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Faculty of Nursing



***Job Satisfaction among Nurses Working at
Emergency Units in AL Hilla City Teaching
Hospitals***

A Thesis Submitted

By

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To

Collage of Nursing / University of Babylon

In

***Partial Fulfillment of The Requirements for the
Degree Master of Sciences in Nursing***

Supervised By

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

﴿ يَا أَيُّهَا الَّذِينَ آمَنُوا إِذَا قِيلَ لَكُمْ تَفَسَّحُوا فِي
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خَيْرٌ ﴿

صدقِ اللَّهِ الْعَلِيِّ الْعَظِيمِ

سورة المجادلة ، آية (١١)

Dedication

For my father's soul
To the sun that bent over to light her younger planet my
mother

To my dear grandfather, grandmother, sisters and
aunt and all members of my family with their respect,
help, and encouragement

I must express my deepest gratitude and appreciation to
my husband and my little angels (my children) for their
endless love and encouragement

Academic Supervisor Certification

I certify that this thesis, entitled (***Job Satisfaction among Nurses Working at Emergency Units in AL Hilla City Teaching Hospitals***) which is submitted by "**Rawa'a Moussa Hassan**" prepared under my supervision at the collage of Nursing, University of Babylon, in partial fulfillment of requirements for the degree of master sciences in nursing.

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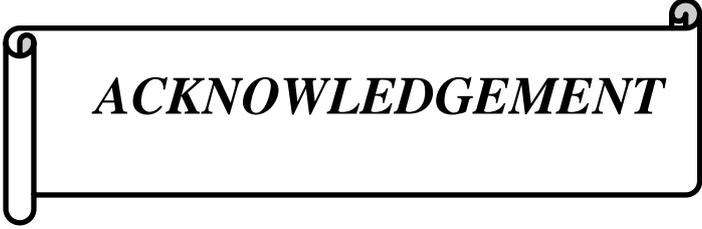
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Abstract

Job satisfaction is defined as any combination of psychological, physiological, and environmental elements that lead a person to remark, "I am happy with my job." It describes how well a job meets a need or want, or how well it acts as a source or method of satisfaction. It has the ability to effect health-care employees' productivity, absenteeism, and turnover, as well as their organizational commitment and the quality of treatment they provide. Also defines how satisfied an individual is with his or her employment. Job satisfaction is a happy or good emotional state that arises from an assessment of one's work and work experiences.

A descriptive cross-sectional study design was conducted in Al Hilla Teaching Hospitals from the period of October 10th 2021 to June 6th 2022, to assess the level of Job satisfaction among nurses working at emergency units.

The sample of the study was purposive sample consisted of (104) nurses working in emergency units. The instrument of the study was reconstructed and adopted through extensive review of relevant literature and has been validated for used to accomplish the presented study. The questionnaire is broadly divided into three parts include the following: first part which consists from the socio- demographic and personal characteristics of the nurses working at emergency unit, second part: job satisfaction questionnaire domains and third part: work context.

The data was collected through the use of a reconstructed questionnaire (Arabic version) approximately each nurse took them (15 to 20) minutes to complete the form.

The questionnaire was validated through a committee of 16 expert. A pilot study was conducted to determine the reliability of the tool and the internal consistency. The data were analyzed using statistical and descriptive data analysis methods carried out by (SPSS version 20).

The results of the present study show that the (65.4%) of nurses exhibited a certain limit satisfied with their job as described by moderating mean and SD 48.72 (± 10.73), (18.3%) of nurses satisfied with their job, and (16.3%) of nurses unsatisfied with their job. In addition to that there were significant differences in nurses overall job satisfaction with regards hospitals ($p=0.000$). Nurses who are work at emergency department in Hilla Surgical Hospital are significantly low job satisfaction than the nurses who work in Marjan and Imam Sadiq Hospital.

The study recommended an increased nursing practitioner compensation, awards and incentives, as payoff is a vital role in raising satisfaction, which is reflected in productivity and quality of service delivered and also should the residence area of nurses to be as close as possible in access to their workplace.

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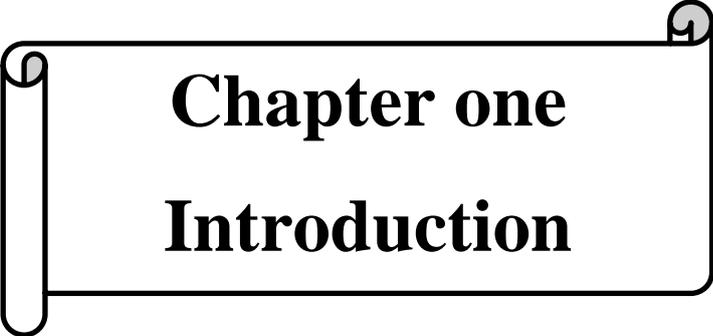
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List of Abbreviations

Items	Definition
%	Percentage
<	Less than
>	More than
≥	More than or equal
A&E	Accident and Emergency
ASN	Academic of Science Nursing
Ass	<i>Assessment</i>
BSN	Bachelor of Science Nursing
<i>d. f</i>	<i>Degree of freedom,</i>
ED	Emergency Department
ER	Emergency Room
et.al.	(others)
EW	Emergency Ward
F	Frequency
HCS	Health Care System
JSS	Job Satisfaction Survey
LOS	Length of stay
LWBS	Left without being seen
M	<i>Mean for total score</i>
M.S	Mean of Score
MMSS	McCloskey-Mueller Satisfaction Survey

MOH	Ministry of Health
MSB	Mean Squares Between
MSN	Master of Science Nursing
MSW	Mean Squares Within
N	Sample Size
N.	Number
P	<i>Probability value</i>
P.	Page
P.P.	Pages
P-value	Probability value
R	Rows
S	Score
SD	Standard deviation
SDVs	Socio-Demographic Variables
Sig.	Significant
SPSS-20.0	Statistical Package for the Social Sciences 20.0
St	Saint
t	<i>t-test</i>
Vol	Volume
WHO	World Health Organization



Chapter one

Introduction

Chapter one

1.1. Introduction:

Nursing is commonly regarded as both an art and a science, with care forming the theoretical underpinning. Nursing and caring are built on a relational understanding, unity, and connection between the professional nurse and the patient. Nurses find it challenging to maintain patient care using task-oriented strategies. As professional nurses attempt to retain the concept, art, and act of care as the moral center of the nursing profession, this difficulty will continue. Keeping the art of caring alive in nursing requires the integration of art and science through theoretical concepts, scientific research, a conscious commitment to caring as a nursing identity, and deliberate attempts to include caring behaviors in every nurse-patient contact.(Jasmine, 2009).

It is the preservation, promotion and enhancement of one's health and capacities; the avoidance of disease and harm; and the treatment of human responses through the diagnosis and treatment of pain. Individuals, families, communities and populations benefit from Health-care advocacy. (DalPezzo, 2009)

The nurse's distinctive job is to assist the individual, sick or healthy, in performing those tasks that would contribute to health or recovery (or to a peaceful death) if he had the required strength, will, or knowledge. (Holly & Poletick, 2014)

The emergency department is considered as the heart of the hospital housed in its own section of the ground floor, with its own entrance. Since patients may arrive at any moment and with any complaint, prioritizing cases based on clinical necessity is critical to the emergency department's success. This method is known as triage. (Oredsson et al., 2011)

Due to medical practitioners not knowing the patient as well as they know longer-term hospital patients, time pressure induced by overcrowding, and the emergency-driven nature of the care conducted there, the ED is a riskier setting than other departments of the hospital. (Trzeciak & Rivers, 2003)

A medical treatment facility that specializes in emergency medicine, or the acute care of patients who arrive without an appointment, either on their own or via ambulance, is known as an emergency department (ED), also known as an accident and emergency department (A&E), emergency room (ER), emergency ward (EW), or casualty department. An emergency department is typically found in a hospital or other primary care facility. Because patient attendance is unplanned, the department is required to provide initial care for a wide range of illnesses and injuries, some of which are life-threatening and require quick attention. Emergency rooms have become crucial entrance points for persons who do not have alternative options for medical care in several nations. Most hospitals' emergency departments are open 24 hours a day, though staffing levels may fluctuate to suit patient load. (Al-Khazragy, 2008)

Nurses' satisfaction is influenced by a variety of elements, including feelings, life satisfaction, and personal and work-related dynamics. Friendly relationships, satisfaction with salary, workload, quality of life, amount of clinical work experience, satisfaction with staff number in each shift, satisfaction with patients' and family members' feedback, satisfaction with physician conduct and performance, satisfaction with physician, satisfaction with the condition, and satisfaction with the condition. (Sharif et al., 2020)

Healthcare practitioner in the emergency department (ED) entails dealing with diagnostic and therapeutic ambiguities in a stressful, if not

hostile, environment. Furthermore, frequent overcrowding in hospital EDs and a lack of resources cause significant physical and mental distress in healthcare personnel, as well as professional burnout and discontent. (Shanafelt et al., 2012)

Job satisfaction refers to people's feelings and thoughts about their current job. People's degrees of job satisfaction might range from extremely satisfied to extremely dissatisfied. They also have opinions on their vocations as a whole. People can also have feelings regarding their jobs, such as the type of work they do, their coworkers, bosses, or subordinates, and their pay. (Faller et al., 2011)

The sensation of success, gratification, and pleasure that comes from working refers to the employee's job satisfaction. It is not just about the pay and benefits; it's about how employees feel about their jobs. (Saari & Judge, 2004)

It occurs when a person perceives employment security, career advancement, and a comfortable work-life balance. This indicates that the person is happy at work since the work matches his or her expectations. Job satisfaction refers to a person's level of happiness, comfort, or contentment with his or her employment. It is a pleasant or positive emotional state that emerges as a result of assessing one's work or work experiences. (Ali, 2016)

Any combination of psychological, physiological, and environmental factors that lead a person to say, "I am happy with my job" is characterized as job satisfaction. It describes how well a job meets a need or want, or how well it acts as a source or method of satisfaction. It has the ability to effect health-care employees' productivity, absenteeism, and turnover, as well as their organizational commitment and the quality of treatment they provide. (Essa, 2018) and (Hamdan, 2014)

When employee satisfaction is high, absenteeism is low; when employee satisfaction is poor, absenteeism is high. However, there are moderating variables, such as the degree to which people believe their professions are important, as with the other correlations with satisfaction. It's also worth remembering that while high job satisfaction does not always imply low absenteeism, low job satisfaction is more likely to result in high absence. (Omer et al., 2016)

Job satisfaction was linked to intentions and behaviors of leaving a job. Extrinsic and intrinsic elements influenced it. Organizational characteristics such as type of governance, relationships a staff nurse has with the organization, supervisors and management, lack of respect from management, physicians, and patients' families, and the organization's commitment to professional values are examples of intrinsic factors. Extrinsic factors such as stress and pressure; autonomy and control of work hours; autonomy and control of work activities; income and benefits; and the perception of and actual opportunities for jobs elsewhere are also important. (Ellenbecker, 2004)

Nurses who may have been dissatisfied at the workplace were discovered to distance themselves of their patients and their responsibilities, resulting in inferior care. Dissatisfaction at work can lead to poor job performance, lower productivity and more worker turnover, all of which are costly to institute. The link between job satisfaction and performance was found to be much larger for sophisticated (e.g., professional) employment than for less complex jobs. Furthermore, and probably most importantly, evidence of a relationship between job satisfaction and health-care outcomes is accumulating. Stress and disease impair clinical judgment, endangering patients; stressed employees are more likely to be injured and have a higher absenteeism rate. (Yildiz et al., 2009)

Job satisfaction relates to a wide range of positive workplace behaviors. Work habits that are more productive are influenced by job happiness. It allows employees to respond to the requirements of consumers and patients. It enhances the client experience at work while also reducing employee turnover. Furthermore, for health care workers, job satisfaction has been characterized as a positive sense of fulfillment that individuals derive from their work while employed by an organization. (Ezeja et al., 2010)

1.2 Importance of the Study:

Nursing is extremely important in health care because their focus is on patient care. They work in a variety of disciplines to help patients recover their health and avoid injuries and disease. Nurses, to be more specific, are always on the front lines of healthcare. They combine health-care principles with the art of caring to ensure patient comfort and rehabilitation. Nurses also serve as patient advocates, health educators, and coordinators of various health care services, among other things. Nurses work in a number of settings, including offices, adult facilities, jails, private clinics, and the military. Nurses are responsible for a person's entire life, from birth to death. They are not only adhere to the doctor's orders, but also ensure that the patient receives high-quality care in a timely and ethical manner. (Mitra, 2019)

Weak job satisfaction is a significant factor in nurses leaving their current employment and the profession, and it is a worldwide concern because to the potential impact on patient care quality and safety. (Roelen et al., 2013) and (Masum et al., 2016)

However, work satisfaction among hospital employees, particularly nurses, remains poor. According to recent studies, nurses frequently endure

psychological, emotional, and physical stress at work, and many are unsatisfied with their professions, which results in poorer morale and negatively impacts the quality of healthcare services provided to clients. (Piko, 2006)

The management of people is an important aspect of the organizational system. This arose from the realization that an organization's people resources and the organization itself are interchangeable. The ordinary employee is usually the primary source of productivity gains in a well-managed company organization. Employees, not capitals, are considered the basic foundation of the business and providers to the company's success in these companies. Through rules that enhance employee happiness, the institution creates an atmosphere of certainty and support for its employees, ensuring that the organism's aims and objectives are attained. Employees that were highly engaged formed deep ties as a result of human resource satisfaction. Motivated employees are more likely to be dependable and devoted to the organization, resulting in improved productivity and decreased turnover rates. (Parvin & Kabir, 2011)

The other factor for job satisfaction is compensation, Employees regard monetary compensation and benefits to be the most important areas for which they work; when they believe their pay and benefits are sufficient to support their lifestyle, they are content with their employment. Employees felt enormous delight and satisfaction towards their jobs when they received promotions and increased salary. When compared to the other primary drivers, compensation ranks first in determining work satisfaction. (Unutmaz, 2014)

Employees want to be comfortable in their physical working space; hence the working environment has an impact on job satisfaction. Working conditions include office equipment, seats, furniture, machines, tools, and

other objects. Employees are more satisfied with their jobs when productivity increases as a result of better working circumstances. When an employee is hired, he always desires working conditions that will enable him to do a better job. Employees, on the other hand, do not develop feelings of job satisfaction if their working environment is unpleasant. Features of the Job - When employees must cultivate a good attitude about their work, some characteristics must be taken into consideration. These job traits affect the three important psychological states of experienced meaningfulness, experienced responsibility for outcomes, and knowledge for the actual results. Employees that are knowledgeable of these qualities and aspects will be more productive and have an impact on job satisfaction, absenteeism, and motivation, among other things. (Kumari et al., 2014)

1.3 Statement of the Problem:-

"Job Satisfaction among Nurses Working at Emergency Units in AL Hilla City Teaching Hospitals"

1.4 The objectives of the study are to:-

1. To assess the level of Job satisfaction among nurses working at emergency units in Al Hilla City.
2. To identify factors associated with levels of job satisfaction among emergency department nurses.
3. To find out the relationship between job satisfaction of nurses in emergency department and their sociodemographic characteristics such as (age, gender).

1.5 Definition of Terms:-

1.5.1 Job Satisfaction:-

A-Theoretical Definition:

Job Satisfaction is a set of feelings that an individual holds about one's job. (Robbins & Sanghi, 2006)

B- Operational Definition:

It is the degree and affective orientation that an employee like or enjoy their work.

1.5.2 Nursing:-

A-Theoretical Definition:

Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. (Stanhope & Lancaster, 2019)

B- Operational Definition:

A specific profession that helps the individual to survive in a healthy way that ensures the satisfaction factors or influences.

1.5.3 Nurse:-

A-Theoretical Definition:

A nurse is a practitioner who creates a caring relationship by giving patients holistic care. (Kim et al., 2019)

B- Operational Definition:

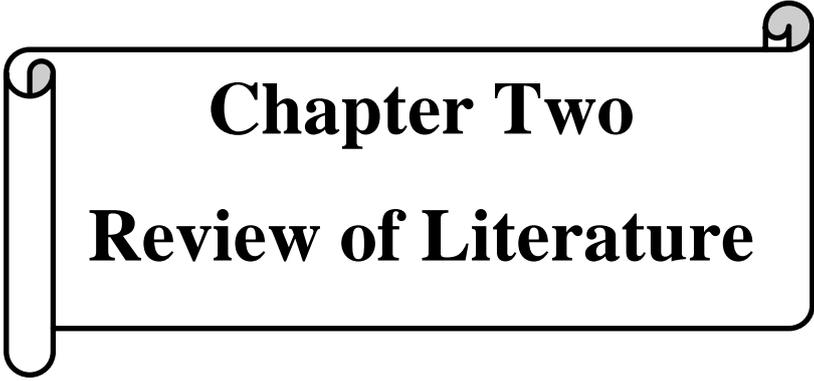
A nurse is an experienced nurse who specializes in providing urgent medical care and special treatment to patients who are seriously ill and admitted to the emergency room.

1.5.4 Emergency unit:-**A-Theoretical Definition:**

An emergency unit (ED) is a medical treatment center that specializes in the acute care of patients who arrive by car or ambulance without an appointment. (Liu et al., 2015)

B- Operational Definition:

An emergency is a department in the hospital where people with serious injuries or sudden illnesses are received for emergency treatment.



