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**The Quality of Work-life among Intensive Care Unit
Nurses at Governmental Hospitals in Gaza Strip**

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The Quality of Work-life among Intensive Care Unit Nurses at Governmental Hospitals in Gaza Strip

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Thesis Approval

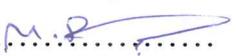
The Quality of Work-life among Intensive Care Unit Nurses at
Governmental Hospitals in Gaza Strip

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Dedication

To the great father who devoted this life for us.

To my dear mother who gave me the road to my success.

To my brothers, my sisters and my family.

To my friends and colleagues and of course.

To all my relatives who encouraged me to complete this work.

To the Palestinian people especially for martyrs who sacrificed their lives for Palestine and Al-Aqsa.

Heartfelt thanks and appreciations to all those who contributed to the completion of this thesis ... without your support, this work would not come to end.

Thank you and may Allah bless you

Mohammed Atta Al Jabari

Declaration

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signature:

Mohammed Atta Al Jabari

Date:

Acknowledgment

I thank Allah for helping me all the moments and during my study.

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Abstract

Nurses are the largest group and front-line workforce in the health care system. The work environment of intensive care nurses characterized by creating obstacles for nurses in performing patient care tasks, Quality of nursing care is considered as an important aspect in evaluating the quality of health care. High quality of work-life is essential for organizations to achieve high performance and growth in profitability and to continue to attract and retain employees. The purpose of the study was to assess the quality of work-life (QWL) among nurses working in ICU departments at governmental hospitals in the Gaza Strip. The researcher used a quantitative cross-sectional descriptive design. The population of the study consisted of all ICU nurses working at 5 Governmental Hospitals in the Gaza Strip/Palestine. A self-administered questionnaire was distributed to 102 nurses which was developed by the researcher, out of which (88.7%) responded, Data was analyzed by using the statistical package of social science version 23 using descriptive statistics, means, standard deviation one-sample t-test, and independent t-test. The validity of the questionnaire was tested and the total instrument reliability test (Cronbach's Alpha) gave a score of 0.924 and it is considered a high score. The results of the study showed, about two-thirds of the participants(75.5%) was married, and the respondents' age was between 21 and 50 years and the highest number of nurses 50 (49.0%) aged 30_39 years, and the nurses had bachelor degree (85.3%) while (9.8%) had master degree, The males represented (76.5 %) of the participants while the females (23.5%), while their years of experience in ICU were between 1 and 15 years. More than half (61.8%) of the participants receive a salary between (1001-2000) NIS. And the results of this study showed that the overall level of work-life domains was moderate (mean = 3.31, S.D. =0.48) with total relative weight (66.2%), and the total weight for each domain as following job autonomy domain gets the first rank followed by job satisfaction followed by staff retention, and last rank domain was work environment with relative weight as follow(72.0%), (69.4%), (63.5%) and (62.5%). Also result showed statistically significant differences between nurses' responses regarding gender, female nurses have higher mean in quality of work-life domains compared to males, while no statistically significant differences between the quality of work-life domains with qualification, job title, marital status and Experience years in ICU. The study showed that nurses' quality of work-life is at a moderate level. As QWL has an important impact on attracting and retaining employees, it is necessary to pay more attention to the nurses' QWL and its affecting factors. The policymakers should develop strategies for improving the nurses' work conditions and their QWL, so that, nurses will be able to perform better care for their patients. This research provides an initial step in understanding the work-life of ICU nurses at governmental hospitals in GS. the study recommended the policymaker at MOH to implement strategies that enhance the level of job satisfaction, improve the working environment in ICU, limit the engagement of ICU nurses into non-nursing duties and provide an adequate number of ICU nurses.

Table of Contents

Dedication.....	
Declaration.....	i
Acknowledgment.....	ii
Abstract.....	iii
Table of Contents.....	iv
List of Table.....	vii
List of Figure	ix
List of Annexes.....	x
List of Abbreviations	xi
Chapter One Introduction	1
1.1 Background.....	1
1.2 Research problem	2
1.3 Justification of study.....	4
1.4 Purpose	6
1.5 Objectives.....	6
1.6 Research questions	7
1.7 Context of the study.....	7
1.7.1 Sociodemographic context	7
1.7.2 Economic context	8
1.7.3 Health care system.....	8
1.7.4 Overview for the government hospitals in the Palestinian Ministry of Health in the Gaza Strip (MOH, 2018)	9
1.8 Theoretical Definition.....	10
1.8.1 Quality of work-life	10
1.8.2 Nursing	10
1.8.3 Critical care nurses	10

1.8.4 Intensive Care Unit	11
1.8.5 Gaza Governmental Hospitals	11
1.9 Operational Definitions	11
1.9.1 Work environment.....	11
1.9.2 Job autonomy.....	11
1.9.3 Job Satisfaction.....	11
1.9.4 Staff retention	12
Chapter Two Literature Review	13
2.1 Conceptual Framework.....	13
2.2. Background.....	15
2.3 Work environment	18
2.4 Job Autonomy.....	25
2.5 Job satisfaction	28
2.6 Staff retention	33
Chapter Three Methodology	39
3.1 Study design	39
3.2 Setting of the study	39
3.3 Study Population.....	40
3.4 Sample size and sampling method.....	40
3.5 Eligibility criteria.....	40
3.5.1 Inclusion criteria	40
3.5.2 Exclusion criteria.....	40
3.6 Period of the study	41
3.7 Study Instruments	41
3.7.1 Validity of the instrument.....	42
3.8 Reliability of the study instrument.....	42
3.9 Response rate.....	43

3.10 Ethical considerations.....	43
3.11 Data collection.....	43
3.12 Data entry and analysis.....	43
3.13 Pilot study.....	44
3.14 Limitations of the study.....	44
Chapter Four Results and discussion	45
4.1 Socio-demographic results of the study population	45
4.2 Analyzing dimensions of the questionnaire (N= 102).....	48
4.3 Independent t-test and One-way ANOVA test for quality of work-life domains	58
Chapter Five Conclusion and Recommendation	72
5.1 Conclusion.....	72
5.2 Recommendation.....	74
References.....	76
Annexes.....	86

List of Table

Table (3.1): Number of nurses and beds at ICU departments.	40
Table (3.2): Domains and items of structured questionnaire.....	42
Table (3.3): Cronbach Alpha Coefficient	43
Table (4.1): Sample distribution based on the Participants' Age, marital status, Qualification and Job Title (N= 102).....	45
Table (4.2): Sample distribution based on the Participants' Work Place, Place of Residence, Experience years in ICU and Income in NIS (N= 102).....	47
Table (4.3): Distribution of the study participants according to their perception about the quality of work-life domains.....	48
Table (4.4): Distribution of the study participants according to their perception about the Work Environment domain (15 items).	50
Table (4.5): Distribution of the study participants according to their perception about the Job Satisfaction domain (9 items).....	52
Table (4.6): Distribution of the study participants according to their perception of the staff retention domain (14 items).	54
Table (4.7): Distribution of the study participants according to their perception about the Job Autonomy domain (12 items).....	56
Table (4.8): Differences between quality of work-life domains and nurses' gender (N= 102).	58
Table (4.9): Differences between quality of work-life domains and nurses' age categories (N= 102).....	60
Table (4.10): Differences between quality of work-life domains and nurses' qualifications categories (N= 102).....	62

Table (4.11): Differences between quality of work-life domains and nurses' job title (N= 102).	64
Table (4.12): Differences between quality of work-life domains and nurses' marital status (N= 102).	65
Table (4.13): Differences between quality of work-life domains and work place categories (N= 102).	66
Table (4.14): Differences between quality of work-life domains and nurses' place of residence categories (N= 102).	68
Table (4.15): Differences between quality of work-life domains and nurses' Experience years in ICU categories (N= 102).	69
Table (4.16): Differences between quality of work-life domains and nurses' monthly income in NIS categories (N= 102).	71

List of Figure

Figure (4.1): Diagram of a conceptual framework.13

Figure (4.2) : Distribution of participants by gender46

List of Annexes

Annex (1): Map of Historical Palestine	86
Annex (2): Time Schedule	87
Annex (3): Consent form	88
Annex (5): Quality of Work-life Questionnaire (English version).....	93
Annex (6): List of panel expert Names.....	99
Annex (7): Approval from Helsinki Committee.....	100
Annex (8): Approval from MOH.....	101

List of Abbreviations

CCU	Critical Care Unit
EGH	European Gaza Hospital
GDP	Gaza Strip
GS	Gross Domestic Product
HAIs	Healthcare-associated infections
ICU	Intensive Care Unit
ITL	Intentions to Leave
Km	Kilometer Km
km²	Kilometers Square
KSA	Kingdom of Saudi Arabia
NIS	New Israeli Shekel
OCHA	Office for the Coordination of Humanitarian Affairs
PCBS	Palestinian Central Bureau of Statistics
QNWL	Quality of Nursing Work-life
QWL	Quality of Work-life
RN	Registered Nurse
SPSS	Statistical Package for Social Sciences
UNRWA	United Nations Relief and Works Agency
WB	West Bank
WHO	World Health Organization

Chapter One

Introduction

1.1 Background

The quality of work-life (QWL) is defined as the level to which people who are working in the organization yield both personal and work satisfaction by achieving the goals of the organization (Swamy, et al., 2015).

Nurses are the largest group and front-line workforce in the health care system. Without their contribution quality of hospital services and patient care cannot be improved. Therefore, the Quality of work-life (QWL) of nurses working health care organizations should be very high. Today, this concept basically describes the methods by which an organization can ensure the holistic wellbeing of an employee instead of only focusing on work-related aspects. In recent decades, QWL has become a challenging issue and received increasing attention to improving the QWL of nurses (Thakre, 2017).

High quality of work-life is essential for organizations to achieve high performance and growth in profitability and to continue to attract and retain employees, QWL is a comprehensive, department-wide program designated to improve employee satisfaction, strengthening workplace learning and helping employees had better manage change and transition. Dissatisfaction with QWL is a problem, which affects almost all workers regardless of position or status (Elizur & Shye, 2011).

Quality of nursing care is considered as an important aspect in evaluating the quality of health care. The quality of nursing and health care is directly interlinked to levels of job satisfaction among nurses and on the quality of nurse's work-life. The rapidly changing health care environment has had an impact on the nursing work environment, workload, and quality of nursing work-life (Fasla, 2017).

In health care organizations QWL has been described as referring to the strengths and weakness in the total work environment, organizational features such as policies and procedures, leadership style, operations and general contextual factors of setting, all have a profound effect on how staff views the quality of work-life (Lau & May 2008).

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

1.2 Research problem

The largest and diverse workforces in the health care system are the nurses. QWL is an essentiality of the nurses where the nurse is able to satisfy his personal needs by rendering quality care to the patient and achieving the organizational goals, quality care to the patient's and achieving the organizational goals.

Health organizations in many countries have faced some difficulties like shortage of health experts, and increase the turnover rate, especially amongst nurses. Nurse turnover has a negative impact on the ability to encounter the patient's needs and deliver high standards of care (Eren & Hisar, 2016).

Job satisfaction was the most commonly conducted research in nursing. Job satisfaction mainly focuses on the likes and the dislikes of the employees and little interest is given to the work environment. Therefore, problems related to the nursing work environment were

not much addressed. Quality of work-life was the concept which gained much acceptance in nursing (Fasla, 2017).

Effective nurse managers play an important role in staff nurse retention and the quality of patient care (Brunetto, et al., 2013). Nurses' retention factors were categorized into three: organizational, role, and personal. Intentions to stay and retention of nurses are multifactorial (Brown, et al., 2013).

The turnover of nurses leads to insufficient staffing, which increases the workloads and stress on other staff (Yang, et al., 2013). Consequently, this may lead to serious variations in nurse's behavior towards their jobs causing low work satisfaction and productivity and then shifting to another organization. As well, insufficient nurse staffing leads to poor patient outcomes, like increased patient mortality and infection rates error rates might be increased (Aiken, et al., 2015).

However, nursing shortage is more complex and multifaceted and arises not only due to the inadequate number of qualified nurses but also due to the non-availability of nurses who are willing to work under the present conditions (Buchan & Aiken, 2008). Nurses in Gaza suffer from this problem for many years, which includes low salaries and increase the workload and pressures of work.

low compensation prompted adverse behavior resulting in low performance (Dugguh & Ayaga, 2014). The type of reward determines the level of motivation. (Ahmad, et al., 2017). Therefore, employees' behavior may have a direct effect on outcomes. (Shin, et al, 2015).

Occupational stress in nursing is common worldwide; with rates of 9.20%-68.0% of nurses suffering from stress being reported in the worldwide literature. The thesis Alhajjar reports an investigation into stress among hospital nurses in Gaza Strip-Palestine. The purpose of

his study was to determine the prevalence of occupational stress among hospital nurses in Gaza-Palestine and explore possible causal occupational stressors. (Alhajjar, 2013).

Nurse turnover has a negative impact on the ability to meet patient needs and provide a high quality of care, which may create more stress on other staff due to increased workloads. This can lead to critical changes in the behavior of nurses towards their jobs resulting in low work satisfaction, low productivity, and leaving the organization (Kaddourah, et al, 2018).

1.3 Justification of study

Quality of nursing care is considered as an important aspect in evaluating the quality of health care. The quality of nursing and health care is directly interlinked to levels of job satisfaction among nurses and on the quality of nurse's work-life. The rapidly changing health care environment has had an impact on the nursing work environment, workload, and quality of nursing work-life. Studies have shown that the work environment has an impact on patient outcomes and nursing work-life. (Aiken, et al., 2013).

The quality of work-life among nurses has little concern and there is no attempts were done to study the relationship between the quality of work-life and satisfaction among nurses to improve the quality of patient care (Morsy & Sabra, 2015). For this reason, we conducted this study.

Patients continue to age, so too are the nurses taking care of them with many of these nurses retiring early or leaving the profession due to poor job satisfaction, negative work environments, and increased workloads. These circumstances indicate a dire situation in healthcare delivery, necessitating different solutions to this shortage from previous cyclical shortages. It has become increasingly important for healthcare facilities to develop and initiate methods to retain nurses in the workforce longer.

Therefore, this study aims to identify the quality of work-life among ICU nurses in GS. This is to ensure the creation of a healthy working environment and to develop preventive policies that decrease the feeling of turnover and increase staff retention and provides a conducive working environment and increase the level of satisfaction and autonomy among ICU nurses. Early recognition of turnover and the problem related to quality of work-life enables the nurses to adjust their own feelings successfully, to meet the criteria of professional behavior and to improve the quality of care provided for their patients. The findings of the current study will help policymakers to understand the factors that foster the intention to leave among nurses and to establish retaining policies.

The quality of work-life among ICU nurses has little concern and there are no attempts were done to study the quality of work-life among ICU nurses in GS to improve the quality of patient care, for this reason, the researcher has conducted this study.

The significance of this study was that the findings would heighten awareness of the effect of quality of work-life in hospitals. Nurses dominate the hospital workforce (Dasgupta, 2015). Because of the rising healthcare costs, nursing shortages, and turnover, healthcare organizations' leadership could face unsafe patient care environments and subsequent financial consequences (Henderson, 2015). Thus, the premise of this quantitative study was to determine the level of quality of work-life among ICU nurses at GS.

To retain qualified nursing staff and ensure quality of care, long-term care administrators should focus on creating a work environment that reduces burnout, increases job satisfaction, and enables nurses to foster relationships with residents. Recommendations for long-term care administrators include: (1) provide opportunities for self-scheduling, full-time work, and benefits; (2) develop models of care that enhance resident relationships; (3) examine existing regulated nursing staff responsibilities and adjust to minimize burnout (McGilton, et al, 2013).

The findings of this study may contribute to business practices for hospital managers who encounter pressure to retain a stable workforce by improving the level of quality of work-life among nurses. With the projection of nursing shortages in the United States, hospital managers' budgets could incur severe financial consequences and challenges to deliver quality patient care (Snaveley, 2016). The loss of experienced nurses may cause staffing dilemmas, which result in reduced productivity and increased recruitment and training replacement costs (Biron & Boon, 2013).

Research has shown the challenges healthcare managers encounter when required to replace nurses (Dasgupta, 2015). Because of the rising healthcare costs, nursing shortages, and turnover, healthcare organizations' leadership could face unsafe patient care environments and subsequent financial consequences (Henderson, 2015).

1.4 Purpose

The aim of the study was to assess the quality of work-life among nurses working in ICU departments at governmental hospitals in Gaza Strip (GS).

1.5 Objectives

- To assess the total level of quality of work-life among ICU nurses at governmental hospitals in GS.
- To assess the level of quality of work-life domains among ICU nurses at governmental hospitals in GS
- To examine the relationship between QWL among ICU nurses with their selected socio-demographic variables at governmental hospitals in GS.
- To suggest recommendations to policymakers to improve QWL for ICU nurses at governmental hospitals in GS.

