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**Assessment of Job Performance and Quality of Care
among Nurses Who Work Double Job in Al Makassed
Hospital**

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**Assessment of Job Performance and Quality of Care
among Nurses Who Work Double Job in Al Makassed
Hospital**

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Al Quds University
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Thesis Approval

Assessment of Job Performance and Quality of Care among Nurses Who Work Double Job in Al Makassed Hospital

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Dedication

الرحمة والمغفرة لشهداءنا الأبرار والنصر القريب لفلسطين

"على هذه الأرض ما يستحق الحياة"


"On this land, what deserves life."

I dedicate this project to God Almighty, my creator, my strong pillar, and my source of inspiration, wisdom, knowledge, and understanding. He has been the source of my strength throughout this program, and on His wings only have I soared. I also dedicate this work to my husband, who has encouraged me all the way and whose encouragement has made sure that I give it all it takes to finish what I have started. To my children, who have been affected in every way possible by this quest. To my parents and my supervisor, Dr. Salam Alkhatieb, My love for you all can never be quantified. God bless you

Manal Hasan

Declaration

I certify that this thesis was submitted for the degree of master's as the result of my research, except where otherwise acknowledged, and that this thesis or any of its parts have not been submitted for a higher degree to any other university or institution.

Signature: 

Manal Khaleel Mohammad Hasan

Date:2024/1/8

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Abstract

Nurses are an important component in the industry of healthcare, and they are the first healthcare staff to interact with patients and, at times, the sole medical practitioner a patient encounters. Nurses provide care, support, and treatment for patients and their families. Therefore, a lot of emphasis is directed towards the quality of care they provide.

The present study aimed at assessing the levels of job performance and quality of care of nurses who worked double jobs, one of them at AL-Makassed Hospital, compared with nurses who had only one job in the same hospital. A cross-sectional study was conducted using self-administered questionnaires that were developed by the researcher after reading previous literature. A Consent sample of 253 nurses was recruited for the purpose of data collection.

The results of the study showed that 153 out of 253 nurses (60.5%) at Al-Makassed Hospital did not work double jobs, while 100 (39.5%) worked double jobs. Of the 100 nurses who worked a double job, 39.5 percent worked as nurses, 30% as clinical instructors, 13% worked in business, and 6% worked in building fields. More than half of the nurses were male (53%), while 47% were female. More than two-thirds (69.2%) of the participants were nurses aged between 20 and 39 years old, and 66.8% held a Bachelor's Degree. The results also showed that 84.3% of single-job nurses reported a high level of job performance, compared with 49% of those who worked double jobs. Additionally, 86.3% of single-job nurses reported a high level of quality of care delivered to patients, compared with 54% of nurses who work double jobs. Male nurses were more affected than female nurses, revealing that the majority (93%) experienced a moderate impact, with only 5% reporting a lower impact and 2% reporting a higher impact. Furthermore, nurses who held a Diploma ($M = 3.43$) reported lower job performance levels than those who held a Bachelor's degree ($M = 3.43$; $M=3.87$) respectively. Nurses who worked double shifts reported lower job performance than those who worked single shifts. In addition, female nurses reported higher quality of care scores than male nurses ($M = 4.02$; $M=3.85$, respectively). Nurses who held a Diploma reported lower quality of care than those who held a Bachelor's ($M=3.53$; $M=3.97$) respectively.

This study examined the perspectives of both nurses with duple jobs and with those single jobs toward job performance and the quality of nursing care. The current study has revealed noteworthy findings, as nurses working single jobs reported higher job

performance and quality of care levels than those working double jobs. The prevalence of double jobs at Al-Makassed Hospital was high, with 39% of nurses reporting working double jobs. Male nurses are particularly more affected than female nurses. Nurses who held a Diploma reported lower quality of care than those who held a Bachelor's degree. Based on these results, policymakers and nurse managers should regularly monitor the working hours and conditions of nurses to minimize the negative impact of double jobs on the quality of care. Understanding these dynamics is crucial for healthcare institutions to ensure the well-being of their nursing staff and the quality of care delivered to patients. In conclusion, the researcher believes that the performance of nurses at Makassed Hospital is affected by several factors. The Israeli occupation and the lack of equipment at the hospital both impact the job performance of nurses and the quality of nursing care. The researcher also believes that Makassed nurses are dedicated and committed to protecting the hospital from collapse. They are the foundation of the institution's continued existence. Further research and interventions may be needed to address the challenges faced by nurses with double jobs and the factors that contribute to their occurrence and improve their working conditions and patient care outcomes.

تقييم اداء العمل وجودة الرعاية بين الممرضين الذين يعملون وظيفة مزدوجة في مستشفى المقاصد

إعداد: منال خليل محمد حسن

إشراف: د. سلام الخطيب

الملخص

الممرضين هم ركن أساسي في صناعة الرعاية الصحية، ويشكلوا فريق الرعاية الصحية الأول الذي يتفاعل مع المرضى، وفي بعض الأحيان، يمثلون الممارس الطبي الوحيد الذي يلتقيه المريض. يوفر الممرضون الرعاية والدعم والعلاج للمرضى وعائلاتهم. وبالتالي، يتم توجيه الكثير من التركيز نحو جودة عملهم.

هدفت الدراسة الحالية إلى تقييم مستويات الأداء وجودة الرعاية للممرضين الذين عملوا في وظيفتين مزدوجتين واحدة منهم في مستشفى المقاصد، مقارنة مع الممرضين الذين لديهم وظيفة واحدة فقط في نفس المستشفى. تم إجراء دراسة مقطعية باستخدام استبيانات ذاتية تم تطويرها من قبل الباحث بعد قراءة الدراسات السابقة. وبلغت العينة 253 ممرض، تم أخذها عن طريق العينة الملائمة.

وأظهرت نتائج الدراسة أن 153 ممرض من أصل 253 ممرضاً وممرضة (60.5%) لا يعملون في وظيفتين، في حين أن 100 (39.5%) يعملون في وظيفتين واحدة منها في مستشفى المقاصد. ومن بين 100 ممرض عملوا في وظيفة مزدوجة، عمل (39.5%) كممرض، و30% كمدرس إكلينيكي، وعمل 13% في الأعمال التجارية، و6% عملوا في مجالات البناء. وكان أكثر من نصف الممرضين من الذكور (53%)، في حين أن (47%) منهم من الإناث. أكثر من ثلثي (69.2%) الممرضين الذين تتراوح أعمارهم بين 20-39 سنة و(66.8%) حاصلون على درجة البكالوريوس. وأظهرت النتائج أيضاً أن (84.3%) من الممرضين ذوي الوظيفة الواحدة أبلغوا عن مستوى عالٍ من الأداء مقارنة بـ (49%) من الممرضين ذو الوظيفة المزدوجة. بالإضافة إلى ذلك، أبلغ (86.3%) من الممرضين العاملين في وظيفة واحدة عن مستوى عالٍ من جودة الرعاية المقدمة للمرضى مقارنة بـ 54% الممرضين الذين يعملون في وظيفة مزدوجة. وكان الممرضون الذكور أكثر تأثراً من الممرضات الإناث، مما يكشف أن الغالبية (93%) تعرضوا لتأثير معتدل، حيث أبلغ 5% فقط عن تأثير أقل و2% عن تأثير أعلى. علاوة على ذلك، أفاد الممرضون الحاصلين على شهادة الدبلوم ($M=3.43$) بأداء أقل من أولئك الحاصلين على شهادة البكالوريوس ($M=3.87$). أفاد الممرضون الذين عملوا في

وظائف مزدوجة بأداء أقل مقارنة بمن يعمل بوظيفة واحدة. بالإضافة إلى ذلك، أظهرت الممرضات درجات جودة رعاية أعلى مقارنة مع الممرضين الذكور ($M=4.02$ ؛ $M=3.85$) على التوالي. أظهرت النتائج أن الممرضين الحاصلين على الدبلوم لديهم جودة رعاية أقل مقارنة بالحاصلين على درجة البكالوريوس ($M=3.53$ ؛ $M=3.97$) على التوالي.

تناولت هذه الدراسة وجهات نظر كل من الممرضين الذين يمارسون وظيفتين والذين يمارسون وظيفة واحدة تجاه الأداء الوظيفي وجودة الرعاية التمريضية. وكشفت الدراسة الحالية عن نتائج جديدة بالملاحظة حيث أفاد الممرضون الذين يعملون بوظيفة واحدة عن أداء وظيفي وجودة رعاية أعلى من أولئك الذين يعملون بوظيفتين. وكانت نسبة انتشار العمل المزدوج في مستشفى المقاصد مرتفعة حيث أفاد 39% من الممرضين بالعمل بوظيفتين.

بناءً على هذه النتائج، يجب على صانعي السياسات ومديري التمريض مراقبة ساعات العمل وظروف عمل الممرضون بانتظام لتقليل الآثار السلبية للوظائف المزدوجة على جودة الرعاية. إن فهم هذه الديناميكا أمر ضروري لمؤسسات الرعاية الصحية لضمان رفاهية طاقمها التمريضي وجودة الرعاية المقدمة للمرضى. في الختام، ترى الباحثة أن أداء الممرضات والممرضين في مستشفى المقاصد يتأثر بعوامل عديدة. بجانب تأثير الاحتلال الإسرائيلي، يؤدي نقص المعدات الطبية في المستشفى إلى إعاقة أداء الممرضين وخفض جودة الرعاية التمريضية. كما ترى الباحثة أن ممرضات وممرضي المقاصد يتمتعون بحس عال بالمسؤولية والتزام قوي تجاه حماية المستشفى من الانهيار. وهم بمثابة حجر الأساس لاستمرار هذه المؤسسة العريقة.

قد تكون هناك حاجة إلى مزيد من البحث والتدخلات لمعالجة التحديات التي يواجهها الممرضون الذين يمارسون وظيفتين والعوامل التي تساهم في حدوث العمل المزدوج من أجل تحسين ظروف عملهم مما سيؤثر على رعاية المرضى.

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List of abbreviations:

WHO	World Health Organization
IOM	Institute of Medicine
FMCDM	Fuzzy Multi-Criteria Decision-Making Technique
DANP	DEMATEL-ANP
LTC	Long-Term Care
RNs	Registered Nurses
LPNs	Licensed Practical Nurses
CNAs	Certified Nursing Assistants
UHC	Universal Health Coverage
MJH	Multiple Job Holding
JCAHO	Joint Commission on Accreditation of Healthcare Organizations

Chapter one

Introduction

This chapter introduces the subject of Assessment of Performance and Quality of Care among Nurses Who Work Double Jobs in Al Makassed Hospital. Also, in this chapter, the study problem is identified and the significance of the study is discussed. Moreover, the aim and objective of the study are stated.

1.2 Background

Healthcare is a people-oriented industry. Generally, patients use healthcare services for their physical and mental health and receive nursing care that is managed by nurses. Nurses provide ongoing care from the patient's admission until discharge. Nurses are personnel who occupy a leading position in assisting to heal, protect, soothe, and prevent patients from pain and diseases (Hee et al., 2016). Caregivers and midwives are the world's largest group of health professionals, representing 48% of the global health workforce (Russo et al., 2018), and they are an important component in the efforts to improve the quality of care in health institutions (Needleman, 2014).

To achieve desired healthcare results, technical expertise, experience, education, and the effectiveness of service delivery, or nurse "performance," all play a significant role (Whyte, 2000). Job performance among nurses and its determinants were seriously emphasized in the literature. In the healthcare context, nurses' job performance focuses on understanding patients' needs and delivering proper care and solutions. Nurses must be able to adjust their performance to meet patients' expectations (Hee .et.2016).

Nurses should act properly to produce the desired results, and supervisors should follow up on their performance (Demmer, 2005).

The job performance of nurses is a multidimensional concept (Parker, 2007); task performance and contextual performance are typically the two components used in academic literature to analyze nurse performance (Coleman & Borman, 2000). Task performance includes the roles

of employees within an organization in terms of their main jobs and tasks (Coleman & Borman, 2000). While contextual performance is the employee's willingness to help colleagues, ability to achieve collaboratively, and willingness to exert extra effort to complete the work (Coleman & Borman, 2000).

In healthcare services, the employees' performance became more challenging as the nature of the job required a high level of sensitivity and utmost accuracy, where a small mistake could lead to severe consequences (Platis, 2009). In nursing, job performance is even more crucial, as the patients' recovery and safety depend mainly on the quality of care and services provided by nurses (Dall'Or, 2011).

The quality of care has been defined by the World Health Organization (WHO) as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge and is critical for achieving universal health coverage (WHO, 2022). Quality health care can be defined in many ways, but there is growing acknowledgment that quality health services should be effective, safe, and people-centered (WHO, 2022).

Despite the fact that many articles have offered hypotheses and interpretations on the nursing job performance and quality of care, no specific study appears to have assessed the impact of nurses' double jobs on performance (McPake et al., 2016), and less research has been done on nurses having multiple jobs (Rispel, 2015). However, health workers' dual practice is regarded unfavorably in the academic literature in general (McPake et al., 2016).

'Double job' can take different forms and shapes, with often blurred boundaries. Some authors mention 'Dual practice', 'secondary jobs, and 'moonlighting' practices (Russo et al., 2018). Double job' in the health sector has been defined as health workers' concomitant engagement in public and private sector clinical activities, with the public sector job representing the 'primary' one to which the largest proportion of working hours are allocated (Russo et al., 2018).

However, nurses' engagement in multiple job holdings is, in comparison, less explored, despite preliminary evidence of its high prevalence in high-income as well as low-income settings (Russo et al. 2018). Palestine is considered one of the low-income countries, where Palestinians live under Israeli occupation and suffer from bad economic and health conditions, which leads to the main source of income not being sufficient to meet the basic needs of

Palestinian families (World Bank, 2021). Therefore, family members start looking for a second job, and this trend is more prevalent in the public health sector, especially among nurses (Al-Makassed Hospital Journal 2022). -

Despite the fact that having a second job is financially beneficial, it can be stressful and exhausting, and this situation applies to nurses in Palestine who were forced by life circumstances to work double jobs to live a decent life. Research showed that there is a concern among policymakers and patients alike that simultaneous engagement with public and private sector activities affects the quality of services in the public sector badly (McPake et al., 2016).

Al-Makassed Hospital is one of the biggest hospitals in Palestine and the leading medical center in Palestine (Al-Makassed. Journal, 2022), Al-Makassed Hospital, rooted in the Jerusalem and provided health services to all Palestinians in Jerusalem, West bank and Gaza strip. Therefore, Its collapse would be a devastating blow, not just to the hospital itself but to the Palestinians who depend mainly on its services. Recently. Al- Makassed Hospital has faced a financial crisis that makes it unable to cover all of its operational, administrative, educational, and salary expenses through the patient fees it collects. In addition, this deficit increases because the book value of the invoices owed to Makassed is not equal to the value of the invoices collected. There are personal debts owed by patients that are effectively worthless and amount to about twenty million dollars. The poor financial conditions of large sectors of the beneficiaries of Makassed services do not qualify them to pay these accumulated debts.

The delay in the monthly payment of service invoices by the Ministry of Health (the hospital's main client) leads to a continuous disruption in Makassed's payment schedule, which leads to the accumulation of this permanent deficit. This accumulation has led to a steady worsening of the crisis, which has forced the hospital to borrow from Palestinian banks. This has added the burden of debt interest to the hospital's bill, which has exacerbated the crisis cumulatively. We have reached the point where the service of the general debt from the banks is eating away at what little space is left to stop the decline (AL-Makassed. article.2022). Therefore, the researcher will focus on measuring the effect of dual jobs on nurses' job performance and quality of care at Al-Makassed Hospital.

