نموذج رقم (١)

إقـــــرار

أنا الموقع أدناه مقدم الرسالة التي تحمل العنوان:

Why Nurses Leave their Work from Governmental Hospitals to Primary Health Care Centers in Gaza Governorates

أقر بأن ما اشتملت عليه هذه الرسالة انما هو نتاج جهدي الخاص، باستثناء ما تمت الاشارة اليه حيثما ورد، وإن هذه الرسالة ككل أو أي جزء منها لم يقدم من قبل لنيل درجة أو لقب علمي أو بحثي لدي أي مؤسسة تعليمية أو بحثية أخرى.

DECLARATION

The work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

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Why Nurses Leave their Work from Governmental Hospitals to Primary Health Care Centers in Gaza Governorates

لماذا يترك الممرضون أعمالهم في المستشفيات الحكومية الى مراكز الرعاية الصحية الأولية في محافظات غزة

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نتيجة الحكم على أطروحة ماجستير

بناءً على موافقة شئون البحث العلمي والدراسات العليا بالجامعة الإسلامية بغزة على تشكيل لجنة الحكم على أطروحة الباحث/ أحمد محمد حسن مسمح لنيل درجة الماجستير في كلية *التجارة*/ قسم إدارة الأعمال وموضوعها:

لماذا يترك الممرضون أعمالهم في المستشفيات الحكومية إلى مراكز الرعاية الصحية الأولية في محافظات غزة

Why Nurses leave their work from governmental Hospitals to Primary Health care Centers in Gaza Governorates

وبعد المناقشة العلنية التي تمت اليوم السبت 23 شوال 1436 هـ، الموافق 2015/08/08م الساعة الحادية عشرة صباحاً بمبنى القدس، اجتمعت لجنة الحكم على الأطروحة والمكونة من:

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واللجنة إذ تمنحه هذه الدرجة فإنها توصيه بتقوى الله ولزوم طاعته وأن يسخر علمه في خدمة دينه ووطنه.

والله ولي التوفيق ،،،

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(يَرْفَعِ اللَّهُ الَّذِينَ آمَنُوا مِنكُمْ وَالَّذِينَ أُوتُوا الْعِلْمَ دَرَجَاتٍ)

صدق الله العظيم

سورة المجادلة اية 11

Dedication

I dedicate This study to….

Palestine, the homeland, and the identity…

Saudi Arabia, birthplace, and childhood periods.

Martyrs in general, especially Habes and Yousif Mesmeh.

My father, Mohammad, my mother, Amna.

My wife, Jehad, my daughter Raneem, my sons Waleed, Mohammad, Osama.

My brothers, Waleed, Hassan, Osama.

My sisters, Sanaa, Haniah, Wafaa and safaa.

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Ahmad Mesmeh

July, 2015

Table of Contents

List of Tables

List of Figures

List of Abbreviations

ANA	American Nursing Association
CCU	Cardiac Care Unit
EGH	European Gaza Hospital
ER	Emergency Room
GS	Gaza Strip
ICN	International Council of Nurses
ICU	Intensive Care Unit
ITL	Intention To Leave
MMS	Medical Military Services
MOH	Ministry Of Health
NGOs	Non-Governmental Organizations
NIS	New Israeli Shekel
OC	Organization Climate
PECS	Palestine Expenditure Consumption Survey
PNA	Palestinian National Authority
RNs	Registered Nurses
SPSS	Statistical Package for Social Sciences
UNRWA	United Nations for Relief and Working Agency
US	United State
WB	West Bank
WHO	World Health Organization

ABSTRACT

This study aimed to understand the factors motivating nurses to move from governmental hospitals to primary health care (PHC) centers in Gaza governorates. Researcher observed many nurses who work in governmental hospitals submitting letters to their nursing unit requesting to leave.

Descriptive analytical method approach was used; in order to achieve the research objectives, a questionnaire tool was used to target those nurses request leave from governmental hospitals to PHC centers in all 13 hospitals administered by the ministry of health (MOH) in the Gaza Strip. A total of 105 questionnaires were distributed, representing the entire study population.

The result of the study showed that the main cause of nurses intention to leave governmental hospitals to PHC centers in the Gaza Strip is work shifts mainly female, the second cause is the amount and nature of the work and the third cause is the democratic style. A statistical relationship was exist between the work environments within certain departments mainly the maternity wards followed by intensive care units/cardiac care units (ICU/CCU).

No statistical differences were found between age, marital status, number of children, job title, qualification, place of work (organization), health status, availability of private work, monthly income level, and nurses transition.

Furthermore, the research found that family-related issues were given as a main cause of intentions to leave by 82.38% of participants. This was followed by working hours as noted by 60.09% of the participating nurses.

This researcher recommended in order to reduce nurses transition from governmental hospitals to PHC centers, reviewing and activating job descriptions and providing nurse managers/supervisors with training programs on the art of management.

ملخص الدراسة باللغة العربية

هدفت هذه الدراسة إلى فهم العوامل التي تؤدي إلى انتقال الممرضين والممرضات العاملين بالمستشفيات الحكومية إلى مراكز الرعاية الصحية الأولية، حيث لاحظ الباحث أن العديد من الممرضين والممرضات الذين يعملون بالمستشفيات الحكومية يتقدمون بطلبات نقل إلى وحدة التمريض.

ومن أجل تحقيق أهداف الدراسة استخدم الباحث المنهج الوصفي التحليلي، كما أعدّ الباحث أداة الدراسة وهي استبانة، وقد تم تطبيقها على مجتمع الدراسة كله، وهم الممرضون والممرضات المتقدمون بطلبات نقل من المستشفيات الحكومية ـ وعددها ثلاثة عشر مستشفى ـ التابعة لوزارة الصحة إلى مراكز الرعاية الأولية الصحية في محافظات غزة، وقد بلغ عدد المستجيبين على الاستبانة من الجنسين (105).

وقد توصلت الدراسة إلى أن السبب الرئيس لرغبة الممرضين والممرضات في الانتقال من المستشفيات الحكومية إلى مراكز الرعاية الصحية الأولية في محافظات غزة يرجع إلى فترات العمل وهو مرتبط بدرجة كبيرة بالنوع ولصالح الإناث، وأن السبب الثاني هو حجم وطبيعة العمل ومرتبط بدرجة كبيرة بالنوع أيضاً ولصالح الإناث، والسبب الثالث هو النمط الإداري الديمقراطي ومرتبط بدرجة كبيرة أيضا بالنوع ولصالح الإناث. كما أشارت النتائج إلى وجود علاقة ارتباط ذات دلالة إحصائية بين بيئة العمل والقسم الذي يعمل فيه الممرض والممرضة وكان لصالح أقسام الولادة يليه أقسام العناية المركزة.

كما أظهرت الدراسة إلى أنه لا يوجد فروق ذات دلالة إحصائية بين العمر، والحالة الاجتماعية، وعدد الأطفال، والمسمى الوظيفي، والمؤهل العلمي، ومكان العمل، والحالة الصحية التي يتمتع بها الممرض، والعمل الخاص، ومستوى الدخل الشهري مع انتقال الممرضين والممرضات العاملين بالمستشفيات الحكومية. وعلاوة على ذلك، أوضحت الدراسة ان 82.38% من المشاركين عزوا أن أسباب رغبتهم بالانتقال من المستشفيات الحكومية إلى أسباب وعوامل عائلية بدرجة أولى، وأن ساعات العمل تمثل السبب الثاني بنسبة 60.09% من المشاركين.

وقدمت الدراسة مجموعة من التوصيات من أهمها: ضرورة تخفيض ساعات العمل اليومية، وتوفير عدد كافٍ من الممرضين، ومراجعة وتفعيل الوصف الوظيفي، وتوفير برامج تدريبية في فن الادارة ومهارات القيادة والتواصل الفعال لمسؤولي ومديري التمريض، وتحسين بيئة العمل من حيث البنية التحتية والامدادات اللازمة للعناية بالمرضى. كما أوصى الباحث طلاب العلم والباحثين والمهتمين بضرورة التعمق وبحث عوامل أخرى لم يتطرق لها في بحثه قد تكون سبباً في رغبة الممرضين في الانتقال من المستشفيات الحكومية. وتمنى من صانعي السياسات في وزارة الصحة أن يحثوا مدراء الصحة على العمل بتوصيات ومقترحات البحث.

Chapter 1 Introduction

1.1   Background

1.2   Research Problem

1.3   General Objectives

1.4   Specific Objectives

1.5   Research Questions

1.6   Importance of the Research

1.7   The Conceptual Framework

1.8   Research Limitation

1.9   Research Structure

1.10 Definition of Terms

Chapter 1: Introduction

1.1 Background

Health institutions are the most important components in any community. They contain multi-professional teams working together to achieve their objectives. This team includes nurses, who are essential and important professionals for the success of health institutions. Nurses are available in their health institutions 24 hours per a day, seven days a week. Nurses are in continuous direct contact and interactions with their clients. Nursing is providing protection, promotion, and optimization of health and abilities. Also assessing in prevention of illness and injury, alleviation of suffering through the diagnosis, treatment of human response, and advocacy in the care of individuals, families, communities, and populations (ANA, 2010). The nursing profession has grown significantly in recent years in theGaza Strip. It has become an extremely important component in the health care system, consider that nurses represent the majority group among all health-care providers. Nursing education started in 1925, affiliation with a number of missionary hospitals, who developed and organized the training a limited information base. In 1968, a practical school of nursing was established in Gaza at Shifa Hospital, which included an 18-months training program. In 1976, a qualified school of nursing was established in Gaza for a three years certification as a (staff nurse). Most of the graduates from these programs were hospital-based and medically-oriented. In 1992, a bachelor degree in nursing was established at the Islamic University. In 1995, a qualified school of nursing was developed for the Palestinian College of Nursing for both associate and bachelor degrees, however, the associate degree was eventually discontinued. During the Israeli Civil Administration, regulatory body for nursing, was in place, which was responsible for developing nursing education and, practices and initiating the nursing identity. Major improvements, however, were made immediately after the establishment of the Palestinian National Authority (PNA). The PNA assumed responsibility for all public health sectors. Nursing received strong support in terms of both human resource development and institutional building. The MOH established a nursing department with staffing and administrative support, which took responsibility for the development of nursing

practices and education, however, it started working mainly in the governmental sector, since it had received partial development during the Israeli Civil Administration. Recently, professional nurses, most of whom are female, have been indicating their intention to leave the governmental nursing sector.