1.6 Research questions

- What is the total level of work-life among ICU nurses at governmental hospitals in GS?
- What is the level of work environment domain among ICU nurses at governmental hospitals in GS?
- What is the level of job satisfaction domain among ICU nurses at governmental hospitals in GS?
- What is the level of staff retention domain among ICU nurses at governmental hospitals in GS?
- What is the level of job autonomy domain among ICU nurses at governmental hospitals in GS?
- Is there a relationship between the QWL of ICU nurses and their selected socio-demographic variables?
- What are the suggested recommendations that might help in improving the level of quality of life among ICU nurses at governmental hospitals GS?

1.7 Context of the study

1.7.1 Sociodemographic context

Palestine lies within an area of 27,000 square kilometers (Km²), expanding from Ras Al-Nakoura in the north to Rafah in the south (annex 1). Palestinian territories are divided into three areas separated geographically; the West Bank (WB) 5.655 Km², GS 365 Km², and East Jerusalem. Based on estimates prepared by the Palestinian Central Bureau of Statistics (PCBS), the estimated population in Palestine is approximately 4.915 million, 2,953 million (60.1 %) of them in West Bank while 1.961 million (% 39.9) in GS. Male gender consists of 2.52 million while the female gender consists of 2.43 million. The population

density (capita/km²) is 823 (532 in WB and 5374 in GS) (PCBS, 2019). Natural increase rate accounts for 2.8 (2.5 in WB and 3.3 in GS), life expectancy for males 72.1 years and for females 75.2 years, average household size 5.2 (4.8 in WB and 5.7 in GS), total fertility rate 4.1 (3.7 in WB and 4.5 in GS), infant mortality rate 18.2 (17.0 in WB and 19.6 in GS) (PCBS, 2019).

1.7.2 Economic context

The Palestinian economy suffers from continuous pressure caused by long-term siege, imposed by Israeli occupation for more than 12 years. Economic status in the Palestinian territories is very low. A significant increase in poverty rates occurred in GS from 38.8% in 2011 to 53% by the end of 2017 (United Nations Office for the Coordination of Humanitarian Affairs - OCHA, 2018). Gross Domestic Product (GDP) is estimated about 440.2\$ (576.0 in WB and 248.7 in GS), unemployment rate accounted for 18.2% in WB and 41.7% in GS and for female's unemployment rate is 44.7% (29.8% in WB and 65.2% in GG) (PCBS, 2019).

1.7.3 Health care system

The Palestinian health system consists of different parties. The main parties that offer health services are the Ministry of Health (MOH), NGOs, United Nations Relief and Works

Agency for Palestinian Refugees in the Near East (UNRWA), the Military Health Services, and the private sector. The total number of hospitals in Palestine is 83 hospitals, 51 of them in WB including east Jerusalem and 32 in GS. The number of hospitals owned by MOH in the Gaza strip is 13 hospitals, 16 for NGOs, 2 for the Ministry of Interior and National Security. The number of hospital beds in the Gaza Strip reached 2,943 beds (2,240 beds belonging to the Ministry of Health, 526 beds belonging to non-governmental institutions,

and 177 beds belonging to the Ministry of Interior and National Security). The number of physicians working in different centers and units of MOH is 3100 physicians, with 14.6 physicians per 10,000 population of Palestine in GS, and the number of nurses working in MOH in GS is 3682 nurses representing 25.1 % of total employees in MOH, with 21.2 nurses per 10,000 population of Palestine in GS (WHO, 2019).

1.7.4 Overview for the government hospitals in the Palestinian Ministry of Health in the Gaza Strip (MOH, 2018)

Al-Shifa Medical Complex

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

Indonesian Hospital

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

Al - Aqsa Hospital

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

Nasser Medical Complex

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

is located in Khan Younis. Khan Yunis governorate has a total clinical capacity of 322 beds, with a total of 769 employees.

European Gaza Hospital

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

1.8 Theoretical Definition

1.8.1 Quality of work-life

It is defined as the level to which people who are working in the organization yield both personal and work satisfaction by achieving the goals of the organization (Swamy, et al., 2015).

1.8.2 Nursing

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups, and communities, sick or well and in all settings. It includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people (WHO, 2019).

1.8.3 Critical care nurses

Are registered nurses who possess specialized training and knowledge to care for patients who are experiencing life-threatening health crises (Canadian Association of Critical CareNurses, 2013).

1.8.4 Intensive Care Unit

It is a specially staffed and equipped, separate and self-contained area of a hospital dedicated to the management of patients with life-threatening illnesses, injuries and complications, and monitoring of potentially life-threatening conditions (College of Intensive Care Medicine of Australia and New Zealand, 2011).

1.8.5 Gaza Governmental Hospitals

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

1.9 Operational Definitions

1.9.1 Work environment

It is a broad term and means all your surroundings when working, and it includes a physical working environment like your work tools as well as air, noise and light, and a psychological working environment of how your work is organized and your wellbeing at work.

1.9.2 Job autonomy

Autonomy in the workplace refers to how much freedom employees have while working. For some organizations, autonomy means employees are allowed to set their own schedules. In other organizations, autonomy means employees can decide how their work should be done, no matter which concept is being applied, higher levels of autonomy tend to result in an increase in job satisfaction.

1.9.3 Job Satisfaction

Is the extent to which an employee feels self-motivated, content & satisfied with his/her job. Job satisfaction happens when an employee feels he or she is having job stability,

career growth, and a comfortable work-life balance. This implies that the employee is having satisfaction at the job as the work meets the expectations of the individual.

1.9.4 Staff retention

Refers to the ability of an organization to retain its employees, and the degree to which the current employees remain with the organization over a given time period. Many staff retention policies are aimed at addressing the various needs of employees to enhance their job satisfaction and reduce the substantial costs involved in hiring and training new staff.

Chapter Two

Literature Review

This study explored the quality of work-life among ICU nurses at governmental hospitals in GS. The background literature revealed that there were several factors that can potentially impact nurses' quality of work-life. A comprehensive understanding of key factors associated with nurses' QWL contexts was crucial for this research as nurses' QWL was linked to negative health consequences for nurses', patients', and increased costs for the healthcare system.

2.1 Conceptual Framework

The researcher develops the conceptual framework for this study which considered as a map that guides the design and the implementation of the study and its effect mechanism for illustration and summarizing the study variables, see figure (2.1).

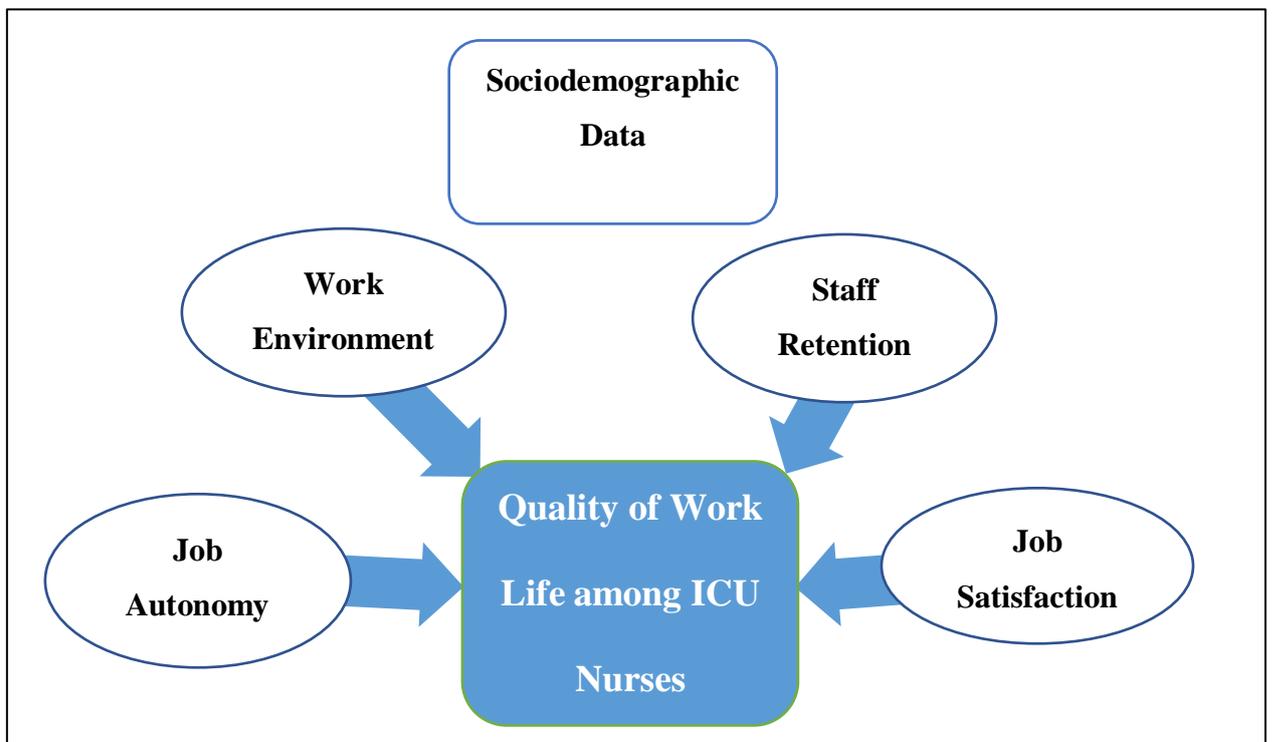


Figure (2.1): Diagram of a conceptual framework. (Self-developed)

The framework includes four domains: work environment, job autonomy, job satisfaction, staff retention.

Work environment: the surrounding conditions in which an employee operates. The work environment can be composed of physical conditions, such as office temperature, lightning, noise, space and equipment, such as personal computers. It can also be related to factors such as work processes or procedures (ICN, 2019).

Job autonomy: autonomy in the workplace refers to how much freedom employees have while working. For some organizations, autonomy means employees are allowed to set their own schedules. In other organizations, autonomy means employees can decide how their work should be done. No matter which concept is being applied, higher levels of autonomy tend to result in an increase in job satisfaction (Robertson, 2014).

Job satisfaction: refers to an employee's pleasurable or positive emotional state resulting from one's job or job experience (Chin & Rowley, 2018).

Staff retention: a voluntary move by an organization to create an environment that engages employees for the long term” (Essays, 2018).

2.2. Background

A high quality of work-life is a crucial issue for health care facilities to have qualified, dedicated, and inspired employees. Among different specialties in health care settings, nurses have a major share among other health care providers. So, they should experience a better QWL to deliver high-quality holistic care to those who need help (Devi & Hajamohideen, 2018).

Quality of nursing care is considered as an important aspect in evaluating the quality of health care. The quality of nursing and health care is directly interlinked to levels of job satisfaction among nurses and on the quality of nurse's work-life. The rapidly changing health care environment has had an impact on the nursing work environment, workload, and quality of nursing work-life. This paper studies the quality of work-life among private hospital nurses (Fasla, 2017).

Nurses have been referred to as the front-line workers. Nurses' QWL has been suggested to be challenging to evaluate as this concept can incorporate a variety of variables that include social, organizational, and practice environment dimensions. The QWL impacts the quality of care they provide to patients' which is influenced by multiple factors that include a persons' "physical, social, psychological and environmental dimensions" (Nayak & Sahoo, 2015).

The QNWL and nurse turnover are challenging issues for healthcare organizations because of the consequences and impact on patient care. The study provides critical findings of low indication satisfaction of nurses with their QNWL and a high turnover intention. The results of this study could be used as a guide for the development of regulations and practical strategies (Kaddourah, et al., 2018).

Some researchers have studied the importance of maintaining a stable workforce in healthcare organizations and the association with delivering quality care. The healthcare industry contains numerous interrelated facets that lead employees to encounter adverse work-related outcomes (Tosun & Ulusoy, 2017). For example, registered nurses (RNs) play a dominant role in delivering patient care (Mullen, 2015). Because of this role, RNs face high work demands and often may need to fulfill multiple roles to provide quality of care, which may result in adverse work outcomes (Sharma, & Dhar, 2016). The lack of resources offered to nurses, which affects their psychological and physical health, may entice nurses to leave the organization or the profession altogether (De Oliveira, et al., 2017). These challenging factors of the nursing profession may contribute to the nursing shortage; thereby, adversely affect medical work environments (Humphries, et al., 2014).

A major reason for advocating for the quality of work-life has been the promise that it creates a win-win situation: improved employee satisfaction and welfare, hence increased productivity, longer employee tenure and consequently increased company profitability. Nevertheless, in the context of small to medium enterprises, scant attention has been given to the empirical investigation into the influence of the quality of work-life on employee tenure intention in Southern Africa. Five hypotheses were posited and sample data of 282 were collected from Harare, Zimbabwe's biggest city, to empirically test these hypotheses. The results of this study showed that the quality of work-life positively and significantly influences employee job satisfaction, job commitment and consequently tenure intention. The managerial implications of the findings are discussed and limitations and future research directions are indicated (Chinomona & Dhurup, 2014).

The most intense and frequently reported sources of stress perceived by ICU nurses were workload followed by emotional issues related to death and dying, problems relating to supervisors and dealing with patients and their families. The least frequently reported

stressful event was discrimination. The present study also revealed that sociodemographic and occupational determinants of participants (age, marital status, years of experience, education level and work schedule) significantly affected work-related stress (Younes & Shalaby, 2014).

Nurses' quality of work-life was at a moderate level. As the quality of work-life has an important impact on attracting and retaining employees, it is necessary to pay more attention to the nurses' quality of work-life and its affecting factors (Moradi, et al., 2014).

There are investigated nine strategies to improve the QWL in the organization in different areas of i) employee participation, ii) job design and work organization, iii) workforce awareness and career guidance, iv) inter-group relationships, v) role of HR manager, vi) self-managing work teams, vii) rewards, viii) alternative work schedules ix) supporting organization culture. The study revealed that excellent QWL will result in happy and healthy employees who will provide better turnover, make sensible decisions and contribute towards the organization's productivity (Sahib, 2013).

Work is an integral part of everyday life, as it is our livelihood or career or business. On average we spent twelve hours daily life and it is the one-third of our entire life. Research on quality of work-life is considered to be more important at the individual and organization level. Quality of work-life is considered for both the employees and organization and it is involved with job satisfaction, productivity, job involvement, job enrichment, etc. The success of any organization is highly dependent on how it attracts recruits, motivates, and retains its workforce. Today's organizations need to be more flexible so that they are equipped to develop their workforce and enjoy their commitment. This study is made an attempt to analyses the "Quality of work-life among employees". In order to improve the quality of work-life, various coping techniques have been suggested to upgrade employee's attitudes towards their job and the working environment in the organization (Balaji, 2013).

Standards to ensure good quality work-life in nursing include provision of: positive communication; feedback about performance; recognition of contributions; autonomy; effective problem solving; participatory decision making; teamwork philosophy; effective communication with employees including management-worker communications; adequate and fair salary; safe and healthy work environment; career opportunities; and balance between work and house/private life (Vagharseyyedin, et al., 2011).

Nursing work-life quality is a comprehensive structure to describe characteristics of a positive environment to ensure high job satisfaction nurses and improved sense of well-being for nurses as well as improved results for both patients and health care personnel. Therefore, health care organizations should comprehend 'what it takes' to recruit and retain qualified nurses and to create and maintain suitable working conditions that support the excellent performance of nursing care (Brooks, et al., 2007).

The study was conducted to examine the relationship between hospital work environments and job satisfaction, job-related burnout and intention to leave among nurses in Guangdong province. The results showed Thirty-seven percent of the nurses experienced high burnout, and 54% were dissatisfied with their jobs. Improving nurses' work environments from poor to better was associated with a 50% decrease in job dissatisfaction and a 33% decrease in job-related burnout among nurses and the results highlighted the inverse association between the nursing work environment and nurses' satisfaction and job-related burnout (Liu, 2012).

2.3 Work environment

A healthy work environment as a place of physical, mental, and well-being. Other authors have defined a healthy work environment as a practice setting that promotes job satisfaction, trust, autonomy, and growth (The American Nurses Association, 2017). Work environment is "the totality of all factors that influence satisfaction and performance" (Kramer & Schmalenberg, 2012).

The work environment has shown to influence nurses' level of work contribution and behaviors. Work environment refers to the physical, psychological, and social elements of a work atmosphere that can affect the productivity and the performance of employees from a positive or negative perspective (Agbozo, et al., 2017).

Nurse professionals considered unfavorable four of the five professional practice environment dimensions: nurse participation in hospital affairs, nursing foundation for quality of care, nurse manager ability, leadership and support of nurses and staffing and resource adequacy. Only the dimension of collegial nurse-physician relations presented a positive evaluation. Unfavorable characteristics of the working environment were recognized more strongly by nurses in comparison to nursing technicians, the environment proved to be unfavorable for the practice of nursing professionals. Efforts are necessary to make the work environment more attractive to them, thus stimulating improvements in the quality and safety of care delivered to patients (Rodrigues & Cimiotti, 2018).