1.2 Aim of study

The main aim of this study was to assess the level of job performance and quality of care among nurses who work double jobs, one of the themes in Al-Makassed Hospital, compared with nurses who have only one job in the same hospital.

Study- specific objectives:

- To assess the level of job performance of nurses who have one job at Al-Makassed Hospital.
- To assess the level of job performance for nurses who are working double jobs, one of them at Al-Makassed hospital
- To evaluate the quality of care performed by nurses who have one job at Al-Makassed hospital
- To evaluate the quality of care performed by nurses who are working double jobs, one of them at Al-Makassed hospital
- To compare the job performance level and the quality of care for nurses who have double jobs and nurses who have one job at an Al-Makassed hospital.
- Determine if there are significant differences in job performance and quality of care for nurses working at Al-Makassed Hospital related to socio-demographic characteristics (age, gender, marital status, years of experience, monthly salary, number of shifts, type of shifts (morning, evening, night), department).
- Provide recommendations for policymakers to enhance nurses' performance and increase the quality of care based on the findings of this study.

1.3 Research Question

Through this study, the researcher tried to answer the research questions as follows:

Main question: "Is working on double jobs affecting the job performance and quality of care of nurses at Al-Makassed Hospital?"

Sub questions:

- What are the levels of job performance and quality of care for nurses at Al-Makassed Hospital?

- What are the levels of job performance and quality of care among nurses who have double jobs at Al-Makassed Hospital?
- Are there significant differences at 0.05 between job performance levels of nurses who have double jobs and nurses who have one job in Al-Makassed Hospital?
- Are the differences at 0.05 in performance and quality of care between nurses working on double jobs and nurses who have one job due to working on double jobs?
- Are there significant differences at 0.05 between nurses' performance due to socio-demographic (age, gender, marital status, years of experience, monthly salary, number of shifts, type of shifts (morning, evening, night), department) characteristics of nurses who have a double job in Al-Makassed Hospital?
- Are there significant differences in nurses' quality of care due to the socio-demographic characteristics of nurses who have double jobs at Al -Makassed Hospital?

1.4 Research Hypotheses

The research hypotheses are the following:

1. There is no significant statistical difference at 0.05 between the mean performances of nurses who have double jobs compared to nurses who have one job in Al-Makassed Hospital.
2. There is no significant statistical difference at 0.05 between the mean quality care of nurses who have double jobs compared to nurses who have one job in Al-Makassed Hospital.
3. The claim that there is no significant statistical relationship at 0.05 between working on a double job among nurses and their performance in Al-Makassed Hospital.
4. There is no significant statistical relationship at 0.05 between working a double job among nurses and their quality care in Al-Makassed Hospital.
5. There is no significant statistical difference at ($\alpha \leq 0.05$) between the means of nurses' performance due to socio-demographics.
6. Variables (age, gender, marital status, experience, monthly salary, number of shifts, type of shifts (morning, evening, night)).

7. There is no significant statistical difference at 0.05 between the means of quality of care for nurses due to socio-demographic variables (age, gender, marital status, experience, monthly salary, number of shifts, type of shift, morning, night, evening).

1.5 Problem Statement

Al-Makassed Hospital has some problems paying salaries on time; nurses, similar to all other healthcare workers in the hospital-suffer from low salaries and delays in receiving these salaries (Al-Makassed Website 2022, October 26). The salary is the biggest concern among nurses. Knowing that private health sectors usually provide better compensation than public health sectors. So, nurses tend to search for a second job in the private sector.

Literature showed that health workers' double jobs are regarded unfavorably, it also showed that double jobs are associated with increased tiredness, lack of alertness, idleness, absenteeism, and difficulty of communication with resident staff and often entail a conflict of interest, which might lead to undermining health service quality and public trust in public health institutions (Russo et al., 2018). According to previous studies by Altindis (2011), Kolawole and Ali (2013), and Muogbo (2013), one of the factors that influences nurses' job performance is motivation. Other research showed that double jobs affect motivation and quality of care (Russo et al., 2018).

Despite the high number of nurses who work double jobs in Palestine (Birzeit University, 2022), According to the researcher's knowledge, the number of nurses working double jobs in Palestine. Add to this the fact that there is no empirical study that shows the effect of double jobs on performance and quality of care. Hence, there is a rising need to study the effect of double jobs on performance and quality of care in the Palestinian community to predict the outcomes of healthcare services.

Double jobs may have different effects on nurses' performance and quality of care. Therefore, this study focuses on double jobs as one of the determinants of job performance and quality of care and intends to examine the relationship between double jobs and job performance and quality of care among nurses in Al -Makassed Hospital in Jerusalem.

1.6 Significance of the Study

Double practice is common among health professionals worldwide. There is a concern among policymakers and patients alike that simultaneous engagement with public and private sector activities affects the quality of services in the public sector badly (McPake et al., 2016). However, nurses' engagement in double job is, in comparison, less explored, despite preliminary evidence of its high prevalence in high-income as well as low-income settings (Russo et al. 2018).

Health workers' double practice has been identified as one of the priority research areas in the human resources for health domain (Ranson et al., 2010). The Society for Human Resources Management stated that many employers believe that double job holding can have detrimental effects on individual productivity and organizational loyalty (Hirschman, 2000). Holding two jobs may leave individuals tired and devoid of energy (Davidson, 2016; Mattis, 2008), and dual job holding may also be a source of distraction for employees (Rodell, 2013).

Understanding the extent of double job practice in the hospital will enable the hospital's managers to design more suitable solutions. Furthermore, addressing the impact of double job on nurses' performance and quality of care will enable hospital managers to implement measures to manage, regulate, or control the double job. Those measures will help positively in the improvement of the provision of care.

Under the Israeli occupation, one of the most prominent obstacles to Palestinians' lives, Palestinian nurses suffer from difficult life conditions, including bad economic conditions and low salaries that force them to do double work to be able to afford their basic needs. However, according to the researcher's knowledge, there are no Palestinian studies or statistics that determine the number of nurses who work double jobs in Palestine, but there are some international studies about the effects of double jobs on performance and quality of care.

This study seeks to fill this research could help identify the factors related to nurses' engagement in double jobs, which may enlighten policy makers and managers.

1.7 Terms and definitions

Double job: It means having more than one job, or, in other words, having an official stable job and taking on other activities after your work hours or during your spare time (such as weekends) to have extra income (Russo et al., 2018).

Nurse performance is how nurses perform their activities and apply medical procedures (Nabirye et al., 2011).

Performance: It is the total behavior of a person, the use of specialized knowledge, and the attitude acquired through training, as well as the organization and integration of practice (Bargagliotti, 2003).

Quality of care is the degree to which the nursing care provides activities for its standards of practice (Murry, 2003).

Nursing: Nursing encompasses the autonomous and collaborative care of individuals of all ages, families, groups, and communities, sick or well, in all settings. Nursing includes the promotion of health, the prevention of illness, and the care of ill, disabled, and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy, patient and health system management, and education are also key nursing roles (International Council of Nursing, 2024).

CHAPTER TWO

Review of Relevant Literature

This chapter presents a review of literature related to the study topics, which includes background on nursing performance, double jobs, and some information on the quality of care. Moreover, this literature review was collected from published articles, master's dissertations, peer-reviewed journals, and textbooks.

2.1 Performance in Healthcare:

To enhance the quality of health care services, decrease error rates, and increase efficiency, the performance measurement of health care workers becomes crucial. It was noted in the World Health Report (WHO, 2017) that achieving good health for the population, making sure that health treatments are accessible to the public, and maintaining fair payment systems are the broad objectives of a healthcare system (Veillard et al., 2005). According to Veillard et al. (2010), the three major goals of the healthcare system are: 1) to assign duties to those who benefit from health; 2) to create better-suited political systems; and 3) to enable knowledge sharing between those who benefit and other stakeholders. However, due to the complexity of its evaluation, the idea of care quality is challenging to grasp (Pilgrimien & Buinien, 2008).

Performance evaluation is described as the act of gathering, calculating, and reporting quantified constructs for managerial purposes of following up on monitoring and enhancing organizational performance (Lizarondo et al., 2014). Efficiency, effectiveness, yield, productivity, quality, access, and equity are all included in the concept of performance, which is frequently viewed as being dependent on organizational performance (Sicotte et al., 1998). Campbell (2000) proposed seven themes as the primary domains for the establishment of performance indicators: the patient's experience, clinical activity, service development and innovation, access, health promotion, cost-effectiveness, and quality of life outcomes. On the other hand, six dimensions of quality were defined by the Institute of Medicine (IOM)

according to WHO (2006) and Wolfe (2001): Effectiveness, efficiency, accessibility, patient-centeredness, equity, and six more qualities.

Performance measurement refers to a tool that can be used to track and assess the effectiveness of crucial administrative, clinical, and support tasks that have an impact on patient outcomes (Mainz, 2003). It gauges the degree to which objectives or targets are attained. Measures of performance should be connected to the service's strategic planning and the organization's principles and standards (Jolley, 2003; Purbey et al., 2007). Performance metrics at the national level should include broad-based outcomes (Jolley, 2003). Hence, structure, procedure, and results should all be considered in performance measures (Duncan & Murray, 2012).

2.2 Performance and its Related Concepts

According to Crosby (1996), each employee's performance within a company reflects the level of service provided there and the effectiveness of the company as a whole. This is accomplished by setting measurable expectations for employees' performance accomplishments, which are necessary to acquire a high level of performance. According to Spanberg (1990), effective performance reviews can bring a company together, enable it to fulfill its objectives, and let employees know how they are doing at work.

The word "performance" is used to draw attention to a person's entire conduct, which includes organization, the application of specialist knowledge, the attitude they have developed through training, as well as organization and integration of practice (Bargagliotti, 1999).

As a continuous procedure, performance evaluation poses no psychological danger to the employee. Constant human input is what causes people to acknowledge problems and work to find solutions (Young, 1992).

Performance evaluation is a crucial component of assessing current health services, and it is required for improvement in health care by concentrating on what the healthcare providers accomplish (Jurnm, 1996). The elements of a position description, the duties and responsibilities associated with that position, and the development and mastery of skills and knowledge should all be considered in a performance assessment. It symbolizes the continuing process of the treatment provided (Jacob, 200).

Quality is measured in the healthcare setting. The establishment of criteria outlining performance standards of care allows staff members who work in this field to gain insight into various measurement techniques. These will be evaluated using standard, pre-established clinical markers that are used by all comparable healthcare organizations. Although the indicator won't be the only factor in determining quality, it will act as a catalyst for examination and remedial action. Furthermore, the (Jacob.200) noted that effective, suitable, and readily accessible clinical management of patients is a sign of high-quality care.

In certain places, nurses are in charge of providing care and are accountable for its effectiveness. As a result, when it comes to coming up with ways to gauge and maintain the caliber of nursing care, nurses ought to be at the forefront. This may be considered one way to maintain clinical autonomy (Henerson, 1984).

2.3 Purposes of Assessing Nurses' Performance

Monitoring nurses' performance aids in controlling their behavior to deliver high-quality services in large quantities. It aids in identifying the performance weaknesses and strengths of nurses (Kopelman, 1999). A manager can accomplish a variety of objectives by regularly evaluating each nurse, including assisting a satisfied worker to further improve performance, letting the worker know which aspects of her or his performance need improvement, finding the best nurse for a particular assignment, improving communication with dissatisfied workers, and laying the groundwork for future job coaching (Gillies, 1996)

Additionally, performance assessment provides an indispensable practical tool for raising the quality of care, advocating professional nurses' standards (Marsland, 1992), and analyzing and reporting data gathered from assessment (Swans, 1997). It also serves employees' rights to know how well they are doing and what can be done to improve performance.

Performance evaluation, according to Gillies (1996) and Rowland and Rowland (1997), acts as a forewarning for training. Managers can uncover subordinate weaknesses, potentials, and training needs through performance data. As a result, the educational program can be created and implemented by the director of staff development while still meeting corporate goals, and according to Anderson and Hay (2000), performance evaluation can offer systemic judgments to support pay, increase promotions, facilitate transfers, and aid in the development of employees.

2.4 Measuring and Assessing Quality of Care

The Institute of Medicine (IOM) defines Quality of Care as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” (IOM, 1999). This institute defines six main pillars fundamental to delivering a high quality of care: health care must be safe, effective, patient-centered, timely, efficient, and equitable (IOM, 2001).

The current definition of assessment is “the process by which the qualities and requirements of groups or situations are evaluated or determined so that they can be addressed”. The assessment serves as the foundation for a service or action plan (WHO, 2003). To evaluate nurses' contributions to patient care and develop a set of nursing processes and outcomes to direct quality improvement, the evaluation process is crucial for quality measurement. There are numerous methods for evaluating the caliber of nursing care standards. The observation instrument serves as a tool for gauging the caliber of nursing care and naturally encourages data collection and equipment recording. The best process criteria offered in nursing literature were compiled and enhanced for this document. The instrument's criteria are arranged by the nursing model of assessment: planning, implementation, and evaluation (Naylor, 2007).

2.5 review of regional studies

(Meghdad et al., 2020) conducted a study at a hospital affiliated with Kashan University of Medical Sciences to evaluate nurses' performance using the 360-degree model and a (fuzzy multi-criteria decision-making technique) for nurse selection. The study consisted of three stages. Firstly, criteria and sub-criteria for performance assessment were identified and classified into five groups: technical skills, human skills, perceived skills, individual characteristics, and compliance with organizational rules. Secondly, criteria and sub-criteria were weighted using the DEMATEL-ANP (DANP) method in a fuzzy environment. Thirdly, nurses' performance was assessed using the 360-degree model, incorporating evaluations from supervisors, coworkers, self-assessments, and patients with their companions. The VIKOR questionnaire was employed, revealing that "Human Skills" received the highest score among the five assessment criteria. Within 21 sub-criteria, "Identify the strengths and weaknesses," "Suitable relationships with patients," and "Partnership with colleagues" ranked the highest. In

the 360-degree model, the supervisor's assessment held the highest weight at 0.521, while the self-assessment had the lowest weight at 0.042. Nurse 3 in the children's and infants ward achieved the highest ranking. The proposed method offers more realistic results due to the weighted criteria and sub-criteria, providing a comprehensive understanding of each element's importance.

Al-Makhaita et al. (2014) in Saudi Arabia conducted a study aimed at evaluating self-reported job performance levels among nurses in primary and secondary care settings. The research also aimed to identify variables that could predict performance across different care levels. This cross-sectional epidemiological study utilized a self-administered questionnaire based on the Schwirian Six Dimension Scale of Nursing Performance. The data were gathered from a convenient sample consisting of 637 nurses, with 144 from primary health care centers and 493 from secondary care hospitals. The analysis employed descriptive statistics, the Chi-square test, and Logistic regression analysis. The findings indicated that approximately half of the surveyed nurses perceived their performance as good, with similar outcomes between primary and secondary care levels. Nurses in primary care exhibited higher ratings in certain performance areas such as teaching, communication, planning, and personal development. On the other hand, nurses in secondary care excelled in leadership and critical care ratings. Significant predictive factors for the performance of nurses in secondary health care included stress, shifts, and department of work. Job stress and work shifts were negatively correlated with performance, underscoring the importance of implementing effective strategies to assess and manage stress as well as reexamining work conditions, including work shifts, to establish more suitable working situations.