In today's health-care environment, the role of the nurse has become more complicated and linked to multiple responsibilities. Major changes taken place in health care systems globally. These changes include, but are not limited to, a shortage of nurses, shortened lengths of stay in hospitals, an increasing emphasis on cost effectiveness, downsizing of health facilities, and an increase in patients with acute and chronic diseases (Kohles-Baker, Potts, & Moore, 2000). Today, when staffing levels are reduced in hospitals, there are concerns about a decline in the quality of care because of the increased demands of workload and patient acuity (Mrayyan, 2004). Nurses are the team members who implement the healthcare plan. Only nurses possess the education, experiences, and continuous access to the patient to implement the plan of care and monitor the ongoing results of treatment. Without this implementation the plan is simply an idea on paper. Furthermore, nursing occupies a position that enables it to coordinate the services of other team members. Thus, we see the nursing profession controlling hospital bed allocation, scheduling ancillary testing, administering medication, and planning discharge.

1.2 Research Problem

Since the researcher works in the nursing directorate, I observed many nurses demand from their managers, including requests to transfer from governmental hospitals to primary care clinics (the majority are female nurses). The factors that might influence their attitude need to be studied. Some complaints concern work conditions, health status, social factors, managerial style and others.

Many nurses have a desire to move from governmental hospitals to primary health care (PHC) centers, which may lead to decreased manpower and consequently productivity. The dissatisfaction of employees contributes to the absenteeism level, low morale, low productivity and other issues. Nurses have requested moving to governmental PHC centers for many reasons such as work conditions in hospitals, (especially rotating shifts), gender issues, health status, educational level, availability

of private work, managerial style, employee dissatisfaction, social and familial factors, experience level and other factors, all of which will be explored in this study in an effort to ascertain the evolution of these issues and prompt a discussion.

1.3 General Objective
To understand the transition factors of nurses from governmental hospitals to primary health care centers in Gaza governorates.

1.4 Specific Objectives
The research aims is to achieve the following objectives:

1- To explore factors that affect the transition of nurses from governmental hospitals to primary health care centers in Gaza governorates.

2- To recognize the association between socio-demographic characteristics and transition of nurses to primary health care centers.

3- To assess the impact of work condition on nurses transition to primary health centers.

4- To identify the relationship between managerial style and movement of nurses.

5- To conclude with recommendations and suggestions to policy makers to overcome this phenomenon.

1.5 Research Questions

- What are the factors affecting nurses leave their work in governmental hospitals for PHC centers in Gaza governorates?

- Do variations exist between male and female intention to leave?

- Is there a relationship between health status and intention to leave(ITL)?

- Is there a relationship between the managerial style of the direct manager and ITL?

- Is there a relationship between ITL and the following variable: organization – qualification – position – private work?

1.6 Importance of the Research
Nurses constitute the Majority of Health-care providers at the Ministry of Health (MOH). The researcher observed many nurses (mainly female) employed in

governmental hospitals submitting a letters to their nursing directors requesting transfers to governmental PHC centers. If the administration were to accept and approve all applications they receive, this would increase the shortage of manpower, resulting in the loss of experienced nurses from governmental hospitals and a decrease in the quality of nursing care.

This situation is considered a local problem in the nursing profession in Gaza and few studies have been conducted to address this phenomenon. Some countries in the regional area have focused on the intentions of nurses to leave public hospitals for private hospitals such as Jordan and occupied Palestinian territory (Krausz, Koslowsky, Shalom, & Elyakim, 1995; Thiab, 2010). Internationally, this problem appears as the migration of nurses from one country to another or from nursing profession to different field (Krausz et al., 1995).

The study will explore the main factors that might affect the desire of nurses to leave from governmental hospitals for PHC centers. The importance of this study serves the following levels:

- <u>The MOH Level:</u> this study can provide feedback and recommendations for policy makers in the MOH to decrease this phenomenon and improve the productivity of nurses in the hospitals.
- <u>Nursing College Level:</u> this study will be among the first to address the issue of nurses leaving governmental hospitals in Palestine and advise scientific students for advanced research studies.
- <u>Researcher Level:</u> the research experience and findings can enrich the researcher's knowledge of the nursing field and add new areas of exploration that can contribute to his career development.

1.7 The Conceptual Framework

The conceptual framework consists of eight categories, with each contributing to nurses intentions to leave their work. The first category includes socio-demographic characteristics which will be measured by the nurses feedback on questionnaire. This domain could discuss many variables that affect nurses intention to leave, such as age, gender, income level, qualifications, position, health status, marital status, overtime, private work, and others. The second category includes the nature and

quantity of work to assess the effect of job description, job satisfaction, autonomy, and the availability of enough staff with the intention to leave governmental hospitals. The third category assesses the effect of the work environment on ITL, such as lighting, ventilation, furniture, and the availability of protective equipment. The fourth category focuses on work periods and shifts and their effect on nurses intention to leave, such as working three shifts, work during vacations, and the ability to change schedules as needed. The fifth category discusses the effect of stress during work hours on the nurses desire of to leave their work such as headache, illness, communication defects, and others. The last three domains, discuss the effects of direct supervision and managerial styles on nurses intentions to leave their governmental hospital employments, according to the characteristics of the style adopted by the direct manager, mainly authoritarian, democratic or laissez-faire.
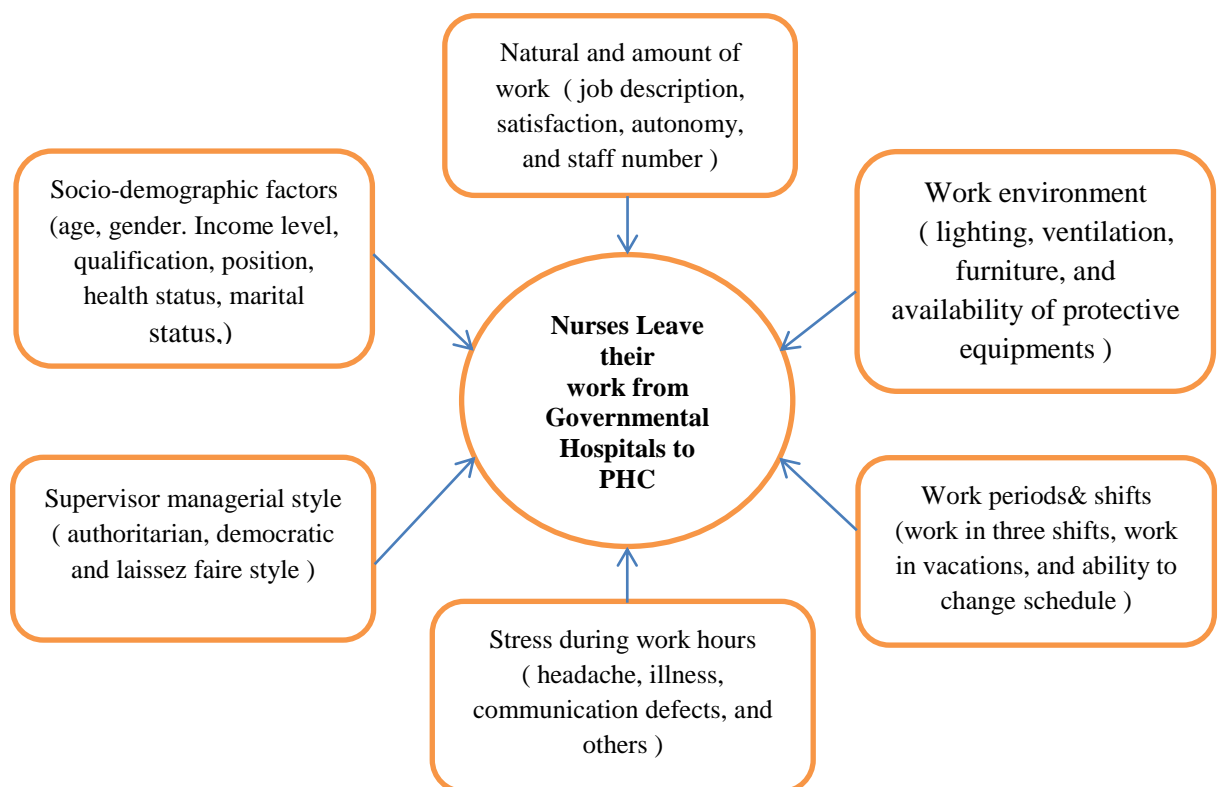
Figure 1.1: The conceptual framework (Self developed model)

1.8 Research Limitation

  Some barriers were faced performing this study:

- The political and economic situation,
- Time limitations,
- Limited previous studies,
- Expenses and transportation, and
- Fragmentation of nursing departments in hospitals and centralized hospital directorates.