A lack of relationship between direct care staffing levels and quality of care, as found in prior studies, underscores the importance of considering the quality of the work environment instead of only considering staff ratios, staff members were satisfied with the quality of care in their wards. Staff members from psychogeriatric wards scored higher on the statement 'In the event that a family member had to be admitted to a nursing home now. Generating more evidence on which work environment characteristics actually lead to a better quality of care is needed (Backhaus, et al., 2017).

Magnet hospitals in the United States have been consistent in providing a healthy work environment for their staff nurses, maintaining adequate staffing, and encouraging good leadership behaviors, and empowerment (Kretzschmer, et al., 2017).

Employee morale can be impacted in both positive and negative ways by the workplace environment. The workplace environment plays a major role in the performance and productivity of an employee. This study was focused on the workplace environment in a health facility and how it affects the health worker. An unsafe health facility environment such as unsuitable furniture, poorly designed workstations, lack of ventilation, excessive noise, inappropriate lighting, poor supervisor support, poor workspace, poor communication (Edem, et al., 2017).

A healthy work environment as one of the standard initiatives. (American Association of Critical-Care Nurses, 2016). A positive work environment might prove more valuable in reducing turnover intention than providing an excessive range of job autonomy. Researchers have revealed job autonomy's influence on positive or negative work-related outcomes that could link to organizational commitment (Selander & Ruuskanen, 2016).

The complexity of the patterns of behavior and interaction within the critical care culture brought to light the need for transformation in the critical care nursing culture. Although not described in this article, we developed a model to facilitate constructive patterns of behavior and interaction in CCUs, based on the findings of this study. An awareness and understanding of the patterns of behavior and interaction in the CCU add to the knowledge base of critical care nursing and empower critical care nurses in the transformation of their practice (Scholtz, et al., 2016).

Findings were showed a positive association between nurses' job satisfaction and the nursing work environment. Overall, nurses employed in public hospitals were more satisfied than those working in teaching hospitals. The nursing work environment was positively associated with nurses' intent to stay. The highest Intent to Stay scores were reported by nurses from public hospitals. The study recommended paying more attention to

creating positive working environments to increase job satisfaction for nurses and increase their intention to stay (Al-Hamdan, et al., 2016).

Abed and Elewa conducted a quantitative and correlational study, to examine the relationship between organizational support, work engagement, and organizational citizenship behavior. Findings revealed that hospitals had a stronger relationship with organizational support, organizational citizenship behavior, work engagement than compared to public organizations because of the different types of organizations (Abed & Elewa, 2016).

A quantitative study conducted, in the United States, to examine the relationship between work environment and organizational commitment. And the researchers found a positive work environment correlates positively with job satisfaction and organizational commitment. The work environment determines the level of organizational commitment and the organizational citizenship behavior that an employee is willing to contribute (Jernigan, et al., 2016).

A descriptive correlational design was utilized to collect data from 330 hospital nurses who worked in two underserved governorates in Jordan. The results showed positive significant relationships between healthy work environments and nurse outcomes of job satisfaction and intent to stay. The study recommended that it is critical to improve work conditions and create a culture of supportive work environment in underserved areas (AbuAlRub, et al., 2016).

The relationship between the working environment of the nurse was associated with a higher quality of patient care outcomes. Furthermore, Sovie explained the Magnet-designated hospitals were reported to uphold the standards of patient safety and high-quality care to a much greater extent than the non-magnet hospital. Thus, at the Magnet

hospitals, the administrators partnered with the nursing staff in listening to and valuing the opinions of their staff and promoted financial incentives to recruit and retained nurses. Magnet hospitals nurses enjoyed having greater autonomy in their work, and their responsibilities and accountability toward the organization were valued more by the management as well (Ma & Olds, 2015).

The quality of work environments and practice of effective leadership styles are good predictors of job satisfaction, and authentic leadership has been reported as being essential in developing a high-quality professional practice environment for nurses (Spence-Laschinger & Read, 2016).

Working environments are critical to nurses' level of job satisfaction, since experiencing job dissatisfaction may cause nurses to want to leave an organization or profession. Therefore, to maintain a stable and qualified workforce, hospital managers may benefit from identifying satisfying factors to reduce nurses' intention to leave (Mazurenko, et al., 2015).

Hospitals with better nurse staffing and work environments have better nurse outcomes less burnout, job dissatisfaction, and intention to leave the job. This study was investigated how wage, work environment, and staffing were associated with burnout, job dissatisfaction, and intent to leave. Burnout was measured using the Emotional Exhaustion subscale of the Maslach Burnout Inventory. Job dissatisfaction was measured using nurses' responses to the question, "How satisfied are you with your current job?" The work environment was measured using the Practice Environment Scale of the Nursing Work Index. Staffing was measured as the hospital's average patient-to-nurse ratio from the nurse survey data (McHugh & Ma, 2014).

Critically ill patients are susceptible to healthcare-associated infections because of their illnesses and the need for intravenous access and invasive monitoring. The critical care

work environment may influence the likelihood of infection in these patients. Healthcare-associated infections are less likely in favorable critical care work environments. These findings, based on the largest sample of critical care nurses to date, substantiate efforts to focus on the quality of the work environment as a way to minimize the frequency of healthcare-associated infections (Kelly & Kutney-Lee, 2013).

The financial impact of each nurse who leaves the organization is great. Staffing problems threaten patient safety. The quality of patient care was reported as being higher in most Magnet-designated hospitals compared to hospitals that were not designated as magnet hospitals. This was apparently because of differences in maintaining adequate staffing (Ulrich, et al., 2013).

The Nursing Work-life model is relevant for nurses working in complex work environments. The study results highlight the importance of empowerment strategies that allow nurses to work in a healthy working environment. ICU nurses' work environment can be improved by focusing on modifiable factors such as nurse manager leadership, the fostering of collaborative relationships between physicians and nurses, and providing nurses with the necessary resources to give quality patient care. Healthy working environments are the key to ensuring nurses' job satisfaction, reducing turnover and providing excellent quality of care. Further research is needed to test the model with the addition of other dimensions affecting both nurses and patients. Given the complex nature of ICUs, future studies should attempt to predict patient safety, such as rate of infections and ventilator-acquired pneumonia among patients or other variables that measure patient quality of care (Breau, 2014).

Healthcare-associated infections (HAIs) are less likely in favorable critical care work environments. These findings, based on the largest sample of critical care nurses to date, substantiate efforts to focus on the quality of the work environment as a way to minimize

the frequency of healthcare-associated infections. Healthcare-associated infections are one of the most common complications of care. HAIs are of particular concern in critically ill patients; according to estimates, almost half a million incidents of HAI occur each year in intensive care units (ICUs) alone. Increased susceptibility to HAIs in ICU patients is attributable in part to precarious clinical conditions, depressed immune function, and the need for invasive monitoring to ensure appropriate provision of care (Kelly, et al., 2013).

The working environment of the ICU nurse, which concluded that exposure to stressors is inherent in the work of the ICU nurses. The very nature of their job inevitably involves them under challenging tasks of an emotionally-demanding nature on a daily basis, and nurses who felt that their task with this capacity will eventually lead to posttraumatic stress syndrome and burnout for many of them (Mealer, et al., 2012).

In health care institutions, a positive atmosphere should be created and maintained to ensure an environment in which they can administer good quality care. This atmosphere is important to create a good quality work environment equipped with economic, psychosocial, organizational and managerial motivational tools to foster a desire to render nursing care (Burtson & Stichler, 2010).

Intensive care units were developed for patients with special needs and include an array of technology to support medical care. However, basic lessons in ergonomics, human factors, and human performance fail to propagate in this complex medical environment. Complicated, error-prone devices are commonly used. There are too many patient data for one person to process effectively. Lighting, ambient noise, and scheduling all result in provider and patient stress. These difficult working conditions make errors more probable and are risk factors for provider burnout and negative outcomes for patients. Auditory alarms on ICU equipment, ICU syndrome, and needle sticks are discussed as examples of such problems (Yoel & Jacob, 2002).

2.4 Job Autonomy

A majority of critical care nurses were autonomous in their decision-making and participation in decisions to take action in their clinical settings. Also, they were independent to develop their own knowledge. The study identified that their autonomy in action and acquired knowledge were influenced by a number of factors such as gender and area of practice, Nurse's autonomy could be increased if nurses are made aware of the current level of autonomy and explore new ways to increase empowerment. This could be offered through classroom lectures that concentrate on the concept of autonomy and its implication in practice. Nurses should demonstrate autonomous nursing care at the same time in clinical practice. This could be done through collaboration between educators and clinical practice to help merge theory to practice (Maharmeh, 2017).

Job autonomy develops from a supervisor's leadership style, which may extend employee involvement with work situations and ultimately enhance job satisfaction and retention (George, 2015).

ICU nurses' capacity for autonomous practice needs to be promoted through a strong knowledge base and experience. The importance of professionalism, professional integrity, and autonomy should be emphasized in nursing curricula. There is also a need for strong, united nursing communities and professional organizations to push forward progress toward autonomous practice in nursing. Yet, as a prerequisite for gaining professional authority, it is imperative that the scope of nursing practice is fully described and clearer job descriptions developed (Allahbakhshian, et al., 2016).

The level of trust affects nurses' job autonomy. Some nurses attributed low organizational trust and lack of job autonomy to job-related deviant behavior and increased their desire to leave the organization (Aly & El-Shanawany, 2016).

A positive work environment might prove more valuable in reducing turnover intention than providing an excessive range of job autonomy. Researchers have revealed job autonomy's influence on positive or negative work-related outcomes that could link to organizational commitment (Selander & Ruuskanen, 2016).

Vera et al. (2016) conducted a quantitative convenience sample consisting of 313 nurses in Portuguese to examine the relationship between job autonomy, social support, and work engagement. Vera et al. found that job autonomy positively affected supervisor support, and work engagement (Vera, et al., 2016). Wilson (2015) conducted a quantitative correlational study, which involved 56 allied healthcare employees in Australia, to examine the correlation between job satisfaction and intention to leave. In both Vera et al.'s and Wilson's studies, their findings consistently revealed a significant and positive relationship with job autonomy. In contrast to Vera et al., Wilson found that the lack of job autonomy might trigger employees' plans to leave (Wilson, 2015).

Aly & El-Shanawany (2016) asserted that the level of trust affects nurses' job autonomy. Some nurses attributed low organizational trust and lack of job autonomy to job-related deviant behavior and increased their desire to leave the organization (Marasi, et al., 2016). Nonetheless, in comparison to other challenges, in Rajan's (2015) conducted a quantitative study, nurses did not rate the lack of decision-making as a significant concern. Previous scholars have demonstrated the importance of perceived job autonomy and its effects on overall job satisfaction and retention with a position or organization.

Maurits et al. (2015) conducted a quantitative cross-sectional study, which included 730 nurses in Holland, to examine the correlation between job and organizational characteristics, job satisfaction, occupational commitment and nurses' perceived ability to work until retirement. Maurits et al. found a positive relationship existed between their autonomy, supportive leadership, stress levels, and appreciation by senior management,

which could elevate job satisfaction and their willingness to remain employed in the organization.

Nurses require greater autonomy and participation in decision making, nurse participation in decision making in an organization varies depending on many factors, including the influence of nurse manager leadership and collaboration with physicians, in the Kingdom of Saudi Arabia (KSA) studied nurses had the highest mean score. for the total autonomy scale. as well as, there are statistically significant differences for two bases of autonomy knowledge, and action bases also total autonomy so ICU nurse managers should foster nurses' autonomy by enabling them to exercise clinical decision-making, and Actively supporting nursing decisions and nursing accountability (Dorgham & Al.Mahmoud, 2013).

It has been debated that employees in a government or public ownership agency may perceive less need for growth opportunities or high-powered incentives than is the case for employees in private organizations job autonomy has positive work outcomes: greater work satisfaction, and less intent to transfer and intentions to leave. In addition, job autonomy was related to employees' higher education levels, the medical profession, permanent employment and serving smaller populations. Moreover, employees' age, educational levels, the medical profession, and employment status were found to be related to their work satisfaction, intent to transfer and intent to leave (Lin, et al., 2013).

A professional nursing autonomy influences job outcomes in nurses, nurse leaders, and managers are strategically positioned to enhance autonomy in practicing nurses which leads to satisfaction and positive outcomes in patients and patient care (Bularzik & Marie, 2013).

Further education, role enhancement, and support are required for nurses working in critical care in Greece if they are to achieve the maximum potential of their professional role. Failure to address the perceptions of professional autonomy may have an impact on staff retention, because of job dissatisfaction (Iliopoulou & While, 2010).

Autonomy plays an important part in nurses' job satisfaction and retention, but the literature shows that they are often dissatisfied with this aspect and want better working conditions and greater autonomy in decision-making. Nurses were more autonomous in making patient care decisions than unit operational decisions, and they perceived their autonomy to be at a moderate level. Those who were autonomous in patient care decision-making were also likely to be autonomous in unit operation decision-making (Mrayyan, 2004).

2.5 Job satisfaction

Job satisfaction refers to the extent to which employees like their jobs. It is one of the most vital factors that define the efficiency and productivity of human resources. Nurses' job satisfaction is a multidimensional occurrence affected by many variables; the present study indicated that nearly two-thirds of Mansoura University Hospital nurses expressed low job satisfaction. Lack of colleagues-communication and supervisor support at work predicted the outcome variable. Achievement of a high level of job satisfaction is recommended to provide a high-quality health care system. With this information, staff nurses could improve their own satisfaction by cultivating their peer communication. In addition, changing the attitude of nurse supervisors towards positive relations with staff nurses is crucial to increase job satisfaction (Elsherbeny & El-Masry, 2018).

Job satisfaction was the most commonly conducted research in nursing. Job satisfaction mainly focuses on the likes and the dislikes of the employees and little interest is given to the work environment. Therefore, problems related to the nursing work environment were not much addressed. Quality of work-life was the concept which gained much acceptance in nursing. Numerous studies have been done to measure the quality of work-life among nurses. Quality of work-life provided a variety of definitions and predictors that influence the quality of work-life among nurses. But there was a lack of uniformity in findings related to quality of work-life (Devi & Hajamohideen, 2018).

There is growing interest in the relationships between work factors and nurses' job satisfaction. However, minimal research has investigated the effects of perceived supervisor support, value congruence and staffing on nurses' job satisfaction as well as the psychological mechanisms by which these factors lead to positive outcomes, the psychological need satisfaction partially mediated the effects of perceived supervisor support, value congruence and hospital nurse staffing on job satisfaction. Moreover, job satisfaction was positively associated with quality of care and negatively linked to turnover intentions (Gillet, et al., 2018).

The findings of the occupational epidemiological study indicated that male nurses experienced less mental distress than women but seemed to be more prone to mental distress related to rotating shift work. Nurses working shifts reported higher levels of mental distress and lower levels of job satisfaction than nurses working regular day shifts, although the associations were weak. The predictor variables showed limited contributions to the variance in mental distress and job satisfaction. Verbal aggression had a relatively small effect on psychological distress, while bullying had a medium effect on job satisfaction (Jaradat, 2017).

De Oliveira, et al. (2017) described the differences in job dissatisfaction as it relates to stress, salary, advancement opportunities, and leadership, as predictors to leave the organization rather than the nursing profession.

Job dissatisfaction among nurses in the ICU section not only causes heavy financial losses, but it can have negative effects on nurses as well as the well-being of the patients. Nurses working in these sections are usually responsible for the constant monitoring of the patient conditions, their medication, interpreting and working with different machines and changes in the patient's behavior may influence the nurses' performance and also affect their job satisfaction. Another evident characteristic of ICU nurses is their exact and delicate

concentration on the patients' conditions which makes the ICU care stressful and affects the nurses' health (Abdualazeez & El Hassen, 2016).

Satisfied nurses tend to be more loyal to their organizations. When nurses are satisfied with their jobs, they will have a positive attitude feeling about their jobs. Therefore, it is unlikely that they will change it. Nurses prefer to stay in their organizations and work hard for a return. Moreover, if nurses feel that the organization treats them fairly and well; the workers will feel that they are responsible to keep working hard for their organization. Also, in order to maintain their current satisfying jobs, nurses will perform well and work effectively, which is beneficial for the organization. Therefore, in order to increase the employees' level of commitment, the manager can try to increase their nurses' level of job satisfaction (Baddar, 2016).

Zahaj et al. (2016) conducted a quantitative and cross-sectional study, to investigate factors affecting job satisfaction. And the researcher found that individual and professional promotion had a moderate, positive relationship with job satisfaction; yet, salary revealed the highest predictor of job satisfaction. They noted that in Albania, nurses do not have the freedom to select their profession, which may explain the significance of pay compared with promotional opportunities.

