين وجود علاقة سلبية بين جدول العمل المرن ومستويات الاحتراق. ($r = -0.256, p < .001$)

الاستنتاج:

يساهم جدول العمل المرن بشكل كبير في تعزيز رفاهية المرضى وأدائهم، وتقليل مستويات الاحتراق الوظيفي لديهم. وللحد من معدل دوران الكادر التمريضي والإرهاق العاطفي وضعف الأداء، ينبغي على المؤسسات الصحية الفلسطينية تبني سياسات مبنية على الأدلة تركز على المرونة في جداول العمل. توصي الدراسة بإصلاحات سياساتية لدعم تطبيق جدول العمل المرن، وتدريب القيادات على إدارة الفرق المرنة، إلى جانب إجراء المزيد من الدراسات المستقبلية لاستكشاف التأثيرات طويلة الأمد في بيئات المستشفيات المختلفة.

الكلمات المفتاحية: جدول العمل المرن، الأداء التمريضي، الرفاهية، الاحتراق الوظيفي، فلسطين، المستشفيات، القوى التمريضية، الصحة المهنية.