1.9 Research Structure

The research is structured as follows, Chapter 1 discusses the research problem, research questions, research objectives, the importance of research, and provides a list of definitions used in this paper. Chapter 2 presents a theoretical framework and previous studies that affect nurses intention to leave. The methodology of the study is explained in Chapter 3. Chapter 4 provides analysis of the data and the results. Finally, Chapter 5 discusses the conclusions and recommendations derived from this study. An abstract and Glossary are provided at the beginning of the study.

1.10 Definition of Terms

- Theoretical definitions of terms

Leave concept

  A leave is a period of time an employee is absent from his or her work. During this time, although the employee will be away from his or her primary job, he or she still continues to be a salaried employee with the agency (sumHR, 2015, retrieved on 07 14, 2015).

Nurses Leave

  The action of registered nurses (RNs) transferring from one ward, organization or profession to another or to change career, profession as a whole (Barak, Nissly, & Levin, 2001).

Governmental Hospital

A hospital administered by officials of the city, country, state, or nation (Mondofacto, 2015, retrieved on 05 21, 2015).

Governmental PHC center

PHC center administered by officials of the city, country, state, or nation (Mondofacto, 2015, retrieved on 05 21, 2015).

Nursing

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations (ANA, 2010).

- Operational definitions of terms

Nurses leave

A status, in which a hospital registered nurse within a Gaza governmental hospital has intention to transfer from working in the governmental hospital to a governmental PHC.

Gaza Governmental hospital

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

Gaza Governmental PHC center

A clinic located in the Gaza Strip, directed by the general directorate of PHC in the Palestinian MOH and administered by health and management professionals.

Chapter 2 Literature Review

2.1   Theoretical Framework

     2.1.1 Introduction

     2.1.2 Socio-demographic context

     2.1.3 Job Satisfaction

     2.1.4 Work Environment

     2.1.5 Work period and Shifts

     2.1.6 Managerial Styles

2.2   Previous study

2.3   Research Gap

2.4   Summary

Chapter 2: Literature Review

2.1 Theoretical Framework

2.1.1 Introduction

This chapter presents information relevant to the Gaza Strip in Palestine which is the location of the study. The chapter presents a brief impression of the socio-demographic characteristics, job satisfaction, work environment, period and shifts, and managerial styles in the Palestinian MOH. Nursing encompasses the autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. It includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people (World Health Organization [WHO], 2015). The International Council of Nurses (ICN) adds to WHO nursing definition that key nursing roles include advocacy, the promotion of a safe environment, research, participation in shaping health policy and inpatient and health systems management, and education (ICN, 2014). Nursing provides the protection, promotion, and optimization of health and abilities. Nurses also assess the prevention of illness and injury, alleviate suffering through diagnosis, treat the human response, and advocate the care of individuals, families, communities, and populations (ANA, 2010). The nursing profession in the Arab world is developing rapidly, although it still has a long way to go. The status of nursing in the Arab world will be presented in three dimensions; education, practice, and image. As in the United State (US), there is a shortage of professional nurses in the Middle East. The number of nurses working in the Middle East in 2003 is listed in the next table.

Table 2.1: Number of working nurses in Arab countries in 2013

Arab Country	Employed Nurses
Egypt	137,245
Saudi Arabia	39,243
Bahrain	6,287
Jordan	11,787
Palestine	8,081
Qatar	6,928

Source: (Shukri, 2014, P.17)

The Palestinian experience in the health care system is unique and complicated. Several years of occupation and the following unilateral withdrawal of Israel from the Gaza Strip strongly influenced the health-care system in Palestine. The consequences of the closures and separation presented a great challenge for the MOH

as it created obstacles regarding the accessibility to health care services and the unity of the health care system in all Palestinian governorates (MOH,2005).

Health-care services in Palestine are provided by five sectors, which are the MOH, the UNRWA, medical military services (MMS), nongovernmental organizations (NGOs) and private sectors. The MOH is the main health care provider, it provides primary, secondary, and tertiary services and purchases some services from private sectors locally and abroad. The MOH plays the main role in providing and controlling the immunization scheme, public health activities, and the licensing and registration of health facilities. Healthcare financing is mainly provided through the government, apart from the out-of-pocket health financing, which is the first source of health financing in Palestine (MOH, 2006). The MOH owns and operates 479 PHC centers (54 in the Gaza Strip [GS] and 425 in the west bank [WB]), and 25 hospitals (13 in GS and 12 in WB) consisting of 3,071 beds (MOH, 2013). The manpower distribution of medical professionals in the MOH in Palestine for 2013 are presented in the following table:

Table 2.2: Distribution of medical professions in MOH, Palestine, 2013

No	Category	WB	GS	Total
1	Physician	931	1,801	2,732
2	Dentist	62	238	300
3	Pharmacist	181	227	408
4	Nurses	2,406	1,503	3,909
5	Paramedical	964	556	1,520
Total		4,544	4,325	8,869

Source: (Health Annual Report Palestine, 2013, P.50)

The 13 hospitals owned by the MOH in the Gaza Strip reached their clinical capacity in 2014 with approximately 2,314 beds. The majority of these beds are allocated to three large hospitals: Al-Shifa, Nasser and the European Gaza Hospital. Shifa hospital is a medical complex of three hospitals: surgery, medical, and an obstetric & women's hospital. The total clinical capacity is 743 beds. The Nasser Medical Complex contains two hospitals: Nasser (medical and surgery) and El-Tahreer hospital (obstetric & women and children), the total clinical capacity is 327 beds. The European Gaza Hospital (EGH) is a hospital in the southern Gaza Strip providing medical, surgical and pediatric services the total clinical capacity is 295 beds. Six specialized hospitals specialized and seven general hospitals are in the

Gaza Strip. Nurses play an important part in any health-care agency, 2530 nurses work in the MOH (2096 in hospitals, 345 in PHC centers and 89 in other facilities). The nurse ratio per bed is 0.9:1.0 (Nursing Unit Report, 2015).

Table 2.3: Distribution of nurses, beds and nurse per bed ratio in MOH hospitals, Gaza strip, Palestine, 2014

No.	Hospital	Number of nurses	Number of Beds	Nurse/bed
1	Al-Shifa	638	743	0.8
2	Nasser	312	327	0.9
3	EGH	269	295	0.9
4	Beit Hanoun	68	93	0.7
5	Kamal Odwan	126	145	0.9
6	Aldorra	68	85	0.8
7	Ophthalmic	36	42	0.9
8	Nasser Pediatric	123	142	0.9
9	Pediatric Specialty	79	76	1
10	Psychiatric Hospital	26	20	1.3
11	Alaqsa	182	201	0.9
12	Alnajjar	85	102	0.8
13	Al-emarati	84	63	1.3
Total		2096	2334	0.9

Source: (Comprehensive Statistical Nurses in MOH Hospitals-Gaza Governorates, Annex10)

Nurses leaving governmental hospitals is a local phenomenon, especially in the Gaza Strip. In this chapter, the researcher will review the previous studies to determine the main factors that affect nurses intention to leave. Job dissatisfaction, work conditions, socioeconomic characteristics, managerial style of supervisors among others are the main factors the researcher expects to find.

Table 2.4: Distribution of nurses and PHC centers number in Gaza governorates centers, Palestine, MOH 2014

No.	Governorate	Population	Nurses	Persons/nurse
1	North Governorate	302,000	58	5,207
2	Gaza Governorate	700,000	124	5,645
3	Mid Governorate	260,000	73	3,562
4	Khanyounis Governorate	360,000	59	6,101
5	Rafah Governorate	231,000	31	7,451
Total		1,853,000	345	5,371

Source: (Comprehensive Statistical Nurses in MOH PHC centers- Gaza Governorates,

Annex10)

2.1.2 Socio-demographic context

Palestine is a small country, currently comprising two areas separated geographically: the WB including Jerusalem and the GS, with a total area of 6,020 square kilometers (Palestinian Centre Bureau of Statistics [PCBS], 2010). The GS is a narrow band of land located on the south of Palestine, constituting the coastal zone of the Palestine territory along the Mediterranean Sea between Egypt and historical Palestine. It is 45 kilometers long and 6_12 kilometers wide with an area of 365 square kilometers (PASSIA, 2015, retrieved on 07 15, 2015).

The MOH has many nurses with different qualifications (bachelor, master & doctorate degrees, staff nurses, practical nurses, operation technicians, dental health technicians among others). The researcher works in the nursing unit (nursing directorate in the MOH), and has observed an increase in the applications from many nurses particularly females, requesting transfers from hospitals to PHC clinics. The MOH has 13 hospitals (seven general and six specialized) and 56 PHC centers distributed in all Gaza governorates. The total number of nurses in the public hospitals is 2096, while the total number of nurses working in the PHC centers is 345. According to the civil employment law no differences exist between the nurses working in both sectors (hospitals & PHC) regarding salaries, vacations, incentives and other privileges. According to the management hierarchy of the MOH, public hospitals are administrated by General Directorate of Hospitals while PHC clinics are administrated by the General Directorate of PHC. The public hospitals are the main provider for secondary and tertiary care 24 hours services divided into unequal shifts (morning shift 7.30_14.30, evening shift 14.30_19.30 and night shift 19.30_7.30). The number of hospital inpatient beds is 1,672. In contrast the PHC centers provide primary and secondary care in the morning and evening shifts in some areas (MOH report, 2014).

Thus, the MOH provides health care services at three levels: primary, secondary and tertiary. The PHC services, both preventive and curative, are supplied through PHC centers. By using a referral system, cases that require higher care are referred to governmental hospitals (the second level of care). The top to bottom relationship between health care organizations at various levels is not clearly organized. For example, there are no communicable channels or planned regulations for sending

patients back to PHC services from tertiary and secondary care levels. More efforts are needed to close this gap in the health-care system in order to reduce the overloading of the tertiary and secondary services.