A quantitative study conducted in Saudi Arabia, which consisted of 591 nurses, to examine the relationship between job satisfaction and organizational commitment. And the study findings also revealed that opportunities for job advancement had a moderate, positive relationship with job satisfaction compared with pay, which had the highest significance for job satisfaction (Salem, et al., 2016). And the researcher recommended increases in promotions, rewards, and work conditions to enhance job satisfaction, which may improve nurses' loyalty to the organization. Minimal promotional opportunities have higher

incidences of turnover intention. With the dominance of female nurses, hospital managers may benefit from examining other methods to increase job satisfaction and retention for organizational survival (Deery & Jago, 2015).

The higher level of satisfaction achieved a higher level of performance (Linh, et al., 2016). A consequence of dissatisfaction results in negative outcomes such as increased absenteeism, low productivity, and organizational commitment and grievances (George, 2015). The nurse's level of job satisfaction or dissatisfaction influences nurse turnover, which causes a detriment to organizations' overall productivity and financial stability (Maqbali, 2015).

The quality of work-life and job satisfaction is essential for organizations to continue to attract and retain employees and enhancing organizational effectiveness, (Morsy & Sabra, 2015). Motivator factors contain high achievement and work responsibilities that influence satisfaction, whereas hygiene factors feature elements beyond the employee's control, such as compensation and interaction with supervisors, that may interfere with satisfaction potential (Wilson, 2015).

Within the field of nursing, several studies illustrate the relationships that existed between the causes of job satisfaction (or dissatisfaction), as well as which populations may be more affected by them. Mazurenko et al. conducted a quantitative and cross-sectional design study, which consisted of 8,796 registered nurses who were selected from the 2008 National Sample Survey of registered nurses, and they investigated the turnover intention of employment or intend to leave the nursing profession and found a significant and positive correlation between nurses' decision to leave the profession and work-related injuries or illnesses, education, marital status, and hospital locations. The researchers described the differences in job dissatisfaction as it relates to stress, salary, advancement

opportunities, and leadership, as predictors to leave the organization rather than the nursing profession (Mazurenko, et al., 2015).

Focusing on improving QWL to increase the contentment and satisfaction of employees can result in various advantages for both employees and organizations (Swamy, et al., 2015).

The study was conducted to examine the effect of characteristics of the work environment of Magnet hospitals on nurses' job satisfaction using multi-level analysis in hospitals in Japan. Data was collected through distributed a self-administered questionnaire to all nurses via the directors of the nursing departments of four private hospitals. all sub-scales except for "nurse participation in hospital affairs" showed positive relationships with nurses' job satisfaction, while at the ward level "nurse participation in hospital affairs" showed a significant positive relationship, and "nurse manager ability, leadership, and support of nurses" showed a significant negative relationship, with nurses' job satisfaction (Tominaga, et al., 2012).

The more satisfied the employees are the more committed they will be to their organizations, and the more they will be productive and effective in their organizations. This gives a clear message to all administrators and managers in all healthcare organizations to pay considerable attention to the issue of job satisfaction and organizational commitment for nurses and other employees in their institutions (Al-Aameri, 2011).

2.6 Staff retention

Today, all health-care organizations set goals and targets to improve the quality of care provided to patients. As nurses are the main frontline personnel interacting with patients, the quality of nursing care is particularly important. Health-care organizations require highly skilled and trained staff nurses to provide effective and efficient care and nurses' intention to stay is identified as an important issue in nursing due to the numerous negative impacts of high nursing turnover. Two studies in Jordan have examined the variables affecting the intent to stay, such as job satisfaction, supervision, and work environment; individual characteristics; organizational commitment; work and non-work social support; organizational climate; safety climate and teamwork; and organizational culture (AbuAlRub, et al., 2016).

Registered nurses play a crucial role in the delivery of healthcare. Without them, it would be impossible to maintain the quality of care and the health of patients and the surrounding community. Job satisfaction influences registered nurses' intent to remain employed in the profession or at the workplace, naturally. Reducing nurses' turnover removes replacement costs and contributes to patients' quality of care and to the maintenance of the health and social needs of the communities to which they belong. (Dandridge, 2019).

The nursing shortage, coupled with our country's financial challenges, provides a platform for creative nursing retention practices by health care organizations. It was from that platform that this research study was undertaken to determine if nurses who receive a high level of personal interest, education, and support through self-care workshops and one-on-one communication would continue their employment at the organization. (Bonczek, et al., 2016).

Despite the inevitable growing rate of nurse turnover worldwide and its consequences, limited empirical data has been published in Indonesia, being up to thirty years old, single, and having worked in the hospital for up to three years significantly increase the risk of turnover. Personal reasons, external attractions, and unsuitable working conditions are the three common nurse turnover reasons revealed by hospital managers. Hospital managers admitted that nurse turnover disturbs hospital operations, further impacting the hospital's revenue and costs, the nurse turnover is higher than the acceptable level which is significantly predicted by age, marital status, and job tenure. Further research is needed to develop nurse retention strategies in their early years of employment, based on the nurse's point of view. (Dewanto & Wardhani, 2018).

The most commonly used conflict management style was integrative, which was notably prevalent in the public hospital. The intent to stay was also higher in governmental hospitals followed by teaching and private hospitals. The staff nurses' intent to stay increased when nurse managers used the integrative, obliging and avoiding styles in managing the conflict. In contrast, when the nurse managers used the dominating management style, the staff nurses' intent to stay decreased. The compromising management style used by nurse managers did not impact the staff nurses' intent to stay (Al-Hamdan, et al., 2016).

The QNWL and nurse turnover are challenging issues for healthcare organizations because of the consequences and impact on patient care. The study provides critical findings of low indication satisfaction of nurses with their QNWL and a high turnover intention. The results of this study could be used as a guide for the development of regulations and practical strategies to enhance QNWL and to decrease the turnover (Kaddourah, et al., 2018).

In the face of a shortage of nurses, the new RN orientation program should be an initial, basic step in a healthcare organization's retention strategy. Healthcare systems have attempted to address this concern by revising existing orientation programs or introducing new programs to retain newly graduated nurses. Innovative orientation programs have strong merits: They facilitate the transition from newly graduated nurses to professional RNs and create environments that promote the retention of newly graduated nurses. These programs have the potential to address the nursing shortage in healthcare organizations (Park & Jones, 2010).

High nursing turnover and intentions to leave (ITL) is a global issue, especially in highly specialized environments. This review has highlighted some very important factors that are associated with nurses' ITL adult critical care areas. These factors are associated with the work environment, the nature of working relationships and traumatic and stressful workplace experiences. Nurse leaders and managers of critical care areas need to take these findings into consideration when developing strategies to improve turnover. There is a need for further research and a greater understanding of how these themes may impact critical care nurses. (Khan & Jackson, 2018).

Some hospital managers develop strategies to reduce budgetary challenges in nursing staffing, which could affect hospitals' financial performance (Everhart, et al., 2013). In any organization, turnover is a major concern because of the association between the organization's reputation and the influence on the overall organization's image (Guha, 2016). Analyzing nurses' work environments provided insight into the causes of turnover intention, which could potentially reduce turnover rates (Jernigan, et al., 2016).

Turnover intention as an employee's desire to quit an organization before terminating employment. Turnover intention may result from the individual, organizational, or job

characteristics, all of which can affect job satisfaction and influence voluntary turnover (Ghosh, et al., 2015).

Nursing shortages may spur high nursing turnover (Yang, et al., 2017). Actual turnover occurs when a compensated employee terminates employment with an organization. The financial impact of actual turnover includes training, recruiting, and replacement costs (Tziner, et al., 2014). In contrast, Momanyi and Kaimenyi noted that the turnover of unproductive employees provides an opportunity for organizations to recruit a more productive employee that will improve the organization's productivity levels. Understanding the potential negative outcomes of increased turnover in the nursing profession is critical to addressing reportedly higher rates of turnover intention and predictions for future nursing shortages (Momanyi & Kaimenyi, 2015).

The importance of workload relates directly to anticipating nursing shortages as well as turnover intention and turnover. Healthcare managers in the United States and Europe, for example, may request or require nurses to work overtime as a short-term solution to counter staff shortages, which may adversely affect nurses' health and patient outcomes (Wheatley, 2017).

A supportive manager promotes an atmosphere of healthcare excellence, mitigates job dissatisfaction, and decreases the intention to leave the organization. (Nica, 2015).

Working environments are critical to nurses' level of job satisfaction, since experiencing job dissatisfaction may cause nurses to want to leave an organization or profession. Therefore, to maintain a stable and qualified workforce, hospital managers may benefit from identifying satisfying factors to reduce nurses' intention to leave (Mazurenko, et al., 2015).

Yang et al. conducted a cross-sectional study with quantitative and qualitative methods, which included 785 registered nurses in China, to investigate work pressure and factors that contribute toward nurses' turnover intention. Yang et al. found that work stress predicted turnover intention, which may ultimately lead to turnover. (Yang, et al., 2017).

Turnover intention has the possibility to have destructive effects on the life of nurses, healthcare organizations and societies in general. It is considered as one of the major problems that many organizations face because higher costs and losses could happen because of turnover intention. All over the world, nurse's shortage in increase. Organizational factors such as leadership, advancement opportunities, and pay level are among the most connected to the nurse's turnover intention. The study showed that organizational factors (leadership quality, pay level, and career advancement) are related to turnover intention. (Alhamwan, et al., 2015).

Creating and maintaining a healthy work-life for primary health care (PHC) nurses is very important to improve their work satisfaction, reduce turnover, enhance productivity and improve nursing care outcomes Nurse turnover is a major challenge for many healthcare services and it interacts with the employees' QWL. The PHC nurses in this study indicated low satisfaction with their QWL and a high turnover intention. There is a significant association between QWL and turnover intention of PHC nurses. This information could be used to develop appropriate strategies to improve QWL and to reduce the turnover of PHC nurses. Sustaining a healthy work-life for PHC nurses is crucial to improve their QWL, increase retention, enhance performance and productivity and promote safe nursing care (Almalki, 2012).

Mazurenko investigated the turnover intention of employment or intend to leave the nursing profession and found a significant and positive correlation between nurses' decision to leave the profession and work-related injuries or illnesses, education, marital

status, and hospital locations. The researchers described the differences in job dissatisfaction as it relates to stress, salary, advancement opportunities, and leadership, as predictors to leave the organization rather than the nursing profession. (Mazurenko, et al., 2015).

Chapter Three

Methodology

This chapter addresses issues related to methodology procedures used to answer the research questions, and the chapter covers the following topics: the information about the study design, setting of the study, study population, study sample, Period of the study, eligibility criteria, data collection process, pilot study, Data entry and analysis, Limitations of the study.

3.1 Study design

A descriptive-analytical cross-sectional design was selected as a design for the current study. It involves the collection of data at one point in time. It is appropriate for describing the status of the phenomena (Quality of work-life). The purpose of this design is to observe, describe, and document aspects of a situation as it naturally occurs, therefore, this design was used to identify the quality of work-life among intensive care unit nurses at governmental hospitals in Gaza Strip. The advantages of this type of study design are that it is straightforward, relatively inexpensive, and could be conducted quickly. Thus, this type of design facilitated the completion of this study (Omair, 2015).

3.2 Setting of the study

The study had been carried out at ICU departments at governmental hospitals in Gaza Strip.

The ICU departments at governmental hospitals in Gaza Strip include Indonesian Hospital, Shifa Medical Complex, Al Aqsa Hospital, Nasser Medical Complex, European Gaza Hospital (EGH) (PCBS, 2019). And the study excluded Pediatric ICU and Gynecology ICU and burn ICU at governmental hospitals in the Gaza Strip, and the table (3.1) showed the number of beds in each department.

3.3 Study Population

The study population was included all nurses working in ICU at governmental hospitals in GS and the table below showed the number of nurses in each department, see Table (3.1) (PCBS, 2019).

Table (3.1): Number of nurses and beds at ICU departments.

Hospital	Indonesian	Shifa	Al Aqsa	Nasser	EGH	Total
No. of nurses	19	28	17	25	26	115
No. of beds	7	9	4	8	9	37

3.4 Sample size and sampling method

The sample of this study was census sample means that the researcher included all the units or members of a population, consisting of all nursing staff and head nurses who are working in ICU departments at the governmental hospitals in Gaza Strip of both sexes. The total population is 115 nurses.

3.5 Eligibility criteria

3.5.1 Inclusion criteria

The population of this study are nurses who are working in the ICU department and who met the inclusion criteria in the setting of the study, and met the following criteria were eligible to participate in the study:

- Have one-year experience or more.
- Should be a formal employee in the hospital.

3.5.2 Exclusion criteria

- A volunteer nurses.

- Nurses have less than one year of experience.
- Nurses working in pediatric, obstetric and burn ICU.

3.6 Period of the study

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

3.7 Study Instruments

The researcher used one instrument for assessing the quality of work-life among nurses working in ICU departments at governmental hospitals in Gaza Strip (GS). The instrument was a structured and self-developed questionnaire after reviewing the available literatures, the questionnaire was distributed to the study sample in the Arabic language.

The questionnaire is composed of two parts:

- Part One: includes questions related to personal and demographic characteristic data like age, gender, marital status, qualifications, job title, years of experience, salary, name of hospital and place of Residence.
- Part two: includes four domains for assessment nurses QWL at ICU Departments at Governmental Hospitals in Gaza Strip. four domains of 50 questions; Work Environment (15 questions), Job Satisfaction (9 questions), Staff retention (14 questions), Job Autonomy (12 questions). All the questions were on five Likert scale range from (1= strongly disagree, 2= disagree, 3= neutral, 4= agree, and 5= strongly agree). The average time for filling the questionnaire took around 10–15 minutes to be completed.

Table (3. 2): Domains and items of structured questionnaire

No.	Domain	Items
1	Work Environment	1-15
2	Job Satisfaction	16-24
3	Staff Retention	25-38
4	Job Autonomy	39-50

3.7.1 Validity of the instrument

The questionnaire was sent to a panel of expert persons to assess the clarity and relevance of the questionnaire to the objectives of the study (Annex 6). All comments on the questionnaire were taken into consideration. In addition, a pilot study was conducted before starting the data collection of the questionnaire.

3.8 Reliability of the study instrument

The reliability was tested using Cronbach's Alpha coefficient to ascertain the reliability and consistency of the survey. Cronbach's Alpha for the survey instrument was 0.924, indicating very good reliability and consistency. Cronbach's alpha is a measure of internal consistency (Borah & Malakar, 2015), which confirms the validity and reliability of an instrument. A Cronbach's alpha coefficient measurement of 0.70 indicates acceptable reliability for the instrument (Rossoni, et al., 2016), whereas a score above 0.80 indicates good reliability (Wagner, et al., 2015). Cronbach Alpha method was used as presented in the table below.

Table (3.3): Cronbach Alpha Coefficient

Domains	No. of Items	Cronbach's Alpha
Work Environment	15	.723
Job Satisfaction	9	.728
Turnover Intention	14	.878
Job Autonomy	12	.730
Total	50	.924

3.9 Response rate

One hundred and fifteen questioners were delivered to five hospitals in the Gaza Strip. 102 were returned. The response rate is **88.7%**.

3.10 Ethical considerations

Ethical codes of conduct strictly adhered at all stages of the study, confidentiality was maintained, ethical approval was obtained from Al-Quds University and Helsinki Committee (see annexes). An approval latter was obtained from the general director of the hospitals, and consent form from the nurses who selected from the ICU department they were asked for their agreement to participate in the study.

3.11 Data collection

To assess the quality of work-life among ICU nurses, the data were collected via a self-administered questionnaire. Participants were asked to fill the questionnaire form, which were distributed during their working hours, and break time.

3.12 Data entry and analysis

The data were analyzed by using the Statistical Package of Social Science (SPSS) program version 23, the stages of data analysis included: coding the questionnaire, data entry, and

data cleaning. Data cleaning was performed by reviewing frequency tables, random selection of questionnaires to ensure the accurateness of data entry. The frequencies and descriptive data (mean, ranges, percentage, and standard deviations) were to be conducted to assess the research variables. Inferential statistics such as ANOVA and t-test were used to find out the significance and differences between variables. A descriptive statistical analysis of the quantitative data was used. Cronbach's alpha coefficient was used to examine the internal coherence and reliability of each subscale.

3.13 Pilot study

A pilot study (N = 20) was conducted before starting the actual data collection to develop and test the adequacy of the research questionnaire as a pretest to determine the real-time needed to fill the questionnaire and identify areas of vagueness, to point out weaknesses in wording and translation to Arabic.

3.14 Limitations of the study

- Due to time constraints and busy schedule of nurses, it was difficult to interact with them completely.
- Due to the limited local studies to compare with our study.
- Small sample size.

Chapter Four

Results and discussion

This chapter presents the findings of the statistical analysis of data. The description of the sociodemographic characteristics of participants is illustrated. In addition, the results of different variables were identified. Moreover, the differences between selected variables were explored and discussed in relation to literature review and previous studies. The study targeted all nurses who worked in ICU departments in the appointed hospitals (n=102), with a response rate of 88.6%.