2.6 International Studies

(Brahim et al.2021) conducted a literature review to examine research in the domain of performance measurement and management within the healthcare sector. The study encompassed investigations related to performance measurement and management in health across diverse settings. Publications predating 2018 were sourced from PubMed, Scopus, Web of Science, and Google Scholar. The researchers systematically analyzed the international literature using thematic analysis, focusing on key terms such as "performance assessment," "performance evaluation," "performance measurement," "health indicators," "conceptual

framework," "assessment framework," "health system performance," and "monitoring and evaluation." A total of thirty-seven articles were scrutinized, and a collection of conceptual frameworks was assessed. The findings were interpreted through the lens of seven thematic areas within the conceptual framework: fundamental questions in performance evaluation, aims and objectives, role and goals, performance, conceptual frameworks, dysfunction of the health system, and performance assessment. The scope of care encompassed health promotion, preventive measures, and curative care. Most organizations were found to be in the early stages of developing or implementing performance measurement, although several dysfunctions were identified. These included a lack of systematic outcome assessment, insufficient documentation, a deficit in resource evaluation concerning quality for specific diseases, and ongoing variations among providers in the care provided to similar patients.

Utami et al. (2020) conducted a study focusing on the performance of married female nurses in various hospitals in Bondowoso, Indonesia. The research aimed to explore the impact of dual career commitments and the work environment on the performance of female nurses, with work stress considered as an intervening factor. The study included all married female nurses with children working at Dr. Kusnadi Hospital, Bhayangkara Hospital, and Mitra Medika Hospital in Bondowoso, using a saturated sample or census for data collection, incorporating both qualitative and quantitative data. The path analysis in this study revealed several key findings. Firstly, dual career commitments were found to positively and significantly influence job stress. Secondly, the work environment had a negative and significant impact on job stress. Thirdly, dual career commitments negatively affected job performance, while the work environment positively and significantly influenced job performance. Moreover, job stress was identified as having a negative and significant effect on the job performance of female nurses in Bondowoso, Indonesia. The statistical results highlighted a significant impact of dual career commitments on the job performance of female nurses in the region. In terms of dual career commitment indicators, 79% of respondents agreed or assigned a high score to the fifth indicator, specifically related to work interference. Conversely, for the job performance variable, 62.5% of respondents agreed or assigned the highest points to the second indicator, focusing on quantity. This suggests that the interference in employees' roles significantly influences performance, contributing to the alignment of the quality of work produced. The study emphasized the importance of mindful career choices for

women, considering the function and purpose of their careers. It suggested that positive intentions, such as contributing to family financial well-being or dedicating oneself to religious, national, or civic causes, lead to favorable outcomes. Balancing family responsibilities and a career, however, presents challenges for female workers, impacting their roles as wives, mothers, housekeepers, and employees. The research concluded that the dual responsibilities of being a nurse and a family member can create conflicts between work and family roles, resulting in work stress and diminished performance. An unfavorable work environment can also act as a stress trigger, negatively affecting the performance of nurses. In summary, the study indicated that dual career commitments contribute to job stress and reduced performance, while a supportive work environment decreases job stress and enhances job performance among female nurses in Bondowoso, Indonesia.

Malinowska-Lipień et, (2021) conducted a study to examine the prevalence and motives behind dual practice, the simultaneous employment in two healthcare settings, among 1023 nurses in the Lesser Poland Voivodeship, Poland. Through a poll questionnaire, the research revealed that 44% of the nurses were engaged in dual practice, with financial considerations identified as the primary motivating factor for 93.3% of this group. The majority of nurses involved in additional employment were approximately 40 years old, and their work experience ranged from 1 to 43 years, with an average of 23.1 years. The results highlight the significant impact of financial factors on nurses' decisions to pursue dual practice, raising concerns about potential implications for the healthcare system. The study recommends further comprehensive research into the reasons and consequences of dual practice, stressing the need for a reassessment of the Central Registry of Nurses and Midwives to accurately assess the extent of dual practice positions on a nationwide level.

Houtven et al. (2020) conducted an observational study aiming to outline the prevalence of two key aspects among long-term care (LTC) workers: (1) engagement in second jobs and (2) involvement in unpaid care responsibilities for dependent children and/or adult relatives, commonly known as double- and triple-duty caregiving. The study encompassed registered nurses (RNs), licensed practical nurses (LPNs), and certified nursing assistants (CNAs) and involved a descriptive secondary analysis of data collected during the final phase of the Work, Family, and Health Study. The data were obtained from thirty nursing home facilities in the northeastern United States, specifically from a subset of 958 essential facility-based LTC

workers directly engaged in patient care. The researchers provided insights into the demographic characteristics, health status, features of LTC occupations, additional paid employment, wages, and the prevalence of double- or triple-duty caregiving roles among LTC workers. The findings revealed that CNAs constituted the majority of LTC workers, followed by LPNs and RNs. Notably, over 70% of these workers agreed with the statement that having a second job was a common practice, typically involving an average of 20 hours per week. Furthermore, more than 60% of LTC workers were found to undertake double- or triple-duty caregiving responsibilities. While there were variations in the prevalence of second jobs and accompanying work hours among occupational groups, the characteristics of additional paid work and unpaid care work did not show significant differences. CNAs, however, exhibited the highest prevalence of second jobs, with correspondingly longer work hours. The study underscored the widespread occurrence of LTC workers engaging in both second jobs and double- or triple-duty caregiving roles. Given the context of the COVID-19 pandemic, the study suggested that both the paid and unpaid activities of these workers should be taken into account when formulating appropriate clinical, policy, and informal support measures to mitigate the spread of the virus.

Reagan et al. (2020) suggested that the notable role of nursing homes as major contributors to COVID-19 infections and fatalities in the United States may be attributed to the fact that workers in these facilities often have multiple jobs. The researchers utilized data from the 2010-2019 Population Survey to outline the prevalence of second holding among nursing and long-term care workers. On average, 6.41% of personal care and nursing aides, as well as 6.23% of licensed practical nurses and registered nurses, engage in second jobs. These rates are 35% and 32% higher, respectively, compared to workers in other sectors. The study found that both wages and hours in the primary job are inversely related to the likelihood of holding a second job for personal care and nursing aides. In contrast, lower hours in the primary job have a more pronounced correlation with a second job for registered nurses and licensed practical nurses. A considerable portion of these workers transition between health settings when moving from their first to second jobs, and 15% of the second jobs for personal care and nursing aides fall within other "essential" occupations.

(Lin et al., 2010) conducted research intending to create and validate a novel performance assessment tool tailored to gauge the performance of clinical nurses. The study incorporated a

total of 38 performance items, drawn from existing literature and tools currently in use. These items covered both task-oriented and contextual performance aspects. A questionnaire encompassing these items, organized into eight categories, was administered to 233 clinical nurses from various hospitals in a single city. The nurses were instructed to rate each item on a seven-point scale. The results revealed that, despite the clinical skill and professional skill being deemed most crucial, the highest-scoring item belonged to the contextual category, specifically "Working systematically" (mean = 6.07, s.d. = 0.89). Various methodologies have been explored in previous efforts to measure and compare nurse performance, including rating studies. This research focused on items pertinent to the role of clinical nurses. Interestingly, although problem-solving was ranked sixth in terms of importance, two of the highest-scoring items fell within the problem-solving category. Notably, contextual behaviors have been largely overlooked in the literature, but this study underscored their potential significance. Four contextual items were among the top ten essential items, highlighting a previously neglected aspect in related investigations. In the humane context of nursing, the ability to perform tasks alone is insufficient; individuals must also contextualize care by respecting users' values, cultural beliefs, and approaches to health and illness. The developed tool demonstrated its capacity to measure nurse performance in diverse health organizations, with an overall reliability coefficient ($\alpha = 0.96$). However, the subsection alphas suggested that further refinement could enhance the tool's strength in measuring nurse performance across different practice domains. To improve validity and reliability, a measure set employing task analysis methodology specific to health settings is recommended. Some items were excluded due to their weak impact on nurse performance (e.g., reliability, patience, empathy, listening skills, and creativity), but they might prove valuable for other health organizations. In conclusion, identifying applicable items for measuring nurse performance remains a significant challenge for nursing boards. The study emphasized the current emphasis on professional ethics, problem-solving skills, and interpersonal communication in nursing roles. Future tool design efforts are expected to consider items linked to the organization's mission, vision, and values.

Russo et al. (2018) conducted a scoping review of the literature about nurses' dual practice to generate hypotheses regarding its nature and consequences and outline a research agenda on the subject. The study followed the methodological steps of Arksey and O'Malley to formulate

research questions, identify relevant studies, determine inclusion/exclusion criteria, extract data, and present findings. The PRISMA guidelines were also adhered to for the review process and results reporting. Out of the initial 194 records identified, 35 met the inclusion criteria related to nurses' dual practice. The majority (65%) were peer-reviewed publications, followed by publications in nursing magazines (19%), reports, and doctoral dissertations. The focus of 20 publications was on high-income countries, 16 on low- or middle-income countries, and two provided a perspective spanning multiple countries. While holding multiple jobs did not always equate to dual practice, various ways were identified through which public-sector nurses simultaneously engaged in public and private employment, both in regulated and informal capacities. Some of these forms were notably prevalent, ranging from over 50% in Australia, Canada, and the UK to 28% in South Africa. Motivations for participating in dual practice included the opportunity to augment a modest salary, dissatisfaction with the primary job, and the flexibility offered by multiple job-holding arrangements. The findings suggested that limited and primarily circumstantial evidence exists on nurses' dual practice, but the available studies indicated that the phenomenon is likely widespread and carries implications for health systems and nurses' well-being on a global scale.

McPake et al. (2016) emphasize that moving closer to achieving universal health coverage (UHC) requires an ample and well-prepared health workforce that is motivated in their roles. Despite substantial attention given to developing the health workforce, there has been a limited focus on understanding the trends and outcomes of dual practice, which involves simultaneous employment in both public and private sectors. Our examination of recent research on dual practice aims to provide insights for shaping staffing policies within the context of UHC. While numerous studies outline the characteristics and associations of dual practice and speculate about potential impacts, there is a notable scarcity of evidence directly applicable to policymakers. The consequences of dual practice are likely to vary depending on the context, influenced by factors such as the regulatory framework, the prevalence of dual practice opportunities, the demand for both public and private services, diverse workplace settings, and the economic, social, and cultural characteristics of the population and its health workforce. In health systems with effective regulations safeguarding free-of-charge public services, dual practice can be advantageous. However, in the absence of such regulations,

public services may face negative effects. Some instances suggest that dual practice has improved overall healthcare accessibility, while other research indicates that opportunities for dual practice contribute to an urban bias in the distribution of doctors. Governments must consider multiple factors when evaluating the implications of dual practice. Currently, no studies have assessed the effects of policies on the characteristics of dual practice or their implications for UHC. To address this gap, we emphasize the need for case studies investigating policy interventions on dual practice in diverse contexts. Conducting such research requires increased investment in improved data collection methods and a greater commitment from researchers, research funding bodies, and national research councils to overcome the challenges associated with investigating sensitive aspects of health systems functionality.

Laetitia (2014) investigates the prevalence of agency nursing, moonlighting, and overtime among nurses in South Africa, along with the factors influencing moonlighting. This cross-sectional survey employed a one-stage cluster random sample of 80 hospitals in four South African provinces, chosen with stratification from both public and private health sectors. On the survey day, all nurses working in critical care, theatre, emergency, maternity, and general medical and surgical wards completed a self-administered questionnaire after providing informed consent. Alongside demographic information, the questionnaire gathered details on the frequency of agency nursing, moonlighting, and overtime, as well as the reasons for nurses engaging in moonlighting. Survey data were weighted and analyzed. The majority of surveyed participants were South African, female), and employed in the government sector. The prevalence of moonlighting among nurses in the 12 months preceding the survey was 28.0% the frequency of agency nursing was 37.8%. In the multiple logistic regression analysis, predictors of moonlighting included province, primary employment sector, unit of work, nurse category, and having children. times higher for private sector nurses than for public sector nurses, while the odds ratio for auxiliary nurses was compared to professional nurses. Agency nursing, moonlighting, and overtime are prevalent practices among South African nurses, yet they have not received adequate policy consideration. It is crucial to address these concerns as integral components of the implementation of comprehensive health workforce strategies.

Peter (2004), in his analysis, explores the systemic and individual factors contributing to Multiple Job Holding (MJH) and provides insights into its prevalence. The phenomenon of

MJH is primarily a consequence of underlying systemic issues, often stemming from ambitious government attempts to establish and staff extensive delivery systems with insufficient resources. Governments have employed various strategies, such as low wages, incentives, and appeals to public service, and regulation, to develop these systems. However, in many countries, these efforts prove insufficient to counterbalance the motivations and incentives faced by individual health workers in mixed public-private labor markets, resulting in MJH with or without official permission. An examination of country-level conditions yields four key observations: MJH is widespread, governments respond to it with varied approaches often based on assumption or anecdote, enforcement and implementation of regulations on MJH are frequently lacking, and there is limited national quantitative evidence on the extent or characteristics of MJH. Furthermore, evidence is scarce on the impact of government policies aimed at addressing multiple job holding. Healthcare providers engage in MJH for diverse reasons, with increasing income being a primary motive. However, institutional and professional factors also play a significant role. Hypotheses about income increase do not unequivocally suggest that this would automatically lead to neglect of care for the poor or abuses. Government providers holding additional private sector jobs may view these roles as competitive, complementary or a combination of both with their government work, with implications for quantity, quality, and equity in healthcare services. Despite the limited evidence, the review underscores the need for more action in addressing MJH. Given the critical role of human resources, access to care, attention to the poor, and quality concerns in enhancing the impact of priority health programs, this topic warrants increased attention in terms of research, innovative implementation, and evaluation.

Financial Stability and Well-being: Articles like Jones et al. (2019) and Bae et al. (2017) show that holding a second job can contribute to financial security and reduce stress, leading to improved job satisfaction and potentially impacting patient care positively.

Enhanced Skills and Experience: Smith et al. (2020) and Cheng et al. (2015) suggest working in related fields through second jobs can equip nurses with additional skills and diverse professional experiences, enhancing their critical thinking and problem-solving abilities, which can benefit patient care

Type of Second Job: The impact of double jobs heavily depends on the nature of the second job. Physically or mentally demanding jobs are likely to have a more detrimental effect on performance compared to less demanding roles.

Scheduling and Workload Management: Effective scheduling and manageable workloads are crucial for minimizing the negative impacts of double jobs. Hospitals and healthcare organizations can play a crucial role by offering flexible schedules and ensuring reasonable workloads for nurses with second jobs.

Individual Factors: Each nurse's coping mechanisms, personal circumstances, and motivations for holding double jobs can influence the overall impact on their performance and well-being.

Fatigue and Decreased Focus: Studies like Laschinger et al. (2012) and Aiken et al. (2008) highlight the link between multiple jobs and increased fatigue, leading to reduced focus, slower reaction times and higher risks of medication errors and patient falls.

Burnout and Decreased Job Satisfaction: Zhou et al. (2016) and Aiken et al. (2001) suggest high workload and double employment contribute to burnout, decreased job satisfaction, and lower morale, potentially impacting patient interaction and communication.