2.1.3 Job satisfaction

The severe shortage of nursing resources affect workplace experiences, client health care, professional development, and retention. Nurses leave their jobs due to moderate to high dissatisfaction in the workplace (Liu et al., 2012), according to (Durant-Law, 2005) stated that many nurses focused on organizational and professional issues, which are major factors leading them to leave hospital work. Nurses with a high level of job satisfaction tend to stay in their job, with subsequently a better retention level (Wang, Tao, Ellenbecker, & Liu, 2012). Previous studies in the Jordanian MOH context have shown that the main factors leading to increased job satisfaction among medical and nursing staff are the presence of good motivation systems, training opportunities, the nature of rules and regulations, the scale of salaries and offering apportionment (Thiab, 2010). The higher nurses satisfaction the higher staff nurses job retention (Haut et al., 2006). The study conducted by Larrabee, Janney, Ostrow and others in 2003. aimed to identify the effect of attitudes, context of care, and nurses dissatisfaction on intentions to leave. The researchers used a predictive design to determine the factors that lead to leaving. The major factor affecting nurses transitioning is dissatisfaction. The major factor affecting nurses satisfaction is psychological empowerment. Further, the major factors affecting psychological empowerment are hardiness, transformational leadership style, nurse/physician collaboration and group cohesion (Larrabee et al., 2003). The nurses migration is motivated by push and pull factors. The main push factors stimulate workers to cross national borders, such as low payment, poor employment conditions, economic instability and limited educational opportunities. The main pull factors are higher payment, good working conditions, educational and travel opportunities and political stability (Evans & Tulaney, 2011).

Organizational commitment has implications for nurses intentions to leave their current position, but not nursing. The type of work and professional satisfaction predict both the intention of leaving the current position and nursing. Retention

programs need to be focused on both organizational commitment and professional satisfaction (Lynn & Redman, 2005). The main source for dissatisfaction is the work environment rather than individual or demographic factors, which were still the most important for staff turnover (Coomber & Louise Barriball, 2007). Three demographic factors affect nurses intentions to leave age, work experiences, and nursing educational level but the work area does not directly affect nurses intentions to leave (Ramoo, Abdullah, & Piaw, 2013). However, for midwives, the low number of staff on the ward and unsupportive management for subordinates lead to an increased ITL (Curtis, Ball, & Kirkham, 2006). The most important variable perceived to have affected nurses decision to leave was job dissatisfaction (Saeed, 1995). Nurses have lower levels of perceived empowerment in terms of autonomy, are subsequently less satisfied with their job, and therefore have an increased ITL (Kash, Naufal, Dagher, & Johnson, 2010). Increasing registered nurses empowerment leads to nurse retention, thus advising nurse managers to increase nurse empowerment is a strategy to minimize nurses intentions to leave (Zurmehly, Martin, & Fitzpatrick, 2009).

2.1.4 Work environment

Factors related to the work environment such as workplace and resource inadequency were found to be associated with RNs turnover intention such as setting of practice, inadequate resource, and unsafe environment (M. F. Chan, Luk, Leong, Yeung, & Van, 2009). Healthcare workers are at comparably high risk of violent incidents in Palestinian public hospitals. Decision makers need to be aware of the causes and potential consequences of such events. There is a need for intervention to protect health workers and provide safer hospital workplaces environment (Kitaneh & Hamdan, 2012).

In Australia, over half of all health providers in any health agency are nurses, comprising an essential part of their human resources. Of this nursing workforce, 30% were born overseas. Many factors contribute to this global migration of nurses to Australia, including workforce shortages, political issues, personal choices, racial intolerance, and Australia's multicultural society. In addition, this migration of nurses to Australia is set to continue as the move safety, economic gain and better professional development (Ohr, Parker, Jeong, & Joyce, 2010). In West Africa, conducted a study to provide an explanations for the observed retention problem of

registered nurses (RNs) in Sierra Leone, and to identify factors associated with their movement from Sierra Leone to other countries. He distributed 155 questionnaires to RNs in three governmental hospitals and three private hospitals. The response rate was 94.4%. A computerized Excel program was used for data analysis. The results of the study indicated an increasing level of nurses migrating from governmental to private hospitals due to unfavorable work environments. Poor remuneration, inadequate incentives, delayed promotions, and poor working conditions were cited by 97.5% of the respondents as reasons for leaving (Ibraheem). Improved working conditions in terms of buildings and infrastructures, security, and supplies for patient care increase the retention of PHC (Almalki, 2012). Many nurses consider transferring from hospitals to home care agencies due to many factors such as frustration, stress, and even traumatic learning experiences (Coulter, 1997).

According to Tummers, Groeneveld, and Lankhaar study in 2013, the most important reasons for nurses leaving are insufficient development and career opportunities, and negative working atmosphere respectively. The researchers used a survey design with 9,982 nurses in 156 Dutch organization in the period between 2010_2011 to identify the main job characteristics that most affect nurses intention to leave their current organization (Tummers, Groeneveld, & Lankhaar, 2013). In Nigeria, the major problem for health systems is a shortage of health workers, especially in rural areas where more than 70% of population lives. The aim of study conducted by Ebuehi and Campbell (2011) was to determine factors that would attract and retain health workers in Nigerian communities. A cross-sectional survey design employing quantitative and qualitative methods was used. The researchers distributed a self-administered questionnaire from December 2009 until February 2010 to 25 health workers from rural communities and 30 health workers from urban areas with the aim of identifying the motivating and demotivating factors for the retention and attraction of health workers. The major factors identified were working conditions, career development opportunities, and the availability of appropriate infrastructure regardless of the geographical region (Ebuehi & Campbell, 2011). Organization climate (OC) is an important determinant of intention to leave (ITL) among intensive care unit (ICU) nurses. Because higher wages do not reduce the ITL, increased pay alone without attention to OC is likely insufficient to reduce

nurse turnover. Implementing interventions aimed at creating a positive OC, as found in Magnet hospitals, may be a more effective strategy (Stone et al., 2006; Stone et al., 2007). A positive effect exists between good physician-nurse relations and recruitment and retention (Rosenstein, 2002).

2.1.5 Work period and shifts

Extended work shifts are more common among staff nurses, and working more than 13 hours per a day leads to an increased dissatisfaction level. Nurses working shifts of 10 hours or longer were up to two and a half times more likely than nurses working shorter shifts to experience burnout and job dissatisfaction, and subsequently, intend to leave the job. Nurse managers must also respect staff nurses days off and vacation time, as well as the right of nurses to refuse to work overtime without retribution (Stimpfel, Sloane, & Aiken, 2012). In PHC organizations in Saudi Arabia, increased daily working hours lead to increased ITL. Increased working hours without rest time, nursing staff shortages in organizations, and increased non-nursing duties may also lead to an increase in ITL among registered nurses (Almalki, 2012). Nurses with too many work periods lead to ITL in Iranian hospitals, if another job was available (Mosadeghrad, 2013). Thus, the most important variable perceived by those who intended to leave as having affected their decision was work over-load (Saeed, 1995).

2.1.6 Managerial styles

Managerial styles used by governmental and private agencies have an effect on the desire of nurses to leave or stay. The general director of health agencies must properly allocate human resources to maintain manpower in the agencies and decrease the resignation level (Ibraheem). Magda, Hala and Naglaa conducted a study in 2011 to determine the relationship between managerial style in private hospitals and nurse retention. A descriptive correlational design was used in three private hospitals with nurses who had at least three months of experience in 16 inpatient units. The questionnaire consisted of 16 items classified into four management styles: exploitative/authoritative, benevolent/authoritative, consultative, and participative management. The result of this study showed a significant

interrelation between nurse retention and the exploitative/authoritative management style, with more than half of the respondents perceiving a consultative management style to be more conductive to retention in the nursing profession (Nassar, Abdou, & Mohmoud, 2011). A study conducted by Kleinman in 2004 identified the relationship between the leadership style of nurse managers and the relation of nursing staff. A descriptive correlational study was conducted, with questionnaire distributed to 79 staff nurses and 10 nurse managers, and data collected from July to September 2003. The questionnaire consisted of 45 items within 12 domains of leadership characteristics. The final analysis supported the contention that effective leadership styles among nurse managers are associated with nursing staff job satisfaction and retention (Kleinman, 2004).

Consequently, a significant negative correlation exists between nurses job satisfaction and the style of leadership of nursing department heads. The nearer the style of leadership among nursing department heads to the dictatorship style, the lower the level of job satisfaction among nurses. Therefore, management development programs may improve the satisfaction and retention of critically needed managers and enhance the development of future nursing leaders (Wilson, 2005). Further, maximizing employee involvement in decision-making, promoting praise and recognition, and establishing a shared vision and goals lead to increased intentions to remain in the nursing profession (Tourangeau & Cranley, 2006). The most important variable perceived by those who intended to leave as having affected their decision was poor administration (Saeed, 1995).

2.2 Previous Studies

Nursing service administration is a broad subject that has been extensively studied from different perspectives, thereby providing results that are not necessarily similar due to the context of each study and the special nature of the studied area. The following previous studies were selected to represent different angles of the subject of research: social and demographic characteristics, work environment and workload, nature and amount of work, work pressure, and the managerial style of direct supervision. These previous studies provide a wide range of experiences that

will enrich this research with a focus on this particular special case study. Relating the case study presented in this research to international experiences will provide a strong foundation for conclusions and recommendations that will benefit the policy makers in the studied region. This is particularly the case due to the fact that the Palestinian experience is still being observed and evaluated given its relative age and political-economic complexity.