Chapter Two
Review of Literature

Chapter Two

Review of Literature

2-Overview

Nurses are an essential part of the health-care system. This pillar's stability supports high-quality, safe patient care as well as efficient health-care delivery. Individual nurses' knowledge, competencies, job satisfaction and organizational dedication all play a role in their best performance. Institutional administrations should provide nurses with good working conditions that are likely to increase their job satisfaction in order to ensure successful performance. (Awases et al., 2013), (Al-Ahmadi, 2009) and (Alshmemri, 2014)

Nurses' and nursing as a profession's image are critical in attracting and retaining employees in the healthcare business. Waters believes that nurses are the backbone of the healthcare industry and are critical to providing high-quality treatment to all of a country's citizens. (Meiring, 2010) and (Waters, 2005)

2.1. History of Nursing:

2.1.1. Traditional area:

Historians of nursing must determine if ancient medical care for the sick or injured was referred to as nursing care. Around the fifth century BC, the Hippocratic collection displays competent care and observation of patients by male "attendants" who may have been early nurses. (O'Lynn, 2007)

2.1.2. Religions area:

Prior to the establishment of modern nursing, religious groups such as nuns and monks frequently provided nursing care. Christian, Islamic,

and Buddhist traditions, for example, all have examples. Many sources describe Phoebe, who is named in Romans 16, as "the first visiting nurse". (Egenes, 2009)

The formation of the ethos of modern nursing was influenced by tradition. In many nations, the religious roots of modern nursing can still be seen. In the United Kingdom, for example, the historical title "sister" was once used to refer to a senior nurse. (Wand, 2004)

During the 16th century Protestant Reformation, monasteries and convents were closed down, leaving only the few hundred the municipal hospices in the Northern Europe. Nuns who had previously served as nurses were given pensions or told to marry and stay at home. Traditional caregivers, who were enshrined in the Roman Catholic Church, were removed from their roles and nursing care was given to the inexperienced. For around 200 years, the nursing profession experienced a tremendous setback. (Masters, 2018)

2.1.3. War area:

During the Crimean War, Grand Duchess Elena Pavlovna invited women to join the Order of the Exaltation of the Cross for a year of duty in military hospitals. The Order's Directress Aleksandra Petrovna Stakhovich headed a first batch of twenty-eight "sisters." in early November 1854, he set off for the Crimea. After the Crimean War, Florence Nightingale built the groundwork for professional nursing. (Winkelstein, 2009)

Nightingale's Nursing Notes (1859) became popular. After establishing the first school of nursing associated to a continually operating hospital and medical school in 1870, her model of professional education spread significantly throughout Europe and North America. (Quinn & Warner, 2010)

Other significant nurses in the profession's evolution include: Agnes Hunt, the first orthopedic nurse, was instrumental in the development of the orthopedic hospital. Agnes Jones, who established a nurse training regime at the Brownlow Hill infirmary in Liverpool in 1865, Clarissa Harlowe "Clara" Barton, a pioneer American teacher, and Linda Richards, who established quality nursing schools in the United States and Japan, and was officially the first professionally trained nurse in the United States, graduating in 1873 from the New England Hospital for Women and Children in Boston. patents her inventions in the United States. Francis created hygiene standards that influenced the development of America's modern hospital system by opening and operating some of the country's first general hospitals. (Stanhope & Lancaster, 2013)

Following the creation of the International Committee of the Red Cross in 1863, Red Cross chapters began to form, providing employment and professionalization opportunities for nurses. (Dromi, 2020)

The Little Sisters of the Poor, Sisters of Mercy, Sisters of Saint Mary, Saint Francis Healthcare Service Corporation and the Sisters of Charity also built hospitals and provided nursing care during this time period. In Germany, the modern deaconess movement was formed in 1836. There were almost 5,000 deaconesses in Europe within a half-century. (Paradis et al., 2017) and (Naumann, 2009)

Nurses were first formally employed in the modern military in the latter half of the nineteenth century. Nurses served in the First Boer War, the Egyptian Campaign (1882), and the Sudan Campaign (1883), among other conflicts. (Phelps, 2018)

2.1.4. Education area:

Hospital based training, with a concentration on hands-on practice, became popular in the early 1900s. The school in the style of Florence Nightingale progressively went away. Hospitals and physicians were seeing nurses as the source of the free or low-cost labor. Employers, physicians, and educational institutions routinely abused nurses. (Chin & Kramer, 2008)

Despite the fact that many nurses participated in First World War, the nursing profession changed dramatically during Second World War. Nurses from the British Army Nursing Service were present at every overseas war. Nurses volunteered in greater numbers than any other occupation for service in the US Army and Navy. The Nazis would have their own Brown Nurses, a 40,000-strong force. Two dozen German Red Cross nurses were awarded the Iron Cross for bravery in the face of adversity. (Williamson, 2012)

Nursing degrees, both undergraduate and graduate, became available in the modern age. A number of professional organizations and academic journals were formed as a result of advancements in research studies and the need for organization and association. With growing acknowledgement of nursing as distinct academic subject, came the realization that the theoretical foundation for practice needed to be defined. (Alligood, 2013)

Nursing, like doctoring, was considered a woman's vocation throughout the nineteenth and early twentieth centuries. With rising workplace equality standards in the late twentieth century, nursing became a legally gender-neutral profession, yet in fact, in the early twenty-first century, men nurses still outnumber female physicians. (Henry, 2017)

The profession's accomplishments throughout the last century have been extremely important to the advancement of nursing science, but they did not come easy. Many nurses throughout history have pioneered the cause of human health and challenged the status quo with innovative ideas for both human health and nursing advancement. Their accomplishments ushered in this thrilling period. (Giorgi, 2005)

This foundation and context for studying nursing thinkers and their work are provided by this brief history. The development and application of nursing theory, as well as the production of evidence for quality professional practice, are still priorities in the theory usage era. Carper's (1978) ways of knowing are being expanded by new ideas and methodology derived from qualitative research approaches. In all areas of current practice, the use of nursing philosophies, models, theories, and middle-range theories for thought and action adds vital evidence for quality care. (Fawcett & Madeya, 2012) and (Wood, 2014)

Nursing practice now necessitates familiarity with and use of the discipline's theoretical literature. Theory is important not only in the history of nursing's march toward specialized nursing knowledge, but it also helped to establish nursing as a profession and discipline. (Alligood, 2017)

2.2. Job satisfaction

A job is not just a source of revenue, but also an important element of our lives that affects our social status. Employees who are satisfied are also more likely to be creative and imaginative, resulting in breakthroughs that allow an organization to expand and adapt positively through time and in response to changing situations. (Sharma and Jyoti, 2009)

Job satisfaction is defined as "a state of mind characterized by the extent to which an individual believes her or his job-related demands have been met" (Frazier, 2005)

Job satisfaction refers to a worker's feeling of accomplishment and pleasure on the job. It is frequently thought to be directly linked to both personal satisfaction and productivity. Job satisfaction is defined as performing work that one enjoys, doing it well, and being paid for it. Further denotes joy and excitement for one's task. Job satisfaction is a vital factor in achieving recognition, salary, promotion, and other objectives that lead to a sense of fulfillment. (Kaliski, 2007)

"The joy or a positive emotional state originating from an evaluation of one's employment or job experiences" according to the definition of job satisfaction. Over half of emergency room nurses are unsatisfied with their jobs, according to estimates. Increased turnover intention and nurse absenteeism, for example, are unwelcome workplace effects, may result from job dissatisfaction. (Suárez, 2017)

The concept Job satisfaction is a tough notion to grasp because what makes one group of employees happy may not make another group happy, it's difficult to please a group or team of employees without first understanding what makes an individual satisfy. (Bakotie& Babie, 2013) and (Choi et al., 2012)

As the result, institution must comprehend what defines pleasure for various segments of their staff. Similarly, it has been suggested that organizations cannot function at their best unless their personnel are satisfied. Aside from customers, employees are the heart of the institution and the key factors of its successes or failures. Many elements combine to motivate workers to be productive. The work climate, often known as the work environment, is an important aspect that motivates

employees in the health-care system. (Dixit & Bhati, 2012), (Bempah, 2013) and (Ebuehi & Campbell, 2011)

Because job satisfaction affects not only the quality of a nurse's work but also patient satisfaction, it's vital for health-care organizations to keep track of this metric. (Zahaj et al., 2016)

2.3. Theories of Job Satisfaction

Determining the variables that influence job satisfaction, several theories have been proposed. Process theories and needs theories are the two types of theories. Process theories investigate how various elements influence job satisfaction, whereas needs theories examine the factors that influence job satisfaction. Herzberg's two-factor theory is one of the most well-known needs theories in this subject. Frederick Herzberg and his colleagues' thesis have founded the notion that people are motivated by a desire to achieve their goals. According to Herzberg, two sets of characteristics determine job satisfaction. The first set of factors had to do with job context (extrinsic factors). Extrinsic elements, which are mentioned while discussing incidences of job discontent, are classified by Herzberg as hygiene or maintenance factors. Furthermore, he stated that these attributes only contribute to short term job satisfaction and are worthless in the long run because they evolved from a desire to avoid unpleasantness. The second set of variables was more concerned with the nature of the job (intrinsic factors). Intrinsic factors are referred to as satisfiers or motivators by Herzberg. (Herzberg, 2017)

2.3.1. Herzberg's Two-Factor theory:

An important hypothesis on job satisfaction is Herzberg's Two-Factor Hypotheses. Frederick Herzberg, according to Madura, conducted a job satisfaction research on 200 an employee in order to uncover

characteristics that lead to their discontent with their jobs. Working conditions, supervision, compensation, job security, and status are all highlighted as frequent factors for unsatisfied employees, according to him. Achievement, responsibility, recognition, development, and progress, on the other hand, are common factors identified for contented personnel. Motivation elements are discovered among satisfied employees, whereas hygiene factors, maintenance factors, or working context factors are recognized among dissatisfied employees. (Mukherjee, 2009)

All hygiene variables include work standards and management, supervision, salary, interpersonal connections, working environment, and job protection. To keep people from getting dissatisfied with their occupations, it must be adequate. In other words, sanitary components are crucial in minimizing employee dissatisfaction. (Jones, 2011)

These factors, however, may or may not become contributing contributors to job satisfaction. This suggests that if workers have good working conditions and a good wage, they are less likely to be dissatisfied with their jobs. However, it is not certain that these elements will lead to increased employee job satisfaction. Although hygiene elements may not have a large impact on performance, if these requirements are not met, employee performance will suffer. (Fallon & Zgodzinski, 2008)

Aspects such as achievement, acknowledgment, the nature of the task, responsibility, development, and growth all served as motivators. Motivational factors, also known as job content variables, such as recognition and progress, on the other hand, can readily contribute to a better level of job satisfaction. Employees might be encouraged to put in higher effort and performance by using motivation elements. As a result, motivation elements are also known for providing actual motivation. Motivation factors are driven by people's desire to realize their greatest

potential. Although the absence of these factors will not make you unhappy, it will hinder you from feeling satisfied. (Sapru, 2006)

2.3.2. Job design theory (Job Characteristic theory):

Job design theory has an impact on job happiness, workplace productivity, and climate improvement. In an organizational setting, work design is a psychosomatic theory of motivation that outlines the systematic and planned distribution of task assignments to the team, group, and individuals. Skill variety, task identity, task significance, autonomy, and work feedback are the five components of job design. (Stringer et al., 2011)

Five core job characteristics (skill variety, task identity, task significance, autonomy, and feedback), according to the model, influence three critical psychological states (experienced meaningfulness, experienced responsibility for outcomes, and knowledge of the actual results), which influence work outcomes (job satisfaction). The hypothesis is based on a combination of job content and work methods used in the workplace. (Cooman et al., 2013)

To summarize, job satisfaction is a multifaceted subjective concept that results from the interaction of intrinsic and extrinsic work elements that are given priority according to customized expectations of employees. Numerous nursing researchers in several countries (including Canada) have used Herzberg's concept to motivate job satisfaction research. (Lamarche & Guinness, 2009) and (Tourangeau et al., 2015)

2.4. Factors that influence job satisfaction and factors that are influenced by job satisfaction

Job satisfaction is determined by the presence of job pleasure and the absence of job unhappiness among employees. Job discontent and pleasure are both considered key components of job satisfaction. An employee's

attitude and values influence his or her behavior. Employees that are happy and cheerful at work are more satisfied with their work, which increases the quality of their work. Job satisfaction benefits the organization in a variety of ways. It reduces complaints and grievances, absenteeism, turnover, and termination, while also increasing punctuality and employee morale. It's also an indicator of longevity; people who are happy in their occupations stay in the same area for a long time. (Grover & Wahee, 2013)

Job satisfaction is a very important part of a nurse's life that influences her or his level of performance, early retirement, job transfers, organizational commitment, and also patient safety, and most importantly patient satisfaction. (Nowrouzi et al., 2016)

2.4.1. Happiness and Passion

Nurses who are happy and fulfilled in their careers have worked hard for years to cultivate the happiness and excitement that motivates them to work well. To put it another way, office happiness is built up over time as a result of workplace motivational strategies. On the other hand, due to employee engagement, training, and retraining, nurse and other healthcare worker turnover can be costly for healthcare organisations. As a result, many health providers strive to inspire their employees and ensure that they are satisfied with their jobs and working environment. (Lorber & Savic, 2012) and (Blomberg & Welander, 2019)

Nursing staff that are happy are more likely to be hardworking, motivated, and dedicated to their jobs. According to existing research, nursing staff that are satisfied in their jobs are more imaginative and committed to the institution's growth, which benefits patients and clients. (Goetz et al., 2011) and (Doef et al., 2012)

As a result, organizations must comprehend what defines pleasure for various segments of their staff. Similarly, it has been stated that organizations cannot perform at their best unless their staff are happy (Dixit and Doctors in hospitals are having problems in their profession as they work with individuals who are looking for a healthy a state of equilibrium in their health systems). As a result, health-care workers' safety and satisfaction must be prioritized. Nurses in the industry of health care experience satisfaction because of their passion. When their objectives and demands are not realized, the majority of nurses seek better employment, particularly in private hospitals. When employees do not feel pleased at work, satisfaction is difficult to achieve, and devotion to the hospitals' objectives and goals is not realized. There are numerous studies on nurse job satisfaction and their desire to stay in their current positions at medical centers and public clinics and the hospitals. (Heponiemi et al., 2011) and (Labarda, 2011)

2.4.2. Employee engagement

One of the most crucial variables in employee engagement with hospitals and their desire to work there is job satisfaction. It has a significant impact on employees' desire to stay in their current position. Income, lack of autonomy, and a hectic work schedule are all variables that contribute to low job satisfaction. (Edoho et al., 2015) and (Goetz et al., 2015)

Job satisfaction has been identified as one of the most important elements influencing nurse performance in HCS. Job satisfaction is typically defined as the degree of alignment between a job's attributes and the expectations of its employees. Job satisfaction refers to how much people enjoy their jobs. Employment satisfaction is widely recognized as a multidimensional measure that encompasses how people feel about a

number of intrinsic and extrinsic job components. (Ozturk & Hancer, 2011) and (Zhang et al., 2006)

2.4.3. Motivating factors

Extrinsic and intrinsic motivational factors, the quality of supervision, and social ties with coworkers are all aspects that affect job satisfaction, according to the study. The difference between intrinsic and extrinsic motivation is that extrinsic motivation is dependent on compliance, whereas intrinsic motivation is dependent on interest. By improving intrinsic motivation, the organization can cater to the interests of the employees, including their passion, drive, creativity, and energy. Employees' intrinsic motivation can be boosted by giving them positive reinforcement, such as upping their wages, congratulating them, and allocating them more important work, among other factors. (Hong et al., 2013)

Job happiness is a hot topic among organizational behavior academics and practitioners. It refers to how happy or unhappy people are at work. It's a mentality or emotional reaction to one's tasks, as well as the physical and social environment at work. The contents of the job (i.e. achievement, responsibility, recognition, and so on) are the motivators that lead to positive employment relationships and a high level of job satisfaction, according to Herzberg's two factor theory. (Luthans, 2005) & (Tirmizi et al., 2008)

The motivation to work is the source of satisfaction in one's vocation. The discrepancy between professional expectations and actual professional experience is characterized as job satisfaction. It is the most important factor in determining how people feel about their jobs, how they carry out their professional obligations, and if they voluntarily leave them. It is a necessary component of any organization's employee retention.

Professional dissatisfaction not only slows down productivity, but it can also have negative consequences for an individual, such as burnout effect. (Mrayyan, 2005)

2.4.4. Working schedule

Scheduling is the process of planning, organizing, staffing, actuating, and managing nurse working hours. Scheduling processes included centralized, decentralized, and self-scheduling. A nurse manager might use one of the three styles when putting together a timetable. Each variety had its own set of strengths and weaknesses. When managing the schedule, the nurse management should think about the nurses' qualifications, the quantity of nurses on staff, flexibility, equity and skill mix. (Lin et al., 2015), (Kelly, 2014), (Chang et al., 2011), (Numminen et al., 2015), (Rizany et al., 2017) and (Satu et al., 2013)

Thus, schedule management refers to a technique that encompasses everything from planning to regulating a manager's management role in controlling and arranging a nurse's work shift in order to provide nursing care and maintain patient safety. There are three types of scheduling: centralized, decentralized, and self-scheduling. The nursing manager may be in charge of centralized shift scheduling for nurses. Centralized scheduling has been shown to increase nurse satisfaction with shift work by 34%, cut costs by 11%, and enable nurse mobilization to units with understaffing issues. (Legrain et al., 2015), (Rahman et al., 2017) and (Wright & Mahar, 2013)

The chief nurse may also decentralize nurse scheduling. A chief nurse is in charge of scheduling shifts and attendance based on the characteristics of the nurses, which helps in decision-making and enhances direct patient care. Furthermore, nurses can schedule themselves without having to go through the Process of centralization and decentralization.

Self-scheduling is accomplished by submitting the work schedule to the lower tier management, who will decide on the schedule based on the unit's requirements and needs, allowing for greater flexibility in shift scheduling. (Maenhout & Vanhoucke, 2013), (Parker et al., 2012), (Koning, 2014) and (Rönnerberg & Larsson, 2010)

2.4.5. Employee's Turnover or Turnover Intention

Turnover intention is defined as an employee's projected likelihood of quitting his or her current job or organization permanently at some point in the near future due to a variety of variables. Dissatisfaction with pay, career advancement opportunities, work environment conditions, work overload, and personal factors are some of the reasons. (Chao et al., 2015)

Job satisfaction is critical in the workplace. Employee turnover among health care professionals has been linked to a lack of job satisfaction. Low job satisfaction among health-care workers has a negative impact on service quality and organizational commitment. This could be due to a staffing shortage or psychological strain. (Chamal and Dilina, 2018) and (Fitzpatrick, 2012)

Turnover of nursing jobs or professional quitting remains a big concern in the nursing profession as a result of the crisis. It resulted in the transfer, firing, or resignation of a trained and competent individual. Because expectation rises as intention rises, turnover intention is the best predictor of actual turnover. Multiple aspects, including psychological, cognitive, and behavioral components, are linked to it. Turnover intentions are said to begin as psychological reactions to undesirable features of organizations or occupations. The decision to leave the work is part of the cognitive component. Finally, withdrawal behavior is used to leave a current job or to take steps that are focused on future opportunities. (Mohamed & Mohamed, 2013), (Kaur et al., 2013) and (Hayes et al., 2012)

2.4.6. Job performance

Nurse performance is acknowledged as an important component in providing great health care in the hospital setting. Given the strong impact of nurse quality on patient outcomes, this is not surprising. Nursing care quality is the most important indicator of patient satisfaction with their care, according to studies. Furthermore, both during and after hospitalization, nursing quality has a major impact on patients' physical and psychological health outcomes. (Larrabee et al. 2004)

It is vital to determine whether the four factors may be used as a reference for work performance studies in healthcare in order to change and improve the performance of healthcare professionals and, as a result, healthcare organizations. Although Greenslade and Jimmieson propose a framework, it is solely applicable to nurses and only incorporates task and contextual performance components, making it unsuitable for general healthcare research. As a result, it's critical to understand how job performance in the healthcare industry is described in the literature, and whether it's tied to task, context, and adaptive performance, as well as negative work behavior. (Greenslade & Jimmieson, 2007)

Hou et al. looked at the impact of nurses' job satisfaction on staff nurses' performance. After adjusting for demographic characteristics, they discovered that work satisfaction among nurses accounted for (11.8 percent) of the total variation in job performance. (Hou et al., 2013)

Once the nurse is comfortable with his working environment, his performance will improve. Nurse dissatisfaction, on the other hand, will have an impact on the hospital. Due to a high rate of turnover, absences, and sick days, the hospital may run out of resources. In the end, bad performance will cost the hospital money. (Koné & Wodchis, 2013) and (Lin et al., 2014)

2.4.7. Demographic Factors

Job satisfaction is a subjective attribute that is influenced by the nature of the job and the individual's expectations of what the job should give. Because job satisfaction is based on an individual's expectations, demographic considerations must be considered when calculating job satisfaction. That is, job satisfaction is frequently linked to age, educational level, work experience, and gender. (Ramoo et al., 2013)

2.4.7. A. Age

When it comes to job satisfaction and age, there have been considerable variances in the literature. Some studies demonstrate that job satisfaction decreases as people become older, while others show that job satisfaction rises as people get older. (Tapia et al., 2009), (Curtis & Glacken, 2014) and (Li & Lambert, 2008)

The of a survey performed in Mashhad, Iran, by Atef et al which indicated that people with a short service experience, who were logically younger, had higher levels of satisfaction than those with a longer service history. (Atef et al, 2016)

These findings contrasted with those of Gaki et al., who discovered that nurses in higher positions hierarchically, with more work experience, and who were older in age had higher job satisfaction. (Gaki et al., 2013)

2.4.7. B. Level of Education

Nurses in Uganda reported higher levels of job satisfaction than (B.Sc Nursing) nurses, according to Nabirye et al. According to the findings of the study, there were significant differences in job satisfaction among nurses based on their educational level, and those differences were related to nurses' experience, with those with less experience reporting

higher job satisfaction than those with more experience. (Nabirye et al, 2011)

In contrast, research in other nations has found that nurses with a greater level of education are happier in their jobs than those with a lesser level of education. (Coomber, 2007)

There was no discernible link between educational attainment and satisfaction. Wang et al., on the other hand, discovered that nursing staff with the highest educational degrees (Master's degree or higher) were more satisfied with their jobs than those with lesser levels of education. (Wang et al, 2012)

2.4.7. C. Years of Experience

A nurse's job experience was also a major variable, resulting in different reactions to the levels of satisfaction among the supplied categories. Nursing staff with more than twenty years of experience scored higher on most satisfaction factors than nurses with less work experience. Years of nursing expertise provide a sense of comfort and reduce the number of unexpected. Relations with clients and employees take time to develop and strengthen, and they are more difficult to establish when one is inexperienced. Experience also allows nurses to move up the ranks while delegating more mundane tasks to less experienced and younger nurses, resulting in a more manageable workload and more flexible work hours. These features appeal to nurses, and they help to explain why more experienced nurses are content in general. This speaks well for senior nurse retention, as well as the advantages of institutional memory retention and new entry coaching and mentoring. (Pillay, 2009)