Compromised Quality of Care: Laschinger et al. (2012) found an association between multiple jobs and increased patient falls and medication errors, while Aiken et al. (2008) demonstrated how fatigue from prolonged work hours can impair decision-making, potentially jeopardizing patient safety.

CHAPTER THREE

Methodology

This chapter outlines the research methodology. It starts by explaining the research design and methods used, which include the study population and its eligibility criteria, sample size, sampling technique used, recruitment process, the method of data collection used, data analysis methods, validity and reliability of the research instrument, and ethical considerations.

3.1 Study Design

This is a quantitative cross-sectional study that was conducted using a descriptive approach. According to Heath (1995), the main objective of descriptive research is to give an accurate description of persons, situations, or groups and the frequency with which certain phenomena or characteristics occur. Grove & Burns (1997) also defined quantitative research as "descriptive designs that provide information about the phenomenon through observation; provide a picture of situations as they naturally happen; and are used to identify problems with current practice. Polit and Beck (2006) mentioned that quantitative research is the collection and analysis of numeric information that is typically conducted within the traditional scientific method.

3.2 Study setting

Al-Makassed Islamic Charitable Society, where the nurses constitute 47% of the hospital staff, suffers from nurses working a double job. The hospital was officially established in 1956. It is a Palestinian non-profit, non-governmental organization that provides secondary and tertiary health services to all citizens of Palestine, as per its by-laws, without discrimination by color, religion, faith, or political belief. Now, the Al-Makassed Hospital has 250 beds and is staffed by 750 employees (Al-Makassed Society main website, 2022).

3.3 Inclusion and Exclusion Criteria

All nurses who work in Al-Makassed Hospitals, nurses who refuse to participate in this study, and nurses with a part-time job will be excluded from the study.

3.4 Sampling method

The study population included all nurses working in Al-Makassed hospitals in Jerusalem, making a total of 435 nurses who were asked to participate in this study. Polit and Beck (2006) described a population as "the entire group of persons or objects that is of interest to the researcher. And also meets the criteria that the researcher is interested in studying.

The researcher adopted a convenience sampling method that involved all nurses who worked at Al-Makassed Hospital. Consider clarifying the sampling method:" The researcher used a convenience sampling strategy, recruiting all nurses employed at Al-Makassed Hospital who met the study criteria.

All full-time nurses employed at Al-Makassed Hospital were eligible to participate in the study. A total of 253 of the 350 eligible nurses enrolled, resulting in a 72.3% response rate.

This high response rate strengthens the generalizability of the findings, indicating that the results are likely representative of the target population (full-time nurses at Al-Makassed Hospital).

3.5 Study Instruments

The cross-sectional data were collected from nurses in Al-Makassed Hospital through the questionnaire, the dependent variables are nurses' performance and quality of care, and the independent variable is "double job". The type of variable is ordinal, and the researcher will use a Likert scale to facilitate measuring the variables of the study.

The structure of the questionnaire:

The questionnaire was the tool used by the researcher to collect data about the study variables, and it was developed by the researcher after reading previous studies on the measures of these variables to achieve the study objectives.

Although nurses' performance has a significant impact on the delivery of high-quality healthcare services, the most commonly known performance measures are the "Schwirian Six-D Scale" (Schwirian, 1978) and the "Slater Nursing Competencies Rating Scale" (Wandelt &

Stewart Slater, 1975), both of which were developed in the 1960s and 1970s (Redfern & Norman, 1990; Wandelt & Phaneuf, 1972). These instruments have largely met the need to evaluate nurses' performance for many years.

The questionnaires were divided into three parts, as follows:

- The first part is the cover of a questionnaire, which includes an introduction for the respondents about the research and instructions to help them fill in the data needed with high accuracy and confidentiality.
- The second part of the questionnaire is about the demographic characteristics and backgrounds of the respondents, which will include gender, marital status, age, years of experience, type of shift, and department.
- The third part includes two dimensions: the first is the dependent variables, which are nurses' performance and quality of care, and then the independent variable, which is a double job. Each dimension will include several items (phrases) to measure this variable, these items will be extracted from literature reviews and previous studies and will be measured using a five-point Likert scale 1. Strongly disagree 2. Disagree, 3. Neutral, 4. Agree 5, strongly agree.

3.6 scoring of the study tools

Regarding the scoring system, the researcher used a 5-point Likert scale from 1 to 5, where the minimum score was 1 and the maximum score was 5. The scoring was:

(Low: 1–2.33, moderate: 2.34– 3.67, and high: 3.68–5).

3.7 Validity and Reliability

The developed questionnaire was translated into Arabic from English and then reviewed by three experts and mild modifications were applied to the questionnaire. The final draft questionnaire was piloted with 20 participants, who were subsequently excluded from the sample. The reliability of this instrument was determined using two methods of calculating internal consistency: Cronbach's alpha coefficient and the intraclass correlation coefficient

The researcher conducted a pilot study on 20 respondents to test the reliability of the questionnaire, and then Cronbach's alpha was measured to evaluate the level of internal consistency. The Cronbach's Alpha for the 20 respondents was .95%

To test the validity, the researcher used factor analysis to check the accuracy of the measurement for two main indicators (the rotation matrix and the correlation matrix between items), and in addition, from the field, the researcher checked the context validity.

Table 3.1: measurement items of the study tools

Variables	Type	Measurement items
Nurses' performance and quality of care (one job)	Ordinal	Likert scale (1-5)
Nurses' performance and quality of care (double job)	Ordinal	Likert scale (1-5)
Department	Nominal	Each department will take a number (1-5)
Gender	Nominal	0=male .1=female
Marital status	Nominal	0=married.1=divorce. 2=single
Age	Ordinal	Will be divided into categories
Years of experience	Ordinal	Will be divided into categories
Salary	Ordinal	Will be divided into categories
Shift Type	Nominal	1=morning, 2=evening, 3=night

3.6 Study Variables

Independent variables: including double-job working and other variables that include the demographic characteristics of the respondents, such as age, place of residence, gender, qualification, and experience

Dependent variables: including the First variable, Standards of Quality Care, which includes the following domains 1. Nursing assessment. 2. Nursing care 3. Medication management and use 4. Family education 5. Infection control 6. Nurse qualifications and education.

Second variable: nurses' performance standards:

1. Quality of practice 2. Continuing Education 3. Professional practice evaluation 4. Collaboration 5. Ethics 6. Resource Utilization 7. Leadership

3.8 Data Analysis

The collected data were analyzed by the Statistical Package for Social Sciences (SPSS, Version 28). Data entry was performed by the researcher and double-checked for outliers or errors. A data analysis of descriptive and inferential statistics was conducted. Regarding descriptive statistics, frequency, percentages, mean scores, and Standard Deviation (SD) tests were used to describe the study variables. Regarding inferential statistics, parametric tests included the independent t-test, and an ANOVA was used to assess the difference between socio-demographic variables in terms of both nurses' performances and quality of care scores. A cutoff point is a designated point of division in a set of data. Low 1-2.33, moderate 2.34–3.67, high 3.68–5.

3.9 Ethical Considerations:

The proposal was submitted to the Al-Quds University-School of Nursing Research Committee for discussion and approval, and ethical approval was obtained from the Al-Quds University Ethical Research Committee (REC). Al-Makassed hospital approval and permission were obtained. The consent form was used to ensure the nurse's agreement to participate in the study after a full explanation about confidentiality, privacy, and their right to withdraw at any time during the filling of the questionnaire.

Chapter Four

Results

This chapter presented the findings of the study, which included the frequency and percentages of the nurse's characteristics, the prevalence of double jobs among nurses, the impact of double jobs on nurses, the level of nursing performance in hospitals, as well as the level of quality of care delivered by nurses in Al-Makassed Hospital

4.1 Frequency and Percentages of the nurse's demographic variables

Out of 350 nurses, 253 have responded to the questionnaire, giving a response rate of 72.3%. Table 1 illustrates the demographic characteristics of study participants and shows that. More than half of them were male (53%), while 47% were female. More than two-thirds (69.2%) of participants were between 20 and 39 years old and held a bachelor's Degree (66.8%). About 36.4 percent of the participants had 5–9 years of experience as a nurse, 23.7 percent had 10–14 years, and 18.2% had 1–4 years of experience.

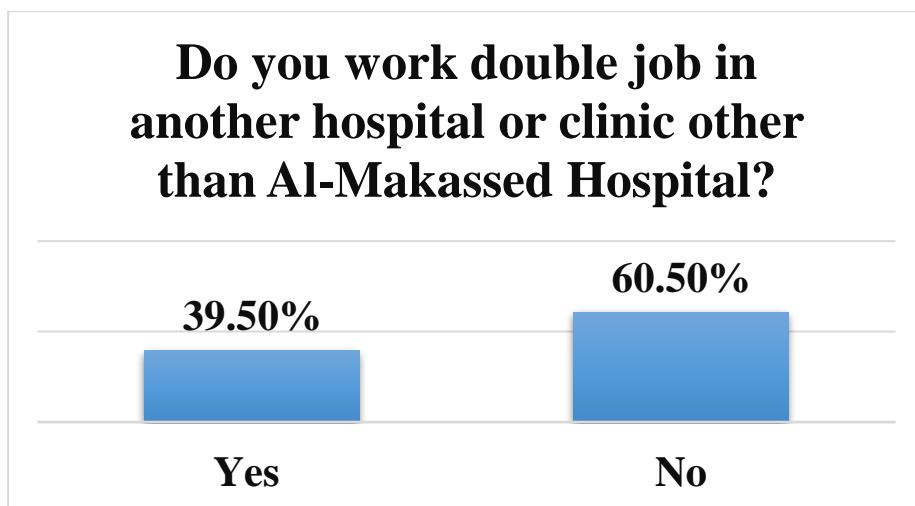
Regarding marital status, 64.4% of nurses were married, 26.5% were single, 7.5% were divorced, and only 1.6% were widowed. Regarding the monthly salary, 30% of nurses got 3000-5499 NIS/month, 39.1% got 5500-6999 NIS/month, and 30.8% got 7000 NIS/month. In addition, the highest departments that participants worked in were as follows: the Pediatric department (12.3%), the surgical department (12.3%), and Adult ICU (10.7%). Regarding the work shifts, (57.3%) worked multiple shifts and (27.3%) fixed morning shifts, compared with 15.4% who worked double shifts.

Table 4.1 : Socio-demographic characteristics of nurses in Al-Makassed Hospital, n = 253

Socio-demographic variables		n	%
Gender	Male	134	53.0%
	Female	119	47.0%
Age groups	20-29 years	84	33.2%
	30-39 years	91	36.0%
	40-49 years	43	17.0%
	50-59 years	25	9.8%
	≥60 years	10	4.0%
Level of education	Diploma	16	6.3%
	Bachelor's Degree	169	66.8%
	Master Degree	68	26.9%
Years of experience in the nursing profession	<1 year	17	6.7%
	1-4 years	46	18.2%
	5-9 years	92	36.4%
	10-14 years	60	23.7%
	15-19 years	21	8.3%
	≥20 years	17	6.7%
Marital Status	Single	67	26.5%
	Married	163	64.4%
	Divorced	19	7.5%
	Widowed	4	1.6%
Salary	3000-5499 NIS	76	30.0%
	5500-6999 NIS	99	39.1%
	≥7000 NIS	78	30.9%
Work Shifts	Always a morning shift	69	27.3%
	Multiple shifts	145	57.3%
	Double shifts	39	15.4%
Department in which you work	Pediatric ward	31	12.3%
	Orthopedic ward	10	4.0%
	Neuro ICU	11	4.3%
	Cardiac Cath ward	12	4.7%
	Gynecological ward	19	7.5%
	Adult ICU	27	10.7%
	Surgical ward	31	12.3%
	Emergency ward	10	3.9%
	Missed department	102	40.3%

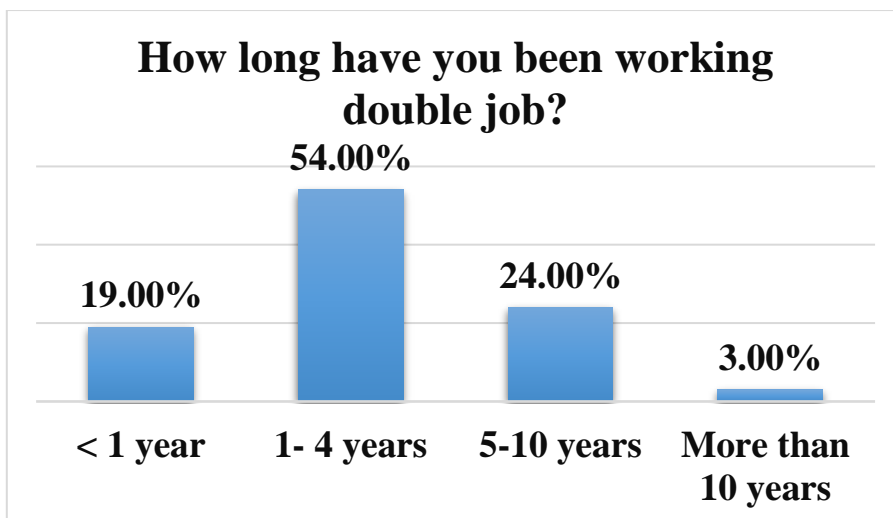
4.2 Prevalence of Double Jobs Among Nurses Working in Al-Makassed Hospital

Figure 1 presents the percentages of people who worked double jobs in another hospital or clinic. Out of 253 nurses, 153 (60.5%) did not work double jobs, while 100 (39.5%) worked double jobs in hospitals or clinics.



4.3 Duration of Double Jobs among Nurses Who Work Double Jobs in Al-Makassed Hospital

Figure 4.2 presents the percentages of duration in years among nurses who worked double jobs. Out of 100 nurses, 54 (54%) worked 1–4 years, 24 (24%) worked 5–10 years, 19 (19%) worked less than one year, and only 3 (3%) worked more than 10 years.



4.4 Type of Other Job Among Nurses Who Work a Double Job Working in Al-Makassed Hospital

Out of 100 nurses who had double jobs, half of them worked as nurses, 30% as clinical instructors, 13% worked in business, and 6% worked in building fields (Table 4.2).

Table 4.2: Type of other job, among nurses who work a double job (n=100)

Type of other job	n	%
Nurse	51	51%
Clinical instructor	30	30%
Building field	6	6%
Business	13	13%

4.5 Perspectives of nurses with a double job on the impact of having a double job on them at Al-Makassed Hospital

Figure 4.3 shows the level of impact for nurses who worked double jobs at Al-Makassed Hospital from the perspectives of nurses. The vast majority of nurses reported having a moderate impact, 93%, while 5% had a lower and 2% had a higher impact.