(Sharma et al., 2014) Occupational stress among staff nurses: Controlling the risk to health

The aim of the study was to find the degree of work-related stress among staff nurses and the various determinants that have an impact on it. The study location was the Swami Medical Hospital, a tertiary instituation, attached to the Subharti Medical College, Meerut in India. The study, which was conducted in 2013_2014, used a cross-sectional methodology conducted with qualified nurses working in the hospital. A predesigned and pre-tested questionnaire was designed covering their socio-demographic variables in part I and their professional life stress scale in part II. All qualified nurses working in the day or night shift were covered by a consequential sampling technique; and all those who were on leave or not available at the time of data collection twice were excluded from the study. Thus, the total sample size of the study comprised of 100 staff nurses. The main nurses' occupational stressors were poor doctor's attitude, posting in busy departments (emergency/ICU), inadequate pay, too much work, and so on. Thus, hospital managers should initiate strategies to reduce the amount of occupational stress and provide more support to the nurses to deal with the stress.

(Ito, Eisen, Sederer, Yamada, & Tachimori, 2014) Factors Affecting Psychiatric Nurses' Intention to Leave Their Current Job

The researchers aimed to examine the psychiatric nurses' ITL in relation to their perceived risk of assault, their job satisfaction, and their supervisory support. The study Focused on 27 psychiatric hospitals in Japan, consisting of 1,494 nurses, and with a response rate of 76.5%. Of the respondents, 44.3% intended to leave their job for another one, and 41.3% had experienced an assault in the past year. The

results of this study indicated a significant positive correlation with ITL and nurses who perceived high risks in their work conditions, such as the probability of assault, while nurses with a high level of job satisfaction, and who felt supported by their supervisors had a low ITL and an increased retention level. In addition, organizational efforts are necessary to improve working conditions for staff and, consequently, improve the quality of patient care.

(Z. C. Chan, Tam, Lung, Wong, & Chau, 2013) On nurses moving from public to private hospitals in Hong Kong

The researchers aimed to explore the factors affecting nurses intention to leave general hospitals for the private sector. They used a qualitative analytical design and semi-structured interviews with nurses who left public hospitals to private agencies. After the interviews, the researchers divided the resulting factors into five issues, according to the nurses' responses: life in a public hospital, life in private hospitals, future plan, decision making, values and attitudes. The study concluded that the major significant factors influencing nurses to leave general hospitals for private sector are job satisfaction and demographics. The results have relevance for hospital management with regard to strategies to consider when addressing the issues of staff retention and recruitment.

(Mosadeghrad, 2013) Occupational stress and turnover intention :implications for nursing management

The aim of the study was to determine the level of occupational stress among nursing personnel in Isfahan (Iran), identify the factors that influence nurses' occupational stress, and examine the relationship between occupational stress and nurses' turnover intention. The study used a cross-sectional, descriptive, and correlational design for six hospitals in Isfahan: three hospitals for the MOH, one social security organization, and two private hospitals. Thirty questions were included in the occupational stress questionnaire. Respondents were asked to rate the intensity of the 30 common occupational stresses using a five-point scale (very low, low, medium, high, very high). Data collection was undertaken in September 2008, a

316 nurses were involved in this study with an 85% response rate. Of the participants, 75% were female and married, 61.9% held a bachelor degree, 34.9% perceived their job as extremely stressful, and the age of the participants ranged between 21_65 years old. All data were analyzed using the SPSS-11, and the results indicated that one third of Iranian hospital nurses have high levels of occupational stress. The major sources of occupational stress cited were inadequate pay, inequality at work, too much work, staff shortages, lack of promotions, job insecurity, and lack of management support. More than 35% of the nurses stated that they would consider leaving the hospital, if they could find another job opportunity. Occupational stress was positively associated with nurses' turnover intentions. Thus, hospital managers should initiate strategies to reduce the amount of occupational stress among the nurses, including providing more support to the nurses to deal with the stress.

(Hariri, Yaghmaei & Shakeri, 2012) Assessment of some factors related to leave in nurses and their demographic charater in educational hospitals of Shahid Behesthi University of Medical Sciences

The researchers aimed to assess some factors related to leave nurses leaving their jobs and their demographic information in educational hospitals in the Shahid Behesthi University of Medical Sciences. The researchers used a descriptive correlative study and distributed a questionnaire to 350 randomly selected nurses in 12 teaching hospitals during their rest times on various shifts. After collecting data from the questionnaires, researchers analyzed the data using SPSS-16. The results showed that 88% of the participants were female, 92% held a bachelor degree in nursing science, the age range was between 23_57 years old, and 48.3% worked in the medical surgical ward. The study found a significant negative correlation between age and ITL, and a significant correlation between organization level and shifts. This study recommended that nurse turnover be given more attention to eliminate the ITL of nurses.

(Simon, Müller, & Hasselhorn, 2010) Leaving the organization or the profession–a multilevel analysis of nurses' intentions

This paper examined the intention of nurses to leave the profession as well as the organization. A secondary data analysis was applied to data from 2,119 RNs from 71 departments in 16 German hospitals. Intention to leave the profession were strongly associated with personal background and the work/home interface, whereas for the organization ITL was related to leadership style. The findings suggested that the quality of leadership style specially influenced respondents decisions to leave their organizations.

(Ma, Lee, Yang, & Chang, 2009) Predicting Factors Related to Nurses' Intention to Leave, Job Satisfaction, And Perception of Quality of Care In Acute Care Hospitals

The aim of this paper was to determine the main factors affecting nurses' intentions to leave Taiwan hospitals. More than one-third of the nurses participating in this study considered leaving their current job. Approximately 71.5% of the respondents who expressed their ITL were single with no children. The study also found that nurses who worked the evening shift (33.7%) and night shift (21.6%) were more likely to indicate their ITL. The results showed that age, working evening shifts, and the level of job satisfaction were significant in predicting whether or not nurses intend to leave their current job. The findings can help hospital administrators and nursing leaders to develop strategies that minimize nurses' ITL.

(M. F. Chan et al., 2009) Factors influencing Macao nurses' intention to leave current employment

The aim of the study was to investigate factors associated with nurses ITL their current employment in Macao. The study used a descriptive survey design and data were collected using a self-reported structured questionnaire. Nurses were recruited from the Health Bureau and one private hospital in Macao. The status of nurses' ITL their current employment (yes or no) was the dependent variable, and

nurses' predisposing characteristics, organizational environments and five components on job satisfaction outcomes were independent variables. The results showed that age, work experience, workplace, job satisfaction, pay and benefits were significant risk factors to predict nurses' ITL their current employment. More than one-third of the nurses in Macao indicated an ITL. This phenomenon may be a cause of concern for hospital management and highlights the need to implement strategies to improve the communication between nurses and the organization, to enhance nurse retention in current employment.

(El-Jardali, Dimassi, Dumit, Jamal, & Mouro, 2009) A national cross-sectional study on nurses' intent to leave and job satisfaction in Lebanon: implications for policy and practice

The aim of this study was to determine the extent of nurses' ITL, and to examine the impact that job satisfaction has on influencing nurses to leave their current hospital and their country. A cross-sectional design was used to survey nurses currently practicing in Lebanese hospitals. A total of 1,793 nurses employed in 69 hospitals was surveyed, descriptive statistics were conducted on the sample's demographic characteristics including gender, age, marital status and educational level. Working hours and shifts have a significant influence on the turnover intention of nurses. A common predictor of intent to leave the hospital and the country was dissatisfaction with extrinsic rewards. Other predictors included age, gender, marital status, degree type, and dissatisfaction with scheduling, interaction opportunities, and control and responsibility. The findings suggest the importance of developing nurses scheduling conditions to improve their retention, as nurses need flexible schedules and appropriate working hours.

(Iipinge et al., 2009) policies and incentives for health worker retention in east and southern Africa: Learning from country research

This research aimed to investigate the causes of migration among health professionals in Swaziland, Zimbabwe, Tanzania, Kenya, as well as the strategies used to retain health professionals, and how they are being implemented, monitored,

and evaluated. The researchers employed a cross-sectional survey using focus group discussions at the different health sector levels in those countries. The researchers concluded that non-financial incentives were an appropriate response to enhance the push factors for the health workers' movement, including the improvement of poor work environments and conditions, poor communication, inadequate supportive management, heavy workloads, and inadequate recognition. Nonfinancial incentives are comparative to financial incentives to some degree.

(McCarthy, Tyrrell, & Lehane, 2007) Intention to 'leave' or 'stay' in nursing

The aim of this study was to investigate registered nurses' intentions to stay or leave employment. A cross-sectional quantitative design was used. A questionnaire was randomly distributed to 352 RNs at 10 hospitals in the Republic of Ireland. Among the nurses with the ITL, 92% were female, which formed 97% of the study sample. In addition, 23% of the study participants expressed an ITL. Of these, 77% were aged between 21 and 35 years old. Almost 60% of the nurses who expressed turnover intention were single, and 22% of the 352 participants who held a bachelor degree indicated an intention to leave their current employment. Intent to leave has serious implications for workforce planning. Investigating the impact of focused interventions in relation to current responsibilities may be key retention strategies for nurse managers.

(Lynn & Redman, 2005) Faces of the Nursing Shortage: Influences on Staff Nurses' Intentions to Leave Their Positions or Nursing

The research aimed at examining the relationship between organizational commitment, job satisfaction, and nurses ITL their current position or profession. Nursing satisfaction with the quantity of their work was considered the second line of defense in organizations that adopt employee retention strategies. A heavy workload may influence the productivity of RNs, and in turn, affect the service quality. It is important for health organizations to manage and reduce workloads if they wish to retain their nurses.