4.1 Socio-demographic results of the study population

The table 4.1 shows the demographic data of the participants in the survey questionnaire and includes the following data (age, gender, qualifications, job title, marital status, workplace, place of residence, years of experience in ICU, monthly income).

Table (4.1): Sample distribution based on the Participants' Age, marital status, Qualification and Job Title (N= 102).

Variables	Categories	Frequency	Percent (%)
Age (years)	less than 30	39	38.2
	30-40	50	49.1
	Above 40	13	12.7
Mean age = 31.80 years SD = 8.05			
Marital Status	Single	25	24.5
	Married	77	75.5
Qualification	Diploma	5	4.9
	BSN	87	85.3
	Master	10	9.8
Job Title	Staff Nurse	97	95.0
	Head Nurse	5	4.9
Total		102	100.0

The table (4.1) showed that the mean age for participants was 31.80 ± 8.05 . The respondents' age was between 21 and 50 years and the highest number of nurses 50 (49.0%) aged 30_40 years. The researcher believes that the proportion of participants from nurses is mostly from young, and that is very important in ICU departments that need youth strength and vitality, which may increase the ability of these departments to deal with speed in work and the ability to withstand stress. Therefore, both genders must be present in these departments. The staff nurse represented 95.0 % and the remaining 4.9% was the head nurse. The majority (75.5%) of the participants were married and (24.5%) was single, and the nurses had bachelor (85.3%). It was found that nurses with a bachelor's degree were the highest percentage of participants. The researcher believes that the reason for this increase is the tendency of nurses with a diploma degree in nursing to complete their studies and obtain a bachelor's degree, for reasons related to improving salary or getting a job, as indicated in Table 4.1.

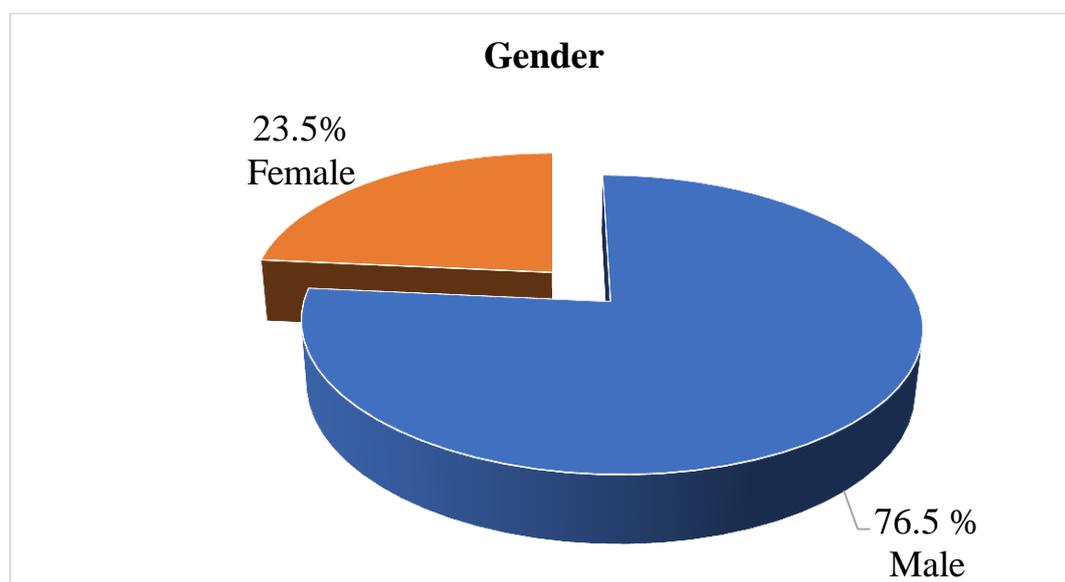


Figure 2: Distribution of participants by gender

The males represented 76.5 % of the participants while the females 23.5% that's mean a large number of male nurses working in ICU compared to female nurses. These percentages are suitable due to the nature of the ICU; the ICU is a common department

dealing with patients of both genders (males and females). The researcher believes that this ratio is suitable for this department that require high effort and strength to withstand the pressure of work, so it is good from the point of view of the researcher that most of the staff in these departments of males in partnership with an appropriate number of female nurses to ensure the provision of nursing service for all cases.

Table (4.2): Sample distribution based on the Participants' Work Place, Place of Residence, Experience years in ICU and Income in NIS (N= 102).

Variables	Categories	Frequency	Percent (%)
Work Place	Indonesian Hospital	15	14.7
	Shifa Medical Complex Al-	23	22.5
	Aqsa Hospital	17	16.7
	Naser Medical Complex	22	21.6
	EGH	25	24.5
Place of Residence	North	13	12.7
	Gaza	17	16.7
	Mid-zone	30	29.4
	Khan Younis	25	24.5
	Rafah	17	16.7
Experience years in ICU	1-5	43	42.2
	6-10	39	38.2
	11-15	20	19.6
Mean experience years in ICU = 5.36 years SD = 5.01			
Monthly income	less than 1000 NIS	12	11.7
	1000-2000 NIS	63	61.8
	2001-3000 NIS	16	15.7
	More than 3000 NIS	11	10.8
Total		102	100.0

The table (4.1) showed that the mean experience years in ICU for participant was (5.36 ±5.01) and their years of experience in ICU were between 1 and 15 years, It was found that (n= 43; 42.2%) from the samples have "1-5 years" years of service in the ICU departments, the researcher believes that the limited years of experience and that about half of the staff of the ICU department have 1 - 5 years' experience in the ICU department because of the departure of nurses from the ICU department, because of poor working conditions in ICU departments in terms of continuous work pressure. While the population was drawn from five hospitals in Gaza Strip Indonesian Hospital, Shifa Medical Complex, Al Aqsa Hospital, Nasser Medical Complex, and EGH. More than half (61.8%) of the participants receive a salary between (1001-2000) NIS, due to the difficult economic conditions that exist in the GS and because most nurses receive only 40% of their salary, as indicated in Table 4.2.

4.2 Analyzing dimensions of the questionnaire (N= 102)

Table (4.3): Distribution of the study participants according to their perception about the quality of work-life domains.

NO.	Quality of work-life domains	NO. of items	Mean	SD	%	Rank
1.	Work Environment	15	3.13	0.52	62.5	4
2.	Job Satisfaction	9	3.47	0.64	69.4	2
3.	Staff Retention	14	3.18	0.60	63.5	3
4.	Job Autonomy	12	3.60	0.57	72.0	1
Total domains		50	3.31	0.48	66.2	

Table (4.3), shows that the overall mean of QWL domains (mean = 3.31, S.D. =0.48) with total relative weight (66.2%). The results also showed that job autonomy domain gets the first rank (mean = 3.60, S.D. =0.57) with relative weight equals 72.0%, followed by job

satisfaction domain (mean = 3.47, S.D. =0.64) with relative weight equals 69.4%, followed by staff retention domain with relative weight (63.5%), the (mean = 3.18, S.D. =0.60) and last rank domain was work environment with relative weight (62.5%), and the (mean = 3.13, S.D. =0.52).

The researcher believed that job autonomy had the highest score because nurses in GS have autonomy in decision making. And nursing management has an important role in increasing the autonomy of nurses by his role. While the work environment had the lowest score, due to the bad economic and political situation in the Gaza Strip and the limited of salaries and wages of nurses, and there is a shortage in resources provided by ministry of health and other care provider that effect on quality of care provided for patients and their families.

Martins, et al. (2010) believed that the job environment needs to be more motivating and humane for all health care workers and that their efforts must be fully acknowledged. Likewise, having a good relation to managers play a big role to support the enthusiasm of the workers towards positive job perception, hence resulted in quality work. The study of Papastavrou, et al. (2014) settled that such a constructive job environment is significant in the realization of patient and workers' safety, thus it favors quality care and patient outcomes. Meanwhile, the staff nurses are neither agreed or agree as regards work conditions. This implies that staff nurses are less likely to report working conditions that require attention. This working condition can include overwork; work irrelevant to nursing; frequent disruption of daily work; time off work; adequacy of staff; work shift, adequacy of salary, and; institutional policy. Failure to address the aforementioned can result in failure of achieving organizational objectives. This has been in support of the earlier studies that the working conditions can negatively impact on the wellbeing and job performance of the employees (Nayeri, et al., 2011).

Table (4.4): Distribution of the study participants according to their perception about the Work Environment domain (15 items).

NO.	Work Environment	Mean	SD	%	Rank
1.	ICU work environment is good and highly motivating.	3.45	1.30	69.0	5
2.	It is hard to take time off during our work to take care of personal or family matters.	3.28	1.12	65.7	8
3.	My hospital authority offers sufficient opportunities to develop my own abilities.	3.43	1.16	68.6	7
4.	There is enough number of nurses' ratio in ICU.	2.71	1.25	54.1	12
5.	I did not feel like eating in ICU, my appetite was poor.	3.44	1.14	68.8	6
6.	I am satisfied with the working conditions provided by the hospital.	2.67	1.21	53.3	13
7.	The architecture design of the intensive care unit helps me to do my job comfortably.	3.19	1.41	63.7	9
8.	workload in ICU is too heavy and hard.	3.76	1.06	75.2	3
9.	I perform many non-nursing tasks.	2.63	1.14	52.5	14
10.	Lighting in the intensive care unit is adequate.	3.80	0.93	76.1	2
11.	The system of working hours in the ICU negatively affects my life.	2.56	1.12	51.2	15
12.	The intensive care unit has a convenient place for nurses to change clothes.	3.56	1.14	71.2	4
13.	I am satisfied with the supplies available in ICU.	3.03	1.11	60.6	11
14.	The intensive care unit is equipped with a heating system in winter and cooling in summer.	3.86	0.99	77.3	1
15.	I have adequate patient care supplies and equipment in ICU.	3.07	1.20	61.4	10
	Total	3.13	0.52	62.5	

Table (4.4) shows that the overall mean for the **work environment** domain was 3.13 and the total percent was 62.5%. According to the results the highest item was number (14) " The intensive care unit is equipped with heating system in winter and cooling in summer. " with weighted mean 73.1%, followed by item number (10) " Lighting in the intensive care

unit is adequate." with weighted mean 67.7%, followed by item number (8) " workload in ICU is too heavy and hard " with weighted mean 75.2%,

While the lowest item was number (11) " The system of working hours in ICU negatively effects my life " with weighted mean 51.2% followed by item (9) " I perform many non-nursing tasks " with weighted mean 52.5%.

Researchers like Martins, et al. (2010) believed that the job environment needs to be more motivating and humane for all health care workers and that their efforts must be fully acknowledged. Likewise, having a good relation to managers play a big role to support the enthusiasm of the workers towards positive job perception, hence resulted in quality work. The study of Papastavrou, et al. (2014) settled that such a constructive job environment is significant in the realization of patient and workers' safety, thus it favors quality care and patient outcomes. Vagharseyyedin, et al. (2011) supported our result that in question (4) (There is enough number of nurses' ratio in ICU), Vagharseyyedin did a qualitative study among 14 Iranian nurses and also reported a heavy workload? Heavy workload was one of the main factors for job dissatisfaction and poor quality of work-life, and Inadequate staffing pattern is another major factor which contributes to heavy workload, job dissatisfaction, and intention to leave the profession.

The researcher believes that the nursing practice environment involves multiple dimensions and maintaining them favorable is important for the work of nursing professionals. The ICU considering as a specialized unit intended for the care of seriously ill and unstable patients, which demands high technically trained nursing professionals on a permanent basis, a low retention of these workers. In our finding showed that "The intensive care unit is equipped with heating system in winter and cooling in summer" and "Lighting in the intensive care unit is adequate" had the highest mean that mean most participants were satisfied with the services provided by the hospital. While the lowest rank is "There is enough number nurses' ratio in ICU" that may affect the quality of care provided by ICU nurses.

Table (4.5): Distribution of the study participants according to their perception about the Job Satisfaction domain (9 items).

NO.	Job Satisfaction	Mean	SD	%	Rank
16.	I feel comfortable and satisfied with my work in ICU.	3.68	1.06	73.5	4
17.	Conditions in ICU allow me to be as productive as I could be.	3.96	0.77	79.2	2
18.	My earnings are fair when compared to the others doing the same type of work in other private hospital	2.13	1.35	42.5	9
19.	I feel that I am given adequate and fair compensation for the work I do.	3.86	0.97	77.3	3
20.	I am involved in making the department schedule by the head nurse.	3.27	1.20	65.5	7
21.	When I do my job well, I am praised by my manager.	3.19	1.18	63.7	8
22.	I am satisfied with my participation to achieve department goals.	3.42	1.10	68.4	5
23.	I am satisfied with the new skills and technologies in the hospital.	3.41	1.06	68.2	6
24.	I maintain a good relationship with my ICU colleagues.	4.30	0.81	86.1	1
Total		3.47	0.64	69.4	

Table (4.5) shows that the overall mean for the **job satisfaction** domain was **3.47** and the total percent was 69.4%. According to the results, the highest item was number (24) " I maintain a good relationship with my ICU colleagues. " with weighted mean 86.1%, followed by item number (17) " Conditions in ICU allow me to be as productive as I could be." with weighted mean 79.2%. The result of Morsy & Sabra (2015) supported our result in item (24) " I maintain a good relationship with my ICU colleagues. " and his finding showed the job indices that scored highest in relation to satisfaction included level of competency to do the job (85.7%) and relationships with colleagues (76.8%),

While the lowest item was number (18) " My earnings are fair when compared to the others doing the same type of work in other private hospital" with weighted mean 42.5%

followed by item (21) "When I do my job well, I am praised by my manager." with weighted mean 63.7%, followed by item (20) "I am involved in making the department schedule by the head nurse." with weighted mean 65.5%.

The finding of our study indicates that the high mean score in job satisfaction was related to a good relationship with other work and the conditions in ICU that allow nurses to be productive. This may be due to improvement in an image of society toward nurses' jobs and increase awareness about the importance of nurse work also, increasing the requirement for male and female nurses to work in hospitals. And the present study finding points that low mean rank of job satisfaction was related to inadequate earnings and consumption that given to nurse, this may be due to hospitals policies and some managers style that don't give the nurses opportunities to participate in schedule making and other issues that related to their department and work.

The result of Abduelazeez & El Hassen (2016) consistent with our result in item (18) "My earnings are fair when compared to the others doing the same type of work in other private hospital" and Abduelazeez finding showed that (60.8%) of respondent were very dissatisfied with their salary, and there was significant association between monthly salary and job dissatisfaction ($P = 0.025$). It appears that a lower level of rewarding, encouraging personal achievement and a sense of accomplishment. Salary was another strong predictor for job satisfaction among nurses. It is considered as an important extrinsic factor that can significantly influence job satisfaction and intention to leave from the profession (Morgan & Lynn, 2009), (Jayakumar & Kalaiselvi, 2012). Similar findings were reported by Fletcher (2001) who also concluded that salary is a major factor to causes job dissatisfaction. Quality of work-life of nurses is influenced by the salary and financial benefits provided to them and is reported in numerous studies.

The study by Morsy & Sabra (2015) asserted the high mean score in job satisfaction was professional status. Also, there was a high positive statistically significant correlation between the quality of work-life and job satisfaction. Salary was another strong predictor for job satisfaction among nurses. It is considered an important extrinsic factor that can significantly influence job satisfaction and intention to leave the profession (Birjandi & Mihandoost Ali, 2013). Salary was one of the most significant reasons for young Finish nurses to leave the profession (Flinkman, et al., 2008).

Table (4.6): Distribution of the study participants according to their perception of the staff retention domain (14 items).

No.	Staff Retention	Mean	SD	%	Rank
25.	I plan to stay in my job in ICU.	3.20	1.34	63.9	7
26.	Deciding to stay or leave my job is not a critical issue for me at this point in time.	2.89	1.16	57.8	10
27.	I don't have any specific idea of how much longer I will stay in this hospital.	3.81	0.92	76.3	4
28.	I plan to leave this position shortly.	2.68	1.28	53.5	11
29.	If I got another job offer tomorrow, I would give it serious consideration.	2.11	1.19	42.2	13
30.	I would be able to find the same job in another hospital with about the same salary and benefits.	2.11	1.19	42.3	14
31.	I will probably look for a new job in the next year.	2.37	1.20	47.5	12
32.	The culture of the hospital encourages medical personnel to be committed to the hospital and his rule.	2.95	1.25	59.0	9
33.	I feel committed to the hospital where I am working.	4.04	0.78	80.8	1
34.	I am proud to work in ICU.	3.96	1.03	79.2	3
35.	I give a positive view of the hospital to outsiders.	3.97	0.86	79.4	2
36.	I would like to continue in my current job in ICU.	3.54	1.00	70.8	6
37.	I will accept almost any type of job assignment in order to keep working for this hospital.	3.14	1.24	62.7	8
38.	I am willing to put in an above-normal effort to help this department succeed.	3.72	1.00	74.3	5
	Total	3.18	0.60	63.5	

Table (4.6) shows that the overall mean for **staff retention** domain was 3.18 and the total percent was 63.5%. According to the results the highest item number (33) " I feel committed to the hospital where I am working." with overall mean 80.0% followed by item number (35) " I give a positive view of the hospital to outsiders." with weighted mean 79.4, followed by item number (34) "I am proud to work in ICU." with weighted mean 79.2%. The result of the Al-Aameri (2011) study consist of our study in item (33) and asserted that most nurses are slightly committed to their employing hospitals as the mean of 4.87 shows. This indicates that some nurses are strongly committed to their organizations, while others are not loyal to their hospitals.