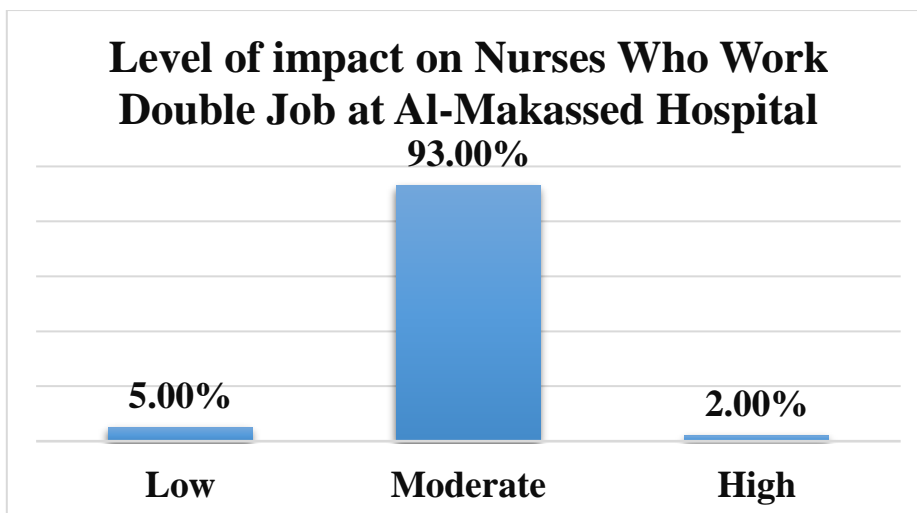


Figure 4.3. Perspectives of nurses with a double job on the impact of the double job on them at Al-Makassed Hospital, n=100

Table 4.3 presents percentages and mean scores for each item toward the impact of double jobs on nurses at Al-Makassed Hospital.

The total mean score of the perspectives of nurses with double jobs on the impact of working double jobs on them was 2.95, indicating a moderate impact. Surprisingly, the most moderately impacted item for nurses was that “they get an adequate amount of rest during work” (M = 3.40, 1.231) and “the management did not offer me the opportunity for promotion to a higher position” (M = 3.27, SD =1.109). However, the lowest impact was “workload makes me interact with patients disdainfully” (M = 2.51, SD = 1.105) followed by “10. I am dealing with the patient quickly and without care” (M = 2.65, SD = 1.158).

Table 4. 3 : The impact of double jobs among nurses who work double jobs at Al-Makassed Hospital n=100

Item	SD	D	N	A	SA	Mean	SD	Status
1. I feel that there is a balance between work time and family time	6.0%	44.0%	8.0%	33.0%	9.0%	3.05*	1.175	Moderate
2. I find it difficult to go to work and come back	4.0%	43.0%	12.0%	32.0%	9.0%	3.01*	1.133	Moderate
3. Is the working environment suitable for me	7.0%	37.0%	11.0%	38.0%	7.0%	2.99*	1.150	Moderate
4. the daily working hours not exhausting	6.0%	42.0%	13.0%	34.0%	5.0%	3.10*	1.096	Moderate
5. I have enough time to complete the work and achieve the goals	7.0%	39.0%	7.0%	38.0%	9.0%	2.97*	1.193	Moderate
6. I have the physical ability to	4.0%	37.0%	11.0%	43.0%	5.0%	2.92*	1.079	Moderate

perform my tasks well								
7. I have enough time to assist colleagues with their tasks	6.0%	37.0%	10.0%	38.0%	9.0%	2.93*	1.166	Moderate
8. I find it difficult to perform tasks due to extreme fatigue	5.0%	42.0%	20.0%	25.0%	8.0%	2.89	1.091	Moderate
9. working in a routine manner and not innovating in my work methods	7.0%	43.0%	20.0%	23.0%	7.0%	2.80	1.092	Moderate
10. I dealing with the patient quickly and without care	12.0%	46.0%	15.0%	19.0%	8.0%	2.65	1.158	Moderate
11. I contributing to improving work standards	5.0%	32.0%	17.0%	32.0%	14.0 %	2.82*	1.175	Moderate
12. the job tasks unclear, resulting in multiple employees performing the same work	5.0%	36.0%	25.0%	20.0%	14.0 %	3.02	1.155	Moderate
13. the workplace provide me with security and safety	6.0%	33.0%	21.0%	31.0%	9.0%	2.96*	1.118	Moderate
14. the relationship between management and individuals characterized by friendliness and respect	7.0%	36.0%	24.0%	26.0%	7.0%	3.10*	1.087	Moderate
15. I falling behind in keeping up with work updates	13.0%	44.0%	13.0%	20.0%	10.0 %	2.70	1.219	Moderate
16. I assigned to follow up on a large number of patients	7.0%	40.0%	19.0%	22.0%	12.0 %	2.92	1.178	Moderate
17. My management offer me the opportunity for promotion to a higher position if I meet the required conditions	9.0%	43.0%	22.0%	18.0%	8.0%	3.27*	1.109	Moderate
18. I feel pressured at work due to handling multiple tasks	9.0%	34.0%	13.0%	30.0%	14.0 %	3.06	1.254	Moderate
19. the increased workload make me interact with patients disdainfully	13.0%	51.0%	15.0%	14.0%	7.0%	2.51	1.105	Moderate
20. I get an adequate amount of rest during work	18.0%	40.0%	15.0%	18.0%	9.0%	3.40*	1.231	Moderate
Total Mean Score (20 items)						2.95	.334	Moderate

SD: Strongly Disagree; D: Disagree; N: Neutral; A: Agree; SA: Strongly Agree

Min score =1, Max score = 5. A higher mean score means a higher negative impact

**Reverse-coded items*

Nurses job Performance

Figure 4.4 shows the comparison between nurses who work single and double jobs in terms of job performance level. 84.3% of single-job nurses reported a high level of job performance, compared with 49% of double-job nurses. In addition, 15.7% of single-job nurses reported a moderate level of job performance, compared with 49% of double-job nurses.

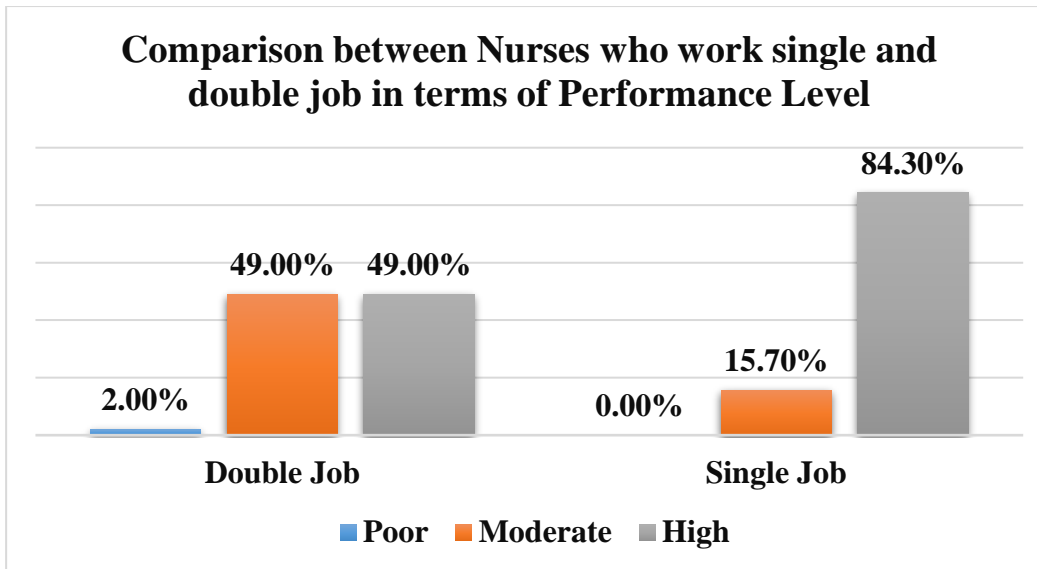


Table 4 shows the percentages and mean scores of each item toward nurses' performance working at Al-Makassed Hospital. The overall mean score for the nurse's performance was good ($M = 3.84$, $SD = 0.515$). In detail, the highest nurse performance was that nurses inform the patient's family of their needs and the work is done within the framework of the nursing care plan in coordination with the medical care plan ($M = 4.08$, $SD = 0.668$) and ($M = 4.01$, $SD = 0.661$) respectively. However, the lowest nurse performance was in item "The hospital management reinforces the patient's decisions and desires regarding their care" ($M = 3.60$, $SD = 0.851$). More detail is shown in Table 4.4

Table 4.4: Percentages and the mean score of each item toward a nurse's performance working at Al-Makassed Hospital n=253

Item	SD	D	N	A	SA	Mean	SD	Status
1. The nurse informs the patient's family of their needs.	0.0%	4.3%	5.5%	68.0%	22.1%	4.08	.668	Good
2. Work is done within the framework of the nursing care plan in coordination with the medical care plan.	0.0%	4.0%	9.5%	68.4%	18.2%	4.01	.661	Good
3. The nurse gives praise and appreciation for those under their supervision for their accomplishments	0.4%	10.7%	22.1%	57.7%	9.1%	3.64	.807	Moderate
4. The patient and their family are introduced to community resources to develop a care plan.	0.0%	11.1%	18.6%	60.9%	9.5%	3.69	.793	Good
5. Continuous evaluation of nursing care outcomes is conducted.	0.4%	7.1%	18.2%	63.6%	10.7%	3.77	.747	Good
6. The hospital management reinforces	0.8%	11.1%	26.1%	51.4%	10.7%	3.60	.851	Moderate

the patient's decisions and desires regarding their care.								
7. The nurse is aware of the technical procedures for the patient's care.	0.0%	5.9%	20.6%	62.1%	11.5%	3.79	.718	Good
8. The nurse respects the patient's freedom and dignity without discrimination	0.4%	5.9%	15.4%	56.5%	21.7%	3.93	.801	Good
9. The nurse asks for assistance from colleagues when necessary.	0.4%	5.5%	14.6%	60.5%	19.0%	3.92	.767	Good
10. The nurse assists the patient in communicating with others.	0.4%	5.9%	19.0%	59.3%	15.4%	3.83	.769	Good
11. The nurse fully maintains the patient's privacy.	0.4%	5.1%	14.2%	55.7%	24.5%	3.99	.794	Good
12. Mutual trust, acceptance, and respect exist among other healthcare team members.	0.0%	5.1%	20.6%	57.7%	16.6%	3.86	.748	Good
13. Priorities for nursing care needs and the capabilities and limitations of available healthcare workers are evaluated.	0.0%	6.7%	15.8%	61.3%	16.2%	3.87	.758	Good
14. The nurse accepts responsibility for the level of care under their supervision.	0.4%	6.3%	16.6%	62.1%	14.6%	3.84	.760	Good
15. The nurse takes necessary measures in emergency situations.	0.8%	5.5%	15.0%	58.9%	19.8%	3.91	.797	Good
16. The nurse receives suggestions from the healthcare team members under their supervision.	0.0%	7.1%	15.0%	57.7%	20.2%	3.91	.794	Good
17. The nurse works to maintain high levels of performance.	0.4%	7.1%	20.2%	55.7%	16.6%	3.81	.809	Good
18. The nurse accepts constructive criticism.	0.8%	11.1%	19.0%	57.3%	11.9%	3.68	.851	Good
19. The nurse demonstrates knowledge of nursing ethics and legal boundaries.	0.4%	5.9%	15.0%	64.8%	13.8%	3.86	.737	Good
20. The nurse works to maintain high levels of performance	0.8%	6.3%	15.0%	59.7%	18.2%	3.88	.803	Good
Total Mean Score (20 items)						3.84	.515	Good

SD: Strongly Disagree; D: Disagree; N: Neutral; A: Agree; SA: Strongly Agree

Min score = 1, Max score = 5. A Higher mean score means a higher nursing performance

4.6 Quality of Care Level Among Nurses Working in Al-Makassed Hospital

Figure 5 shows the comparison between nurses who work single and double jobs in terms of quality of care. 86.3% of single-job nurses reported a high level of quality of care delivered to patients, compared with 54% among double-job nurses. In addition, 13.1% of single-job

nurses reported a moderate level of quality of care, compared with 42% among double-job nurses.

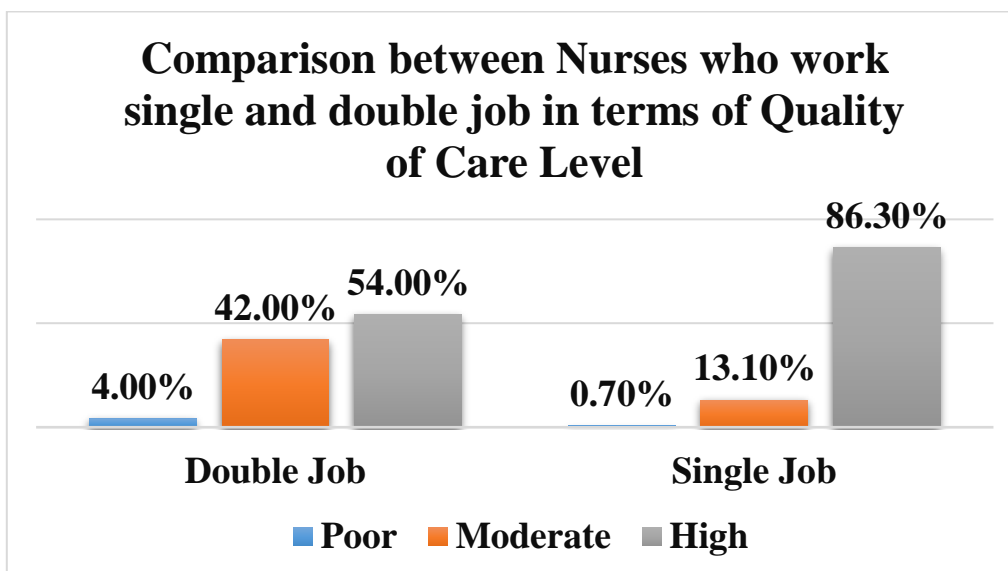


Figure 5. Comparison between Nurses who work a single job (n=100) and a double job n =153 in terms of Quality of Care

Table 4.5 shows the overall mean score of the nurse's quality of care. Out of the 5, the overall mean score for the nurse's quality of care was good, with $M = 3.93$ and $SD = 0.640$. In detail, the highest nurse quality of care was "The nurse responds immediately to the needs of patients" and "The nurse assists in providing timely care," with $M = 4.05$

$SD = 0.780$ and $M = 4.04$, $SD = 0.744$ respectively. More detail is shown in Table 5.