(Reeves, West, & Barron, 2005) The impact of barriers to providing high-quality care on nurses' intentions to leave London hospitals

This study aimed to examine the impact of nurses' perceived barriers to delivering high-quality patient care on their intentions to leave their current employers. The questionnaire, which was distributed to 6,160 nurses directly employed by 20 London hospitals, asked nurses to report on experiences in their working lives and to state their intentions to leave or stay with their current employer. After approximately three years, mainly due to inadequate resources, nurses report more problems in both nurse-centered and patient-centered dimensions, and are more likely to intend to leave their current employers. Satisfaction with pay and the cleanliness of work areas are also important factors. The findings suggested that employers who want to keep their nurses from moving to other hospitals need to find ways to provide them with a high quality work environment.

(Al-Aameri, 2003) Source of job stress for nurses in public hospitals

The research aimed to assess the different sources of job stress for nurses in a number of public hospitals in Riyadh city, Saudi Arabia. The researcher used a questionnaire distributed to 424 nurses working in different public hospitals in 2002. Validity and reliability were examined and the score of Cronbaches alpha score was found to be .92. Six possible sources of job stress for nurses were identified, including organizational structure and climate, the job itself, managerial role, interpersonal relationships, career and achievement, and homework interface. The major sources of stress were the first three factors, but views were mixed on the last three. Public hospital managers must deal with these and other stresses and manage them more constructively in a way that positive consequences will be maintained, and negative ones will be eliminated. There are many strategies for coping with job stress that managers should adopt.

(Rambur, Palumbo, McIntosh, & Mongeon, 2003) A statewide analysis of RNs' intention to leave their position

The aim of the study was to examine the effect of demographic factors on the intentions of 4,418 nurses to leave their positions in an American hospital. A secondary analysis of RN relic ensure surveys was done (response rate = 85%). The turnover intention among RNs who worked 30 hours or less per week was less than nurses who worked full time (36_40 hours). RNs who worked 30 hours or less per week may have had more free time for rest and for their personal lives, so they could care for themselves, their families, relatives, and friends. Tackling nurse dissatisfaction in order to improve retention will require increased attention to compensation, education, and career development and flexibility.

(Tzeng, 2002) The influence of nurses' working motivationand job satisfaction on intention to quit: an empirical investigation in Taiwan

The research aimed to find links between nurses job satisfaction and outcomes and their work environment with the work characteristics known for nursing executives. The study was focused on nurses working in three hospitals located in southern Taiwan. The overall response rate was 82% (648 completed questionnaires). Data were entered and processed by using the SPSS. All participants were female, 26 years old, with more than 2.5 years of tenure on average. About 29.3% were married, divorced, or separated. Only about 4.6% of the participants had a bachelor, master or higher education degree. The result of this study proved that significant predicators of nurses ITL were general job satisfaction, job happiness, satisfaction with salary, promotion, and the institution, educational background, and the age of the nurses youngest child. Suggestions for future studies and administrative strategies to decrease nurses ITL were discussed.

(Shader, Broome, Broome, West, & Nash, 2001) Factors Influencing Satisfaction and Anticipated Turnover for Nurses in an Academic Medical Center

The researchers aimed to examine the relationships between work satisfaction, stress, age, cohesion, work schedule and anticipated turnover in an academic medical center in the US. The researcher followed a cross-sectional survey design using a self-administered questionnaire, with 241 RNs and nursing managers from 12 units in an academic medical center. This study concluded that weekend overtime was the second most significant predictor of turnover intention, after work satisfaction. The model included the following variables: work satisfaction, weekend overtime, job stress and group cohesion.

(E. Y. Chan & Morrison, 2000) Factors influencing the retention and turnover intentions of registered nurses in a Singapore hospital

The aim of this study was to explore the main factors influencing nurses to leave or stay in Singapore hospitals. A descriptive study explored some demographic and work related factors which influenced the retention and turnover intentions of RNs in a major hospital in Singapore. Using convenience sampling, 120 respondents were selected, and a self-reported questionnaire was used. The results showed that a significantly higher proportion of RNs with 2–4 years of experience are likely to leave compared to novice nurses (2 years or less) or those with 6–10 years of experience. Nurses with 2–4 years of experience as RNs are expected to carry out more tasks and handle greater workloads than novice nurses; thus, the reward may be misaligned with the tasks, responsibilities, and workloads. This experience may create a sense of disappointment for nurses with their working life, resulting in burnout and turnover. Many leavers mentioned reasons such as inadequate staffing, poor salary and welfare as primary influences on their ITL. Recommendations for management were made to assist in the retention of these RNs in the future.

(Krausz et al., 1995) Predictors of intentions to leave the ward, the hospital, and the nursing profession: A longitudinal study

The researchers aimed to identify the predictors of intentions to leave the ward, hospital, and eventually, the nursing profession. The researchers used a quantitative analytical design to examine the phenomenon and determine the major issues that directly affect it. A paired questionnaire in large occupied Palestinian territory general hospitals was used to collect data from 390 nurses. The distribution of the positions of the respondents was 21% ward nurses without managerial capacity, 53% ward nurses with shift responsibility, 26% head nurses and assistant head nurses, 64% registered nurses, and 36% practical nurses. The average age of the sample was 36 years old. The conclusion of the study summarized that the lower the position, the higher the ITL the ward, then the hospital, and finally, the nursing profession. The study found a link between withdrawal intention, job scope, and burnout.

(Saeed, 1995) Factors which influence nurses' intention to leave the hospital

The research aimed to determine the variables related to nurses' intention to leave their hospital, with particular emphasis on sociodemographic and work-related variables. The researcher used a self-administered questionnaire, and the data were collected from nurses working in different units in three hospitals in Riyadh City: Riyadh Medical Complex, Prince Salman Hospital and Suleiman Pediatrics Hospital. A total of 488 nurses responded, with 43.65% intending to stay, and 56.35% intending to leave. Among the sociodemographic variables, the group of nurses intending to leave was significantly different from the group intending to stay in terms of the impact of living with a spouse, educational attainment, monthly salary, and adapting to the Saudi environment and culture. For the work-related variables, the group of nurses intending to leave cited job stress, lack of appreciation by the supervisor, and communication with patients and their families. The most important variable perceived by the nurses who intended to leave were poor administration, job dissatisfaction, work overload, personal and family reasons, and low salary.

28

2.3 Research Gap

Further research is needed to investigate the relationship between socio-demographic characteristics, work condition, management styles and the intent of RNs to leave their work. Such studies must search for factors increase intent to leave and effective strategies that can improve nurses retention. Most studies on the subject of intention to leave and turnover come from hospital based research in western countries. Consequently, more studies concerning these issues, but focusing on various types of health care facilities, especially hospitals, are needed. Moreover, such research such be undertaken across number of countries, particularly in developing countries where there is a dearth of information. This will assist in creating responsive management approaches which can address nursing workforce challenges in an informed way.

2.4 Summary

In the conclusion of this chapter, some factors that increase nurses ITL from their current employment were highlighted. Several studies found a relationship between nurses leaving their work and socio-demographic characteristics, such as (Evans & Tulaney, 2011), (Ramoo et al., 2013), (Ma et al., 2009), (Tzeng, 2002) and (Hariri, Yaghmaei, & Shakeri, 2012) who found a negative correlation between age and the intention of nurses to leave their current profession, since those of a younger age have more opportunities and are more accepting of hazards. (Saeed, 1995) he concluded that personal and family reasons are the third factor that influence nurses' intentions to leave, after poor administration and high workload. The inconsistency of these results are related to the Saudi culture, which has many facilities and can address many needs. Nurse retention can be enhanced by maintaining adequate staffing, improving the quality of the work environment and climate, minimizing weekend overtime, avoiding overtime without retribution, and regulating work shifts with 30 working hours or less per week. (E. Y. Chan & Morrison, 2000), (Stimpfel et al., 2012), (Stone et al., 2007), (Tummers et al., 2013), (Sharma et al., 2014), and (Iipinge et al., 2009). The study that conducted by (Mosadeghrad, 2013) the main factors for nurses leaving are the lack of managerial support and low salaries, which are in contrast to the results in the Iranian hospitals, which emphasized high quality in the work environment, climate, and infrastructure. Overall, this research presents

key differences with previous studies in terms of the specific case, while its exploration is more focused than some and more holistic than others for governmental hospitals to PHC centers, where studies are limited in schools of business, health, and nursing. This research presents an opportunity to develop a program on professional nursing issues in the nursing college in Gaza.

Chapter 3 Research Methodology

3.1   Introduction

3.2   Research Method

3.3   Study Population

3.4   Period of the Research

3.5   Setting of the Research

3.6   Selection Criteria

3.7   Source of Data

3.8   Pilot Study

3.9   Data Analysis

3.10   Ethical Consideration

3.11   Reliability & Validity

Chapter 3: Research Methodology

3.1 Introduction

This chapter explains the research methodology. It discusses the quantitative approach employed to conduct this study, the research method, the population, the source of data, piloting, data analysis, ethical considerations and finally, the validity and reliability of the research.

3.2 Research Method

The descriptive analytical approach was followed to conduct the research. This research is categorized under applied research that depends mainly on data gathering from primary sources through structured questionnaires. Previous studies were considered secondary sources for this research. The researcher answers about the research questions by analyzing the information gathered and comparing the results with those of previous studies. Then, solution to the problem can be applied to minimize the nurses ITL hospitals for PHC centers. Reviewing and studying the previous literature and studies help the researcher to formulate the questionnaire questions, conduct a deep analysis, investigate useful conclusions, and make valuable suggestion for policy makers in the Palestinian MOH to facilitate problem solving. This design is chosen because it is useful for descriptive analysis of the study, constructive, and it is less expensive and enables the researcher to meet the study objectives in a short time span.