While the lowest two items were number (29) " If I got another job offer tomorrow, I would give it serious consideration. " and (30) "I would be able to find my same job in another hospital with about the same salary and benefits" with weighted mean 42.2% followed by item (21) " I will probably look for a new job in the next year." with overall mean 47.5%. The results of AbuAlRub, et al. (2016) indicated that there was a positive and significant weak correlation between nurses' job satisfaction and nurses' intention to stay at work, which means that nurses who were satisfied intended to stay longer at work than nurses who were less satisfied.

The researcher believes that the retention of staff it's a very important aspect to the success of any department so the management should implement strategies that enhance the level of staff retention.

The study of Al-Hamdan, et al. (2016) indicated that the respondents who were planning to keep their job for 2–3 years reported the highest level of intent to stay ($M = 3.67$, $SD = 0.90$), while those who had the lowest level of intent to stay reported that they did not quit even if the job did not meet their expectations. The total score for overall intent to stay was at a moderate level ($M = 2.83$, $SD = 1.52$); the mean value of 2.57 shows that the nurses

are neither bent on leaving nor staying. Based on a six-point, Likert-type scale, the mean score for work engagement was 4.23, indicating that the participants showed an average level for work engagement (Dandridge, 2019).

Table (4.7): Distribution of the study participants according to their perception about the Job Autonomy domain (12 items).

NO.	Job Autonomy	Mean	SD	%	Rank
39.	I have the autonomy to make patient nursing care decisions.	4.05	0.68	81.0	1
40.	I am able to communicate well with my nurse manager/supervisor.	3.87	0.83	77.5	4
41.	I have opportunities to contribute to decisions regarding the hospital discharge of patients.	3.38	1.00	67.6	10
42.	I am involved in making policy decisions affecting my department.	3.13	1.08	62.5	12
43.	I am responsible for developing a patient nursing care plan in collaboration with other health professionals.	3.16	1.10	63.1	11
44.	I am allowed to decide how to go about getting my job done.	3.48	0.93	69.6	8
45.	I am free to choose the methods to use in carrying out my work.	3.39	0.98	67.8	9
46.	I have control over the sequencing of my work activities.	3.75	0.80	75.1	5
47.	I am able to modify what my job objectives are.	3.71	0.79	74.1	6
48.	I have the power to influence the decisions and actions of others.	3.51	1.24	70.3	7
49.	I take responsibility and am accountable for my actions.	3.88	0.74	77.6	3
50.	I am able to self-determine my role and activities.	3.89	0.77	77.8	2
	Total	3.60	0.57	72.0	

Table (4.7) shows that the weighted mean for the **job autonomy** domain was 3.60 and the total percent was 72.0%. According to the results, the highest item was number (39) " I have the autonomy to make patient nursing care decisions. " with weighted mean 81.0%, followed by item number (50) " I am able to self-determine my role and activities." with

weighted mean 77.8%, followed by item number (49) " I take responsibility and am accountable for my actions." with weighted mean 74.0%. The study conducted by Maharmeh (2017) supported our result in item (39) (49) and his result showed the highest average autonomy was observed with regard to the scoring of the action base ("I have the right to participate in discussions concerning work arrangements"; M 3.92, SD 0.92) and an Item 6 of knowledge base ("I am responsible for developing my knowledge base"; M 3.99, SD 0.98).

While the lowest item was number (42) " I am involved in making policy decisions affecting my department." with weighted mean 62.6 %, followed by item (43) " I am responsible for developing a patient nursing care plan in collaboration with other health professionals." with weighted mean 63.1%, followed by item (41) " I have opportunities to contribute to decisions regarding the hospital discharge of patients." with weighted mean 67.6%. The study of Maharmeh (2017) consistent with our result in item (43) (41) and his result showed the Lowest autonomy scorings were attributed to item one in knowledge base ("I can make independent decisions concerning patient care in my unit" (M 3.36, SD 1.05).

Professional autonomy is a significant component for job satisfaction and increased quality of work-life (Park, et al., 2012). Lack of autonomy results in dissatisfaction increased absenteeism and thereby increases the staff shortage. The findings from the study done by Bjørk, et al. (2007) also suggest that professional autonomy is strongly correlated with professional development. also reported similar findings among Norwegian nurses who considered professional autonomy as one of the important components for job satisfaction. And the findings of the study conducted by Allahbakhshian, et al. (2016) suggested that ICU nurses in Iran experience significant challenges in achieving professional autonomy. They want to have a clear definition of their role as an ICU nurse and to have the authority

to practice within the defined scope of practice. Nurses in this study expressed the need to be empowered to gain competency, professional dominance, and professional identity. Insufficient professional knowledge and skills discouraged making independent clinical decisions in the ICU nurses.

The researcher believes that this study identified that nurses had moderate autonomy over their work. It was not clear whether nurses believed that they had the right and it was important to participate in decision-making about patient nursing care plan and hospital discharge of patients and it was clear that when the decision was related to patient's care, nurses were not independently authorized to make this decision, and improving nursing clinical decision-making autonomy is a responsibility of both leadership and clinical nurses.

4.3 Independent t-test and One-way ANOVA test for quality of work-life domains

Table (4.8): Differences between quality of work-life domains and nurses' gender (N= 102).

Domains	Gender	N	Mean	SD	%	T	p-value
Work Environment	Male	78	3.10	0.53	58.07	-1.078	0.283
	Female	24	3.23	0.50	55.44		
Job Satisfaction	Male	78	3.36	0.63	52.88	-3.369	0.001*
	Female	24	3.84	0.54	43.24		
Staff retention	Male	78	3.08	0.57	58.99	-3.179	0.002*
	Female	24	3.50	0.75	50.00		
Job Autonomy	Male	78	3.51	0.54	49.79	-2.975	0.004*
	Female	24	3.90	0.58	42.71		
Total Variable	Male	78	3.23	0.45	64.67	-3.11	0.002*
	Female	24	3.57	0.52	71.43		

(Independent t-test) *significant at 0.05

Mean difference in the quality of work-life among nurses' domains at ICU departments related to their **gender** pointed out in table (4.7). Independent t-test illustrated there were statistically significant differences between the quality of work-life among nurses' domains ($p < 0.05$), except the first domain (work environment) p -value = 0.283 had no statistical significance difference with gender ($p > 0.05$).

In relation to gender, the differences were in the domains Job Satisfaction, Staff retention, Job Autonomy, female nurses have higher mean in (Job Satisfaction, Staff retention, Job Autonomy) domains compared to male, as indicated in table (4.8).

The researcher believes the female nurses had higher QWL than male because the most workload and work pressure done by male nurses because the physical structure of females is less and weaker than males, and the number of males nurses equals three times the number for that the males nurses do most work and duties, and the cultural and religious aspect has a major role in this result that gives females the right not to do some duties and task.

The result of Maharmeh (2017) consistent with our result that female nurses consistently tended to rate their perceived autonomy higher than male nurses, and they reported slightly higher cumulative autonomy scores ([68.2, vs 63.5]; $t = 2.29$, $p = 0.02$). Regarding the three dimensions of autonomy, female nurses rated their perceive action base and value base higher than their male colleagues ($t = 2.4$, $p = 0.01$; $t = 2.1$, $p = 0.03$, respectively). But the study of Al-Hamdan, et al. (2016) not supported our study and asserted There were no statistically significant differences between gender and intent to stay ($P > 0.05$).

Our results are consistent with the results of a study Almalki (2012) which assessed gender was significantly associated with QWL and turnover intention. Female nurses were more satisfied with their QWL than their male counterparts. Consequently, males had a higher intention to leave their current employment. And Moradi, et al. (2014) asserted no significant differences were observed between the QWL scores of nurses with different genders or marital status ($P > 0.05$).

Table (4.9): Differences between quality of work-life domains and nurses' age categories (N= 102).

Domains	Age	N	Mean	SD	F	p-value
Work Environment	less than 30	39	3.12	0.56	1.888	0.137
	30-40	50	3.05	0.47		
	Above 40	13	3.43	0.54		
Job Satisfaction	less than 30	39	3.56	0.65	1.127	0.342
	30-40	50	3.37	0.63		
	Above 40	13	3.59	0.67		
Staff retention	less than 30	39	3.10	0.58	1.110	0.349
	30-40	50	3.16	0.60		
	Above 40	13	3.45	0.61		
Job Autonomy	less than 30	39	3.50	0.50	3.603	0.016*
	30-40	50	3.56	0.61		
	Above 40	13	4.06	0.46		
Total Variable	less than 30	39	3.29	0.48	1.93	0.13
	30-40	50	3.26	0.48		
	Above 40	13	3.61	0.46		

(One-way ANOVA test) *significant at 0.05

Mean difference in the quality of work-life among nurses' domains at ICU departments related to their **age** pointed out in table (4.9). One-way ANOVA test showed there were no statistically significant differences with the quality of work-life among nurses' domains ($p > 0.05$), except the fourth domain (job autonomy) ($p\text{-value} = 0.016$) has statistical significance difference by age ($p < 0.05$).

The research believes the nurses have 40 years and above have higher job autonomy than others because most tasks and duties decrease with age and the old nurses have independence in decision-making, and the nursing management consults them in decision-making because they have sufficient experience that helps them to make the appropriate decision about the patients care and the management respects them for their efforts in improving patient care.

In relation to age, the differences were in the domain job autonomy, age above 40 have higher job autonomy in (M 4.06, SD 0.46), compared to other age groups (M 3.56, SD 0.61), (M 3.50, SD 0.50), F was (3.60 P=0.016) as indicated in table (4.9). Our results are inconsistent with the results of a study (Almalki, 2012) which assessed age was significantly associated with QWL and turnover intention. Respondents aged between 20-29 years were less satisfied with their QWL and they were more likely to indicate turnover intention compared to the other age groups. Based on the mean scores for all groups, it was observed that as the age increased, the scores of QWL increased too.

The result of Abduelazeez & El Hassen (2016) supported our result and asserted that there was no significant association with age group and level of overall job satisfaction (P = 0.349), and middle age nurses 20-29 years had the highest job satisfaction; While when nurses were in 30-40 years their job satisfaction declined And Moradi, et al. (2014) asserted our result no significant relationship between QWL and age. Sharhraky, et al. (2011) reported that employees with more than 20 years of experience had a better QWL than those with less work experience. A recent study in Jordan showed that intent to stay and age were positively associated; older nurses are more likely to remain in their present job than younger nurses (AbuAlRub, et al., 2016).

Table (4.10): Differences between quality of work-life domains and nurses' qualifications categories (N= 102).

Domains	Qualification	N	Mean	SD	F	p-value
Work Environment	Diploma	5	3.61	0.22	2.605	0.079
	BSN	87	3.11	0.52		
	Master	10	2.99	0.53		
Job Satisfaction	Diploma	5	3.47	1.02	0.679	0.510
	BSN	87	3.50	0.60		
	Master	10	3.24	0.80		
Staff Retention	Diploma	5	3.49	0.41	4.702	0.011*
	BSN	87	3.22	0.58		
	Master	10	2.68	0.56		
Job Autonomy	Diploma	5	3.47	0.52	0.864	0.425
	BSN	87	3.63	0.58		
	Master	10	3.40	0.62		
Total Variable	Diploma	5	3.52	0.38	2.10	0.13
	BSN	87	3.33	0.48		
	Master	10	3.04	0.53		

(One-way ANOVA test) *significant at 0.05

Mean difference in the quality of work-life among nurses' domains at ICU departments related to their **qualification** pointed out in table (4.10). One-way ANOVA test showed there were no statistically significant differences with (Job Satisfaction) and (Job Autonomy) (Work Environment) domains ($p > 0.05$), while there were statistically significant differences between (Staff Retention) domain and qualification ($p < 0.05$).

In relation to qualification, the differences were in the staff retention domain, nurses who have diploma degree have higher staff retention in (M 3.49, SD 0.41), compared to nurses who have bachelor degree (M 3.22, SD 0.58), and nurses who have master degree (M 2.68, SD 0.56), F value was (4.70 $P = 0.011$) as indicated in table 4.10. Our results in staff retention domain are consistent with the results of a study Almalki (2012) which assessed there was a significant relationship between education level and QWL, and findings suggested that education level has a significant effect on QWL ($p < .05$). In support of this, the majority (93%) of the respondent nurses in his study agreed that it is important to have access to nursing degree

programs. The percentage of nurses holding a bachelor's degree is very small since they comprised only 5% of the total PHC nursing workforce.

The research believes the nurses had diploma degree have higher staff retention than others nurses because the opportunity for employment of diploma nurses is very small in GS, so they have more retention than other nurses and the tasks and duties required for them are less than the tasks required for nurses who had a bachelor's degree in nursing, and the nurses have master degree have lower staff retention than others because the nurses with a master's degree expected the hospital will improve the nature of his work and his salary, but due to the poor economic situation in the GS, they did not get what they expected.

The results of this study showed a significant relationship between nurses' QWL and their education level. However, the study conducted by Dargahi, et al (2012) couldn't observe a significant relationship between nurses' QWL and their education level. Also, Sharhraky, et al. (2011) reported that there was no significant relationship between the nurses' QWL and their education level.

And Abduelazeez & El Hassen. (2016) asserted that there was significant association between level of education and workload and job satisfaction and his results indicate that job satisfaction of ICU nurses with the degree of Bachelor was higher than others with the diploma, master; that means the majority of nurses employed in ICU having bachelor degree and those who have master do not have different works or job description and have same paid; which make significant decrease in their numbers among governmental hospitals because they look for other best opportunity to them according to their certification, and that affect their job satisfaction.

In this research, we found that the staff retention of nurses with lower education level was better than nurses with higher education. It seems that nurses with higher education levels

have higher expectations of their working life and consequently experience more emotional exhaustion when their work environment does not meet their expectations. Also, Lee & Wang (2002) showed that nurses with a higher level of education perceived more occupational stress.

Table (4.11): Differences between quality of work-life domains and nurses' job title (N= 102).

Domains	Job Title	N	Mean	SD	F	P-value
Work Environment	Staff Nurse	97	3.11	0.53	1.173	.281
	Head Nurse	5	3.33	0.22		
Job Satisfaction	Staff Nurse	97	3.46	0.65	.494	.484
	Head Nurse	5	3.63	0.61		
Staff Retention	Staff Nurse	97	3.17	0.61	.476	.492
	Head Nurse	5	3.33	0.41		
Job Autonomy	Staff Nurse	97	3.58	0.59	1.198	.276
	Head Nurse	5	3.83	0.42		
Total Variable	Staff Nurse	97	3.30	0.49	2.73	0.10
	Head Nurse	5	3.50	0.33		

(Independent t-test) *significant at 0.05

Mean difference in the quality of work-life among nurses' domains at ICU departments related to their **job title** pointed out in table (4.11). Independent t-test illustrated there were no statistically significant differences with the quality of work-life among nurses' domains by job title ($p > 0.05$).

A study conducted by Dehaghi & Sheikhtaheri (2014) asserted that nursing managers perceived a relatively good QWL so that only 18% evaluated their QWL as moderate and below and only 16% of the nursing managers expressed dissatisfaction with their job and desire to leave the job. This means an acceptable quality of work-life among the participants.

Table (4.12): Differences between quality of work-life domains and nurses' marital status (N= 102).

Domains	Marital Status	N	Mean	SD	F	p-value
Work Environment	Single	25	3.34	0.47	0.864	0.355
	Married	77	3.06	0.52		
Job Satisfaction	Single	25	3.74	0.62	0.007	0.933
	Married	77	3.38	0.63		
Staff Retention	Single	25	3.34	0.41	3.377	0.069
	Married	77	3.12	0.64		
Job Autonomy	Single	25	3.58	0.39	3.74	0.056
	Married	77	3.61	0.63		
Total Variable	Single	25	3.47	0.37	4.295	.051
	Married	77	3.26	0.51		

(Independent t-test) *significant at 0.05

Mean difference in the quality of work-life among nurses' domains at ICU departments related to their **marital status** pointed out in table (4.12). Independent t-test illustrated there were no statistically significant differences with the quality of work-life among nurses' domains by marital status ($p > 0.05$).