Persons of various ages have varied tendencies toward their work as a result of their experiences, whilst people of various educational levels

have varying knowledge and abilities, resulting in a variable cognitive trend of their employment. The application of expertise to the care of these individuals necessitates a high degree of knowledge and competency. (Duchscher & Cowin, 2004) and (Ganzach, 2003)

2.4.7. D. Gender

Gender, as a result of its nature and influence on physical disparities between men and women, as well as their opinions, has a significant role in individual job satisfaction. Despite the fact that women receive less pay and have less control and position at work than men, research have shown that women are more satisfied than males. According to studies, whereas men want employment with high pay, responsibility, and leadership chances, women prefer positions with decent coworkers, good supervisors, and the opportunity to help coworkers.(Hajiha et al., 2013) and (Singhapakdi, 2013)

In terms of gender, research demonstrates that job satisfaction differs by gender. Extrinsic employment features such as money are more important to men, whereas intrinsic job traits such as job stability are more important to women. While the number of men in nursing is increasing, the data suggest that nursing remains a female-dominated profession. (Wang et al., 2006) and (Akansel, 2008)

Women had higher job satisfaction than men, according to previous study. Researchers have also looked into gender inequalities among hospital nurses. A growing body of studies has looked at the relationship between gender and job satisfaction in recent years. The findings of these investigations, however, have been contradictory and inconsistent. (Bender et al., 2005) and (Al-Ajmi, 2006)

Females are more satisfied with their nursing employment than males, according to some research, while males are more satisfied with their nursing jobs, according to others. Other research, on the other hand, found that gender had no effect on the job satisfaction of nurses. (Spencer et al., 2016) and (Aydin et al., 2012)

2.4.7. E. Marital state

The satisfaction percentage among single nurses was higher than that of married nurses. In a study conducted in China, it was also discovered that single nurses have higher job satisfaction than married nurses. Professional nursing is dominated by female nurses around the world. A woman's marriage and work are both vital components of her life. Previous research has also discovered a link between work–family conflict and job satisfaction. (Chang et al., 2010)

Work–family conflict has been linked to job unhappiness and marital discontent in numerous studies. Conflicts between career and home life roles may have a negative impact on women's family lives as well as their job satisfaction. Women who struggled to be a wife and a professional woman at the same time were less satisfied with their lives and careers. According to one study, conflict between employment and marriage is not unavoidable. (Yildirim & Aycan, 2008), (Wang & Tsai, 2014) and (Steenbergen et al., 2011)

2.4.7. F. Rural or Urban

There were no differences in employee satisfaction among rural and urban nurses in hospital settings. Furthermore, rural nurses reported better satisfaction with perks and job security than urban nurses. High pay and a preference for working in rural areas provide the job satisfaction for the rural nurses in the Canada. Another reason could be that, in comparison to

urban areas with a relatively robust nursing supply, the high demand for nurses in rural areas minimizes the risk of layoffs. (MacLeod et al., 2017) and (Baernholdt and Mark, 2009)

2.4.8. Other Factors

Many factors influence nurse job satisfaction in developing nations, both positively and adversely. Poor and aggressive supervision, poor staff social companionship, inadequate rewards and incentive compensation, policies, task pressure, progress and promotion, and the working environment have all been reported to have a beneficial impact on nurse job satisfaction. However, in the absence of those factors, poor or no satisfaction has been reported, which has a significant impact on patient outcomes. (Oyeleye et al., 2013) and (Arsalani et al., 2012)

Job satisfaction is defined and quantified in terms of a variety of job-related characteristics. Most research has identified at least two main types of antecedent variables, regardless of the theoretical framework utilized to examine job satisfaction. Both job satisfaction and individual features and characteristics are addressed by environmental variables – personal characteristics. This is the broad attitude that stems from a number of distinct attitudes in three aspects: workplace considerations, individual or personal characteristics, and other social and group relationships outside of work. According to another study, the literature on employee motivation, commitment, and job satisfaction shows that both personal and work context factors influence organizational attitudes. (Shajahan & Shajahan, 2004) and (Moynihan & Pandey, 2007)

Working as a nurse allows you to work in the variety of settings, interact with health professionals and earn competitive pay. Many researches have been conducted to determine their job satisfaction level. They've shown that good compensation, improved job prospects and

demanding work lead to higher job satisfaction for nurses; additionally, these professionals must be satisfied with the fact that they are assisting a large number of individuals. (Haijuan et al., 2006), (Lorber & Savič, 2012), and (Lu et al., 2005)

2.5. Factors associated with job satisfaction

2.5.1. Organizational Behavior

It is impossible to overstate the importance of health care worker the job satisfaction for care' patient, patient happiness, prompt response to patients, and overall the quality of health care service the delivery. This is due to the establishment of a positive working atmosphere. Despite the recent focus on organizational behavior and human resource concerns, health-care workers in developing nations admitted that their supervisors and superiors were unconcerned about their happiness and working conditions. Responsibilities, rewards and education were shown to be most important variables in motivating nurses in underdeveloped countries, these elements, however, are not available. (Oyetunde & Ayeni, 2014)

"The concept of job satisfaction is complicated, according to studies in the fields of organizational behavior and development, because what constitutes job satisfaction for one group of employees may not apply to another group of employees, making it difficult to satisfy a group or team of employees without carefully evaluating what makes individuals satisfied." (Choi et al., 2012) and (Malik, 2011)

But nevertheless, the dynamics of organizational working places, particularly in the health care field, show that both nonclinical as well as clinical employees prefer to work at the hospital that provides an appropriate workplace environment, free of environmental danger to life

and vulnerability assessment, employment security and a well-paying pay structure are all factors that lead to job happiness. (Jandaghi et al., 2011)

2.5.2. Working Condition

Working conditions are rapidly changing. The way work is created and organized is changing due to growing labor force flexibility, technological advancements, and changes in workforce characteristics. (Schulte et al., 2019)

Poor working conditions that result in stressors is another difficult element that limits satisfaction of nurses. The poor communication, prescription errors, and higher patient mortality are all examples. However, working circumstances are alerted and the reactive to the nurturing system and improvement, and, more crucially, to the change of work organization. (Murta et al., 2011)

2.5.3. Patients' Satisfaction

Patient satisfaction is described as "a person's positive experience of joy or dissatisfaction as the result of evaluating a product or service's performance of the product or outcome and his or her expectations". (Anand et al., 2012)

It is critical to understand what it is understanding and defining patient satisfaction will aid in the development of an evaluation process that will provide an organization with adequate measures of the variables that influence patient satisfaction. Even if most patients are content with the services they get, they may not be satisfied with all elements of their care. The management would have to be able to determine how much is enough to maintain high patient satisfaction and encourage them to return. (Naidu, 2009)

The satisfied personnel appears to be very innovative and committed to their employment; they connect and involve themselves in the goals and ambitions of the organization. According to research, patient satisfaction is directly related to health-care employee's satisfaction. Hospital executives who are skilled in creating a work atmosphere that appeals to and stimulates staff will have a better chance of succeeding in the highly competitive health care field, where quality and cost-effective operations are expected. (Ogbolu et al., 2015) and (Kever et al., 2018)

2.5.4. Safety Needs

Safety needs are psychological that maintaining consistency and stability requires the protection of one's home and family as a result, human beings require a home and family in order to feel secure and safe. If the person works in the area with a high rate of crime, she or he will undoubtedly feel compelled to relocate to a safer working environment where they can function comfortably. This example supports Kreitner's assertion that some researchers have discovered a sudden surge in employees require a sense of security at the work. It's because employees evaluated "feeling safe at work" as a very important factor. After their basic requirements for safety are addressed, humans will advance to greater levels of need, such as love, affection, and belonging. (Hong et al., 2013)

2.5.5. Social Needs

When a person is able to create meaningful ties with others in the same community, their love, affection, and belongingness needs, also known as social needs, can be addressed. Whenever an employee, for example, wears the same t-shirt as his or her coworkers, he or she will feel of belonging more connected to the organization. Furthermore, humans have a need to be liked and valued by others. Some organizations even aim to help employees meet their social demands by hosting social gatherings

after work hours. Apart from that, having a partner is part of human nature since it allows a person to feel loved and supported. When human beings' wants for love, affection, and belonging are met, they progress to a higher level of needs, which are esteem needs. (Pio & Tampi, 2018)

2.5.6. Esteem Needs

Esteem needs both the ability to garner respect from others and the ability to esteem oneself. Some workers might meet their esteem demands by being promoted by their employer or receiving particular recognition for their performance, such as certificates. As a result, after these requirements are met, a person many go to the next level of needs, which is self-actualization. (Carducci, 2009)

2.5.7. Self-Actualization Needs

The highest level of need is self-actualization needs, which can be met when one's whole potential is reached. If you're skilled at drawing, for example, you'll go to drawing classes, practice your drawing skills, or go to drawing clinics to grow or optimize your potential. Self-actualization demands can be met once these are completed. One can seek tranquility, artistic delight, and self-fulfillment from this. (Smoke, 2005)

2.5.8. Peer Support

Peer assistance entails interpersonal ties with other health professionals and others in the same profession. Interpersonal relationships were found to be substantially associated with job satisfaction by (Utriainen and Kyngäs). Similarly, in the survey by Pakpour et al collaboration between doctors and nurses was linked to the job satisfaction that is consistent with the prior Canadian study that revealed nurses were more satisfied when they felt supported by coworkers. (Utriainen & Kyngäs, 2009), (Pakpour et al., 2019) and (Tourangeau & Cranley, 2006)

Peer support/work environment supervision quality, achievement/job interest/responsibility, and achievement/job interest/responsibility all had a substantial impact on job satisfaction. Job satisfaction is significantly negatively correlated with less favorable working conditions, such as an overwhelming workload, restricted staffing, and lengthy hours. Physical working factors, such as noisy workplaces, can also affect job happiness. (Applebaum et al., 2010)

2.5.9. Leadership

Employee job satisfaction is heavily influenced by leadership. Leadership is one of the most highly debated subjects among researchers around the world. As a result, leadership is defined as the process of influencing individuals to achieve desired goals. According to Lok and Crawford leadership is crucial in determining an organization's success or failure. Gill discovered that in order to achieve critical performance goals, leaders must aid to inspire, motivate, encourage, and recognize their people. (Kuchler, 2008), (Lok and Crawford, 2004) and (Gill, 2006)

Nurses' job satisfaction is lower when managers are invisible, according to Sellgren et al., but strong facilitative leadership behaviors create an environment that improves job satisfaction. They go on to say that when managers lead with love and respect, and in ways that indicate ethical leadership, it's more likely that their employees will follow suit. (Sellgren et al., 2008), (Özden et al., 2019) and (Storch et al., 2013)

Abualrub discovered that the transformational and transactional leadership styles are mutually exclusive using a hierarchical regression analysis explained 28 percent of the variation in job satisfaction among nurses. (Abualrub & Alghamdi, 2012)

Managers that focus on monitoring and intervening to correct errors have a detrimental impact on nurses' job satisfaction, according to Morsiani et al., but transformational leadership styles that emphasize respect and concern for others have a good impact. Managers should confer with the nursing team while preparing the nursing roster to identify what constitutes sufficient numbers and mix of staff. According to Adams and Bond, nurses' job satisfaction increased when they considered there were sufficient numbers of trained employees rostered and arranged effectively. They also linked this to nonhierarchical leadership styles and management that is respectful and patient-centered. (Morsiani et al., 2017)

2.5.10. Supervisor Emotional Support

Emotional support from supervisors is also linked to improved job satisfaction. Hunt emphasized the significance of the leadership support in enhancing job satisfaction of nurse. Many other researchers have found that actions associated with positive leadership styles boost job satisfaction of nurse, confirming the favorable the relationship between the supervisor support and job satisfaction of nurse. (Pohl & Galletta, 2017), (Shahdadi et al., 2016) and (Wagner et al., 2013)

2.6. Challenges of Nurses working in the Emergency Department

The emergency department (ED) is critical in providing timely and effective clinical care to patients. It is the healthcare entry point in charge of accepting, sorting, assessing, stabilizing, and managing patients with varying degrees of urgency and complexity who arrive at its door. Patients requiring emergency care have a wide range of conditions, from catastrophic trauma and stroke to drunkenness and mental illnesses. As a result, ED is regarded as a highly complex system. Yet, in recent years, its design has made little, if any, progress in dealing with this complexity efficiently and cost-effectively. (Boyle et al., 2012)

The national health system relies heavily on emergency medical services. This same ED serves as a safety net for the general public as well as a key entry point for badly injured or ill patients. Overcrowding in the emergency room can compromise emergency treatment quality and patient safety. (Schull et al., 2004)

Working in the emergency room includes coping with unexpected events, patients with life threatening conditions, and more frequent attacks or assaults than in the medically specialized units, that can also lead to nursing personnel lacking assertiveness and, as a result, bad Performance. (Roldán et al., 2013)

2.6.1. Overcrowding in the Emergency Unit

Overcrowding in the emergency room was one of the key issues nurses in the ED voiced, making healthcare delivery difficult. Due to the inhospitable working environment, nurses were unable to complete the full iterative circle of the nursing process, affecting the quality of emergency care and resulting in poor patient outcomes. Overcrowding in emergency rooms has been identified as a major issue to providing high-quality emergency care in prior studies conducted around the world. (Atakro et al., 2016) and (Trzeciak & Rivers, 2003)

Overcrowding in the ED can be caused by a lack of nursing staff, a high number of patients waiting to be seen, a lack of beds, delays in treating or assessing patients already in the ED, or discharged patients who have not paid their bills and are being held in the ED. As a result, if the global crisis of ED overcrowding is to be addressed, actions must be customized to the recognized particular reasons. (Morley et al., 2018) and (Asplin et al., 2003)

Improper facility design can cause a slew of issues. Crowding is a major issue in emergency rooms in particular. Increased patient mortality, poor quality of treatment, longer wait times, higher rates of patients left without being seen (LWBS), and longer lengths of stay are all linked to overcrowding (LOS). In addition to overcrowding, many healthcare professionals believe that present EDs are unable to address the needs of patients, their families, and medical staff. (Jarvis, 2016), (Erenler et al., 2014) and (Carter et al., 2014)

2.6.2. Understaffing at the Emergency Unit

Hospital executives, nurses, and physicians are all concerned about the nursing shortage in the emergency department. shown that understaffing is a problem for emergency room nurses. Appropriate staffing, according to the participants, is required for effective emergency care delivery and will enhance important ED throughput indicators. Most nurses had to work overtime to help their colleagues in the next shift bridge the gap. A similar problem was discovered in China, where emergency nursing staff was in insufficient supply. (Lam et al., 2019)

2.6.3. Lack of Emergency Equipment

Medical equipment is an essential component of any health care system, and it is a tool that nurses use to prevent, diagnose, monitor and treat diseases, as well as to aid in sickness or injury rehabilitation. It can be a machine, instrument, appliance, software, or material that the manufacturer plans to use on its own or in conjunction with other devices. Calibration, maintenance, repair, user training, and retirement are all part of the medical equipment lifetime. A responsive health system ensures that all communities have equal access to high-quality, safe, and cost-effective medical equipment. (World Health Organization, 2010) and (World Health Organization, 2011)

Medical equipment shortages, whether due to non-availability or malfunction, are a barrier to the health system's ability to provide high-quality care. According to the World Health Organization Many countries lack technological assessment mechanisms and legal limits to prohibit the importation of substandard medical equipment, and 50 to 80 percent of medical equipment in poor countries is unworkable. These considerations put countries at risk of deceptive commercial methods that imperil patients' lives. (World Health Organization, 2012)

Nurses in the ED described the difficulties they have in providing emergency care due to a lack of essential emergency equipment. Patients arriving at most emergency units in Ghana are not triaged, and most emergency centers are understaffed, under-resourced, and overcrowded. Nurses in the contemporary ED have stated their discontent with the resources available to them. (Atakro et al., 2018)

2.6.4. Work Environment

The emotional and physical aspects of a workspace that influence employee commitment, productivity and satisfaction are referred to as the work environment. Employee job satisfaction depends on a positive work environment, which is especially important in the health-care profession, which is beset by periodic strikes owing to bad working conditions. Working conditions, employee rights, employee voice, safe working conditions, cooperative team members, and a nice supervisor are all defined by such a physical and emotional environment. (Akinwale, 2019)

It is divided into two broad categories: labor and context. The work encompasses all aspects of employment and task activities, including training, autonomy, a sense of job achievement, a range of tasks, and internal task value. Context is another aspect of the work environment and employee satisfaction. It is made up of the physical working environment

as well as the social working conditions.. (Baah & Amoako, 2011) and (Edem et al., 2017)

Due to its unexpected nature, lack of set patient care loads, growing nurse-patient ratios, wide range of diseases/injuries, caring for admitted patients when the hospital's beds are full, and overcrowding, the ED has a unique work environment. Working in an emergency room carries an increased risk of violence. (Sawatzky & Enns, 2012)

The work environment includes employee safety, job security, strong working relationships, recognition for exceptional effort and achievement, a strong desire to succeed, and active engagement in the decision-making processes of the organization. (Adegoke et al., 2015)

According to job satisfaction study, employees will likely demonstrate a better degree of effort and sense of ownership once they recognize that their institute places a high focus on them. Wages, working hours, individual autonomy, organizational structure, and effective management-worker communication are all elements that may influence employee satisfaction. (Lane et al., 2010).

Across a wide range of contexts, studies have found a link between job satisfaction and work environment. Because of its impact on society at large, the relevance of the work environment and job satisfaction is growing. (Aiken et al., 2013), (Chaudhury, 2015), (Kim, 2015) and (Khunou & Maselesele, 2016)

Sell as will as Cleal developed an employee satisfaction model that included financial and work environment aspects to determine how workers responded in the precarious job climate with high financial rewards, as well as a secure working environment and poor pay. According to the study's findings, a variety of psychological and workplace climate characteristics,

Employee satisfaction is influenced by factors such as working circumstances and social support, as increased remuneration advantages failed to improve workers' dissatisfaction. (Sell and Cleal, 2011)

A favorable supervising disposition is another important aspect of the work environment that contributes to employee satisfaction. That positive managerial attitude not just stimulates and nurtures career progress while keeping them on track, but may also demonstrate conflict resolution skills which keep the team cohesive. (Maulabakhsh & Raziq, 2015)

2.6.5. Workload and Pressures

Increasing service expectations in emergency rooms (EDs) can result in higher workloads and pressures on ED nursing staff. Furthermore, in the emergency department, long periods of waiting, overcrowding, insufficient human resources, and a demanding public are all prevalent pressures. Burnout is also linked to occupational stress, which is defined as a feeling of the disconnect between environmental expectations (distress) and an individual's capacity to meet their demands, as determined by job structure, task design, and employment relationships. Job stress is becoming more common around the world. According to several researches between (27 percent) to (46.9 percent) of emergency department nurses reported significant levels of stress in the workplace. This circumstance could result in nurse errors and decreased patient satisfaction. (Elder et al., 2019), (Howlett et al., 2015) and (Loeppke et al., 2017)

Job dissatisfaction is also concerning. Nursing professionals who were stressed or burned out reported lower levels of satisfaction. Job satisfaction is considered a global concern because of the potential impact on patient safety and nursing staff quality of life. (Khamisa et al., 2016)

Despite the fact that the influence of working in an emergency room on nurses' stress and burnout has been established, nothing is known regarding the impact on job satisfaction. The participants' satisfaction with their jobs was modest in the prior study this is comparable to the findings of another study. The majority of researches in the field of health suggest that medical personnel have a moderate level of job satisfaction, whereas nurses have a lower level. Due to understaffing and low professional reputation, emergency department nurses are more dissatisfied than nurses in other specialties. Furthermore, we identified the negative relationship between job satisfaction and felt stress, which corresponded to earlier research. (Hunsaker et al., 2015), (Adriaenssens et al., 2015) and (Tavakoli et al., 2018)

2.7. Difficulties with Job dissatisfaction

Job satisfaction has become a global issue, and it is especially important in the nursing industry. A high rate of absenteeism is caused by job unhappiness. The nursing shortage and high turnover rates among nurses are worsening at an alarming rate, putting patient care at risk. Job satisfaction is important for nurses because it can help them enhance their nursing abilities, increase their output to an ideal level, and keep a sufficient nursing workforce. Job discontent, on the other hand, can lead to unfavorable attitudes toward their profession and poor health-care patient outcomes, which can lengthen hospitalization and raise treatment expenses. This could increase nurse turnover rates and exacerbate the scarcity of nurses. (Raddaha et al., 2012), (Choong et al., 2012) and (Al-Enezi et al., 2009)

2.8. Previous of Studies related to Job Satisfaction among Nurses Working at Emergency Units

First Study

A cross sectional quantitative study was conducted by (Helbing, 2017) the goal of this study was to find out how satisfied nurses in the Emergency Department (ED) were with their jobs. In this survey, a total of (89) individual from 31 different states were included. The survey was completed by (75) ladies and (14) males. These job characteristics were developed using the McCloskey-Mueller Satisfaction Survey (MMSS), a valid and confirmed survey used in numerous job satisfaction studies like this one. The BSN was used by the majority of respondents, with 33 having their ASN and eight having their MSN. Seventy-two percent of emergency room nurses said they were satisfied in their current job. Overall job satisfaction was found to be nearly identical among men and women. Overall job satisfaction was reported to be highest among associate degree nurses. Working conditions and achievement/recognition were scored highest by respondents, followed by the job itself and working contacts. Overall work satisfaction was better than expected, with (72%) of nurses reporting overall satisfaction in their current ED position and only (28%) reporting dissatisfaction. Overall job satisfaction was virtually comparable across men and women, with (71 percent) of males and (72 percent) of females being content with their current ED nurse employment.