3.3 Research Population

There are 2,096 nurses working full time in 13 governmental hospitals in Gaza Governorates of the Palestinian MOH. Of this group, 108 nurses have transfers to governmental PHC centers between January 2013 and December 2014. The researcher will check all nurses who working in hospitals with different manager line, qualification, gender, age and other are requested to move to governmental primary health care centers in Gaza Governorates with at least one year experience in governmental hospitals.

3.4 Period of the Research

The study was conducted during the period from February 2015 to June 2015, including questionnaire design, experts opinion, pilot study, data collection and analysis.

3.5 Setting of the Research

The study was conducted at the Gaza governorates hospitals including: Al-Shifa Medical Complex, European Gaza Hospital (EGH), Al-Aqsa Martyrs Hospital, Crescent Alemarati Hospital, Nasser Pediatric Hospital, Specialized Pediatric Hospital, Kamal Odwan Hospital, Ophthalmic Hospital, Nasser Medical Complex, Bait Hanoun Hospital, Aldorra Hospital, Alnajjar, and Psychatric hospital.

3.6 Selection Criteria

Inclusion criteria

- Any nurse working in a governmental hospital managed by the MOH in the Gaza governorates who requested to leave the hospital to work in a PHC center;

- A formally assigned employee.

- A nurse who has been in the job for at least one year.

Exclusion criteria

- Any nurse who did not request to leave.

3.7 Source of Data

The research considers and adopts the following sources to implement this study:

- **Secondary sources:** This data was collected depending on the review of published data including papers, articles, documents, books, researches, and previous studies that are related to ITL in their departments, organizations, and profession.

- **Primary sources:** The primary information was collected from self-reporting structured questionnaires. The questionnaire included seven domains: socio-demographic data, health status, workload, nature of work, work environment, work shifts, and managerial styles of direct supervisor, and consisted of closed-ended questions on a 10-option decimal scale from 10, strongly agree, to 1, strongly disagree. When the participant chooses a number nearer to 1, this implies disagreement, while choosing a number nearer to 10 implies agreement (Annex 3).

3.8 Pilot study

The pilot study was conducted by the researcher prior to data collection by using a sample of 25 participants selected randomly (17 female and 8 male) from different hospitals. It was conducted to examine the response rate and clarity of the questionnaire. The response rate was 100% and the questionnaire was finalized, and included in the study.

3.9 Data Analysis

The accepted number of the questionnaire was 105. This step was followed by designing an entry model using the statistical package for social science (SPSS).

3.10 Ethical Considerations

- Permission from the MOH (Annex 4, 5, 6 and 8)
- Confidentiality regarding personal data.
- Voluntary participation.

3.12 Validity & Reliability

3.2.1 Face validity

For the purpose of ensuring validity, the researcher submitted the questionnaire to experts in the field to judge face and content validity. Their suggestions were considered (Annex 7).

3.2.2 Internal consistency

To check internal consistency, the researcher calculated the correlation between each statement and the corresponding field. Tables 3.1 through table 3.7 present the correlation coefficient for each paragraph of a field and the total of the corresponding field. The p-values (Sig.) are less than 0.05, so the correlation coefficients of all paragraphs are significant at α = 0.05, so it can be said that all paragraphs of each field are consistent and valid to be measure what it was set for.

Table 3.1 Correlation coefficient of each paragraph of "Amount and nature of work" and the total of this field

No.	Paragraph	Correlation Coefficient	P-Value (Sig.)
1	The workload is suitable to my competency.	0.673	0.01*
2	Workload gives me a high level of job satisfaction.	0.749	0.01*
3	There is sufficient manpower in my department.	0.402	0.05*
4	The workload is a source of discomfort for me.	0.544	0.01*
5	The workload is suitable for my job description.	0.765	0.01*
6	I am practicing many tasks out of my job duties.	0.595	0.01*
7	The current job description needs reevaluation to be suitable for my workload.	0.555	0.01*
8	I proud of the tasks and duties that I do.	0.635	0.01*
9	Decision makers in the ministry do not care about our needs.	0.598	0.01*
1	I feel that my profession follows by physicians career.	0.574	0.01*

* Correlation is significant at the 0.05 level

Table 3.2 Correlation coefficient of each paragraph of "Work environment" and the total of this field

No.	Paragraph	Correlation Coefficient	P-Value (Sig.)
	Your work environment carries highly dangerous.	0.539	0.01*
	Your work environment has good ventilation.	0.873	0.01*
	Your work environment has sufficient lighting.	0.639	0.01*
	Your work environment contains comfortable chairs.	0.776	0.01*
	Your work environment contains suitable and sufficient furniture.	0.822	0.01*
	Your work environment contains all needed equipments and safety measure	0.733	0.01*

* Correlation is significant at the 0.05 level

Table 3.3 Correlation coefficient of each paragraph of "Work shifts/period" and the total of this field

No.	Paragraph	Correlation Coefficient	P-Value (Sig.)
17.	Working periods, variable in the monthly schedule.	0.485	0.05*
18.	I miss many interests and habits because my work consumes most of the time.	0.427	0.05*
19.	I ready to be in current department at any time if needed.	0.570	0.01*
20.	Work schedule is flexible and could be modified if needed.	0.672	0.01*
21.	Distribution of holidays in the monthly schedule is high fair and equity for all workers.	0.648	0.01*

* Correlation is significant at the 0.05 level

Table 3.4 Correlation coefficient of each paragraph of "Work pressure" and the total of this field

No.	Paragraph	Correlation Coefficient	P-Value (Sig.)
22.	My work includes a high degree of pressure.	0.466	0.05*
23.	Usually, work duties are more than capabilities.	0.523	0.01*
24.	My work pressure has a negative effect on my performance.	0.699	0.01*

No.	Paragraph	Correlation Coefficient	P-Value (Sig.)
25.	Some illness cases have sources of pressure for me	0.469	0.05*
26.	Easy tension for the basic reasons as a result of the severe pressures of work.	0.769	0.01*
27.	I suffer from frequent forgetfulness because of work pressure.	0.802	0.01*
28.	I complain a headache most of the work times.	0.730	0.01*
29.	My professional relationship with colleagues has tension as a result of the pressures of work.	0.703	0.01*

* Correlation is significant at the 0.05 level

Table 3.5 Correlation coefficient of each paragraph of "Autocratic style" and the total of this field

No.	Paragraph	Correlation Coefficient	P-Value (Sig.)
30.	Direct supervisor tends to concentrate all powers and authorities in himself.	0.741	0.01*
31.	Direct supervisor unique to take all decisions.	0.914	0.01*
32.	Direct supervisor decide for themselves what can be done and how to implement it.	0.872	0.01*
33.	Direct supervisor calls for the implementation of the plans without contributing to the situation.	0.746	0.01*
34.	Direct supervision is keen to be a spokesman for subordinates.	0.808	0.01*
35.	Direct supervisor believes that the exchange of opinions is a waste of time.	0.768	0.01*
36.	Direct supervisor adheres to the letter of the regulations and directives in the organization.	0.773	0.01*

* Correlation is significant at the 0.05 level

Table 3.6 Correlation coefficient of each paragraph of "Democratic style" and the total of this field

No.	Paragraph	Correlation Coefficient	P-Value (Sig.)
37.	Direct supervisor encourages to creativity in the method of work.	0.757	0.01*
38.	Direct supervisor accepts any change proposed by subordinates at work style.	0.669	0.01*

No.	Paragraph	Correlation Coefficient	P-Value (Sig.)
39.	Direct supervisor encourages to group discussion in the method of work.	0.839	0.01*
40.	Direct supervisor engages the subordinates at work planning.	0.884	0.01*
41.	Direct supervisor puts his thoughts on subordinates to discuss.	0.850	0.01*
42.	Direct supervisor initiates to delegate some of his powers to subordinates.	0.825	0.01*
43.	Direct supervisor adopts purposeful proposals passed by subordinates.	0.791	0.01*
44.	Direct supervisor believes that direct participation in decision-making based on sound administration.	0.898	0.01*

* Correlation is significant at the 0.05 level

Table 3.7 Correlation coefficient of each paragraph of "Laissez-faire style" and the total of this field

No.	Paragraph	Correlation Coefficient	P-Value (Sig.)
45.	Direct supervisor evades to face the problems of work.	0.659	0.01*
46.	Direct supervisor gives for subordinates freedom to choose assignments that are commensurate with their wishes.	0.471	0.05*
47.	Direct supervisor avoids direct intervention in the conflicts that occur between subordinates.	0.548	0.01*
48.	Direct supervisor usually hesitates in making decisions.	0.653	0.01*
49.	Direct supervisor authorizes all administrative powers to subordinates.	0.614	0.01*
50.	Direct supervisor tolerates for negligence subordinates in the performance of their duties.	0.783	0.01*
51.	Direct supervisor always influence by the wishes of subordinates.	0.554	0.01*

* Correlation is significant at the 0.05 level

3.2.3 Reliability

Table 3.8 shows the values of Chronbach's Alpha for each field of the questionnaire and the entire questionnaire. For the fields, values of Chronbach's Alpha were in the range from 0.537 and 0.928. Cronbach's alpha equals 0.8 for the entire questionnaire, which indicates good reliability of the entire questionnaire.