Our results are not consistent with the results of a study Almalki (2012) which assessed marital status was significantly associated with QWL. Compared to other groups, nurses who have never married were less satisfied with their QWL and were more likely to indicate turnover intention. And Moradi, et al. (2014) asserted our result no reveal a significant relationship between QWL and marital status, and the study conducted by Dargahi, et al. (2012) showed no significant relationship between QWL and marital status. However, Khaghanizadeh, et al.. (2008) reported that 82% of married and 66% of single individuals had a moderate level of QWL. In this

study, the QWL was higher in single nurses than married individuals although the difference was not statistically significant. And Al-Aameri (2011) asserted there was a significant relationship between marital status and job satisfaction.

Table (4. 13): Differences between quality of work-life domains and work place categories (N=102).

Domains	Work Place	N	Mean	SD	F	p-value
Work Environment	Indonesian Hospital	15	3.69	0.27	17.610	0.000*
	Shifa Medical Complex	23	2.72	0.49		
	Al-Aqsa Hospital	17	3.09	0.40		
	Naser Medical Complex	22	3.43	0.32		
	European Gaza Hospital	25	2.92	0.45		
Job Satisfaction	Indonesian Hospital	15	3.67	0.88	7.651	0.000*
	Shifa Medical Complex	23	3.19	0.50		
	Al-Aqsa Hospital	17	3.49	0.38		
	Naser Medical Complex	22	3.96	0.48		
	European Gaza Hospital	25	3.16	0.58		
Staff Retention	Indonesian Hospital	15	3.44	0.31	9.029	0.000*
	Shifa Medical Complex	23	2.74	0.63		
	Al-Aqsa Hospital	17	3.07	0.48		
	Naser Medical Complex	22	3.60	0.51		
	European Gaza Hospital	25	3.12	0.54		
Job Autonomy	Indonesian Hospital	15	4.03	0.54	6.907	0.000*
	Shifa Medical Complex	23	3.24	0.48		
	Al-Aqsa Hospital	17	3.58	0.37		
	Naser Medical Complex	22	3.85	0.63		
	European Gaza Hospital	25	3.48	0.54		
Total Variable	Indonesian Hospital	15	3.69	0.25	14.92	0.00*
	Shifaa Hospital	23	2.93	0.44		
	Al-Aqsa Hospital	17	3.27	0.36		
	Naser Medical Complex	22	3.67	0.37		
	European Gaza Hospital	25	3.15	0.44		

(One-way ANOVA test) *significant at 0.05

Mean difference in the quality of work-life among nurses' domains at ICU departments related to their **work place** pointed out in table (4.13). One-way ANOVA test showed there were statistically significant differences with the quality of work-life among nurses' domains by workplace ($p < 0.05$).

In relation to workplace, the differences were in all domains, the Indonesian Hospital had highest score in the work environment and job autonomy domains, while Naser Medical Complex had the highest score in the job satisfaction and staff retention as indicated in table (4.13) The study of supported our result and asserted that was statistically significant differences in the intent to stay were found between the different hospital types ($P < 0.05$).

The researcher believes the Indonesian Hospital has the highest score in the work environment and job autonomy domains because the Indonesian Hospital was newly built and the building design is also modern, therefore the work environment is good and motivating for nurses because all the furniture, rooms and tools that the nurses deal with are new, which makes it easier for them to use and this design made a kind of independence for the nurses in their work, while Naser Medical Complex had the highest score in the job satisfaction and staff retention because it has a strong nursing management that motivates nurses in this hospital and increases the level of job satisfaction through the many courses that the hospital takes in order to provide nurses with the necessary experience in their field of work, which leads to increase the level of staff retention.

Our result of the study revealed a significant relationship between nurses QWL and the workplace so that nurses work in large hospitals like Shifa Medical Complex had a low level of QWL than nurses in other hospitals. The differences in the QWL of nurses in various hospitals could be attributed to the hospital's circumstances. It has been reported that factors such as hospital size, number, and type of patients, hospital policies and physical environment may affect the nurses QWL (Dargahi, et al., 2012).

Table (4. 14): Differences between quality of work-life domains and nurses' place of residence categories (N= 102).

Domains	Place of Residence	N	Mean	SD	F	p-value
Work Environment	North	13	3.61	0.39	6.335	.000*
	Gaza	17	3.03	0.59		
	Mid-zone	30	2.92	0.47		
	Khan Younis	25	3.30	0.37		
	Rafah	17	2.97	0.55		
Job Satisfaction	North	13	3.75	0.73	3.733	.007*
	Gaza	17	3.31	0.59		
	Mid-zone	30	3.33	0.53		
	Khan Younis	25	3.78	0.58		
	Rafah	17	3.22	0.71		
Staff Retention	North	13	3.43	0.33	6.615	.000*
	Gaza	17	3.06	0.42		
	Mid-zone	30	2.85	0.65		
	Khan Younis	25	3.55	0.53		
	Rafah	17	3.12	0.57		
Job Autonomy	North	13	4.01	0.46	4.450	.002*
	Gaza	17	3.36	0.58		
	Mid-zone	30	3.41	0.48		
	Khan Younis	25	3.81	0.54		
	Rafah	17	3.57	0.67		
Total Variable	North	13	3.68	0.22	7.39	.000*
	Gaza	17	3.17	0.43		
	Mid-zone	30	3.09	0.47		
	Khan Younis	25	3.58	0.40		
	Rafah	17	3.19	0.53		

(One-way ANOVA test) *significant at 0.05

Mean difference in the quality of work-life among nurses' domains at ICU departments related to their **place of residence** pointed out in table (4.14). One-way ANOVA test showed there were statistically significant differences with the quality of work-life among nurses' domains by place of residence ($p < 0.05$).

The researcher believes the nurses lives in north GS have higher mean in work environment and job autonomy domains because most nurses in north GS works in Indonesian Hospital, and Indonesian Hospital was newly built and the building design is also modern, therefore the work environment is good and motivating for nurses and it increases the level of job

autonomy among nurses. While the nurses lives in Khan Younis have higher mean in job satisfaction and staff retention domains, because most nurses in Khan Younis works in Naser Medical Complex and it has a strong nursing management that motivates nurses in this hospital and increases the level of job satisfaction through the many courses that the hospital takes in order to provide nurses with the necessary experience in their field of work, which leads to increase the level of staff retention.

Table (4.15): Differences between quality of work-life domains and nurses' Experience years in ICU categories (N= 102).

Domains	Experience years in ICU	N	Mean	SD	F	p-value
Work Environment	1-5	43	3.26	0.48	7.69	.003*
	6-10	39	2.89	0.54		
	11-15	20	3.32	0.42		
Job Satisfaction	1-5	43	3.52	0.67	1.47	.409
	6-10	39	3.34	0.64		
	11-15	20	3.62	0.58		
Staff Retention	1-5	43	3.26	0.41	2.26	.198
	6-10	39	3.02	0.78		
	11-15	20	3.30	0.45		
Job Autonomy	1-5	43	3.59	0.51	1.08	.332
	6-10	39	3.54	0.69		
	11-15	20	3.70	0.47		
Total Variable	1-5	43	3.38	0.38	3.70	.060
	6-10	39	3.16	0.59		
	11-15	20	3.47	0.39		

(One-way ANOVA test) *significant at 0.05

Mean difference in the quality of work-life among nurses' domains at ICU departments related to their **Experience years in ICU** pointed out in table (4.15). One-way ANOVA test showed there were no statistically significant differences between the quality of work-life among nurses' domains ($p < 0.05$), except the first domain (work environment) p-value

= 0.003 has a statistical significance difference with income by years of experience ($p < 0.05$).

The researcher believes the staff nurses with 11_15 years of experience have the highest rank in work environment domain because the experience that they have makes them adapt to any work environment and under any circumstances, and also with their experience, they can improve the work environment if there is any problem related to their job.

In relation to experience years in ICU, the differences were in the work environment domain, the age 11_15 years of experience have the highest mean (M 3.62, SD 0.58). Our results are consistent with the results of Moradi, et al. (2014) which assessed there was a significant relationship between years of experience and QWL, and findings suggested nurses with professional experience of more than 15 years had a better QWL than others. A significant correlation was observed between work experience and QWL score ($P = 0.01$). Tukey's post-hoc test showed that a significant difference existed between the QWL score of nurses with work experience of 5-10 years and those with more than 15 years of work experience ($P = 0.01$). And Al-Hamdan, et al. (2016) asserted that there was a statistically significant difference between years of experience with the intent to stay ($P < 0.05$), the intent to stay increased as the respondents' years of experience increased. The three dimensions of autonomy were dependent on nurses' experience in hospitals. Nurses with more than 10 years of experience had more autonomy ($p = 0.045$) (Maharmeh, 2017).

Table (4.16): Differences between quality of work-life domains and nurses' monthly income in NIS categories (N= 102).

Domains	Income in NIS	N	Mean	SD	F	p-value
Work Environment	less than 1000 NIS	12	3.58	0.23	7.582	.150
	1000-2000 NIS	63	2.96	0.48		
	2001-3000 NIS	16	3.25	0.63		
	More than 3000 NIS	11	3.39	0.40		
Job Satisfaction	less than 1000 NIS	12	4.03	0.38	4.686	.093
	1000-2000 NIS	63	3.36	0.64		
	2001-3000 NIS	16	3.62	0.63		
	More than 3000 NIS	11	3.29	0.62		
Staff Retention	less than 1000 NIS	12	3.46	0.29	2.320	.060
	1000-2000 NIS	63	3.06	0.66		
	2001-3000 NIS	16	3.36	0.54		
	More than 3000 NIS	11	3.26	0.37		
Job Autonomy	less than 1000 NIS	12	3.78	0.25	4.240	.087
	1000-2000 NIS	63	3.46	0.57		
	2001-3000 NIS	16	3.76	0.66		
	More than 3000 NIS	11	4.00	0.50		
Total Variable	less than 1000 NIS	12	3.68	0.22	7.28	.133
	1001-2000 NIS	63	3.18	0.50		
	2001-3000 NIA	16	3.47	0.50		
	More than 3000 NIS	11	3.47	0.28		

(One-way ANOVA test) *significant at 0.05

Mean difference in the quality of work-life among nurses' domains at ICU departments related to their **income** pointed out in table (4.16). One-way ANOVA test showed there were no statistically significant differences between the quality of work-life among nurses' domains by monthly income ($p>0.05$).

Our results are consistent with the results of a study Moradi, et al. (2014) which assessed salary was not significantly associated with QWL. In addition, the result of Maharmeh (2017) not consistent with our result and showed no relationship between yearly income and the three dimensions of autonomy.

Chapter Five

Conclusion and Recommendation

5.1 Conclusion

Registered nurses play a crucial role in the delivery of healthcare. Without them, it would be impossible to maintain the quality of care and the health of patients and the surrounding community. Good work environment and job satisfaction and job autonomy influence registered nurses' intent to remain employed in the profession or at the workplace, naturally. Reducing nurses' turnover removes replacement costs and contributes to patients' quality of care and to the maintenance of the health and social needs of the communities to which they belong so the quality of work-life is a very important aspect to ensure high quality of care provided to the patients and their family.

Quality of Work-life is essentially the quality relationship between human resources and their work environment that encourages and increases job satisfaction. QWL comprises of different features of the workplace environment that assist the improvement of human resources of the organization effectively.

The researcher used a quantitative cross-sectional descriptive design. The population of the study consisted of all ICU nurses working at five Governmental Hospitals in the Gaza Strip/Palestine. A self-administered questionnaire was distributed to 115 nurses which was developed by the researcher, out of which (88.7%) responded, Data was analyzed by using the statistical package of social science version 23 using descriptive statistics, means, standard deviation one-sample t-test, and independent t-test. The validity of the questionnaire was tested and the total instrument reliability test (Cronbach's Alpha) gave a score of 0.924 and it is considered a high score.

The results of the study showed, most of the study participants were married by (75.5%), and the respondents' age was between 21 and 50 years with mean age = 31.80 years and the highest number of nurses 50 (49.0%) with age (30 – 40) years, and the nurses had bachelor (85.3%) while (9.8%) had master, The males represented 76.5 % of the participants while the females 23.5%, while their years of experience in ICU were between 1 and 15 years. More than half (61.8%) of the participants receive a salary between (1001-2000) NIS. And the results of this study showed that the overall level of work-life domains was moderate (mean = 3.31, S.D. =0.48) with total relative weight (66.2%), and the total weight for each domain as following job autonomy domain gets the first rank followed by job satisfaction followed by staff retention, and last rank domain was work environment with relative weight as follow (72.0%), (69.4%), (63.5%), (62.5%). Also result showed statistically significant differences between nurses' responses regarding gender, female nurses have higher mean in quality of work-life domains compared to males, while no statistically significant differences between the quality of work-life domains with qualification, job title, marital status and Experience years in ICU.

Our study showed that nurses' quality of work-life is at a moderate level. As QWL has an important impact on attracting and retaining employees, it is necessary to pay more attention to the nurse's QWL and its affecting factors. The authorities in the health care system should develop strategies for improving the nurses' work conditions and their QWL, so that, nurses will be able to perform better care for their patients. This research provides an initial step in understanding the work-life of ICU nurses at governmental hospitals in GS. Also, there is a need for outcome-driven research examining the effectiveness, efficacy, and cost-benefits of specific strategies aimed at improving the QWL of nurses.

5.2 Recommendation

Based on the findings of the present study, key suggestions are proposed to improve QWL among nurses working in ICU departments at governmental hospitals in the Gaza Strip.

1. Improve work environment conditions and create a culture of supportive work environment.
2. Implement strategies that enhance the level of job satisfaction especially that the level of job satisfaction of participants is on the borderline.
3. Improving the working environment in terms of building and infrastructure, security, and supplies for patient care.
4. Teamwork activities to be developed for more productivity/performance/Training to be introduced at all levels for performance and job satisfaction.
5. Creating opportunities for ICU nurses to attend in-service education as well as enhancing continuing education.
6. Providing adequate numbers of ICU nurses, and ensuring equitable distribution of the current nursing workforce to reduce any experienced workload, and to ensure adequate nursing services for patients.
7. Hospitals must be supported with the required materials and equipment for health care services.
8. Focus on their employee's welfare by providing them a better and attractive compensation policy, optimum workload and by providing a superior work environment, and the nurses should be provided with a furnished break area where they can rest.
9. The salary of nurses should be increased commensurate with the tasks performed.
10. Improving the system of annual vacation and family leave and ensuring the equality between nurses.

11. Limiting the engagement of ICU nurses into non-nursing duties such as working in pharmacy, medical records, and management.
12. Involvement of ICU nurses in the decision-making process at all levels of their organizations, particularly in decisions regarding their profession and practice.
13. Provision of accurate and comprehensive job descriptions for ICU nurses that take into account all levels of nurses, as well as the provision of adequate and realistic work plans and procedures.

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Annex (2): Time Schedule

Activity	Duration	June 2019	July 2019	Aug. 2019	Sept. 2019	Oct. 2019	Nov. 2019	Dec. 2019
Writing research Proposal	1 month							
Preparation of the theoretical framework	1 month							
Review previous literature	1 month							
Questionnaire design & sampling	2 weeks							
Obtaining ethical approval from MOH and Helsinki	1 week							
Pilot study	2 weeks							
Data collection	1 week							
Data entry and analysis	2 weeks							
Research and abstract writing	1 week							

Annex (3): Consent form



عزيزي/ تي المشارك/ة

السلام عليكم ورحمة الله وبركاته:

بدايةً أهديكم أطيب التحيات، ويطيب لي أن أضع بين أيديكم الاستبانة المرفقة التي تم تصميمها بهدف دراسة (جودة حياة العمل بين مرضي وحدة العناية المركزة في المستشفيات الحكومية في قطاع غزة) وذلك استكمالاً لمتطلبات الحصول على درجة الماجستير في إدارة التمريض من جامعة القدس. لذلك نأمل منكم التكرم بتعبئة الاستبانة بالإجابة على فقراتها بكل صراحة وموضوعية، علمًا بأن آراءكم والمعلومات التي ستدلون بها ستكون محل اهتمام وعناية وستستخدم لأغراض الدراسة والبحث العلمي فقط، وسيتم التعامل معها بكل سرية وعناية للتوصل إلى نتائج تهدف إلى تطوير الخدمات الصحية المقدمة في المستشفيات الحكومية في قطاع غزة. الوقت الذي تستغرقه تعبئة الاستبانة لا يتجاوز 15 دقيقة، وفي حال الاستفسار عن أي أسئلة يرجى التواصل على جوال رقم

0592588628/

ملاحظة/ يقصد بكلمة الممرض أي الممرض أو الممرضة.