Table 4.5: Percentages and the mean score of each item toward Quality of care among nurses working at Al-Makassed Hospital (n = 253)

Item	SD	D	N	A	SA	Mean	SD	Status
1. The nurse responds immediately to the needs of patients.	1.6%	2.8%	10.3%	60.1%	25.3%	4.05	.780	Good
2. The nurse assists in providing timely care.	0.8%	2.8%	12.6%	59.3%	24.5%	4.04	.744	Good
3. The nurse provides service around the clock in the hospital.	1.2%	3.6%	13.4%	58.1%	23.7%	4.00	.789	Good
4. The nurse interacts politely with patients and their families.	0.8%	4.0%	16.2%	54.9%	24.1%	3.98	.796	Good
5. The nurse allows sufficient time for patient care.	0.8%	4.7%	13.0%	56.1%	25.3%	4.00	.804	Good

6.	The nurse works on the basis that the patient comes first.	0.8%	5.1%	13.4%	56.5%	24.1%	3.98	.809	Good
7.	The nurses' work schedule is designed to care for all patients.	1.6%	4.0%	13.0%	59.3%	22.1%	3.96	.808	Good
8.	The nurses' work schedule is designed to care for all patients.	0.8%	5.1%	19.4%	53.4%	21.3%	3.89	.822	Good
9.	The nursing care needs of the patient are determined through assessment.	0.4%	6.7%	18.2%	49.4%	25.3%	3.92	.858	Good
10.	The results of the nursing assessment for the patient are always documented.	1.2%	5.9%	18.6%	52.6%	21.7%	3.88	.857	Good
11.	Patient care is based on their individual needs.	0.8%	4.7%	18.2%	52.6%	23.7%	3.94	.824	Good
12.	Nursing care for the patient is based on standardized protocols.	0.8%	3.2%	18.2%	54.5%	23.3%	3.96	.783	Good
13.	The nursing care plan is used for all patients	2.4%	5.5%	17.4%	49.0%	25.7%	3.90	.927	Good
14.	Clear guidelines for healthcare procedures are available in the department.	0.4%	8.3%	17.4%	52.2%	21.7%	3.87	.862	Good
15.	All treatments for patients are available in the department.	2.0%	8.7%	16.2%	53.4%	19.8%	3.80	.922	Good
16.	The treatments (medications) are stored according to the manufacturer's guidelines.	1.2%	6.3%	17.8%	50.6%	24.1%	3.90	.879	Good
17.	A model for medical errors is available in the unit.	1.6%	4.3%	16.6%	53.8%	23.7%	3.94	.847	Good
18.	Patients receive education related to their care after their discharge from the hospital.	1.2%	6.7%	17.8%	50.2%	24.1%	3.89	.887	Good
19.	Infection control procedures are always followed.	0.8%	9.1%	15.8%	51.4%	22.9%	3.87	.898	Good
20.	An isolation room is available for infected cases in the department	1.2%	9.1%	15.4%	51.0%	23.3%	3.86	.918	Good
Total Mean Score (20 items)							3.93	.640	Good

SD: Strongly Disagree; D: Disagree; N: Neutral; A: Agree; SA: Strongly Agree

Min score =1, Max score = 5. A higher mean score means a higher quality of care

4.7 Differences between nurses who work a single job and a double job in terms of their job performance and quality of care

Table 6 illustrates the differences between nurses who work a single job and a double job in terms of their job performance and quality of care. An Independent t-test was used to assess the differences between single-job and double-job nurses in terms of both job performance and quality of care.

Regarding the nurse's job performance, there is a significant difference between a single job ($M = 3.97$) and a double job ($M = 3.64$), ($p < 0.001$). This means nurses working single jobs reported higher job performance levels than those working double jobs.

Regarding the nurse's quality of care, there is a significant difference between a single job ($M = 4.04$) and a double job ($M = 3.75$), ($p = 0.001$). This means nurses working single jobs reported a higher quality of care level compared to those working double jobs.

Table 4.6: Differences between nurses who work a single job and a double job in terms of their performance and quality of care n=253

Variable	Job status	n	Mean	SD	Statistical values	P-value
Nurses Performance	Double job	100	3.64	.598	$t = -4.721$ $df = 251$	$< .001^*$
	Single job	153	3.97	.407		
Quality of Care	Double job	100	3.75	.803	$t = -3.319$ $df = 251$	$.001^*$
	Single job	153	4.04	.473		

Min score = 1, Max score = 5. A Higher mean score means higher nurses' performance as well as quality of care

4.8 Differences between socio-demographic characteristics of nurses in terms of nurses' job performance total mean score

Table 4.7 illustrates the differences between socio-demographic characteristics in terms of the nurses' job performance mean scores. Independent t-tests and One-Way ANOVA reported a significant difference between gender ($p = < 0.001$), level of education ($p = 0.004$), work shifts ($p = 0.005$), and name of department ($p = 0.011$) in terms of nurse's performance. However, no significant difference was found in age groups ($p = 0.491$), Years of experience ($p = 0.692$), marital status ($p = 0.370$) and salary ($p = 0.194$).

Regarding gender, female nurses ($M = 3.97$) reported higher performance scores than male nurses ($M = 3.72$) ($p = < 0.001$).

Looking at the level of education, the Tukey post-hoc test indicated that nurses who held a Diploma (M = 3.43) reported lower performance than those who held Bachelor's (M = 3.87) and Master's degrees (M = 3.86) ($p = <0.05$).

Regarding work shifts, the Tukey post-hoc test indicated that nurses who work double shifts (M = 3.62) reported lower performance than other shifts ($p = <0.05$).

Regarding departments, the Tukey post hoc test indicated that nurses who work in cardiac Cath (M = 3.58) reported lower performance than other departments ($p = <0.05$).

Table 4.7: Differences between socio-demographic characteristics of nurses in terms of nurse's performance total mean score (n = 253)

Socio-demographic variables		n	Mean	SD	Statistical value	P-value
Gender	Male	134	3.72	.518	$t=-3.880$ $df=251$	<.001*
	Female	119	3.97	.482		
Age groups	20-29 years	84	3.88	.463	$F=.855$ $df=4$.491
	30-39 years	91	3.79	.553		
	40-49 years	43	3.86	.464		
	50-59 years	25	3.75	.617		
	≥60 years	10	4.02	.525		
Level of education	Diploma	16	3.43	.553	$F=5.598$ $df=2$.004*
	Bachelor's Degree	169	3.87	.482		
	Master Degree	68	3.86	.550		
Years of experience in the nursing profession	<1 year	17	3.82	.548	$F=.611$ $df=5$.692
	1-4 years	46	3.82	.579		
	5-9 years	92	3.85	.500		
	10-14 years	60	3.77	.535		
	15-19 years	21	3.97	.273		
	≥20 years	17	3.93	.565		
Marital Status	Single	67	3.93	.486	$F=1.052$ $df=3$.370
	Married	163	3.80	.526		
	Divorced	19	3.88	.538		
	Widowed	4	3.76	.349		
Salary	3000-5499 NIS	76	3.93	.460	$F=1.653$ $df=2$.194
	5500-6999 NIS	99	3.81	.569		
	≥7000 NIS	78	3.79	.489		
Work Shifts	Always a morning shift	69	3.95	.320	$F=5.324$ $df=2$.005*
	Multiple shifts	145	3.84	.563		
	Double shifts	39	3.62	.550		
Department in which you work	Pediatric ward	31	3.90	.467	$F=2.657$ $df=8$.011*
	Orthopedic ward	10	4.02	.312		
	Neuro ICU	11	3.99	.448		
	Cardiac Cath ward	12	3.58	.566		
	Gynecological ward	19	4.07	.501		
	Adult ICU	27	4.03	.605		
	Surgical ward	31	3.95	.510		
	Emergency ward	10	3.93	.304		
	Missed department	102	3.76	.500		

*Significant at $p < 0.05$

Mean score Over 5

4.9 Differences between socio-demographic characteristics of nurses in terms of nurse's quality of care mean score

Table 7 illustrates the differences between socio-demographic characteristics in terms of the nurse's quality of care mean score. Independent t-tests and One-way ANOVAs reported a significant difference between gender ($p = 0.035$) and level of education ($p = 0.031$) in terms of nurses' quality of care. However, no significant difference was found in age groups ($p = 0.673$), years of experience ($p = 0.725$), marital status ($p = 0.243$), salary ($p = 0.176$), work shifts ($p = 0.463$), and departments ($p = 0.221$).

Regarding gender, female nurses ($M = 4.02$) reported higher quality of care scores than male nurses ($M = 3.85$) ($p = 0.035$).

Regarding the level of education, the Tukey post hoc test indicated that nurses who held a Diploma ($M = 3.53$) reported lower quality of care than those who held a Bachelor's ($M = 3.97$) ($p = 0.031$).

Table 4. 8:Differences between socio-demographic characteristics of nurses in terms of nurse's quality of care total mean score ($n = 253$)

Socio-demographic variables		n	Mean	SD	Statistical value	P-value
Gender	Male	134	3.85	.694	$t=-2.124$ $df=251$.035*
	Female	119	4.02	.562		
Age groups	20-29 years	84	3.98	.512	$F=.586$ $df=4$.673
	30-39 years	91	3.94	.638		
	40-49 years	43	3.81	.818		
	50-59 years	25	3.88	.735		
	≥ 60 years	10	3.99	.545		
Level of education	Diploma	16	3.53	.735	$F=3.526$ $df=2$.031*
	Bachelor's Degree	169	3.97	.585		
	Master Degree	68	3.92	.720		
Years of experience in the nursing profession	<1 year	17	3.92	.591	$F=.567$ $df=5$.725
	1-4 years	46	3.95	.610		
	5-9 years	92	3.90	.611		
	10-14 years	60	3.87	.794		
	15-19 years	21	4.10	.323		
	≥ 20 years	17	4.03	.626		
Marital Status	Single	67	3.98	.467	$F=1.400$ $df=3$.243
	Married	163	3.93	.680		

	Divorced	19	3.67	.810		
	Widowed	4	4.18	.311		
Salary	3000-5499 NIS	76	4.04	.531	F=1.750 df=2	.176
	5500-6999 NIS	99	3.90	.663		
	≥7000 NIS	78	3.85	.697		
Work Shifts	Always a morning shift	69	4.00	.625	F=.773 df=2	.463
	Multiple shifts	145	3.91	.644		
	Double shifts	39	3.86	.652		
Department in which you work	Pediatric ward	31	3.91	.471	F=1.365 df=8	.221
	Orthopedic ward	10	4.15	.299		
	Neuro ICU	11	4.14	.362		
	Cardiac Cath ward	12	3.75	.465		
	Gynecological ward	19	4.03	.907		
	Adult ICU	27	4.16	.634		
	Surgical ward	31	3.85	.674		
	Emergency ward	10	3.93	.557		
	Missed department	102	3.80	.665		

*Significant at $p < 0.05$

Mean score Over

Chapter five

Discussion

5.1 Introduction:

In this chapter, the researcher gives a logical analysis and explanation of the results. The important findings of the study are discussed and compared with the results of other studies. This study focuses on the impact of double jobs, where nurses work in multiple healthcare settings, on nursing performance and the quality of care delivered at Al-Makassed Hospital. The study assessed various factors, including nurse demographics, the prevalence of double jobs, the duration of double jobs, the type of other jobs held by nurses, and the level of impact on nurses working double jobs.

5.2 Prevalence of Double Jobs among Nurses Working in Al-Makassed Hospital

In this study, Out of the 253 surveyed nurses, 39.5% engaged in dual employment, which aligns with a systematic review that was conducted by McPake et al. (2016) and Russo et al. (2018), in which the systematic review revealed the widespread phenomenon of dual job involvement in the medical field globally. Russo et al. (2018), who conducted a scoping review on nurses' dual practice, found that nurses engage in dual employment, ranging from 28% in South Africa to 50% in Australia, Canada, and the UK. Furthermore, the prevalence of double jobs is consistent with worldwide studies, as in the UK (60%) of public hospital doctors had double jobs, while in Spain (20%) of public sector doctors and 40% of nurses in South Africa (Mcpake et al., 2016). This reflects the commonality of this issue in the healthcare sector. This trend extends to Asian and Latin American countries, indicating rising dual practice rates.

More healthcare facilities in these regions are private, offering different employment options for nurses and potentially contributing to the rise of double job holding. Notably, in Bangladesh, most doctors, especially specialists, earn over half their income through private

practice, while over 80% of public-sector physicians in Egypt, Indonesia, Kenya, and Mexico engage in private double jobs.

In contrast to the findings of this study, a previous study by the US Bureau of Labor Statistics indicated a steady growth in multiple job-holding among nurses, with only 6.3% having multiple jobs in 2014. The prevalence was higher for a small sample of male nurses at 9.5%. Another study from Canada in 2017 found that 15.8% of all rural nurses held casual jobs, with casualization, "Casualization" refers to the practice of employing workers on a casual or temporary basis rather than offering them permanent, full-time positions. In the aforementioned study, a significant percentage of rural nurses in Canada were working in jobs that were temporary, part-time, or lacked the job security and benefits associated with permanent positions. It was also reported that double jobs were more common among registered nurses and licensed practical nurses (16.5%). Additionally, it was noted that casualization was more prevalent among nurses residing in the northern regions of the country (20.0%).

Contrary to the findings of the current study, an observational study by Houtven et al. (2020) in the northeastern United States reported that more than 70% of long-term care workers, including registered nurses (RNs), licensed practical nurses (LPNs), and certified nursing assistants (CNAs), had second jobs. While our study specifically focused on nurses, Houtven et al.'s broader Long-term worker population revealed a higher prevalence of dual employment.

Similarly, Reagan et al.'s (2020) study on nurses found that 6.41% of nurses and 6.23% of licensed practical nurses and registered nurses had double jobs. Highlighting distinctive challenges faced by nurses in dual job-holding with economic factors, particularly the negative association between wages and hours in the primary job, and their effects on nurses' decisions to have another job.

Reagan et al.'s broader findings emphasize the pervasive nature of dual employment across various healthcare roles and the importance of addressing such issues for workforce stability and public health.

Economic motivations and dissatisfaction with the main job are reported reasons for engaging in dual practices. Understanding these motivations, as well as the negative association between wages and hours in the primary job, adds depth to the discussion of dual employment

challenges within the nursing workforce. In this study, no association was found between monthly income and performance, but future studies can address the factors that lead to double jobs in Palestine.

5.3 Perspectives on the Impact of Double Job Nursing: Who Work Double Job

In comparison to our study, where 93% of nurses reported a moderate impact of working double jobs on their performance, Utami et al.'s study that was conducted in Bondowoso, Indonesia, demonstrated a significant effect on job performance, with 79% of respondents agreeing on the impact of work interference and 62.5% emphasizing the importance of quantity in achieving suitable work quality, highlighting varied perspectives on the impact of dual careers among nurses. While the current study and Utami et al.'s study explored the impact of dual job holding on nurses, they differed in their approach and emphasis. That means our study found a significant effect on job performance due to work interference. It suggests that combining insights from both studies could shed light on how double jobs affect nurses' ability to fulfill their duties effectively. And focuses on the potential impact of double jobs on the quality of care provided by nurses. Combining insights could reveal whether double jobs lead to compromises in patient care due to fatigue, decreased focus, or time constraints.

In comparison, McPake et al.'s (2015) broader study on public-sector health workers identified various negative consequences associated with dual practice, including reduced service availability, absenteeism, unauthorized fees, subpar services, patient redirection to private practices, uneven personnel distribution, and limited public health services. While this study provides insights into the nuanced experiences of nurses in a specific hospital, McPake et al.'s research underscores the broadly negative impact on service quality and professional performance across the public sector.

The study that was conducted by Malinowska-Lipień et al. (2021) aimed to explore the prevalence and motivations behind dual practice, the simultaneous employment in two healthcare settings, among 1023 nurses in the Lesser Poland Voivodeship, Poland. The research disclosed that 44% of the nurses were involved in dual practice, with financial

concerns being the primary driving factor for 93.3% of this subset. The majority of nurses engaging in additional employment were around the age of 40, and their work experience spanned from 1 to 43 years, averaging 23.1 years. The findings underscore the substantial influence of financial considerations on nurses' decisions to pursue dual practice, prompting concerns regarding potential implications for the healthcare system. The study advocates for further in-depth research into the reasons and consequences of dual practice, emphasizing the necessity for a reassessment of the Central Registry of Nurses and Midwives to accurately gauge the extent of dual practice positions on a nationwide scale.

The results from this study at Al-Makassed Hospital highlighted a substantial difference in reported quality of care between nurses with single and double jobs. Specifically, 86.3% of nurses with a single job report delivering high-quality care, in contrast to 54% among those with dual jobs. Additionally, 13.1% of single-job nurses report a moderate level of care, while a higher proportion (42%) of double-job nurses report moderate quality. These findings strongly suggest that, within the context of Al-Makassed Hospital, nurses with a single job demonstrate a higher perceived quality of care compared to their counterparts engaged in double jobs. This contrasts with the findings from a previous qualitative study by Batch & Windsor (2014), which acknowledged that dual practice can present challenges, negatively impacting the quality of care. However, it also emphasizes that dual practice offers opportunities for skill development and financial stability, potentially benefiting healthcare systems in certain contexts. The nuanced nature of dual practice's impact on the quality of care underscores the importance of understanding context-specific factors and addressing potential challenges for a comprehensive assessment of the overall influence of dual practice on the quality of care.