Second Study

A study done by (Zahaj et al., 2016) aim to determine the level of job satisfaction among nurses at the Public Hospital of Vlora in Albania, as well as the factors that influence it. A total of (50) nurses were involved in the cross-sectional investigation. They were picked at random from a pool of (264) nurses working at the Vlora Public Hospital. At the end of the

shift, the interviews took place. Nurses in this study were less satisfied than the average. Young individuals and well educated nurses were among the nursing profession's least satisfied segments. The poor level of professional satisfaction is reflected in the fact that more than half of the nurses in the research would like to change careers.

Thirst study

A conducted a descriptive, cross-sectional investigation in a Barcelona emergency room (Spain). In an emergency room, compare job satisfaction among nurses, physicians, and administrative employees (ED). The purpose of this survey was to look into the relation between job satisfaction and demographic and professional characteristics of these employees. Job satisfaction was measured using the Font-Roja questionnaire. Multivariate analysis was used to look into the relationship between total job satisfaction and the factors collected. The study comprised a total of 52 nurses, 22 physicians, and 30 administrative workers. Physicians and nurses were significantly less pleased than office employees. Nurses and physicians in an ED are less satisfied with their jobs than administrative personnel, owing to the fact that the former are under more stress and work pressure. Interpersonal connections, on the other hand, are regarded as a source of strength. Being a nurse or a physician who does not rotate through the various degrees of ED acuity raises discontent. (Suárez et al., 2017)

Forth Study

A cross sectional quantitative study was conducted by (Javanmardnejad et al., 2021) the study's aim is to look into happiness, work quality, and job satisfaction. A total of 285 nursing staff working in the emergency rooms in hospitals in the Ilam, Iran were surveyed. A total of 270 nurse consented to take part in the study, with a response rate of

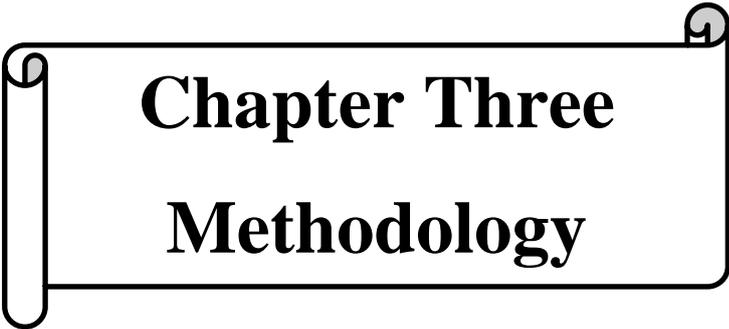
95%. Exclusion criteria were used to weed out the remaining 15 nurses. The participants' average age was 30.12 6.26 years, while nurses' average work experience was 1.23 0.51 years. The majority of the participants were female (57.4%), married (50.4%), and had a bachelor's degree (84.8%). According to the current study, nurses who work in emergency departments are generally unhappy. Furthermore, the data imply that their happiness is linked to their financial status and job satisfaction.

Fifth Study

A study had been done by (Portero de la Cruz et al., 2020) the aims to determine the levels of burnout, job stress, work satisfaction, coping, as well as health in general nursing professionals working in emergency departments in Spain, as well as the relationships between social demographic, occupational, and behavioral factors and the occurrence of burnout syndrome among these professionals. A cross sectional analysis was carried out in four emergency departments in Andalusia (Spain). The study enlisted the help of (171) nurses. The participants' average age was 47.85 (8.11) years, with women accounting for (73.10 percent) of the total. (60.23 percent) of the sample was single, (48.54 percent) exercised every day, and (67.25 percent) had a permanent contract. The Font–Roja questionnaire was used to measure employee's satisfaction. Job monotony is one of the nine dimensions that define a professional's level of pleasure, along with job satisfaction, work-related tension, job pressure, professional competence, and professional promotion, interpersonal relationships with coworkers, interpersonal relationships with superiors, extrinsic characteristics of the status, and extrinsic characteristics of the status. Nurses in four Andalusia hospitals who worked in emergency departments had a high rate of burnout (8.19 percent). according to this study. The amount of perceived stress is typical, and job satisfaction is modest.

Sixth Study

A quantitative cross-sectional investigation was done by (Esmael et al., 2019) The purpose of this study was to find out how satisfied nurses were at their jobs in Erbil's Rizgary Teaching Hospital, Hawler Teaching Hospital, and Maternity Teaching Hospital, as well as the factors that contributed to their satisfaction. At Erbil's Rizgary Teaching Hospital, Hawler Teaching Hospital, and Maternity Teaching Hospital, a cross-sectional study was undertaken. 150 nurses from the medical and surgical wards were chosen using a convenience sampling approach. Nurses who were available in the hospitals specified during the researcher's visit were included in the study. Other organizations offer the "Job Satisfaction Survey," a self-administered questionnaire (JSS). More over half of the nurses (59.3%) believe their work is pleasurable, (52 percent) are satisfied with their possibilities for advancement, and (78 percent) take pride in their profession. The mean + SD of the satisfaction score, which ranged from 10 to 80 out of 100, was 52.58 + 10.13. The average level of satisfaction was (53). Those with a higher score than the median were considered satisfied. The nurse's entire sample was satisfied in (46%) of cases.



Chapter Three

Methodology

Chapter Three

Methodology

This chapter presents the methods used in the study, which includes study design, administrative arrangements, study setting, study sample, study instrument, pilot study, methods of data collection and methods of data analysis.

3.1. Study Design

A descriptive study (cross-section) design used to assess the level of Job Satisfaction among Nurses Working at Emergency Units in AL Hilla City Teaching Hospitals from the period 10th October /2021 to 6th June/ 2022.

3.2. Administrative Arrangements

The researcher obtained an approval from the department of nursing in University of Babylon / College of Nursing.

Prior to the gathering of data, formal administrative permissions were acquired for conducting the study as presented in [Appendix \(A\)](#).

1. Approval was obtained after presenting the format with protocol of the study from the ethical committee College of Nursing/ University of Babylon.
2. Official permission was obtained from Ministry of Health \Babylon Health Office \Development and Training Center and this center submitted requests
3. An official agreement was attained from (Imam Al Sadiq Teaching Hospital, Al Hilla Teaching Hospital, and Marjan Teaching Hospital) for data collection.

3.3. Study Setting

The study is carried out in Hilla City/Babylon Province at Teaching Hospitals that included (Imam Al Sadiq Teaching Hospital, Al Hilla Teaching Hospital, and Marjan Teaching Hospital) (Figure 3-1). These hospitals include emergency departments, which is the designated place for the purpose of the study.

3.4. Sample of the Study

A purposive sample of (104) nurses were selected, that includes Nurses working at Emergency Units in the Al-Hilla city for the purpose of assess their level of job satisfaction. (40%) from the total number of nurses working in the emergency units in each hospital.

AL Hilla- City Teaching Hospitals	Total No. of Nurses	Percentage 40%	No. of Nurses Selected
Al Hilla Teaching Hospital	82	40%	32
Imam Al Sadiq Teaching Hospital	121	40%	48
Marjan Teaching Hospital	61	40%	24
Total	264	40%	104

The sample was selected from in three hospitals includes; Marjan Teaching Hospital, Imam Al Sadiq Teaching Hospital, and Al Hilla Teaching Hospital, who accepted to be involved in the study.

The sample is selected according to the followings criteria which include:

Inclusion Criteria:

1. Nurses who work at Emergency Units.
2. Nurses who have three years of employment or more.
3. Nurses who agree to participate in the study.
4. Nurses who have twenty three of age or more.

3.5. The Study Instrument

The measurement instrument used was a questionnaire which was prepared for data collection and was reconstructed and adopted after a thorough examination of the relevant literature and validated. The questionnaire is organized in to three parts include the following:

- Part I: Socio- demographic and Personal Characteristics of nurses working at emergency unit.
- Part II: Job Satisfaction questionnaire Domains
- Part III: Work Context.

The researcher adhered to the rules of writing the questionnaire due to the importance of the type of information that the researcher is keen to be sufficient and comprehensive for all aspects of the problem and can be relied upon and trusted. To vague and complex answers. The type of questions was of the closed type, which required answering with reference to what was appropriate.

3.5.1. Socio demographic and Personal Characteristics of the nurses working at emergency unit.

This part includes Socio demographic and Personal Characteristics of the nurses working at emergency unit such as the age, gender, educational level, marital status, residency, economic status, years of experience in

nursing, husband or wife occupation, family size and mean of transportation **Appendix (B)**.

3.5.2: Job Satisfaction questionnaire Domains

The original Font-Roja questionnaire, a version derived from a tool used in the Tecumseh Community Health Study in 1988 (Aranaz & Mira, 1988), was made up of 24 questions grouped into nine different dimensions related to job satisfaction. It was subsequently validated in 1994.

(J. Aranaz dubbed the "Font Roja AP") questionnaire after this validated questionnaire that assesses the satisfaction of professionals in emergency units was adapted to the working settings. It is made up of 24 different items and explores nine different dimensions. (**Job satisfaction dimension, Work-related stress dimension, professional competence dimension, Job pressure dimension, Professional promotion dimension, Interpersonal relationship with their superiors dimension, Interpersonal relationship with co-workers dimension, Extrinsic characteristics of status dimension, Job monotony dimension**) that impact the satisfaction of the professionals.

3.5.3. The Work Context

A work context component examines the influence of the work environment on nurse and patient systems, as well as the practice settings where nurses work. It has a total of 20 elements (**e.g. My nurse manager/supervisor and I communicate well, there are sufficient patient care supplies and equipment, my nurse manager/supervisor offers proper oversight, and upper-level management respects nursing**).

3.6. The Questionnaire's Validity

The questionnaire's validity refers to its ability to measure what it was designed to assess, as well as its honesty (the questionnaire's inclusion of all components that must be included in the analysis, and on the other, the clarity of its paragraphs and vocabulary, ensuring that everyone who uses it understands it).

The questionnaire was presented to (16) specialists in various sectors of nursing to test the validity of the questionnaire (Appendix C). Experts were asked for their opinions and comments on each of the study questionnaire's items in terms of linguistic appropriateness, relationship with the dimension of study variables to which it was assigned, and suitability for the study population.

The experts' comments suggested that small adjustments to some things were needed, and these were modified in accordance with their advice, and then the final draft was completed to be ready for conducting the study. The expert opinion and comments were taken in the consideration.

3.7. Pilot Study

Pilot study carried out an 10 nurses working in Hilla Teaching Hospitals. This study was conducted to determine the stability and credibility of the study questionnaire, clarity and its efficiency which confirmed, and standard time required to collect data for each element which can be estimated during the interview and give the questionnaire, This is the stander of percentage from the total of the sample and this is the exclusion of the all of sample. The researcher gathered information's of questionnaire from the nurses after gave the questionnaire to each nurse's team. It took them about 15 to 20 minutes to complete each self-report. A study was conducted from the period of February 15th to 21nd / 2022.

The pilot study directed to achieve the following objectives.

1. Assess research questionnaire for appropriateness.
2. Assessing the questionnaire's viability.
3. Identifying any logistical challenges that may occur as a result of the approaches proposed.
4. Identifying possible flaws in the proposed data analysis methods.
5. Estimate the amount of time the researcher spent collecting data.

Results of pilot study

1. The questionnaire is reliable.
2. The time required for answering the questionnaire ranged from (15-20) minutes.
3. The instrumental items were clarify and understood the phenomenon underlying of the study (Table 3-1).

Before the questionnaire reached its final form, it went through the following stages:

1. Determining the data that will be collected through the questionnaire according to the study questions.
2. Determining the method and format of the questionnaire.
3. Determining the type of criterion that determines the type of answer in the questionnaire.
4. Presenting the questionnaire to the supervising to express his opinion and observations in developing the questionnaire and modifying it based on his observations.
5. Presenting the questionnaire to a number of panel of experts to express their opinion and observations in developing the questionnaire and modifying it based on what they submitted.
6. Conducting a reliability test on it by distributing the questionnaire to a sample of 10 nurses.
7. Writing the questionnaire in its final form, then printing, reviewing and distributing it.

3.8. Reliability of the Questionnaire:

The reliability of study instruments refers to the assurance that the answer is almost identical if it is given to the same persons at multiple periods. Exactly the same people second time, after confirming the apparent validity of the study tool, the researcher applies it to a random exploratory sample. Reliability coefficient using the test coefficient of Alpha Cronbach as shown below:

Table3-1: Reliability of the Studied Questionnaire ($n=10$)

<i>Reliability</i>		
Variables	Cronbach Alpha	Actual value
Job Satisfaction	0.73	0.70
Work Context	0.81	0.70

3.9. Rating and Scoring

1. A three level Likert scale was used for assessing the job satisfaction domains (Always, Some times, and Never); 3 = Always, 2 = Some times, and 1 = Never (Satisfied ≥ 2.34 , Partially satisfied=1.67-2.33, Unsatisfied ≤ 1.66)

2. A three level Likert scale was used for assessing the work context Items (Always, Some times and Never), 3 = Always, 2 = Some times and 1 = Never (Satisfied ≥ 2.34 , Partially satisfied=1.67-2.33, Unsatisfied ≤ 1.66)

3.10. Ethical Considerations

Ethical obligations are one of the most important things that the researcher must follow and abide it when doing the study. Before the starting of collect the data from the population that has been identified for the study, the researcher should clarify the main purpose and desired goal of conducting this study for the sample to be including in the study, as well

as adhere to the strict confidentiality of the data taken from the study sample and pledge to use it for scientific purposes related to the study only.

Before the starting of gathering the data from the sample who are participating in the study, the researcher given a brief explanation about the scientific background of the research and the purpose of conducting. Nurses were verbally informed about the study aims and were asked to participate and this participation was voluntary. After they agreed to participate in the study, anonymous questionnaire was handed to them to maintain a complete confidentiality for the participants.

3.11. Data Collection Methodology

Self-Administrative nurses used a reconstructed questionnaire (Arabic version) to collect data. To obtain oral agreement, the researcher introduced herself to the participants and explained the goal of the study. The participants fill out the questionnaire (Nurses) and responses were documented. After taking the formal approval from health directors of three hospitals which mentioned before and according to the permission and agreement of participation. The investigator obtained information from the participants and then gave the questionnaire to each nurse's staff. It took them about 15 to 20 minutes to complete each self-report. Data collection was performed for this period of February 23nd to April 1th / 2022. From the morning and evening nurses.

3.12. Methods of Statistics Data Analysis

In order to statistically analyze the data collected from the study sample to attain the results, the researcher used the *SPSS ver-20* and Microsoft Excel (2010) program to analyze this data and deal with it statistically, to find the relationships between the variables, and obtain the final results of the research based on a set of statistical tests.

3.12.1. Descriptive approach

Descriptive statistics include a set of mathematical and statistical methods that are adopted to describe the main features of data quantitatively by using tables and charts. Descriptive statistics always aim to present and describe the data which is required to be processed, organized, summarized and categorized, as well as presenting them in a simple and clear manner that makes it easier for the recipient to recognize and understand its content. The analysis performed through use:

A. The "Frequencies and Percentages" statistical tables, which are as follows:

$$\% = \frac{\text{Frequency}}{\text{Sample Size}} \times 100$$

B. "M" stands for "mean of scores."

The average score can be calculated by using the following:

$$M.S = \frac{\sum r_i = 1F_i \times S_i}{\sum r_i = 1F_i} \times 100$$

The overall responses of Job Satisfaction according to total mean of score which follow:

M= 24-40 refers to Unsatisfied.

M=40.1-56 refers to Satisfied to Certain Limit.

M=56.1-72 refers to Satisfied.

The overall responses of Work Context according to total mean of score which follow:

$M=20-33$ refers to *Poor Work Context*.

$M=34-46$ refers to *Moderate Work Context*.

$M=47-60$ refers to *Good Work Context*.

C. Standard Deviation test $\pm SD$.

$$SD = \sqrt{\frac{1}{n-1} \sum_{i=1}^n (X_i - \bar{X})^2}$$

D. It uses a correlational coefficient "Cronbach alpha" used in estimating the internal consistency of the study tool, which can be calculated by using the following:

$$\alpha = \frac{K}{K-1} \left[1 - \frac{\sum_{i=1}^K \sigma_{ii}}{\sum_{i=1}^K \sum_{j=1}^K \sigma_{ij}} \right]$$

3.12.2. Inferential approach

1. Spearman's Correlation Coefficient

This test is used for qualitative variables

$$P = 1 - \frac{6 \sum d^2}{n(n^2 - 1)}$$

P = Spearman's rank correlation coefficient

$\sum d^2$ = difference between the two ranks of each observation

n = number of observations

2. One Way ANOVA

For equality of Means (testing for coincidence when the mean's parameter is different), use analysis of variance (ANOVA).

Source of variance	Sum of square	d.f	Mean square	F
Between Groups	$SS_B = \frac{(\sum xP)^2}{n} - \frac{(\sum xP)^2}{N}$	$df_B = K-1$	$\frac{MS\beta}{MS\beta}$	$\frac{MSB}{MSW}$
Within Groups	$SS_w = \frac{\sum (\sum xP)^2}{N} - \frac{(\sum xP)^2}{N}$	$df_w = N-k$	$\frac{SSw}{DFw}$	
Total	$SS_T = \frac{\sum (\sum xP)^2}{N} - \frac{(\sum xP)^2}{N}$	$df_T = N-1$		

3. Independent sample t-test

The Sample T Test examines the means of two independent groups to see if statistical evidence exists that the related population means differ significantly.

$$t = \frac{\mu_A - \mu_B}{\sqrt{\left[\frac{\left(\sum A^2 - \frac{(\sum A)^2}{n_A} \right) + \left(\sum B^2 - \frac{(\sum B)^2}{n_B} \right)}{n_A + n_B - 2} \right]} \cdot \left[\frac{1}{n_A} + \frac{1}{n_B} \right]}$$

$(\sum A)^2$: Sum of data set A, squared (Step 2).

$(\sum B)^2$: Sum of data set B, squared (Step 2).