الباحث: محمد عطا الجعبري

mohammed_atta_93@hotmail.com

Annex (4): Quality of Work-life Questionnaire (Arabic version)

البيانات الشخصية

الرجاء وضع علامة (✓) في المربع الذي تختاره

أولاً: العمر:

ثانياً: الجنس: ذكر أنثى

ثالثاً: الدرجة العلمية: بلوم بكالوريوس ماجستير دكتوراه

رابعاً: المسمى الوظيفي: حكيم رئيس قسم مشرف تمرير

خامساً: الحالة الاجتماعية: أعزب متزوج مطلق غير ذلك

سادساً: مكان العمل: مستشفى الإندونيسي مجمع الشفاء الطبي مستشفى الأقصى

مجمع ناصر الطبي مستشفى غزة الأوروبي

سابعاً: مكان السكن: شمال غزة لوسطى خان يونس رفح

ثامناً: سنوات الخبرة في قسم العناية:

تاسعاً: الدخل بالشيكل: أقل من 1000 1000_2000 2000_3000 أكثر من 3000

م.	الفقرة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
أولا : بيئة العمل (Work Environment) .						
1.	بيئة العمل في قسم العناية المركزة جيدة ومحفزة للغاية.					
2.	من الصعب أخذ اذن أثناء الدوام لحل المسائل الشخصية.					
3.	يوفر مناصبي في المستشفى فرصاً كافية لتطوير قدراتي.					
4.	هناك عدد كافٍ من الممرضين يعملون في قسم العناية المركزة.					
5.	لا أحب أن اتناول الطعام في قسم العناية، لأن شهيتي تكون مفقودة.					
6.	أنا راضٍ عن ظروف العمل التي توفرها المستشفى					
7.	التصميم الهندسي لقسم العناية المركزة يساعدي في أداء عملي بارتياح.					
8.	العمل في قسم العناية المركزة ثقيل للغاية وصعب.					
9.	أقوم بالعديد من المهام خارج عملي التمريضي في قسم العناية المركزة.					
10.	الإضاءة كافية في قسم العناية المركزة.					
11.	نظام ساعات العمل في قسم العناية المركزة يؤثر سلباً على حياتي.					
12.	يوجد بقسم العناية المركزة مكان مناسب لتغيير ملابس الممرضين.					
13.	أنا راضٍ عن المستلزمات المتوفرة في قسم العناية المركزة.					
14.	قسم العناية المركزة مجهز بنظام تدفئة في الشتاء وتبريد في الصيف.					
15.	يوجد ما يكفي من اللوازم والمعدات لرعاية المرضى في قسم العناية المركزة.					
ثانياً : الرضا الوظيفي (Job Satisfaction) .						
16.	أشعر بالراحة والرضا عن عملي في قسم العناية المركزة.					
17.	الظروف في وحدة العناية المركزة تتطلب مني أن أكون منتجاً قدر الإمكان.					
18.	أشعر أنني أحصل على راتب مناسب وعادل مقابل العمل الذي أقوم به.					

م.	الفقرة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
19.	أشعر أن عملي في قسم العناية المركزة يسمح لي ببذل قصارى جهدي.					
20.	يتم مشاورتي من قبل رئيس القسم عند عمل جدول القسم.					
21.	عندما أقوم بعملتي بشكل جيد، يثني علي رئيسي/المدير في العمل.					
22.	أنا راض عن مشاركتي في تحقيق أهداف القسم.					
23.	أنا راض عن المهارات والتقنيات الجديدة في قسم العناية المركزة.					
24.	أحافظ على علاقة طيبة مع زملائي في قسم العناية المركزة.					
ثالثاً: الاحتفاظ بالموظفين (Staff Retention) .						
25.	أخطط للبقاء في عملي في قسم العناية المركزة.					
26.	إن قرار البقاء أو ترك وظيفتي لا يمثل مشكلة بالنسبة لي في هذه الفترة الزمنية.					
27.	ليس لدي أي فكرة محددة عن المدة التي سأبقى فيها في قسم العناية المركزة.					
28.	أرغب في ترك العمل في قسم العناية المركزة نظراً لكثرة أعباء العمل.					
29.	إذا حصلت على عرض عمل آخر في المستقبل، فسأنظر فيه بجدية.					
30.	سأترك عملي الحالي إذا توفرت لي فرصة عمل بمزايا أفضل.					
31.	ربما سأقوم بالبحث عن وظيفة جديدة في العام المقبل.					
32.	ثقافة المستشفى تشجع العاملين في الحقل الصحي على الالتزام بالمستشفى وقوانينها.					
33.	أشعر أنني ملتزم بالقسم الذي أعمل فيه.					
34.	أشعر بالفخر للعمل في قسم العناية المركزة.					
35.	أعطي نظرة إيجابية عن القسم للآخرين.					
36.	أرغب في الاستمرار في عملي الحالي.					
37.	سأقبل أي نوع من مهام العمل من أجل مواصلة العمل في هذا القسم.					
38.	إنني على استعداد لبذل جهد أعلى من الطبيعي لمساعدة القسم					

م.	الفقرة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
	على النجاح.					
رابعاً: استقلاليه العمل (Job Autonomy)						
39.	لديّ القدرة على اتخاذ قرارات بخصوص تقديم الرعاية التمريضية للمريض.					
40.	أنا قادر على التواصل بشكل جيد مع مسؤولي المباشر.					
41.	لديّ فرص للمساهمة في القرارات المتعلقة بتخريج المرضى من القسم.					
42.	يتم اشراكي في اتخاذ القرارات المتعلقة بالسياسات التي تؤثر على القسم الخاص بي.					
43.	أنا مسؤول عن وضع الخطة التمريضية لرعاية المرضى بالتعاون مع التخصصات الصحية الأخرى.					
44.	يُسمح لي باتخاذ قرار بشأن كيفية إنجاز عملي.					
45.	أنا حر في اختيار الأساليب التي يجب استخدامها في تنفيذ عملي.					
46.	لدي سيطرة على جدول أعمالي في قسم العناية المركزة.					
47.	لدي سيطرة على تسلسل أنشطة عملي.					
48.	لديّ القدرة على التأثير في قرارات وتصرفات الآخرين.					
49.	أنا أتحمّل المسؤولية وأكون محاسب عن أفعالي.					
50.	أنا قادر على تحديد دوري وأنشطتي.					

Annex (5): Quality of Work-life Questionnaire (English version)

Demographical data

Please put (✓) in the box

First: Age: Years.

Second: Gender: Male Female

Third: Qualification: Diploma Bachelor Master Doctoral

Fourth: Job Title: Staff Nurse Head nurse Nursing Supervisor

Fifth: Marital Status: Single Married Divorced Others

Sixth: Work place: Indonesian Hospital Shifa Hospital Al-Aqsa Hospital

Naser Medical Complex European Gaza Hospital

Seventh: Place of residence: North Gaza Mid-zone

Khan Younis Rafah

Eighth: Experience years in ICU: Years.

Ninth: Income in NIS NIS.

#	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Work Environment						
1.	ICU work environment is good and highly motivating.					
2.	It is hard to take time off during our work to take care of personal or Family Matters.					
3.	My hospital authority offers sufficient opportunities to develop my own abilities.					
4.	There are enough number of nurses' ratio in ICU.					
5.	I did not feel like eating in ICU, my appetite was poor.					
6.	I am satisfied with the working conditions provided by the hospital.					
7.	The architecture design of the intensive care unit helps me to do my job comfortably.					
8.	workload in ICU is too heavy and hard.					
9.	I perform many non-nursing tasks.					
10	Lighting in the intensive care unit is adequate.					
11	The system of working hours in the ICU negatively affects my life.					
12	The intensive care unit has a convenient place for nurses to change clothes.					

#	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
13	I am satisfied with the supplies available in ICU.					
14	The intensive care unit is equipped with a heating system in winter and cooling in summer.					
15	I have adequate patient care supplies and equipment in ICU.					
Job Satisfaction						
16	I feel comfortable and satisfied with my work in ICU.					
17	Conditions in ICU allow me to be as productive as I could be.					
18	My earnings are fair when compared to the others doing the same type of work in other private hospital					
19	I feel that I am given adequate and fair compensation for the work I do.					
20	I am involved in making the department schedule by the head nurse.					
21	When I do my job well, I am praised by my manager.					
22	I am satisfied with my participation to achieve department goals.					

#	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
23	I am satisfied with the new skills and technologies in the hospital.					
24	I maintain a good relationship with my ICU colleagues.					
Staff Retention						
25	I plan to stay in my job in ICU.					
26	Deciding to stay or leave my job is not a critical issue for me at this point in time.					
27	I don't have any specific idea of how much longer I will stay in this hospital.					
28	I plan to leave this position shortly.					
29	If I got another job offer tomorrow, I would give it serious consideration.					
30	I would be able to find the same job in another hospital with about the same salary and benefits.					
31	I will probably look for a new job in the next year.					
32	The culture of the hospital encourages medical personnel to be committed to the hospital and his rule.					
33	I feel committed to the hospital where I am working.					

#	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
34	I am proud to work in ICU.					
35	I give a positive view of the hospital to outsiders.					
36	I would like to continue in my current job in ICU.					
37	I will accept almost any type of job assignment in order to keep working for this hospital.					
38	I am willing to put in an above-normal effort to help this department succeed.					
Job Autonomy						
39	I have the autonomy to make patient nursing care decisions.					
40	I am able to communicate well with my nurse manager/supervisor.					
41	I have opportunities to contribute to decisions regarding the hospital discharge of patients.					
42	I am involved in making policy decisions affecting my department.					
43	I am responsible for developing a patient nursing care plan in collaboration with other health professionals.					
44	I am allowed to decide how to go about getting my job done.					

#	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
45	I am free to choose the methods to use in carrying out my work.					
46	I have control over the sequencing of my work activities.					
47	I am able to modify what my job objectives are.					
48	I have the power to influence the decisions and actions of others.					
49	I take responsibility and am accountable for my actions.					
50	I am able to self-determine my role and activities.					

Annex (6): List of panel expert Names

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

Annex (7): Approval from Helsinki Committee



المجلس الفلسطيني للبحوث الصحي

Palestinian Health Research Council

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

Helsinki Committee

For Ethical Approval

Date: 2019/10/7 **Number:** PHRC/HC/631/19

Name: Mohammed Atta Aljabari الاسم:

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

The Quality of Work Life among Intensive Care Unit Nurses at Governmental Hospitals in Gaza Strip

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/631/19 in its meeting on 2019/10/7 و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

Signature

Member **Member** **Chairman**

7/10/2019 Dr. Yousuf Dr. Yehia Abed.

Genral Conditions:-

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

Specific Conditions:-



E-Mail: pal.phrc@gmail.com

Gaza - Palestine غزة - فلسطين
شارع النصر - مفترق العيون

Annex (8): Approval from MOH

State of Palestine Ministry of health	x	دولة فلسطين وزارة الصحة
التاريخ: 27/10/2019		رامي عيد سليمان العبدله المحترم
رقم المراسلة 385561		
		مدير عام بالوزارة /الإدارة العامة لتنمية القوى البشرية - /وزارة الصحة
		السلام عليكم ,,,
		الموضوع/ تسهيل مهمة الباحث// محمد الجعبري
		التفاصيل //
		بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحث/ محمد عطا الجعبري الملتحق ببرنامج ماجستير التمريض - تخصص إدارة التمريض - جامعة القدس أبوديس في إجراء بحث بعنوان:- "The Quality of Work Life among Intensive Care Unit Nurses at Governmental Hospitals in" "Gaza Strip حيث الباحث بحاجة لتعبئة استبانة من عدد من الممرضين العاملين في أقسام العناية المركزة في مستشفيات قطاع غزة (مجمع الشفاء الطبي - مستشفى الأندونيسي - مستشفى غزة الأوربي- مجمع ناصر الطبي- مستشفى شهداء الأقصى)، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، ودون تحمل الوزارة أي أعباء أو مسؤولية. وتفضلوا بقبول التحية والتقدير،،، ملاحظة / 1. تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة 3 أشهر من تاريخه. 2. البحث المذكور حصل على موافقة لجنة أخلاقيات البحث الصحي (لجنة هلسنكي)
		محمد إبراهيم محمد السرساوي مدير دائرة/الإدارة العامة لتنمية القوى البشرية -
		
		المرفقات
		محمد الجعبري استبانة.docx

العنوان: جودة حياة العمل بين مرضي وحدة العناية المركزة في المستشفيات الحكومية في قطاع غزة.

إعداد: محمد عطا الجعبري

إشراف: د. معتصم صلاح

ملخص الدراسة

المرضى يشكلون النسبة الأكبر للعاملين في نظام الرعاية الصحية. تتميز بيئة عمل الممرضين في العناية المركزة بوجود عقبات كبيرة لها علاقة بعملية تقديم الرعاية الصحية للمرضى، تعتبر جودة الرعاية التمريضية جانباً مهماً في تقييم جودة الرعاية الصحية. تعد جودة حياة العمل ضرورية للمؤسسات لتحقيق جودة أداء عالية والنمو في الأرباح والقدرة على جذب الموظفين والاحتفاظ بهم.

الهدف الرئيسي من هذه الدراسة هو تقييم جودة حياة العمل بين الممرضين العاملين في أقسام العناية المركزة في المستشفيات الحكومية في قطاع غزة.

استخدم الباحث في هذه الدراسة المنهج الوصفي التحليلي. يتألف مجتمع الدراسة من جميع الممرضين العاملين في وحدة العناية المركزة في 5 مستشفيات حكومية في قطاع غزة / فلسطين. تم توزيع استبيان ذاتي على 102 ممرض الذي تم تطويره وصياغته من قبل الباحث، كان معدل الاستجابة (88.6%)، وتم تحليل البيانات باستخدام برنامج الإحصاء المحوسب (SPSS) الإصدار 23 وتم استخدام إجراءات إحصائية مختلفة بما في ذلك النسب المئوية، الوسط، اختبار (one sample t test) لعينة واحدة، اختبار (independent t test) المستقل واختبار ANOVA أحادي الاتجاه. وتم حساب ثبات أدوات الدراسة من خلال دراسة استطلاعية على عينة من 20 استبانة وكان معامل كرونباخ ألفا للاستبانة (0.924) مما يدل على درجة عالية من الموثوقية.

أظهرت نتائج الدراسة أن معظم المشاركين في الدراسة كانوا متزوجين بنسبة (75.5%)، وكان عمر المشاركين بين 21-50 عاماً، وكان أكبر عدد من الممرضين بنسبة (49.0%) ممن تتراوح أعمارهم بين 30-39 عاماً، وكان عدد الممرضين الحاصلين على شهادة بكالوريوس (85.3%) بينما (9.8%) حاصل على درجة الماجستير، يمثل الذكور (76.5%) من المشاركين بينما الإناث (23.5%)، في حين كانت سنوات خبرتهم في وحدة العناية المركزة بين 1-15 سنة. أكثر من نصف المشاركين (61.8%) يحصلون على راتب يتراوح بين (1001-2000) شيكل. وأظهرت نتائج هذه الدراسة أن المستوى العام لجودة حياة العمل كان متوسط (mean = 3.31، SD = 0.48) مع إجمالي نسبي (66.2%)، والإجمالي النسبي لكل مجال على النحو التالي مجال استقلال الوظيفة حصل على أعلى نسبة يليه الرضا الوظيفي ثم يليه الاحتفاظ بالموظفين، وحصل مجال بيئة العمل على أقل نسبة وكانت النسب على النحو التالي (72.0%)، (69.4%)، (63.5%)، (62.5%). أظهرت النتائج أيضاً وجود فروق ذات دلالة إحصائية بين استجابات الممرضين فيما يتعلق بنوع الجنس، الممرضات الإناث أعلى في مجالات جودة حياة العمل مقارنة بالذكور، في حين لا توجد فروق ذات دلالة إحصائية بين مجالات حياة العمل مع المؤهل، والمسمى الوظيفي، والحالة الاجتماعية وسنوات الخبرة في وحدة العناية المركزة.

أظهرت الدراسة الحالية أن جودة حياة عمل الممرضين هي في مستوى معتدل. نظرًا لأن لها تأثير مهم على جذب الموظفين والاحتفاظ بهم، فمن الضروري إيلاء المزيد من الاهتمام إلى جودة حياة العمل للممرضين والعوامل المؤثرة

عليها. يجب على أصحاب القرار في نظام الرعاية الصحية وضع إستراتيجيات لتحسين ظروف عمل الممرضين وجودة حياة العمل لديهم، حتى يتمكن الممرضين من تقديم رعاية أفضل لمرضاهم. يقدم هذا البحث خطوة أولية في فهم الحياة العملية لممرضى العناية المركزة في المستشفيات الحكومية في قطاع غزة. وأوصت الدراسة صانعي السياسات في وزارة الصحة بتنفيذ الاستراتيجيات التي تعزز مستوى الرضا الوظيفي ، وتحسين بيئة العمل في وحدة العناية المركزة ، والحد من إشراك ممرضى العناية المركزة في المهام الغير ترميضية وتوفير عدد كاف من الممرضين في قسم العناية المركزة.