An overview of the overall mean score of nurses' performance at Al-Makassed Hospital is presented. The overall mean score indicates a "good" level of performance, with $M = 3.84$ and $SD = 0.515$. The highest performance is observed in nurses informing patients' families of their needs ($M = 4.08$, $SD = 0.668$) and coordinating work within the nursing care plan and medical care plan ($M = 4.01$, $SD = 0.661$). However, the lowest performance is reported in the item "The hospital management reinforces the patient's decisions and desires regarding their care" ($M = 3.60$, $SD = 0.851$).

Comparing these findings with previous studies, various negative impacts associated with double employment in nursing are evident. Fatigue and decreased focus, burnout, decreased job satisfaction, compromised quality of care, and potential drawbacks in patient interaction and communication are consistent with the literature (Laschinger et al., 2012; Aiken et al., 2008; Zhou et al., 2016; Aiken et al., 2001).

However, it's essential to note the potential benefits highlighted in previous studies, such as financial stability and well-being (Jones et al., 2019; Bae et al., 2017) and enhanced skills and experience (Smith et al., 2020; Cheng et al., 2015). These positive aspects suggest a nuanced perspective on the impact of double jobs on nurses, indicating that, despite potential drawbacks, there are instances where holding a second job can contribute positively to nurses' professional development and overall well-being.

In conclusion, the researcher believes that the performance of nurses at Al-Makassed Hospital is affected by a number of factors. The Israeli occupation and the lack of equipment at the hospital both impact the performance of nurses and the quality of nursing care. The researcher also believes that Al-Makassed nurses are dedicated and committed to protecting the hospital from collapse. They are the foundation of the institution's continued existence.

The researcher found that the performance of female nurses was better than that of male nurses. However, this is not an indication that the number of female nurses should be increased. Palestinian women are mothers, workers, and responsible for their homes. They cannot have more than one job. Additionally, the physical structure of women means they cannot handle working two different jobs.

Chapter Six

Conclusion and recommendation

In conclusion, the aim of this study is to assess the effect of double jobs on nurse's performance and quality of care in Al-Makassed Hospitals. The study recommended hospital managers regularly monitor the working hours and conditions of nurses to minimize the negative impact of double jobs, especially on work-related stress and fatigue. The promotion of a healthy work-life balance should be a priority.

6.1 Conclusions:

This study examined the perspectives of both nurses with double jobs and with single job toward Job performance and the quality of nursing care. The current study has revealed a noteworthy finding as nurses working single jobs had reported higher job performance and quality of care levels than those working double jobs. The prevalence of double job at Al-Makassed hospital was high with 39% of nurses reported working double job. Male nurses are particularly more affected than female nurses. Nurses who held a Diploma reported lower quality of care than those who held a Bachelor degree. Based on these results, policymakers and nurses' managers should regularly monitor the working hours and conditions of nurses to minimize the negative impact of double jobs on the quality of care. Understanding these dynamics is crucial for healthcare institutions to ensure the well-being of their nursing staff and the quality of care delivered to patients. Further research and interventions may be needed to address the challenges faced by nurses with double jobs and the factors that are contributing to double job occurrence in order to improve their working conditions and patient care outcomes.

6.2 Recommendations:

These recommendations aim to provide a foundation for policymakers and nurse managers to create targeted interventions that address the specific issues highlighted in the study and improve the overall well-being and performance of nursing staff. These recommendations aim

to address the challenges faced by nurses, particularly those engaged in double employment, and to improve the overall quality of care provided by healthcare institutions like Al-Makassed Hospital.

Monitoring and Management: Hospital managers should regularly monitor the working hours and conditions of nurses to minimize the negative impact of double jobs, especially on work-related stress and fatigue. The promotion of a healthy work-life balance should be a priority. This can be achieved by setting clear expectations and boundaries for work hours, and discouraging excessive overtime. Encourage regular breaks to prevent burnout, and support flexible schedules or remote work when possible.

Support for Double Job Nurses: Nurses working double jobs should receive additional support, such as flexible schedules or counseling services, to mitigate the negative impact of their second job. Efforts should be made to ensure that they can maintain the quality of care they deliver to patients.

Recruitment and Retention: Hospitals should consider strategies for recruiting and retaining nursing staff to reduce the need for nurses to take on double jobs. This might involve offering competitive salaries, opportunities for career advancement, and ensuring a safe and supportive work environment.

Training and Development: Ongoing training and development programs should be provided to nurses to enhance their skills and knowledge, ensuring they can maintain a high level of performance and quality of care.

Research and Policy: More extensive research on the prevalence and impact of double jobs among nurses in various healthcare settings should be conducted. Policymakers should use these findings to implement regulations and guidelines that protect the well-being of nurses and, by extension, the quality of care provided to patients.

Gender Equality: Strategies to promote gender equality in nursing should be considered, as female nurses reported higher quality of care but may also face additional challenges due to their gender.

Departmental Assessment: Further investigation into the differences in performance and quality of care among various departments in the hospital might provide insights into areas where improvement is needed.

Longitudinal Studies: Conduct longitudinal studies to assess the long-term impact of double jobs on nurse well-being and quality of care.

6.2.1 Recommendations for policymakers and nurse managers.

Workforce Planning and Management:

Nurse managers should consider implementing measures to optimize staffing levels and workload distribution to mitigate the impact of double employment on nurses' performance and the quality of care.

Financial Incentives and Job Satisfaction:

Policymakers may explore the possibility of providing financial incentives or benefits to nurses, especially those with 5-9 years of experience, to enhance job satisfaction and discourage the need for dual employment.

Nurse managers should prioritize creating a supportive work environment that fosters job satisfaction and professional growth, potentially reducing the appeal of seeking additional employment.

Monitoring and Support Programs:

Policymakers and nurse managers should establish monitoring systems to track the prevalence and duration of double employment among nurses. Regular check-ins and support programs can be implemented to address the challenges faced by nurses engaged in dual jobs.

Support programs could include counseling services, stress management initiatives, and avenues for discussing workload concerns.

Professional Development Opportunities:

Policymakers should invest in continuous professional development opportunities for nurses, aiming to enhance their skills and job performance. This can contribute to higher performance levels among nurses working a single job.

Nurse managers should actively promote and facilitate participation in training programs that focus on improving nursing skills and knowledge.

Performance Recognition and Quality Improvement:

Nurse managers should implement performance recognition programs to acknowledge and reward high-performing nurses. This can serve as motivation and recognition for those dedicated to a single job.

Policymakers should collaborate with healthcare institutions to establish quality improvement initiatives, with a focus on enhancing the quality of care provided by nurses, especially those with dual employment.

Collaborative Research and Best Practices:

Policymakers and nurse managers should encourage and support collaborative research initiatives to further explore the impact of dual employment on nursing staff.

Sharing best practices and lessons learned across healthcare institutions can contribute to the development of effective policies and strategies to address the challenges identified in the study.

6.2.2 Recommendations for nurses working at Al-Makassed Hospital based on the study findings:

Work-Life Balance:

Consider prioritizing work-life balance to mitigate the impact of double employment. If engaged in dual jobs, assess the feasibility of maintaining a healthy balance between work commitments and personal life.

Professional Development:

Explore opportunities for professional development within the hospital, such as training programs, workshops, and seminars. Enhancing your skills and knowledge may positively influence job performance and career satisfaction.

Seeking Support:

If you are experiencing challenges related to double employment, consider seeking support from hospital management or counseling services. Open communication about workload and stress can contribute to finding viable solutions.

Self-Care Practices:

Prioritize self-care practices to maintain physical and mental well-being. This includes adequate rest, healthy nutrition, and activities that promote relaxation and stress relief.

Engage in Dialogue:

Foster open communication with nurse managers and colleagues to discuss workload concerns and potential solutions. Collaborative efforts may lead to improvements in work conditions and reduce the impact of double employment.

Advocate for Workplace Policies:

Advocate for workplace policies that address the challenges associated with double employment. Collaborate with colleagues to communicate the need for supportive policies that promote the well-being of nursing staff.

Performance Recognition:

Strive for excellence in your role, as the study indicates that nurses with a single job reported higher performance. Recognition programs within the hospital may acknowledge and reward outstanding contributions.

Quality of Care Commitment:

Maintain a commitment to delivering high-quality care to patients. Even with the challenges posed by double employment, ensuring that patient care remains a priority can contribute to job satisfaction and professional fulfillment.

Engagement in Hospital Initiatives:

Actively participate in hospital initiatives aimed at improving the working conditions of nurses. Your involvement in collaborative efforts can contribute to positive changes within the hospital environment.

Continuous Feedback:

Provide constructive feedback to hospital management regarding the impact of double employment on job performance and the quality of care. Your insights can contribute to the development of targeted interventions.

These recommendations aim to support nurses in navigating the challenges identified in the study and promoting their well-being, professional growth, and the delivery of high-quality care to patients within the context of Al-Makassed Hospital.

6.2.3 Recommendations for future research based on the current study:

Longitudinal Studies:

Conduct longitudinal studies to track changes in dual employment patterns and their impact over an extended period. This will provide insights into trends, allowing for a deeper understanding of the dynamics involved.

Qualitative Research:

Complement quantitative findings with qualitative research methods, such as interviews and focus group discussions. Qualitative data can offer richer insights into the personal experiences, motivations, and challenges faced by nurses engaged in dual employment.

Exploration of Gender Dynamics:

Investigate further the gender dynamics identified in the study, exploring how gender may influence the decision to engage in dual employment and the differential impact it may have on male and female nurses.

Comparative Studies:

Conduct comparative studies across different healthcare institutions or regions to identify variations in dual employment prevalence and its impact. This can contribute to the development of targeted interventions based on contextual differences.

Intervention Studies:

Design and implement intervention studies to assess the effectiveness of strategies aimed at reducing the prevalence and mitigating the impact of dual employment on nurse performance and patient care quality.

In-Depth Analysis of Impact on Work Aspects:

Explore in greater detail the specific aspects of work that are impacted by dual employment. This may include aspects such as job satisfaction, job stress, and work-life balance to provide a comprehensive understanding of the challenges faced by nurses.

Factors Influencing the Duration of Dual Employment:

Investigate the factors influencing the duration of dual employment, including personal, financial, and organizational factors. Understanding why nurses engage in dual employment for specific durations can inform targeted interventions.

Impact on Specific Nursing Specialties:

Examine the impact of dual employment on nurses in specific specialties within the hospital setting. Different nursing roles may experience distinct challenges, and a specialized focus can provide tailored recommendations.

Cross-Cultural Studies:

Explore the impact of dual employment in various cultural contexts to understand how cultural factors may influence the prevalence and effects of holding multiple jobs among nursing professionals.

Technology and Workload Management:

Investigate the role of technology in workload management and how it may influence the decision to engage in dual employment. Assess the potential of technology-based solutions for improving work efficiency and reducing the need for dual employment.

These recommendations aim to guide future research endeavors, foster a more comprehensive understanding of dual employment among nurses, and provide valuable insights for the development of effective policies and interventions.

6.3 Limitations:

Several limitations warrant consideration when interpreting the findings of this study on nurses with double jobs and their impact on performance and patient care quality.

Sampling Bias: The study's sample may not be fully representative of all nurses working at Al-Makassed Hospital or nurses in similar settings. It might be possible that nurses who chose to participate in the study have different characteristics or experiences than those who did not, leading to sampling bias.

Cross-Sectional Design: This study appears to have a cross-sectional design, meaning data was collected at a single point in time. This design has limitations for establishing causality or understanding how variables change over time. Longitudinal studies and observational studies could provide a more comprehensive view of the relationship between double jobs and performance.

Single-Center Study: The study focuses on one specific hospital (Al-Makassed Hospital). This might limit the generalizability of the findings to other healthcare settings, as hospitals can differ significantly in terms of culture, policies, and patient populations.

Small Sample Size: The sample size is relatively small; it can reduce the statistical power of analysis and limit the ability to detect significant differences or associations.

No Qualitative Data: Quantitative data can provide numbers and statistics, but it might lack the depth and context that qualitative data can offer. Collecting qualitative data through interviews or focus groups with nurses could provide a more comprehensive understanding of their experiences.

Social and Cultural Factors: Living under Israeli occupation, the widespread destruction and the current war in Gaza have a significant impact on the economic situation. There are dire economic conditions, delays in receiving salaries due to the challenging conditions, and difficulties reaching workplaces because of checkpoints and mistreatment by occupation forces. The harassment of medical teams has a substantial effect, contributing to an increase in dual employment.

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جامعة القدس
Al-Quds University

استبانة حول تقييم أثر العمل المزدوج على الأداء التمريضي وجودة الرعاية الصحية في مستشفى
المقاصد الخيرية الإسلامية

عزيزتي المشارك/ة/عزيزي

يسعدني أن أقدم اليكم بجزيل الشكر على مشاركتكم في اكمال هذه الرسالة التي هي جزء من دراسة
الماجستير في إدارة التمريض – جامعة القدس .

الهدف من هذه الدراسة هو تقييم أثر العمل المزدوج على أداء الممرض و جودة الرعاية الصحية في
مستشفى المقاصد في القدس

هذه الأداة تعكس رأيكم، ومن خلال تعبئة هذا الاستبيان تتيحون الفرصة لمعرفة مدى انتشار العمل
المزدوج في مستشفى المقاصد و أثره على أداء الممرض و جودة العلاج .

ولذا نستاذنكم بتخصيص 20-30 دقيقة من وقتكم لتعبئة الاستبانتين. علماً إننا نقدر ونثمن وقتكم بأن
الاجابات ستعامل بسرية تامة وهي مخصصة لخدمة البحث العلمي فقط ، ولكم كامل الحرية في المشاركة
أو عدمها ولكن مشاركتكم لها دور في إنجاح هذه الدراسة .