μ_A : Mean of data set A (Step 3)

μ_B : Mean of data set B (Step 3)

$\sum A^2$: Sum of the squares of data set A (Step 4)

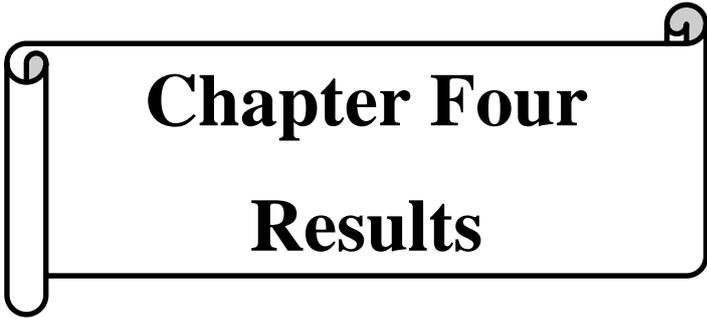
$\sum B^2$: Sum of the squares of data set B (Step 4)

n^A : Number of items in data set A

n^B : Number of items in data set B

The followings are some shortcuts for measuring important in comparison to the level:

- 1) N S: Non- significant at $P > 0.05$.
- 2) S: Significant at $P < 0.05$.



Chapter Four

Results

Chapter Four

Results of the Study

Under the objectives of current study findings, the descriptive, and inferential statistic approach are organized in tables and figures include the followings:

Table 4-1: Distribution of the sample according to Socio-Demographic Variables (SDVs)

Socio-demographic Data	Classification	Freq.	%
Age/years	25-29 years old	48	46.1
	30-34 years old	35	33.7
	≥35 years old	21	20.2
Gender	Male	57	54.8
	Female	47	45.2
Education level	Secondary school nursing	26	25.0
	Institute nursing	41	39.4
	College and above	37	35.6
Marital status	Single	40	38.5
	Married	61	58.7
	Divorced	3	2.9
Residents	Urban	76	73.1
	Rural	28	26.9
Years of experience in Nursing (emergency department)	3-7 years	47	45.2
	8-12 years	25	24.1
	>12 years	32	30.7
Family size	<3 member	40	38.5
	4-5 member	23	22.1
	6-7 member	24	23.1
	>7 member	17	16.3
Mean of transportation	Public	21	20.2
	Own vehicle	61	58.7
	On foot	22	21.2

Finding show participants demographic data, the highest percentage of participants were between the ages of 25 and 29 years (46.1 percent). In regards to gender, the male nurses were predominated (54.8%) as compared with those who are female (45.2%).

Respected to the education level, one-third of the participants were institute graduated (39.4%) as compared with those who have secondary school nursing and college graduation.

Marital status related findings demonstrated that most of respondent were married (58.7%) as compared with those who are single and divorced.

Residents associated findings indicated that nurses exhibited urban residents (73.1%) as compared with those who are residents in rural areas (26.9%).

Regarding years of experience related findings, most of nurses included in the study had 3-7 years of experience (45.2%) as compared with those age 8-12 years and >12 years.

In regards of the family size, participants indicated that <3 members of their families as compared with those who are >7 members.

The Mean of transportation associated findings is obvious from the findings that the own vehicle was the most mean of transportation (58.7%) as compared with those who are public and on foot.

Table 4-2: Distribution of Nurses regarding their Job Satisfaction

List	Job Satisfaction Items	Responses	Freq.	%	<i>M.s ± SD</i>	Ass.
1	In my work , I am satisfied	Never	19	18.3	2.25±0.750	Moderate
		Sometime	39	37.5		
		Always	46	44.2		
2	I am interested in the things I do	Never	18	17.3	2.47±0.775	Good
		Sometime	19	18.3		
		Always	67	64.4		
3	I have the feeling that my work is worth it	Never	20	19.2	2.33±0.783	Moderate
		Sometime	29	27.9		
		Always	55	52.9		
4	I occupy the position I deserve for ability and preparation	Never	27	26.0	2.24±0.841	Moderate
		Sometime	25	24.0		
		Always	52	50.0		
5	I have enough responsibility to take a decision	Never	19	18.3	2.31±0.766	Moderate
		Sometime	33	31.7		
		Always	52	50.0		
6	At the end of the day I feeling very tired	Always	17	16.3	2.41±0.758	Good
		Sometime	27	26.0		
		Never	60	57.7		
7	I do not disconnect work when I get home	Never	43	41.3	1.76±0.740	Moderate
		Sometime	42	40.4		
		Always	19	18.3		
8	I have to throw myself in to my daily work	Never	26	25.0	2.07±0.759	Moderate
		Sometime	44	42.3		
		Always	34	32.7		
9	My work upsets my mood	Always	41	39.4	1.75±0.703	Moderate
		Sometime	47	45.2		
		Never	16	15.4		
10	I often feel am not able to do my work	Always	60	57.7	1.46±0.573	Poor
		Sometime	40	38.5		
		Never	4	3.8		
11	I think I do not have enough resources to do my work as well as I wish	Always	35	33.7	1.86±0.724	Moderate
		Sometime	48	46.2		
		Never	21	20.2		
12	Competitiveness causes me stress or tension	Always	56	53.8	1.60±0.729	Poor
		Sometime	33	31.7		
		Never	15	14.4		
13	I am in short of time to do my work	Always	43	41.3	1.71±0.677	Moderate
		Sometime	48	46.2		
		Never	13	12.5		
14	I think my workload is excessive	Always	42	40.4	1.81±0.772	Moderate
		Sometime	39	37.5		
		Never	23	22.1		
15	I have the opportunity to learn new things	Never	23	22.1	2.35±0.823	Good
		Sometime	21	20.2		
		Always	60	57.7		
16	I get recognition for my work	Never	48	46.2	1.75±0.785	Moderate
		Sometime	34	32.7		
		Always	22	21.2		
17	I have a lot of promotion possibilities	Never	35	33.7	1.90±0.757	Moderate
		Sometime	44	42.3		
		Always	25	24.0		
18	Relationship with my co-workers are cordial	Never	19	18.3	2.50±0.788	Good
		Sometime	13	12.5		
		Always	72	69.2		

19	I know what is expected of me at work	Never	20	19.2	2.40±0.794	Good
		Sometime	22	21.2		
		Always	62	59.6		
20	Relationships with my colleagues are pleasant	Never	22	21.2	2.38±0.816	Good
		Sometime	20	19.2		
		Always	62	59.6		
21	I have independence to organize my work	Never	27	26.0	2.06±0.766	Moderate
		Sometime	43	41.3		
		Always	34	32.7		
22	The salary is appropriate	Never	59	56.7	1.59±0.757	Poor
		Sometime	28	26.9		
		Always	17	16.3		
23	My work does not vary, it is monotonous	Never	33	31.7	1.95±0.768	Moderate
		Sometime	43	41.3		
		Always	28	26.9		
24	Personal problems of my colleagues affect me	Always	52	50.0	1.69±0.776	Moderate
		Sometime	32	30.8		
		Never	20	19.2		

"(M.s) Mean of Scores, (SD) Standard deviation, Level of Assessment (Poor≤1.66, Moderate=1.67-2.33, Good ≥2.34)"

In terms of statistical mean and standard deviation, this table illustrated that the nurses expressed a moderate responses regards job satisfaction at all studied items as indicated by moderate mean scores except, the items number (10, 12 and 22) the responses were poor job satisfaction as indicated by low mean scores, as well as, the nurses were satisfied with their job when questioned about (interested in the done things, at the end of the day were not feeling very tired, have the opportunity to learn new things, relationship with my co-workers are cordial, know what is expected of me at work and relationships with my colleagues are pleasant).

Table 4-3: Overall Job Satisfaction among Nurses Work at Emergency Department

<i>Job Satisfaction</i>	<i>Freq.</i>	<i>%</i>	<i>M ± SD</i>
Unsatisfied	17	16.3	<i>48.72 ± 10.73</i>
Satisfied to Certain Limit	68	65.4	
Satisfied	19	18.3	
<i>Total</i>	104	100.0	

M: Mean for total score, SD=Standard Deviation for total score

(Unsatisfied=24-40; Satisfied to Certain Limit=40.1-56; Satisfied=56.1-72)

Findings demonstrated that the (65.4%) of nurses exhibited a certain limit satisfied with their job as described by moderate mean and SD 48.72 (± 10.73).

Table 4-4: Distribution of the Sample according to their Work Context

List	Work Context Items	Responses	Freq.	%	<i>M.s ± SD</i>	Ass.
1	I am able to communicate well with my nurse manager/supervisor	Never	23	22.1	2.21±0.784	Moderate
		Sometime	36	34.6		
		Always	45	43.3		
2	There are adequate patient care supplies and equipment	Never	50	48.1	1.64±0.695	Poor
		Sometime	41	39.4		
		Always	13	12.5		
3	My nurse manager/supervisor provides adequate supervision	Never	23	22.1	2.08±0.725	Moderate
		Sometime	49	47.1		
		Always	32	30.8		
4	Friendships with my co-workers are important to me	Never	16	15.4	2.48±0.750	Good
		Sometime	22	21.2		
		Always	66	63.5		
5	My work setting provides career advancement opportunities	Never	22	21.2	2.21±0.771	Moderate
		Sometime	38	36.5		
		Always	44	42.3		
6	There is teamwork in my work setting	Never	19	18.3	2.24±0.743	Moderate
		Sometime	41	39.4		
		Always	44	42.3		
7	I feel a sense of belonging in my workplace	Never	18	17.3	2.25±0.734	Moderate
		Sometime	42	40.4		
		Always	44	42.3		
8	It is easy to communicate with the other therapists (physical, respiratory, etc.)	Never	30	28.8	1.94±0.721	Moderate
		Sometime	50	48.1		
		Always	24	23.1		
9	I receive feedback on my performance from my nurse manager/supervisor	Never	37	35.6	1.89±0.774	Moderate
		Sometime	41	39.4		
		Always	26	25.0		
10	I am able to participate in decisions made by my nurse manager/supervisor	Never	39	37.5	1.92±0.820	Moderate
		Sometime	34	32.7		
		Always	31	29.8		
11	I feel respected by physicians in my work setting	Never	24	23.1	2.29±0.822	Moderate
		Sometime	25	24.0		
		Always	55	52.9		
12	It is important to have a designated, private break area for the nursing staff	Never	43	41.3	1.92±0.866	Moderate
		Sometime	26	25.0		
		Always	35	33.7		
13	My organization supports me in returning to study for advanced degree (Bachelor's degree, Master's degree, Doctoral degree...).	Never	45	43.3	1.82±0.817	Moderate
		Sometime	32	30.8		
		Always	27	26.0		
14	I receive support to attend in-services and continuing education programs	Never	43	41.3	1.82±0.793	Moderate
		Sometime	36	34.6		
		Always	25	24.0		
15	I communicate well with the physicians in my work setting	Never	25	24.0	2.08±0.751	Moderate
		Sometime	45	43.3		
		Always	34	32.7		
16	I am recognized for my accomplishments by my nurse manager/supervisor	Never	29	27.9	2.09±0.806	Moderate
		Sometime	36	34.6		
		Always	39	37.5		
17	Nursing policies and procedures facilitate my work	Never	24	23.1	2.08±0.738	Moderate
		Sometime	47	45.2		
		Always	33	31.7		
18	The security department provides a secure environment	Never	55	52.9	1.56±0.664	Poor
		Sometime	39	37.5		
		Always	10	9.6		

19	I feel safe from personal harm (physical , emotional, or verbal) at work	Never	44	42.3	1.79±0.780	Moderate
		Sometime	37	35.6		
		Always	23	22.1		
20	Upper-level management has respect for nursing	Never	47	45.2	1.75±0.772	Moderate
		Sometime	36	34.6		
		Always	21	20.2		

"(M.s) Mean of Scores, (SD) Standard deviation, Level of Assessment (Poor≤1.66, Moderate=1.67-2.33, Good ≥2.34)"

Based on mean and standard deviation, this table illustrated that the nurses expressed a moderate responses regards work context at all studied items as indicated by moderate mean scores except, the items number (2 and 18) the responses were poor work context as indicated by low mean scores, as well as, the nurses were expressed a good work context in terms of friendships with co-workers are important as indicated by higher mean of scores.

Table 4-5: Overall Work Context in Emergency Department

<i>Work Context</i>	<i>Freq.</i>	<i>%</i>	<i>M ± SD</i>
Poor	23	22.1	40.14 ± 10.61
Moderate	46	44.2	
Good	35	33.7	
<i>Total</i>	104	100.0	

M: Mean for total score, SD=Standard Deviation for total score

(Poor=20-33; Moderate=34-46; Good=47.1-60)

Findings demonstrated that the (44.2%) of nurses exhibited a Moderate level of work context as described by Moderate mean and SD (40.14) (±10.61).

Table 4-6: Association between Nurses Job Satisfaction and their Work Context ($n=104$)

Job Satisfaction			
Work Context	<i>Spearman's rho</i>	.328**	Positive Sig.
	<i>Sig. (2-tailed)</i>	.001	
	<i>N</i>	104	

Findings exhibit there were significant correlation (positive) between nurses job satisfaction level and their work context ($r=0.328$; $p=0.001$). It is observed that the Unsatisfied work context (lower mean of scores) associated with nurses unsatisfied with their job (lower mean of scores); and Satisfied work context (higher mean of scores) associated with nurses satisfied with job (higher mean of scores) (Fig. 4-3).

4.7: Significant Differences in Nurses' Job Satisfaction with regard their Socio-Demographic Variables

Table 4-7-1: Statistical Differences in Nurses' Job Satisfaction with regards their Age ($n=104$)

Age	Source of variance	Sum of squares	d.f	Mean Square	<i>F-statistic</i>	<i>P-value</i>
Job Satisfaction	Between Groups	1.411	3	.470	2.453	.068
	Within Groups	19.177	100	.192		
	Total	20.588	103			

Findings demonstrated that there were no significant differences in nurses job satisfaction with regards age groups ($p=0.068$).

Table 4-7-2: Statistical Differences in Nurses' Job Satisfaction with regards their Gender ($n=104$)

Variables	Gender	Mean	SD	t-value	d.f	<i>p-value</i>
Job Satisfaction	Male	2.25	.169	6.743	102	.000
	Female	1.75	.523			

SD: Standard deviation, t: t test, d. f: Degree of freedom, and P: Probability value.

Findings demonstrated that there were significant differences in nurses job satisfaction with regards those who are male and female ($t=6.743$; $p=0.000$).

Table 4-7-3: Statistical Differences in Nurses' Job Satisfaction with regards their Education Level ($n=104$)

Education Level	Source of variance	Sun of squares	d.f	Mean square	<i>F-statistic</i>	<i>p-value</i>
Job Satisfaction	Between Groups	.092	2	.046	.227	.797
	Within Groups	20.496	101	.203		
	Total	20.588	103			

Findings demonstrated that there were no significant differences in nurses job satisfaction with regards education level ($p=0.797$).

Table 4-7-4: Statistical Differences in Nurses' Job Satisfaction with regards their Marital Status ($n=104$)

Marital Status	Source of variance	Sum of squares	d.f	Mean square	<i>F-statistic</i>	<i>P-value</i>
Job Satisfaction	Between Groups	.239	2	.120	.593	.554
	Within Groups	20.349	101	.201		
	Total	20.588	103			

Findings demonstrated that there were no significant differences in nurses job satisfaction with regards marital status ($p=0.554$).

Table 4-7-5: Statistical Differences in Nurses Job Satisfaction with regards their Residents ($n=104$)

Variables	Residents	Mean	SD	t-value	d.f	<i>p-value</i>
Job Satisfaction	Urban	2.08	.406	2.208	102	.030
	Rural	1.87	.518			

SD: Standard deviation, t: t test, d. f: Degree of freedom, and P: Probability value.

Findings demonstrated that there were significant differences in nurses job satisfaction with regards those who are urban and rural residents ($t=2.208$; $p=0.030$).

Table 4-7-6: Statistical Differences in Nurses Job Satisfaction with regards their Years of Experience ($n=104$)

Years of Experience	Source of variance	Sum of squares	d.f	Mean square	<i>F-statistic</i>	<i>P-value</i>
Job Satisfaction	Between Groups	6.141	2	3.070	21.465	.000
	Within Groups	14.447	101	.143		
	Total	20.588	103			

Findings demonstrated that there were significant differences in nurses job satisfaction with regards years of experience ($p=0.000$).

Table 4-7-7: Statistical Differences in Nurses' Job Satisfaction with regards their Family Size ($n=104$)

Family Size	Source of variance	Sum of squares	d.f	Mean square	<i>F-statistic</i>	<i>P-value</i>
Job Satisfaction	Between Groups	.134	3	.045	.219	.883
	Within Groups	20.454	100	.205		
	Total	20.588	103			

Findings demonstrated that there were no significant differences in nurses job satisfaction with regards family size ($p=0.883$).

Table 4-7-8: Statistical Differences in Nurses Job Satisfaction with regards their Mean of Transportation ($n=104$)

Transportation	Source of variance	Sum of squares	d.f	Mean square	<i>F-statistic</i>	<i>P-value</i>
Job Satisfaction	Between Groups	1.999	2	.999	5.430	.006
	Within Groups	18.590	101	.184		
	Total	20.588	103			

Findings demonstrated that there were significant differences in nurses job satisfaction with regards mean of transportation ($p=0.006$).

Table 4-8: Statistical Differences in Job Satisfaction with regards Hospitals ($n=104$)

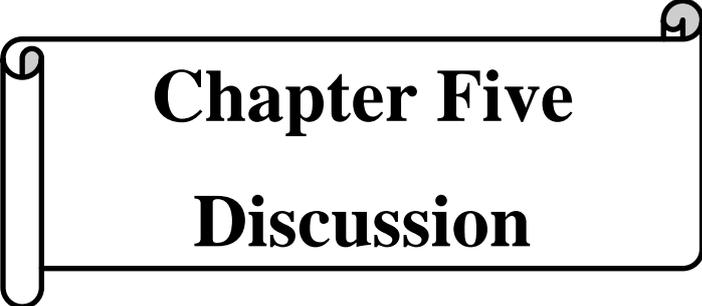
Hospitals	Source of variance	Sum of squares	d.f	Mean square	<i>F-statistic</i>	<i>P-value</i>
Job Satisfaction	Between Groups	8.335	2	4.168	34.352	.000
	Within Groups	12.253	101	.121		
	Total	20.588	103			

Findings demonstrated that there were significant differences in nurses job satisfaction with regards hospitals ($p=0.000$).

Table 4-9: Statistical Differences in Work Context with regards Hospitals ($n=104$)

Hospitals	Source of variance	Sum of Squares	d.f	Mean Square	<i>F-statistic</i>	<i>p-value</i>
Work Context	Between Groups	4.932	2	2.466	10.350	.000
	Within Groups	24.065	101	.238		
	Total	28.997	103			

Findings demonstrated that there were significant differences in work context between hospitals ($p=0.000$).



Chapter Five

Discussion

Chapter Five

Discussion of the Study Results

This chapter extensively introduces the outcomes of the research in tables in a systematically, organized method that derived from the results and these refer to the objectives of this report, which are as follows:

5.1. Socio Demographic Characteristics of the Study Sample

Findings show participants demographic data, the highest percentage of people were between the ages of 25 and 29 years (46.1 percent). The age was not considered a significant factor in job satisfaction for nurses. As this age group is considered more stable in life and has no responsibility in large and seek to build a new life.

In regards to gender, more than half of study sample were male (54.8%) as compared with those who are female (45.2%). As being, the male nurses ($M=2.25$) significantly improved job satisfaction more than female nurses ($M=1.75$).

This is consistent with a study done in Ethiopia by (Haile et al., 2017), showed that highest percentage of nurses (57.3%) were males.

Respected to the education level, one-third of participants were instituting graduated (39.4%) as compared with those who are secondary school nursing and college graduated. The education levels were not considered a significant factor in job satisfaction for nurses. That is, nurses with different educational levels expressed the same levels of job satisfaction.

For Marital status related findings, most of respondent were married (58.7%) as compared with those who are single and divorced. A single, married or divorced nurse does not affect job satisfaction.

In contrast, (44.6) percent of participants in the study conducted in the Pakistan (Farman et al., 2017) were married. In a comparable survey

conducted in Lahore, Pakistan (Dar and Haq, 2015), the highest percentage of nurses (55%) were married.

Residents associated findings, nurses exhibited urban residents (73.1%) as compared with those who are residents in rural areas (26.9%). Urban nurses (M=2.08) achieved better job satisfaction than those who are rural nurses (M=1.87). This is due to the ease of arrival of urban nurses to their workplace and the provision of transportation and not delaying them more job satisfaction than rural nurses who face several problems in reaching their workplace.

Regarding years of experience related findings, most of nurses included in the study had 3-7 years of experience (45.2%) as compared with those age 8-12 years and >12 years. That is more years of experience are significantly increased job satisfaction level among nurses. It is observed that the nurses with few years of experience are significantly associated with low job satisfaction (Fig. 4-4).

Regarding the family size, participants indicated that <3 members of their families as compared with those who are >7 members. This factor does not associate with job satisfaction.

Mean of transportation associated findings, it is obvious from the findings that the own vehicle were the most mean of transportation (58.7%) as compared with those who are public and on foot. The transport on foot (close to the hospital) is significantly increased nurse's job satisfaction (Fig. 4-5). Working on this factor by providing transportation for those who travel to the hospital on their own account improves job satisfaction.

5.2. Level of Nurse's Job Satisfaction

Findings demonstrated that the (65.4%) of nurses exhibited a certain limit satisfied with their job as described by moderate mean and SD 48.72 (± 10.73).

Results of this study reported that more percentage is always this is meaning the participants in emergency units have job satisfied according to (table 4-2). In the results of this study, the high percentage (44.2%) of the participating nurses felt satisfied with their work. In contrast, (Alvarez & Fitzpatrick, 2007) found that (67 percent) of nurses in the major metropolitan city on the Eastern coast of the United States were moderately satisfied, whereas (33 percent) of the unit's nurses were dissatisfied. Nurses had a higher job satisfaction rating than doctors, according to the study done in South Korea (Kwak et al, 2010). (68.8 percent) In a survey performed in Greece, (Nikolaou et al, 2014) discovered that (38.7%) of nurses were moderately satisfied.

While more than half (64.4%) results of this study of the nurses were interested in the things they do and the high percentage (52.9%) felt that their work was worth it, (19.2%) felt that their work was not worth it. (50.0%) of the participants occupying the position they deserve as ability and performance.

Results of this study showed that more percentage is always this is meaning the participants in emergency units have job satisfied. Half of the participants (50.0%) of the nurses had enough responsibility to make a decision, while (18.3%) had no responsibility to make a decision. While (16.3%) of the nurses feel tired at the end of the day, in contrast, the highest percentage (57.7%) do not feel tired at the end of the day. The high percentage (41.3%) of the nurses participating in the emergency department has the ability to separate them from work when they get home. (32.7%) of the participants work themselves in their daily work. Minority (15.4%) of the participants their work does not negatively affect their mood.

The results of this study showed that highest percentage (57.7%) of the participants feel that they are unable to do their work in return (3.8%) of the participants feel that they able to do their work. (33.7%) of the

participants do not have enough supplies to do their work as they wish. While the high percentage (53.8%) of the participants, the sequence in work causes them tension and stress.

According to the findings of this study, (41.3 percent) of nurses have a short time to do their work, while the high percentage (40.4%) of the participants in the results of this study have an excessive workload.

Workload was a major concern in all of the studies reviewed, as were staffing issues, disruptions to daily routines, and a lack of autonomy. (Borhani et al., 2016) and (Brooks et al., 2007)

The results of this study showed that high percentage (57.7%) of nurses have opportunities to learn new things at work. While (46.2 percent) of nurses were dissatisfied with their recognition, according to the data. In contrast, a study conducted in India (Gulavani and Shinde, 2014) found that 'receiving recognized' was a source of great joy (68 percent)

In this study, (24.0%) of nurses have a lot of promotion possibilities. This is in record with the findings of an Iraqi research conducted in Erbil (Esmael et al., 2019), which founded that half of the nurses (52%) were satisfied with their opportunities for advancement. In contrast, a study conducted in Mashhad, Iran (Atefet et al, 2016) found that two-thirds of nurses (65%) stated that promotion opportunities were unfair and that advancement was unconnected to strong performance. According to a research conducted in Taiwan (Tzeng, 2002), three quarters of respondents (76%) were dissatisfied with advancement opportunities.

According to the findings of this study, (69.2 percent) of nurses were satisfied with their coworkers. On the other hand, according to another study conducted in Jeddah by Salem et al (Salem et al, 2016), 72.9 percent of nurses were satisfied with their coworkers.

In this study high percentage (59.6%) of the participants know what is expected to work. Also the findings of this study revealed that (59.6%) of nurses get along well with their coworkers. (Sveinsdottir et al, 2006) in

Iceland found similar results, revealing that nurses were most satisfied with their coworkers.

According to the findings of this study, high percentage of nurses (41.3 percent) has an independence to organize their work some time. More than half of nurses (56.7 percent) believe they are not being paid fairly. Lorber and Savic conducted a similar study in Slovenian hospitals among professional nurses (Lorber & Savic, 2012). The income level was ranked as the second most important factor in job satisfaction, according to the study. In Greece (Iliopoulou & While, 2010), low pay (salary) satisfaction was also seen, with money being the most dissatisfying factor (81 percent). According to the similar survey (Dar and Ahsan, 2015) done in Lahore, Pakistan, (40 percent) of hospital personnel were satisfied with their salary.

In this study, the minority (26.9%), their work is not different, we breathe routine in the workplace, while (50.0%) half of the participants, the personal problems of their colleagues affect them.

5.3. Work Context

Findings that are demonstrated that the (44.2%) of nurses exhibited a moderate level of work context as described by moderate mean and SD $40.14 (\pm 10.61)$.

In this study found (43.3%) of the participants are able to communicate well with the nursing official or their supervisor, In contrast, A study conducted in Pakistan (Tasneem et al, 2018) backed with these findings. The majority of nurses expressed satisfaction with their managers, job environment, and co-workers. where more than a third of employees (40.7 percent) were satisfied with communication within the hospital, according to the data.

While a high percentage (48.1%) of the participants in this study don't have sufficient equipment and supplies to care for patients, while (30.8%) the nursing official or supervisor provides them with adequate supervision. More than half (63.5%) of the participants considered friendships with their colleagues at work important to them, meaning they value friendships as an important point. The high percentage (42.3%) of the participants provides them with opportunities for career advancement. The high percentage (42.3%) of the participants enjoys group work in the work environment, while the minority (18.3%) does not enjoy group work in the work environment. The most of participants (42.3%) have a sense of belonging in the workplace. (23.1%) of the participants enjoy ease of communication with other therapists, while a quarter of the participants (25.0%) receive feedback on their performance from a nursing official or their supervisor. While (37.5%) are unable to participate in the decisions made by the nursing administrator or their supervisor.

More over half of the participants in this survey agreed (52.9 %) feel respected by others in their work environment. And most of the participants (41.3%) do not have their own rest area. And the Brooks and Anderson sample (80%) agreed with this viewpoint. (Brooks & Anderson, 2004)

Also, high percentage of the participants of this study (43.3%) of the nurses is not supported by their institution in returning to study to obtain an advanced degree (bachelor, master, and doctorate). While the high percentage (41.3%) does not receive support to attend continuing education programs while working and less than a quarter of Participants are those who receive support to attend continuing education programs. (32.7%) of the participants communicate well with doctors in the work environment.

According to the findings of this study, (27.9%) of the nurses not recognized their achievements by the nursing official or their supervisor. In

contrast (Blando et al., 2013) Which found that emergency department nurses feel less safe in general and have less confidence in security equipment, guarding and training on the job.

On the other hand, (31.7%) of the participants in this study, nursing policies and procedures facilitate their work. Also, more than half of the participants (52.9%) they did not provide the hospital administration with a safe environment for them, in contrast (9.6%) only of the participants provided them with the hospital administration a safe environment. The number of nurses (42.3 percent) did not feel protected from personal violence (physical, emotional, or verbal) at work, this may be due to the nature of their place of work. This is in line with the findings of (Suresh, 2013), who found that fewer than a third of employees felt safe at work.

The results of this study showed that high percentage (45.2%) of the participants do not feel that the senior management respects nursing. In contrast (Suresh, 2013) the majority of nurses in their studies did not feel valued by senior management, according to their findings.

5.4. Association between Nurses Job Satisfaction and their Work Context ($n=104$)

Findings exhibit there were significant correlation (positive) between nurses' job satisfaction level and their work context ($r=0.328$; $p=0.001$). It is observed that the poor work context (lower mean of scores) associated with nurses unsatisfied with their job (lower mean of scores); and good work context (higher mean of scores) associated with nurses satisfied with job (higher mean of scores) (Fig. 4-3). That is, improvement of work contexts among nurses in the emergency department can achieve job satisfaction.

5.5. Factors Predisposing with the Nurses Job Satisfaction

5.5.1. Job Satisfaction and Gender of Nurses

According to the findings, there were significant disparities in nurses' job satisfaction with regards those who are male and female ($t=6.743$; $p=0.000$). As being, the male nurses ($M=2.25$) significantly improved job satisfaction more than female nurses ($M=1.75$).

The high percentage of the participants in this study was men, according to the findings (54.8 percent). This contrasts a research by (Lephalala et al, 2008) in England, which indicated that the majority of respondents were women (92.86 percent).

5.5.2. Job Satisfaction and Nurses Residents

Findings demonstrated that there were considerable disparities in nurses' job satisfaction with regards those who are urban and rural residents ($t=2.208$; $p=0.030$). Urban nurses ($M=2.08$) achieved better job satisfaction than those who are rural nurses ($M=1.87$).

According to the findings (73.1 percent), the highest percentage of the participants in this survey was urban nurses. This contrasts with the study conducted in southern Ontario of (Yasin et al., 2020) and another study of (Bernholdt and Mark, 2009), who found little variation in job satisfaction levels between rural and urban nurses work in hospitals.

5.5.3. Job Satisfaction and Nurses Experience

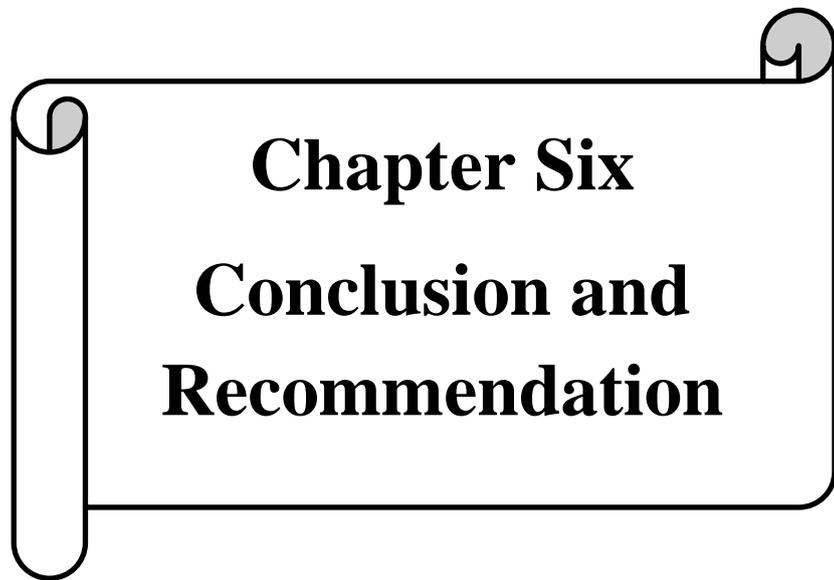
Findings demonstrated that there were considerable disparities in nurses' job satisfaction with regards years of experience ($p=0.000$).

That is, more years of experience is significantly increased job satisfaction level among nurses. It is observed that the nurses with few years of experience are significantly associated with low job satisfaction (Fig. 4-4).

The bulk of the nurses have been with the institution for less than ten years. Alternatively, the majority of nurses (77 percent) have more than 10 years of experience in their work, according to a survey done in Tehran, Iran (Eskandari & Gorji, 2018). According to the survey in China to measure nurse job satisfaction (Zhang et al, 2013), 29.3% of nurses have worked for more than ten years.

5.5.4. Job Satisfaction and Nurses Mean of Transportation

Findings demonstrated that there were considerable disparities in nurses' job satisfaction with regards mean of transportation ($p=0.006$). The transport on foot (close to the hospital) is significantly increased nurse's job satisfaction (Fig. 4-5). Working on this factor by providing transportation for those who travel to the hospital on their own account improves job satisfaction.



Chapter Six
Conclusion and
Recommendation

Chapter Six

Conclusion and Recommendations

6.1. Conclusion

In light of the results discussion and their interpretations, our study concludes that:

1-Most of the nurses in the emergency department have at least three to seven years of experience.

2- Nurses' job satisfaction level in the emergency department is determined by many factors, including the increase in the number of male nurses and the presence of the vast majority of urban residents in the workplace.

3-Most nurses working in emergency units are satisfied to a certain extent with their job and work context.

4-There was a significant relationship between the levels of the job satisfaction for nurses who work in emergency units and their work context. That the Unsatisfied work context associated with nurses unsatisfied with their job and Satisfied work context associated with nurses satisfied with job.

5-Nurses who are working at emergency department in Hilla Surgical Hospital is significantly low job satisfied than the nurses who work in Marjan and Imam Al-Sadiq Hospital.

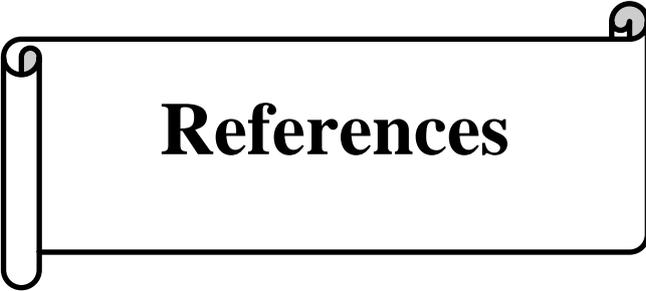
6-Nurses who are working at emergency department in Hilla Surgical Hospital expressed the worst work contexts than the nurses who work in Marjan and Imam Al-Sadiq Hospital.

7- Most of the nurses who are rural residents had difficulties with access to their work, which affects the level of job satisfaction for them.

6.2. Recommendations:

Based on the above stated conclusion, the present study could recommend:

1. The MoH could improve the content of ED to allow more nurses to be part of.
2. An important point should be taken in consideration, the residence area of nurses to be as close as possible in access to their workplace.
3. Giving nurses the opportunity to freely choose their workplace.
4. Urging hospital administrators to increase nursing practitioner compensation, awards and incentives, as payoff is a vital role in raising satisfaction, which is reflected in productivity and quality of service delivered.
5. Further research could be conducted to find various aspects of the job that can be used to increase nurse's job satisfaction.
6. Due to the vital role of leadership in job satisfaction, developing a customized training program for nursing managers that involve positive leadership styles and supervisors' support including celebrating individuals' and group achievements may improve job satisfaction. Also, developing policies that increase and streamlines nurses' job responsibility creating a general feeling of owning their work may increase job interest and peer support which will promote nurses' job satisfaction and decrease turnover in different settings
7. Include emergency department nurses in discussions and/or decisions about working conditions can lead to more job satisfaction. Increase recognition of employees who have done a great job or provided Exceptional patient care is one way to increase job satisfaction in this field.
8. The management of health-care facilities and hospitals should from time to time, create a pleasant environment in the workplace which will influence healthcare motivation, career decisions, relationship with co-workers, future growth and advancement in their profession.

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Appendix A

University of Babylon
College of Nursing
Research Ethics Committee



جامعة بابل
كلية التمريض
لجنة اخلاقيات البحث العلمي

Issue No:

Date: / /2021

Approval Letter

To,
Rawaa Moussa Hassan

The Research Ethics committee at the University of Babylon, College of Nursing has reviewed and discussed your application to conduct the research study entitled " Job Satisfaction among Nurses Working at Emergency Units in AL Hilla- City Teaching Hospitals

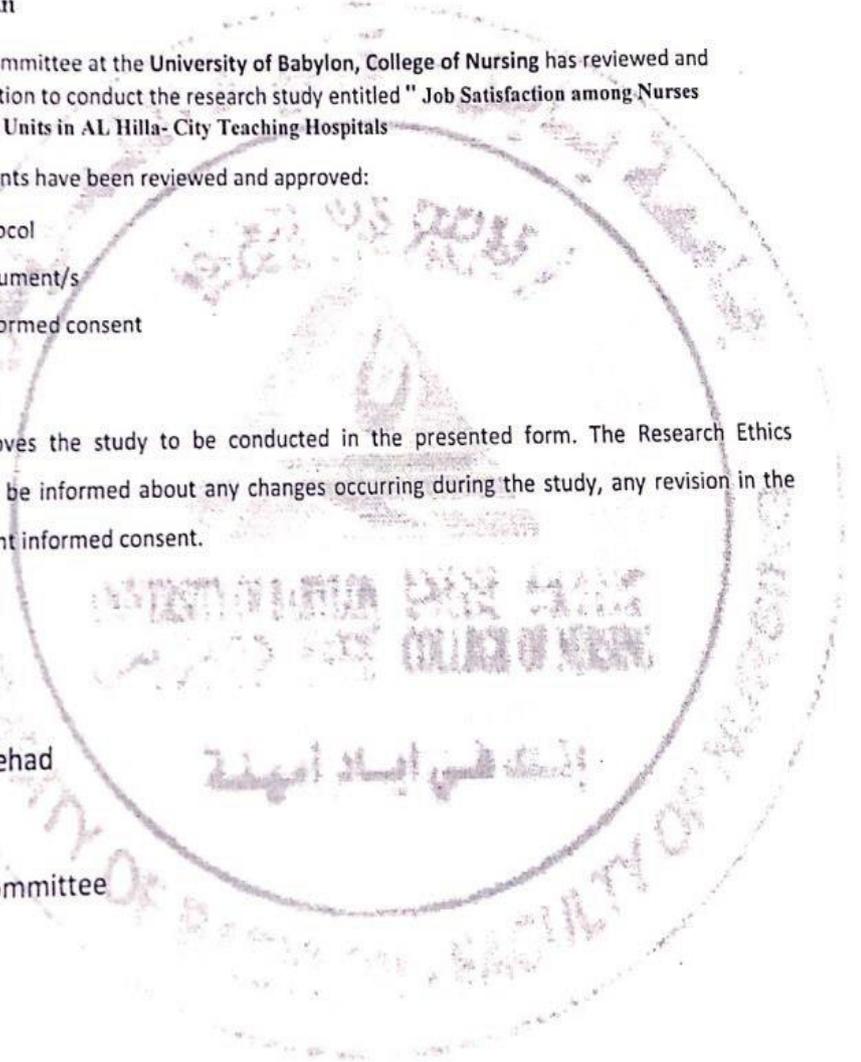
The Following documents have been reviewed and approved:

1. Research protocol
2. Research instrument/s
3. Participant informed consent

Committee Decision.

The committee approves the study to be conducted in the presented form. The Research Ethics committee expects to be informed about any changes occurring during the study, any revision in the protocol and participant informed consent.


Prof. Dr. Salma K. Jihad
Chair Committee
College of Nursing
Research Ethical Committee
18 / 01 /2022



جمهورية العراق

Ministry Of Health
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وزارة الصحة والبيئة
دائرة صحة محافظة بابل
المدير العام
مركز التدريب والتنمية البشرية
وحدة ادارة البحوث

العدد :

117

التاريخ :

2022 / 1 / 1

إلى / مستشفى الأمام الصادق (ع)
مستشفى الحلة التعليمي
مستشفى مرجان التعليمي

وزارة الصحة
دائرة صحة بابل
مركز التدريب والتنمية البشرية

م/ تسهيل مهمة

السلام عليكم ...

أشارة إلى كتاب جامعة بابل /كلية التمريض / لجنة الدراسات العليا ذي العدد ٥٢٣ في
٢٠٢٢/١/٣٠
نرفق لكم ربطا استمارات لموافقة الميدنية لمشروع البحث العائد للباحثة طالبة الماجستير (رواء
موسى حسن)
للتفضل بالاطلاع وتسهيل مهمة الموما إليه من خلال توقيع وختم استمارات اجراء البحث المرفقة
في مؤسساتكم وحسب الضوابط والإمكانات لاستحصال الموافقة الميدنية ليتسنى لنا اجراء اللازم
على أن لا تتحمل مؤسساتكم أية تبعات مادية وقانونية مع الاحترام

المرفقات :

استمارة عدد ٢ /

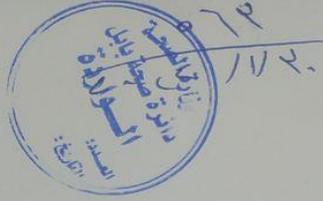
الدكتور

محمد عبد الله عجرش
مدير مركز التدريب والتنمية البشرية
٢٠٢٢ / /

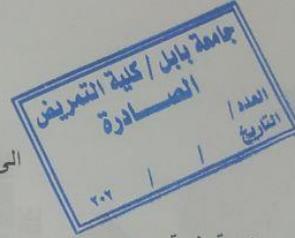
نسخة منه إلى :

• مركز التدريب والتنمية البشرية / وحدة ادارة البحوث مع الأوليات ...