شاكرين حسن تعاونكم،،،

الطالبة : منال حسن

إشراف : د سلام الخطيب

البيانات الشخصية:
يرجى وضع علامة (x) في المربع المخصص لذلك

1- الجنس			
<input type="checkbox"/> ذكر		<input type="checkbox"/> أنثى	
2- العمر بالسنوات			
<input type="checkbox"/> 20-29 سنة	<input type="checkbox"/> 30-39 سنة	40-49 سنة	<input type="checkbox"/>
<input type="checkbox"/> 50-59 سنة	60 فأكثر		<input type="checkbox"/>
3- المؤهلات العلمية			
<input type="checkbox"/> دبلوم سنتين	<input type="checkbox"/> بكالوريوس	<input type="checkbox"/> ماجستير	<input type="checkbox"/> غير ذلك
4- سنوات الخبرة في مهنة التمريض			
<input type="checkbox"/> أقل من سنة	<input type="checkbox"/> 1-4 سنوات	<input type="checkbox"/> 5-10 سنوات	<input type="checkbox"/> 11-15 سنة
<input type="checkbox"/> 16-20 سنة	<input type="checkbox"/> 20- فأكثر		<input type="checkbox"/>
5- الحالة الاجتماعية			
<input type="checkbox"/> أعزب	<input type="checkbox"/> متزوج	<input type="checkbox"/> مطلق	<input type="checkbox"/> أرمل
6- الراتب الشهري			
<input type="checkbox"/> 3000- أقل من 5500 شيكل	<input type="checkbox"/> 5500 – أقل من 7000 شيكل	<input type="checkbox"/> 7000 شيكل فأكثر	
7- طبيعة وريديت العمل			
<input type="checkbox"/> وريديت صباحية دائماً	<input type="checkbox"/> وريديت مختلفة	<input type="checkbox"/> وريديت مزدوجة	
8- القسم الذي تعمل فيه:		
9- هل تعمل عمل إضافي في مستشفى آخر أو عيادة غير مستشفى المقاصد			
<input type="checkbox"/> نعم		<input type="checkbox"/> لا	
ان كانت الاجابة بنعم على سؤال رقم 9 فأرجو الاجابة على سؤال رقم 10 و 11			
10- منذ متى تعمل بالعمل الإضافي		أقل من سنة	سنة 4- سنوات 5-10
		سنوات	أكثر من ذلك
11- ما طبيعة عملك الآخر		

➤ إذا كنت تعمل عمل مزدوج بالإضافة لعمالك ب المقاصد اجب عن الأسئلة التالية في القسم الثاني وان كنت لا تعمل عمل مزدوج فانتقل الى القسم الثالث

القسم الثاني:

- يهدف هذا القسم الى التعرف على مستوى أثر العمل المزدوج في اقسام مستشفى المقاصد
- الرجاء وضع ✓ في الخانة المناسبة علماً أن درجات الموافقة حسب التالي

م	العبارة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
1-	أشعر بأن هناك توازن بين وقت العمل والوقت المخصص للأسرة					
2-	أجد صعوبة في الذهاب للعمل والعودة					
3-	ظروف العمل المحيطة لدي ملائمة					
4-	عدد ساعات العمل اليومي غير مرهقة					
5-	لدي الوقت الكافي لإنجاز العمل وتحقيق الاهداف					
6-	لدي القدرة الجسدية على انجاز مهامي بشكل جيد					
7-	لدى الوقت الكافي لمساعدة الزملاء في مهامهم					
8-	أجد صعوبة في تنفيذ المهام نظراً للإرهاق الشديد					
9-	أعمل بشكل روتيني ولا أقوم بتجديد طرق العمل					
10-	أتعامل مع المريض بشكل سريع ودون اهتمام					
11-	أساهم في تحسين معايير العمل					
12-	المهام الوظيفية غير واضحة مما يتسبب قيام أكثر من موظف بنفس العمل					
13-	يوفر لي مكان العمل الأمن والسلامة					
14-	العلاقة بين الإدارة والافراد تتسم بالود والاحترام					
15-	أتأخر في مواكبة مستجدات العمل					
16-	يتم تكليفي بمتابعة عدد كبير من المرضى					
17-	تمنحني ادارتي فرصة الترقية لمنصب أعلى اذا استوفيت الشروط المطلوبة					
18-	اشعر بالضغط في العمل نتيجة قيامي بالعديد من المهام					
19-	زيادة أعباء العمل تجعلني اتعامل مع المرضى بازدراء					

20-	أحصل على قسط كافي من الراحة أثناء العمل					
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القسم الثالث

- يهدف هذا القسم الى التعرف على مستوى الاداء التمريضي في اقسام مستشفى المقاصد
- الرجاء وضع ✓ في الخانة المناسبة علماً أن درجات الموافقة حسب التالي:

م	العبارة	موا فق بش دة	موا فق	م د ا ي د	غير موا ف ق	غير موا ف ق بش دة
1-	يقوم التمريض بإعلام أسرة المريض باحتياجاته					
2-	يعمل الطاقم التمريضي ضمن تنسيق خطة الرعاية التمريضية مع خطة الرعاية الطبية.					
3-	يقوم الممرضين بمنح الثناء والتقدير على الإنجاز لمن هم تحت إدارتهم					
4-	يقوم الممرضون بتعريف المريض وأسرته باستخدام موارد المجتمع في تطوير خطة رعاية للمريض وأسرته.					
5-	يقوم الممرضون بإجراء تقييم نتائج الرعاية التمريضية بشكل مستمر					
6-	تقوم إدارة المستشفى بتعزيز قرار المريض ورغبته فيما يتعلق برعايته					
7-	يعي الممرضون بكيفية تنفيذ الإجراءات الفنية للمريض					
8-	يحترم الممرضون حرية المريض وكرامته دون تمييز					
9-	يطلب الممرضون المساعدة من زملائهم عند الضرورة					
10-	يقوم الممرضون بمساعدة المريض على التواصل مع الآخرين					
11-	يحافظ الطاقم التمريضي على خصوصية المريض بشكل تام					
12-	تسود الثقة المتبادلة والقبول والاحترام بين أعضاء الفريق الصحي الآخرين					
13	يقيم الممرضون أولويات احتياجات الرعاية التمريضية وقدرات وحدود العاملين في مجال الرعاية الصحية المتاحة					
14-	يقبل الممرضون المسؤولية عن مستوى الرعاية تحت إشرافهم					
15-	يتخذ الممرضون التدابير اللازمة في حالات الطوارئ					
16-	يتقبل الممرضون الاقتراحات من الفريق الصحي والذين هم تحت					

					أشرفهم	
					يعمل الطاقم التمريضي في حالة تضمن الحفاظ على مستويات عالية من الأداء.	17-
					يتقبل الممرضون النقد البناء.	18-
					يظهر الممرضون المعرفة بالحدود القانونية للتمريض وأخلاقيات التمريض.	19-
					يعمل الطاقم التمريضي في حالة تضمن الحفاظ على مستويات عالية من الأداء.	20-

القسم الرابع:

- يهدف هذا القسم الى التعرف على مستوى جوده الرعاية التمريضية في اقسام مستشفى المقاصد
- الرجاء وضع √ في الخانة المناسبة علماً أن درجات الموافقة حسب التالي:

م	العبارة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
1-	يتجاوب الممرضون بشكل فوري مع احتياجات المرضى					
2-	يساعد الممرضون في تقديم الرعاية بالوقت المناسب					
3-	يقوم الممرضون على مدار الساعة بتقديم الخدمة التمريضية في قسمهم					
4-	يتصرف الممرضون بلباقة مع مرافقي المرضى					
5-	يعطي الممرضون الوقت الكافي لرعاية المرضى					
6-	يعمل الفريق التمريضي على أساس أن الأولوية للمريض					
7-	يوزع الممرضون أوقات عملهم بعدالة لرعاية كافة المرضى					
8-	يقوم الممرضون بالفحص الجسدي للمريض للتقييم الأولي التمريضي					
9-	يقوم الممرضون بتحديد احتياجات الرعاية التمريضية للمريض من خلال التقييم.					
10-	يقوم الممرضون دائماً بتوثيق نتائج التقييم التمريضي للمريض					
11-	يقوم الممرضون بالعناية بالمرضى حسب احتياجاتهم					
12-	ترتكز الرعاية التمريضية للمريض الذي يقوم الطاقم التمريضي برعايته على بروتوكولات موحدة					

					13-	يستخدم الممرضون خطة الرعاية التمريضية لكافة المرضى
					14-	يلتزم الممرضون بالتعليمات الإرشادية حول إجراءات الرعاية الصحية في قسمهم
					15-	تتوفر في القسم جميع العلاجات للمرضى
					16-	يقوم الممرضون بتخزين العلاج (الأدوية) حسب التعليمات الإرشادية للشركة المصنعة.
					17-	يقوم الممرضون بتعبئة نموذج للخطأ الطبي (العلاجي) في حال قيامهم بأي خطأ طبي .
						يقوم الممرضون بالتبليغ عن أي خطأ طبي يقوم به زملائهم
					18-	يقوم الممرضون بإعطاء المرضى معلومات حول علاجهم قبل خروجهم من المستشفى
					19-	يلتزم الممرضون دائما بإتباع الإجراءات المتعلقة بالسيطرة على العدوى.
					20-	يقوم الممرضون بنقل المرضى لغرفة العزل للحالات المصابة بالعدوى في القسم في حال الحاجة الى ذلك

شكراً لك على إكمال هذا الاستبيان، فنحن نقدر مساهمتك كثيراً ***



جامعة القدس
Al-Quds University

Survey on Evaluating Impact of double job on Nursing Performance and quality of care at ALMakassd Hospital

Dear / Participant,

I am pleased to extend my thanks to you for your participation in completing this dissertation, which is part of the Master's study in Nursing Administration - Al-Quds University.

The aim of this study is to evaluate the effect of dual work on nurse performance and quality of care at MaKassed Hospital in Jerusalem

This tool reflects your opinion, and by filling out these questionnaires, you will have the opportunity to know the extent of double work in Makassed Hospital and its impact on the nurse's performance and treatment quality.

Therefore, we ask your permission to allocate 20-30 minutes of your time to fill out the two questionnaires. Note that we appreciate and value your time that the answers will be treated in complete confidentiality and are intended to serve scientific research only, and you have complete freedom to participate or not, but your participation has a role in the success of this study.

Thank you in advance for your time!

Student

Supervisor

Manal Hasan

Dr. Salam Al Khateeb

Section One: Personal Data

Please put an (X) in the box provided

1- Gender			
<input type="checkbox"/> Male			<input type="checkbox"/> Female
2- Age in years			
<input type="checkbox"/> 20 - 30		30 - 40 <input type="checkbox"/>	40 - 50 <input type="checkbox"/>
50 - 60 <input type="checkbox"/>		<input type="checkbox"/> More than 60	
3- Degree			
<input type="checkbox"/> Two years diploma		Master	
<input type="checkbox"/> Bachelor		<input type="checkbox"/> Otherwise	
4- Years of experience in the nursing profession			
<input type="checkbox"/> Less than 1 Year	<input type="checkbox"/> 1 Year - less than 5 Years	<input type="checkbox"/> 5 Year - less than 10 Years	
<input type="checkbox"/> 10 Years - less than 15 Years	<input type="checkbox"/> 15 Year - less than 20 Years	More than 20 Years	
5- Marital Status			
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widower
6- Salary			
<input type="checkbox"/> 3000- Less than 5500 Nis	<input type="checkbox"/> 5000 Nis - less than 7000	<input type="checkbox"/> More than 7000	
7- work shifts			
<input type="checkbox"/> Always a morning shift	<input type="checkbox"/> Multiple shifts	<input type="checkbox"/> Double shifts	
8- Department in which you work:		
9- Do you work overtime in another hospital or clinic other than Makassed Hospital?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If the answer is yes to Question No. 9, please answer Question No. 10 and 11			
10- How long have you been working double job ?		 Years
11- What is your other job?		

Section Two: Dual Employment

Paragraph	Strongly Agree	Agree	No Comment	Disagree	Strongly Disagree
1. I feel that there is a balance between work time and family time					
2. I find it difficult to go to work and come back					
3. Is the working environment suitable for me					
4. the daily working hours not exhausting					
5. I have enough time to complete the work and achieve the goals					
6. I have the physical ability to perform my tasks well					
7. I have enough time to assist colleagues with their tasks					
8. I find it difficult to perform tasks due to extreme fatigue					
9. working in a routine manner and not innovating in my work methods					
10. I dealing with the patient quickly and without care					
11. I contributing to improving work standards					
12. the job tasks unclear, resulting in multiple employees performing the same work					
13. the workplace provide me with security and safety					
14. the relationship between management and individuals characterized by friendliness and respect					
15. I falling behind in keeping up with work updates					
16. I assigned to follow up on a large number of patients					
17. my management offer me the opportunity for promotion to a higher position if I meet the required conditions					
18. I feel pressured at work due to handling multiple tasks					
19. the increased workload make me interact with patients disdainfully					
20. I get an adequate amount of rest during work					

Section Three/ **Part On:** Nurses Performance at Makassed Hospital

Paragraph	Strongly Agree	Agree	No Comment	Disagree	Strongly Disagree
1. The nurse informs the patient's family of their needs.					
2. Work is done within the framework of the nursing care plan in coordination with the medical care plan.					
3. The nurse gives praise and appreciation for those under their supervision for their accomplishments					
4. The patient and their family are introduced to community resources to develop a care plan.					
5. Continuous evaluation of nursing care outcomes is conducted.					
6. The hospital management reinforces the patient's decisions and desires regarding their care.					
7. The nurse is aware of the technical procedures for the patient's care.					
8. The nurse respects the patient's freedom and dignity without discrimination					
9. The nurse asks for assistance from colleagues when necessary.					
10. The nurse assists the patient in communicating with others.					
11. The nurse fully maintains the patient's privacy.					
12. Mutual trust, acceptance, and respect exist among other healthcare team members.					
13. Priorities for nursing care needs and the capabilities and limitations of available healthcare workers are evaluated.					

14. The nurse accepts responsibility for the level of care under their supervision.					
15. The nurse takes necessary measures in emergency situations.					
16. The nurse receives suggestions from the healthcare team members under their supervision.					
17. The nurse works to maintain high levels of performance.					
18. The nurse accepts constructive criticism.					
19. The nurse demonstrates knowledge of nursing ethics and legal boundaries.					
20. The nurse works to maintain high levels of performance					

Section Three/ **Part two**: Quality of nursing care for nurses at Makassed Hospital

This section aims to identify the level of quality of nursing care in Makassed Hospital departments

Please put √ in the appropriate box, noting that approval scores are as follows:

Strongly Agree	Agree	No Comment	Disagree	Strongly Disagree
5	4	3	2	1

Paragraph	Strongly Agree	Agree	No Comment	Disagree	Strongly Disagree
1. The nurse responds immediately to the needs of patients.					
2. The nurse assists in providing timely care.					
3. The nurse provides service around the clock in the hospital.					
4. The nurse interacts politely with patients and their families.					
5. The nurse allows sufficient time for patient care.					
6. The nurse works on the basis that the patient comes first.					
7. The nurses' work schedule is designed to care for all patients.					
8. The nurses' work schedule is designed to care for all patients.					
9. The nursing care needs of the patient are determined through assessment.					
10. The results of the nursing assessment for the patient are always documented.					
11. Patient care is based on their individual needs.					

12. Nursing care for the patient is based on standardized protocols.					
13. The nursing care plan is used for all patients					
14. Clear guidelines for healthcare procedures are available in the department.					
15. All treatments for patients are available in the department.					
16. The treatments (medications) are stored according to the manufacturer's guidelines.					
17. A model for medical errors is available in the unit.					
18. Patients receive education related to their care after their discharge from the hospital.					
19. Infection control procedures are always followed.					
20. An isolation room is available for infected cases in the department					

***** Thank you for completing this questionnaire, your contribution is greatly appreciated*****



**Research Ethics Committee
Committee's Decision Letter**

Date: April 25, 2023

Ref No: 287/REC/2023

Dears Dr. Salam Alkhatib, Ms. Manal Hasan,

Thank you for submitting your application for research ethics approval. After reviewing your application entitled "Assessment of Performance and Quality of Care among Nurses who work Double Job in Almakassad Hospital", the Research Ethics Committee confirms that your application is in accordance with the research ethics guidelines at Al-Quds University.

We would appreciate receiving a copy of your final research report/ publication.

Thank you again and wish you a productive research that serves the best interests of your subjects.

PS: This letter will be valid for two years.

Sincerely,

Suheir Ereqat, PhD
Associate Professor of Molecular Biology

Research Ethics Committee Chair

Cc. Prof. Imad Abu Kishek - President

Cc. Members of the committee

Cc. file