Ref. No. :
Date: / /



العدد : ٥٢٢
التاريخ : ٢٠٢٢ / ١١ / ١٢



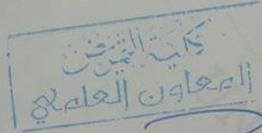
الى / دائرة صحة بابل/ مركز التدريب والتطوير
م/ تسهيل مهمة

تحية طيبة :
يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالبة الماجستير
(رواء موسى حسن) لغرض جمع عينة دراسة الماجستير والخاصة بالبحث
الموسوم :

الرضا الوظيفي للممرضين العاملين في وحدات الطوارئ في مستشفيات مدينة الحلة التعليمية.

Job Satisfaction among Nurses working at Emergency Units in AL-Hilla City Teaching Hospitals.

مع الاحترام ...

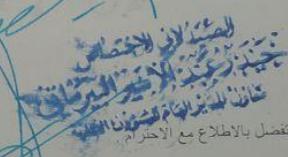


المرفقات //
• بروتوكول.
• استبانة.

ا.م. د. نهاد محمد قاسم الدوري
معاون العميد للشؤون العلمية والدراسات العليا
٢٠٢٢ / ١١ / ١٢ .

صلى الله عليه وسلم
بسم الله الرحمن الرحيم
الحمد لله الذي جعل العلم
وسبيل حياة
مباركة
وهدى للناس
الى صراط مستقيم

مركز تدريب و
مركز الدراسات العليا
جامعة بابل



صورة عنه //
• مكتب السيد العميد للتفضل بالاطلاع مع الاحترام
• لجنة الدراسات العليا
• الصادرة

Ministry Of Health
Babylon Health Directorate
Email:-
Babel_Healthmoh@yahoo.com
Tel:282628 or 282621



وزارة الصحة والبيئة
دائرة صحة محافظة بابل
المدير العام
مركز التدريب والتنمية البشرية
لجنة البحوث

استمارة رقم :- ٢٠٢١/٠٣

رقم القرار :- ١٧

تاريخ القرار :- ٢٠٢٢ / ٤ / ٤

قرار لجنة البحوث

تحية طيبة ...

درست لجنة البحوث في دائرة صحة بابل مشروع البحث ذي الرقم (٢٠٢٢/٠٢٣ / بابل) المعنون (الرضا الوظيفي للمرضين العاملين في وحدات الطوارئ في مستشفيات مدينة الحلة التعليمية) والمقدم من الباحثة (رواء موسى حسن) إلى وحدة إدارة البحوث والمعرفي مركز التدريب والتنمية البشرية في دائرة صحة بابل بتاريخ ٢٠٢٢/٢/٨ وقررت :

قبول مشروع البحث أعلاه كونه مستوفيا للمعايير المعتمدة في وزارة الصحة والخاصة بتنفيذ البحوث ولا مانع من تنفيذه في مؤسسات الدائرة .



مع الاحترام

الدكتور / محمد عبد الله عجرش
رئيس لجنة البحوث
٢٠٢٢ / /

نسخة منه إلى :

• مكتب المدير العام / مركز التدريب والتنمية البشرية / وحدة إدارة البحوث ... مع الأوليات.

سونان



Appendix B

Part I: Socio- demographic and Personal Characteristics:

1- Age (years):

25-29

30-34

35 and above

2-Gender: Male Female

3- Educational Status: Secondary nursing school Institute
College and above

4-Marital status: Single Married
Divorced Widowed
Separated

5- Residency: Urban Rural

6- Years of experience in Nursing (at emergency unit):

3 – 7 Years

8 – 12 years

13 years and above years

7-Family size: < 3 member 4 member

6 members +8 members

8 –Mean of Transportation:

Public

Own vehicle

On foot

Part II: Job Satisfaction questionnaire Domains

	Items	Always	Some Times	Never
First domain : Work Satisfaction				
1	In my work , I am satisfied			
2	I am interested in the things I do			
3	I have the feeling that my work is worth it			
4	I occupy the position I deserve for ability and preparation			
Second domain : Working stress				
5	I have enough responsibility to take a decision			
6	At the end of the day I feeling very tired			
7	I do not disconnect work when I get home			
8	I have to throw myself in to my daily work			
9	My work upsets my mood			
Third domain : Professional competence				
10	I often feel am not able to do my work			
11	I think I do not have enough resources to do my work as well as I wish			

12	Competitiveness causes me stress or tension			
Fourth domain : Work pressure				
13	I am in short of time to do my work			
14	I think my workload is excessive			
Fifth domain : Professional promotion				
15	I have the opportunity to learn new things			
16	I get recognition for my work			
17	I have a lot of promotion possibilities			
Sixth domain: Interpersonal relationship with the colleagues				
18	Relationship with my co-workers are cordial			
19	I know what is expected of me at work			
Seventh domain : Relationship with coworkers				
20	Relationships with my colleagues are pleasant			
Eighth domain : Professional status				
21	I have independence to organize my work			
22	The salary is appropriate			
Ninth domain Work monotony				
23	My work does not vary, it is monotonous			
24	Personal problems of my colleagues affect me			

Part III: Work Context

	Items	Always	Some times	Never
1.	I am able to communicate well with my nurse manager/supervisor			
2.	There are adequate patient care supplies and equipment			
3.	My nurse manager/supervisor provides adequate supervision			
4.	Friendships with my co-workers are important to me			
5.	My work setting provides career advancement opportunities			
6.	There is teamwork in my work setting			
7.	I feel a sense of belonging in my workplace			
8.	It is easy to communicate with the other therapists (physical, respiratory, etc.)			
9.	I receive feedback on my performance from my nurse manager/supervisor			
10	I am able to participate in decisions made by my nurse manager/supervisor			
11	I feel respected by physicians in my work setting			
12	It is important to have a designated, private break area for the nursing staff			
13	My organization supports me in returning to study for advanced degree (Bachelor's degree, Master's degree, Doctoral degree...).			

14	I receive support to attend in-services and continuing education programs			
15	I communicate well with the physicians in my work setting			
16	I am recognized for my accomplishments by my nurse manager/supervisor			
17	Nursing policies and procedures facilitate my work			
18	The security department provides a secure environment			
19	I feel safe from personal harm (physical , emotional, or verbal) at work			
20	Upper-level management has respect for nursing			

الجزء الاول : البيانات الشخصية

١-العمر (بالسنوات) :

٢٥ - ٢٩

٣٠-٣٤

٣٥ فما فوق

٢-الجنس : ذكر أنثى

٣- مستوى التعليم : اعدادية تلميذ دبلوم بكالوريوس فما فوق

٤- الحالة الزوجية : اعزب متزوج مطلق ارمل منفصل

٥- الإقامة : حضر ريف

٦-سنوات الخبرة في التمريض (في التمريض) :

٣- ٧ سنوات -

٨- ١٢ سنوات

١٣ سنة فأكثر

٧- عدد افراد العائلة :

٣ افراد او اقل ٤ افراد

٦ افراد ٨ افراد او اكثر

٨-وسيلة النقل : عام مركبه خاصه سيراً على الاقدام

الجزء الثاني : مجالات استبانة الرضا الوظيفي

ت	البُود	دائماً	احياناً	ابداً
	المجال الاول: الرضا عن العمل			
١	أشعر بالرضا عن عملي			
٢	أنا مهتم بالأشياء التي أفعالها			
٣	أشعر بأن عملي يستحق كل هذا العناء			
٤	أشغل المنصب الذي أستحقه كقدرة واعداد			
	المجال الثاني : ضغوط العمل			
٥	لدي مسؤولية كافية لاتخاذ القرار			

			٦ أشعر بالتعب الشديد في نهاية اليوم
			٧ ليس لدي القدرة على فصل نفسي عن العمل عندما أصل إلى المنزل
			٨ عليّ أن أشغل نفسي في عملي اليومي
			٩ عملي يؤثر سلبيًا على مزاجي
المجال الثالث : الكفاءة المهنية			
			١٠ غالبًا ما أشعر أنني غير قادر على القيام بعملتي
			١١ أعتقد أنه ليس لدي ما يكفي من المستلزمات للقيام بعملتي كما أتمنى
			١٢ التنافس في العمل يسبب لي التوتر أو الشد
المجال الرابع : ضغط العمل			
			١٣ لدي وقت قصير للقيام بعملتي
			١٤ أعتقد أنني لدي عبء عملي مفرط
المجال الخامس : الترقية المهنية			
			١٥ لدي فرصة لتعلم أشياء جديدة
			١٦ أحصل على التقدير الكافي على عملي
			١٧ لدي الكثير من الفرص للترقية المهنية
المجال السادس : العلاقة الشخصية مع الزملاء			
			١٨ العلاقة مع زملائي في العمل ودية
			١٩ أعرف ما هو متوقع مني في العمل
المجال السابع : العلاقة مع زملاء العمل			
			٢٠ العلاقات مع زملائي ممتعة
المجال الثامن : الحالة المهنية			
			٢١ لدي استقلالية لتنظيم عملي
			٢٢ الراتب مناسب
المجال التاسع : رتبة العمل			
			٢٣ عملي لا يختلف ، فهو متنفس روتيني في مكان العمل
			٢٤ المشاكل الشخصية لزملائي تؤثر عليّ

الجزء الثالث: سياق العمل

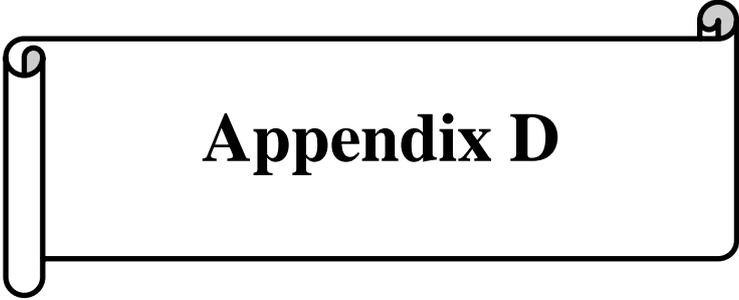
ت	العبارة	دائما	احيانا	ابدا
١	أنا قادر على التواصل بشكل جيد مع مسؤول التمريض / المشرف الخاص بي			
٢	توفير تجهيزات ومعدات كافية لرعاية المرضى			
٣	يوفر مسؤول الممرضة / المشرف إشرافاً مناسباً			
٤	الصدقات مع زملائي في العمل مهمة بالنسبة لي			
٥	يوفر عملي فرصاً للتقدم الوظيفي			
٦	هناك عمل جماعي في بيئة العمل			
٧	أشعر بالانتماء في مكان عملي			
٨	من السهل التواصل مع المعالجين الآخرين (جسدي ، تنفسي ، إلخ)			
٩	أتلقي تعليقات على أدائي من مسؤول التمريض / المشرف الخاص بي			
١٠	أنا قادر على المشاركة في القرارات التي يتخذها مسؤول التمريض / المشرف الخاص بي			
١١	أشعر باحترام الآخرين لي في بيئة عملي			
١٢	تخصيص منطقة استراحة خاصة للعاملين في التمريض			
١٣	تدعمني مؤسستي في العودة للدراسة للحصول على درجة متقدمة (درجة البكالوريوس ، درجة الماجستير ، درجة الدكتوراه ...).			
١٤	أتلقي دعماً لحضور برامج التعليم المستمر أثناء العمل			
١٥	أتواصل بشكل جيد مع الأطباء في بيئة عملي			
١٦	معتزف بإنجازاتي من قبل مسؤول التمريض / المشرف			
١٧	سياسات وإجراءات التمريض تسهل عملي			
١٨	إدارة المستشفى توفر بيئة آمنة			
١٩	أشعر بالأمان من الأذى الشخصي (الجسدي أو العاطفي أو اللفظي) في العمل			
٢٠	الإدارة العليا تحترم التمريض			



Appendix C

قائمة الخبراء

ت	اسم الخبير	اللقب العلمي	الاختصاص	مكان العمل	سنوات خدمه
1	د. سجاد هاشم محمد	استاذ	تمريض الصحة النفسيه والعقليه	جامعة بابل / كلية التمريض	40
2	د. حسن علوان بيعي	استاذ متمرس	بورڈ دكتوراه / طب مجتمع	كلية الحلہ الجامعه	40
3	د. امين عجیل ياسر	استاذ	دكتوراه تمريض صحة مجتمع	جامعة بابل / كلية التمريض	37
4	د. اركان بهلول ناجي	استاذ مساعد	تمريض صحة الاسره ومجتمع	جامعة بغداد / كلية التمريض	35
5	د. ناجي ياسر	استاذ مساعد	دكتوراه تمريض صحة مجتمع	جامعة بابل / كلية التمريض	33
6	د. سلمان حسين فارس	استاذ مساعد	تمريض صحة مجتمع	جامعه كربلاء / كليه التمريض	30
7	د. محمد فاضل خليفه	استاذ	تمريض صحة مجتمع	جامعة بغداد / كلية التمريض	28
8	د. سحر ادهم الابراهيم	استاذ	تمريض بالغين	جامعة بابل / كلية التمريض	27
9	د. حسام عباس داود	استاذ مساعد	تمريض بالغين	جامعة بابل / كلية التمريض	20
10	د. ايسن كمال محمد نوري	مدرس	دكتوراه تمريض صحة مجتمع	جامعة بغداد / كلية التمريض	17
11	د. علاء محيبيس نعمه	استاذ	تمريض صحة مجتمع	جامعة ذي قار / كلية التمريض	17
12	د. مرتضى غانم الجبوري	استاذ مساعد	دكتوراه تمريض صحة مجتمع	جامعة وارث الانبياء / كلية التمريض	15
13	د. ماهر خضير هاشم	استاذ مساعد	اللغه العربيه	جامعة بابل / كلية التمريض	15
14	د. حيدر حمزه علي	استاذ مساعد	تمريض الصحة النفسيه	جامعة الكوفه / كلية التمريض	12
15	د. قحطان قاسم محمد	استاذ مساعد	تمريض الصحة النفسيه والعقليه	جامعة بغداد / كلية التمريض	12
16	د. محمد لفته	استاذ مساعد	تمريض صحة مجتمع	جامعة العميد / كلية التمريض	6

A horizontal rectangular box with a black border, designed to look like a scroll. The left side is a vertical cylinder, and the top and bottom edges are slightly curved. The text "Appendix D" is centered within the box.

Appendix D



Ref. No :

Date:

العدد : ٥٤٥٤

التاريخ : ١٢١ / ٦ / ٢٠٢٢

جامعة بابل / كلية التمريض
السوردة
العدد / ١٦٤٨
التاريخ ٢٠٢٢ / ٦ / ١٢



كلية التمريض
العميد للشؤون العلمية المحترم

م/اعادة رسالة
المستأثرين
المستأثرين

تحية طيبة:

نعيد اليكم رسالة طالبة الماجستير (رواء موسى حسن) في كالتكم بعد تقويمها لغويًا من قبل (أ.م.د. حسين حميد معيوف) من قسم اللغة الانكليزية في كليتنا. نأمل من الباحثة الالتزام بالملاحظات المثبتة على متن الرسالة .

*** **

أ.د. اسامة كاظم عمران

معاون العميد للشؤون العلمية
والدراسات والعليا



م.علي الميرزا

م.علي الميرزا

نسخة منه الى

- الدراسات العليا .
- الصادرة

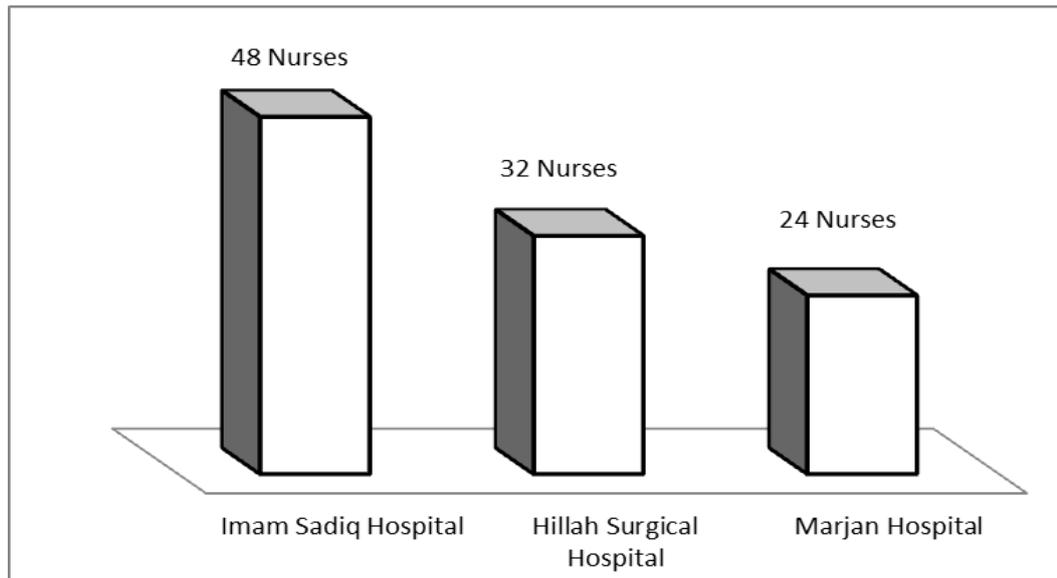


Figure 3-1. Distribution of Study Sample according to the Hospital Selected

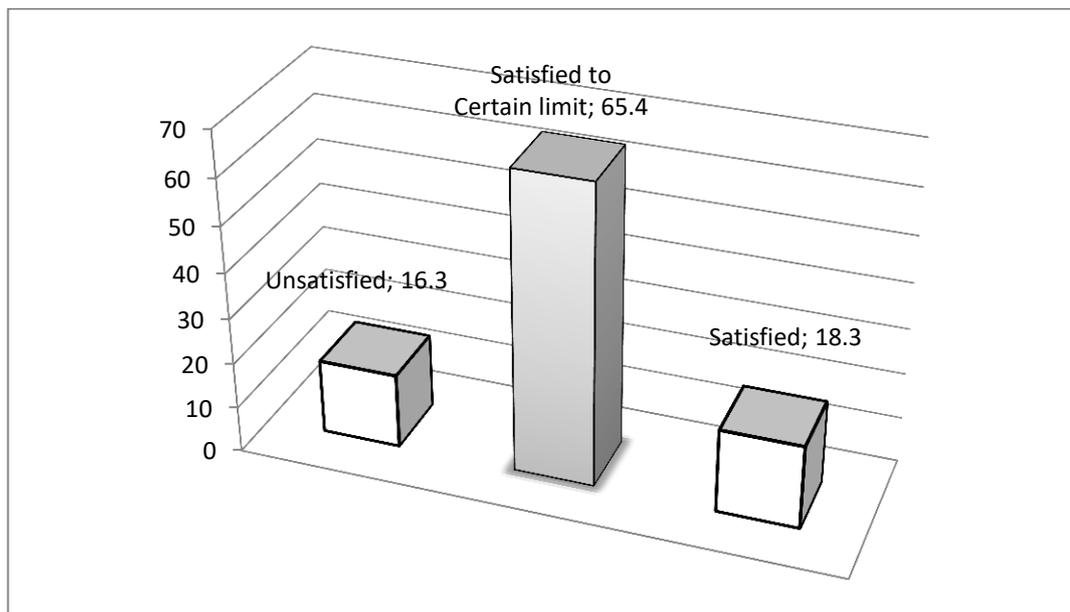


Figure4-1: Job Satisfaction among Nurses Work at Emergency Department

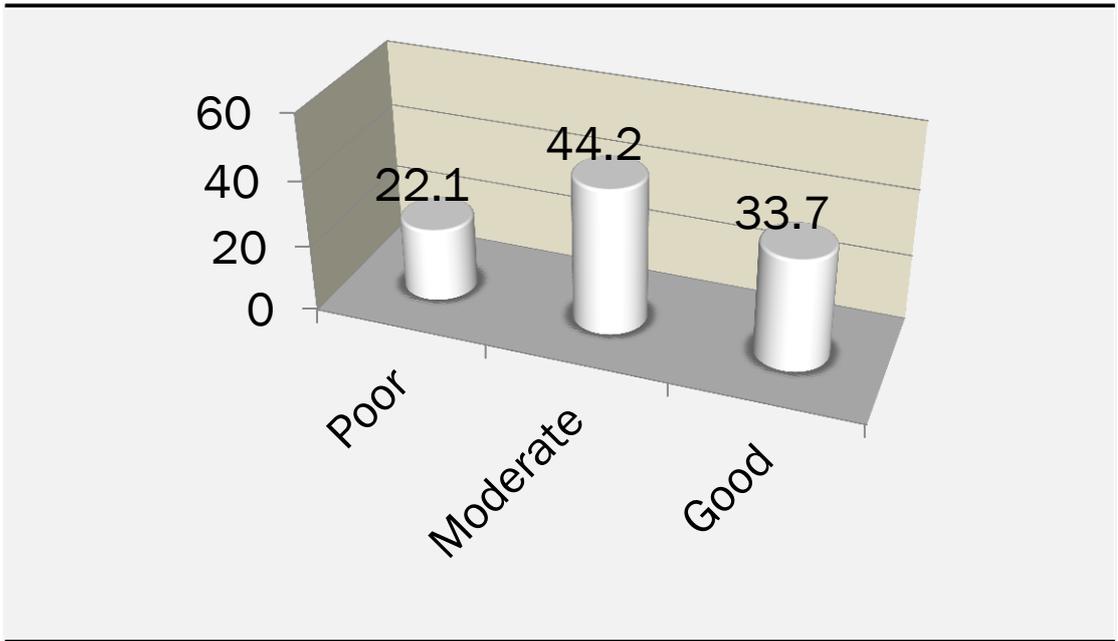


Figure 4-2: Work Context in Emergency Department

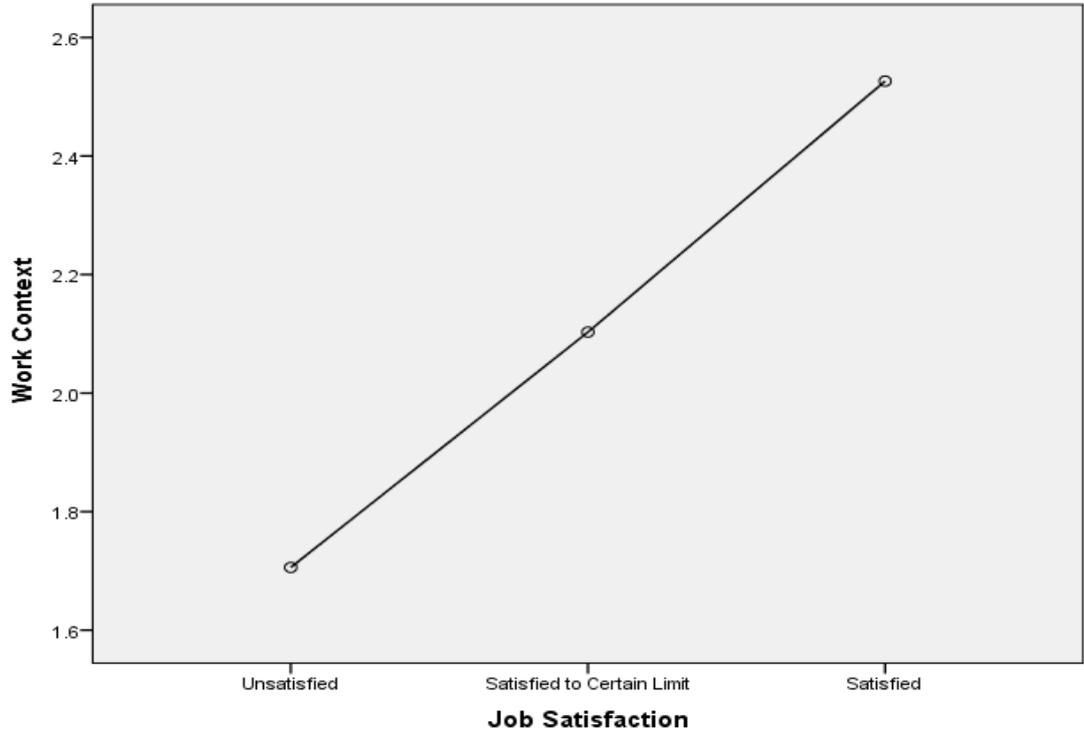


Figure 4-3: Distribution of Job Satisfaction to Work Context

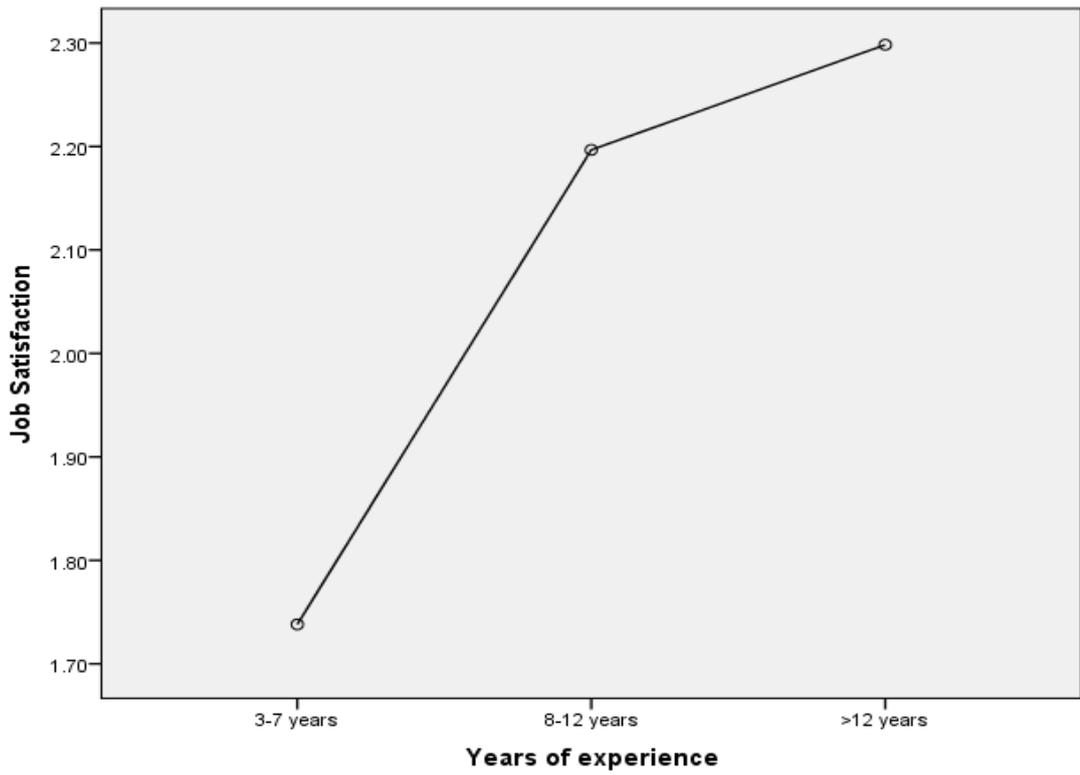


Figure 4-4: Distribution of Job Satisfaction According to Years of Experience

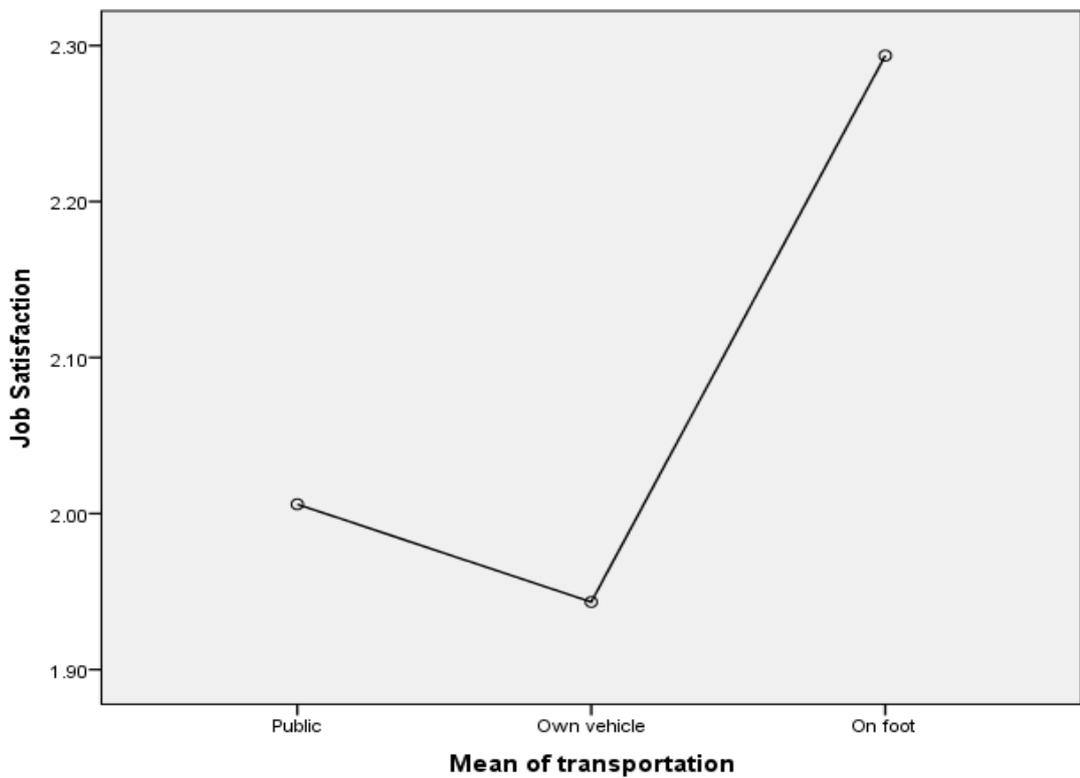


Figure 4-5: Distribution of Job Satisfaction According to Mean of Transportation

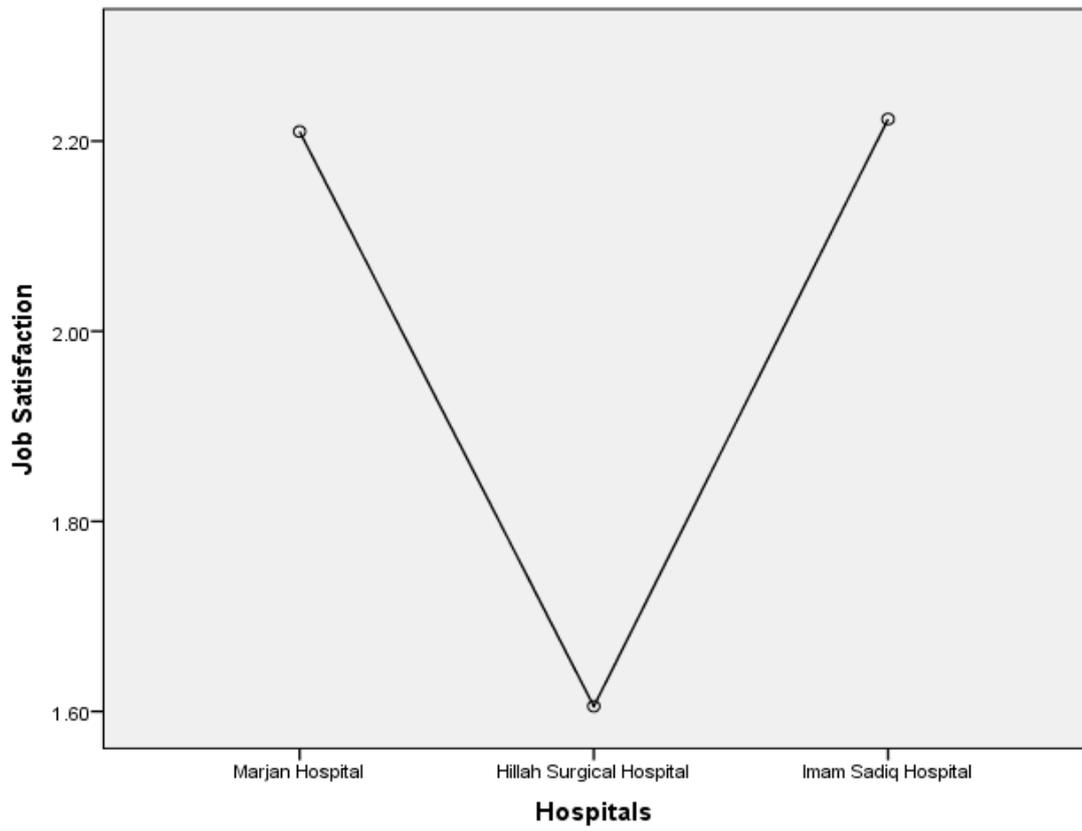


Figure 4-6: Distribution of Job Satisfaction According to Hospitals

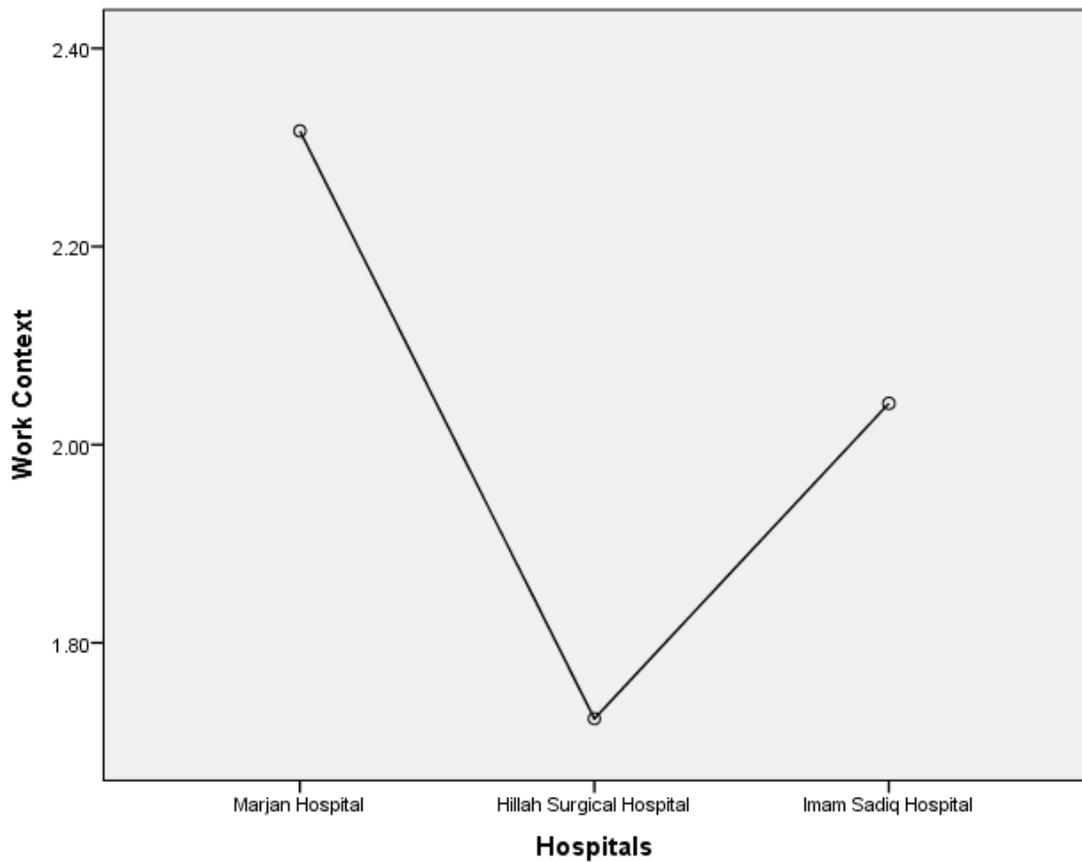


Figure 4-7: Distribution of Work Context According to Hospitals

الخلاصة

يُعرّف الرضا الوظيفي بأنه أي مجموعة من العناصر النفسية والفسولوجية والبيئية التي تدفع الشخص إلى ملاحظة "أنا سعيد بعملتي". يصف كيف تلبي الوظيفة بشكل جيد حاجة أو رغبة ، أو كيف تعمل كمصدر أو طريقة للرضا. لديها القدرة على التأثير على إنتاجية موظفي الرعاية الصحية، والتغيب، والدوران، فضلاً عن التزامهم التنظيمي وجودة العلاج الذي يقدمونه. يحدد أيضاً مدى رضا الفرد عن وظيفته. الرضا الوظيفي هو حالة عاطفية سعيدة أو جيدة تنشأ من تقييم تجارب العمل والعمل.

تم إجراء تصميم دراسة وصفية مقطعية في مستشفيات مدينة الحلة التعليمية للفترة من ١٠ تشرين الأول ٢٠٢١ إلى ٦ حزيران ٢٠٢٢ ، لتقييم مستوى الرضا الوظيفي بين الممرضين العاملين في وحدات الطوارئ .

وكانت عينة الدراسة ملائمة، وتكونت عينة الدراسة من (١٠٤) ممرض يعملون بوحدات الطوارئ. أعيد بناء أداة الدراسة واعتمادها من خلال مراجعة واسعة للأدبيات ذات الصلة وتم التحقق من صحتها لاستخدامها لإنجاز الدراسة المقدمة. ينقسم الاستبيان بشكل عام إلى ثلاثة أجزاء تشمل ما يلي: الجزء الأول الذي يتكون من الخصائص الاجتماعية والديموغرافية والشخصية للممرضين العاملين في وحدة الطوارئ ، والجزء الثاني: مجالات استبيان الرضا الوظيفي والجزء الثالث: سياق العمل.

تم جمع البيانات من خلال استخدام استبيان معاد بناؤه (النسخة العربية) استغرق كل ممرض (١٥ إلى ٢٠) دقيقة تقريباً لملء الاستمارة .

تمت المصادقة على الاستبيان من خلال لجنة مؤلفة من ١٦ خبيراً. تم إجراء دراسة تجريبية لتحديد مدى موثوقية الأداة والاتساق الداخلي. تم تحليل البيانات باستخدام طرق تحليل البيانات الإحصائية والوصفية المنفذة بواسطة (SPSS الإصدار ٢٠).

ب

استنتجت الدراسة الحالية أن (٦٥,٤٪) من الممرضات أظهرن حداً معيناً راضين عن عملهن كما هو موصوف بالمتوسط ومعايير الانحراف و (\pm SD 48.72) (10.73، 18.3)٪ من الممرضات راضيات عن وظائفهن ، و (١٦,٣ ٪) من الممرضين غير راضين عن وظائفهم. بالإضافة إلى وجود فروق ذات دلالة إحصائية في الرضا الوظيفي العام للممرضات فيما يتعلق بالمستشفيات (ع = ٠,٠٠٠). الممرضين الذين يعملون في قسم الطوارئ في مستشفى الحلة الجراحي لديهم رضاء وظيفي منخفض بشكل ملحوظ مقارنة بالممرضات الذين يعملون في مستشفى المرجان والإمام الصادق.

أوصت الدراسة بزيادة تعويضات الممرضين والمكافآت والحوافز ، حيث أن المكافأة تلعب دوراً حيوياً في زيادة الرضا ، والذي ينعكس في الإنتاجية وجودة الخدمة المقدمة وأيضاً يجب أن تكون منطقة إقامة الممرضين قريبة قدر الإمكان من الوصول إلى مكان عملهم.



جمهورية العراق
وزارة التعليم العالي
والبحث العلمي
جامعة بابل
كلية التمريض

الرضا الوظيفي للممرضين العاملين في وحدات الطوارئ في
مستشفيات مدينه الحله التعليميه

رسالة مقدمه

من قبل

رواء موسى حسن

الى مجلس كلية التمريض/جامعة بابل

جزء من متطلبات نيل درجة الماجستير علوم في التمريض

بأشراف

الاستاذ الدكتور سلمى كاظم جهاد