Table 3.8 Cronbach's Alpha for each field of the questionnaire

No.	Field	Cronbach's Alpha
1.	Amount and nature of work	0.728
2.	Work environment	0.663
3.	Work shifts	0.537
4.	Work pressure	0.810
5.	Autocratic style	0.909
6.	Democratic style	0.928
7.	Laissez-faire style	0.705
ALL independent variables together		0.800

Chapter 4: Data Analysis & Result

4.1 Introduction

4.2 Characteristics of the study population

4.3 Comparison between domains

4.4 Difference in impact of nurses leave domains related to gender

4.5 Difference in impact of nurses leave domains related to age

4.6 Difference in impact of nurses leave domains related to marital status

4.7 Difference in impact of nurses leave domains related to the number of children

4.8 Difference in impact of nurses leave domains related to job title

4.9 Difference in impact of nurses leave domains related to qualification

4.10 Difference in impact of nurses leave domains related to the department

4.11 Difference in impact of nurses leave domains related to health status

4.12 Difference in impact of nurses leave domains related to the organization

4.13 Difference in impact of nurses leave domains related to private work

4.14 Difference in impact of nurses leave domains related to income level

4.15 Ranking of causes of intention to leave hospital work

Chapter 4: Data Analysis & Result

4.1 Introduction

This chapter presents the findings of the study, descriptive analysis of the study, and variables such as frequency and percentage distribution, which provide a description and summary of the data. Additionally, this chapter presents the main domain of nurses who leave their work as labeled by the researcher and the relationship between the selected independent variables and the domain of nurses who leave.

4.2 Characteristics of the study population

4.2.1 Distribution of study population by gender

As shown in Table 4.1, the majority of the study population were female, with 81 respondents representing 77.1% of the study population, while males represented 22.9% of the study population or 24 respondents. This result is consistent with the distribution of all nursing personnel in which female nurses are dominant, and family activities for females are heavier than males, and therefore, are less able to adapt to heavy workloads (Saeed, 1995).

Table 4.1 Distribution of gender

Gender	N	%
Male	24	22.9
Female	81	77.1
Total	105	100.0

4.2.2 Distribution of study population by age

As shown Table 4.2, the majority of the study population, 60 respondents, were less than 35 years old, representing 57.2%, followed by 31 respondents between 35–44 years old, representing 29.5%, and only 14 respondents were 45 years old or more, representing 13.3%. Those younger than 35 years old have less experiences in the nursing profession and have difficulty adapting to work and social responsibilities. Those 45 years of age and older are more adaptable to handling many duties because they are highly experienced nurses with more regular work shifts.

Table 4.2 Distribution of age

Age	N	%
Less than 35 years	60	57.2
35 – 44 years	31	29.5
45 years and above	14	13.3
Total	105	100.0

4.2.3 Distribution of study population by marital status

As shown in Table 4.3, the majority of the study population, 94 respondents, were married, representing 89.5%, while six respondents were divorced or widowed, representing 5.7%, and five (4.8%) were single, while the divorce rate in the nursing profession among females has increased due to conflicts between the roles of wife in the home and employee in the workplace..

Table 4.3 Distribution of marital status

Marital status	N	%
Single	5	4.8
Married	94	89.5
Divorced / widow	6	5.7
Total	105	100.0

4.2.4 Distribution of study population by job title

As shown in Table 4.4, the study population, 42 respondents were RNs with a bachelor degree, representing 40.0%, followed by practical nurses (39 respondents representing 37.1%), and then 17 diploma registered nurses, representing 16.2%, while only 7 respondents were head nurse/supervisor representing 6.7%. RNs with a bachelor degree form the largest group of participants in this study because of unclear job duties related to title and the heavy workloads of hospital head nurses when compared to PHC centers.

Table 4.4 Distribution of job title

Job title	N	%
Practical nurse	39	37.1
Diploma registered nurse	17	16.2
Bachelor registered nurse	42	40.0
Head nurse / supervisor	7	6.7
Total	105	100.0

4.2.5 Distribution of study population by qualification

As shown in Table 4.5, the majority of the study population, 51 respondents, hold a bachelor or master's degree, representing 48.5%, followed by those who have a two-year diploma (43 respondents, representing 41.0%), while only 11 respondents have a three-year diploma, representing 10.5%. The bachelor/master degree category has the most respondents participating in this study because they haven't added any value by earning an academic degree, and job descriptions are ineffective in distinguishing competencies according to educational backgrounds.

Table 4.5 Distribution of qualification

Qualification	N	%
Diploma (2 years)	43	41.0
Diploma (3 years)	11	10.5
Bachelor / master	51	48.5
Total	105	100.0

4.2.6 Distribution of study population by residency

Table 4.6 shows, thirty-five respondents lived in the Mid-zone campus, representing 33.3%, a high number considering that most of them work outside their area of residence. The Mid-zone only contains one hospital and available manpower in this area is above demand. This is followed by Gaza City, Khanyounis, and North Gaza, respectively, at 24.8%, 20%, and 16.2%. The fewest participants, 5.7%, lived in Rafah.

Table 4.6 Distribution of residency

Residency	N	%
North Governorate	17	16.2
Gaza Governorate	26	24.8
Mid Governorate	35	33.3
Khanyounis Governorate	21	20.0
Rafah Governorate	6	5.7
Total	105	100.0

4.2.7 Distribution of study population by hospital

Table 4.7 shows, 38 respondents worked in the Al Shifa Medical Complex, representing 36.2%. One-third of nurse manpower worked in the Al Shifa Medical Complex, the largest one in area for buildings and beds, followed by the Nasser Medical Complex and EGH equally, at 13.3% for each other. Next is Nasser Pediatric, representing 7.8%, while Psychiatric and Alnajjar Hospital are not represented.

Table 4.7 Distribution of hospital

Organization	N	%
Al Shifa	38	36.2
Nasser medical	14	13.3
EGH	14	13.3
Al Nassr Pediatric	8	7.8
Pediatric Specialty	5	4.8
Al Aqsa	7	6.7
Kamal Odwan	6	5.7
Al Dora	5	4.8
Beit Hanoon	5	4.8
Al Emaratey	2	1.9
Ophthalmic	1	1.0
Total	105	100.0

4.2.8 Distribution of study population by department

As shown in Table 4.8, thirty-one respondents of the study population worked in the pediatric ward, representing 29.5%. The MOH in the Gaza Strip coordinates and controls three specialized hospitals, and most of the nurse manpower in pediatric departments are female. Surgical and maternity/gynecology wards were represented by 23.8% and 21%, respectively. Medical wards were represented by 10.5%, and 9.5% of the study population worked in intensive care units/coronary care units (ICU/CCU). The emergency department was the least represented ward, with only 5.7%, where most of the nurse manpower are male, especially on evening and night shifts.

Table 4.8 Distribution of department

Department	N	%
Pediatrics	31	29.5
Surgical	25	23.8
Maternity / gynecology	22	21.0
Medical	11	10.5
ICU / CCU	10	9.5
Emergency room	6	5.7
Total	105	100.0

4.2.9 Distribution of study population by income level

As shown in Table 4.9, the income level of most of the respondents (48) respondents was more than 2,293 NIS, representing 45.7% of the study population, a majority of whom hold a bachelor degree or above. This was followed by less than 1,832 NIS, representing 43.8%. The smallest group in the study population, 10.5%, had incomes between 1,832–2,293 NIS.

Table 4.9 Distribution of income level

Income (*)	N	%
Less than 1832 NIS	46	43.8
1832 – 2293 NIS	11	10.5
More than 2293 NIS	48	45.7
Total	105	100.0

(*) *Source:* Palestine Expenditure Consumption Survey (2010).

4.2.10 Distribution of study population by overtime

Table 4.10 shows, the majority of the study population, 77 respondents representing 73.3%, had not worked overtime hours. This can be attributed to a lack of motivation and many nurses refusing to work more than 35 hours per week. However, the remaining respondents, or 26.7%, did work overtime hours.

Table 4.10 Distribution of overtime

Overtime	N	%
Yes	28	26.7
No	77	73.3
Total	105	100.0

4.2.11 Distribution of study population by private work

Table 4.11 shows, the majority of the study population, 101 respondents or 96.2%, had not practiced private work. Most nurses who practice private work prefer working evenings, nights, and on vacation days, while PHC centers have mainly fixed morning shifts.

Table 4.11 Distribution of private work

Have private work	N	%
Yes	4	3.8
No	101	96.2
Total	105	100.0

4.2.12 Distribution of study population by presence of chronic diseases

Table 4.12 shows, the majority of the study population, 76 respondents or 72.4%, had no complaints of chronic diseases or disabilities. Most of the study population were of a young age, and chronic diseases increase with age. However, 27.6% of the study population reported previous chronic disease.

Table 4.12 Distribution of presence of chronic diseases

Presence of chronic disease	N	%
Yes	29	27.6
No	76	72.4
Total	105	100.0

4.2.13 Distribution of study population by type of chronic diseases

Table 4.13 shows, the majority of study population's diseases or disabilities were diabetes mellitus and hypertension, with 10 respondents representing by 34.5%, followed by neuro-orthopedic diseases, representing 20.7%.

Table 4.13 Distribution of type of chronic diseases

Type of chronic diseases	N	%
Diabetes / hypertension	10	34.5
Cardiac disease	4	13.8
Congenital disability	2	6.9
Asthma / allergy	5	17.2
Neuro-orthopedic	6	20.7
Ophthalmology	2	6.9
Total	29	100.0

4.2.14 Presence of health problems among family members

Table 4.14 shows, the majority of the study population, 70 respondents representing 66.7%, had no family members suffering from previous chronic health problems, while 33.3% of the study population had family members with chronic health problems.

Table 4.14 Presence of health problems among family members

Presence of family health problems	N	%
Yes	35	33.3
No	70	66.7
Total	105	100.0

4.3 Comparison between domains

Table 4.15 shows, the strongest domain is the third domain, which shows a relationship between work shifts and nurses leaving their work (M = 6.703). This result was highly consistent with previous studies which revealed a strong positive relationship between work shifts and the level of ITL (and vice versa). Stimpfel, Sloane, and Aiken (2012) revealed that nurses working shifts of 10 hours or longer were up to two and a half times more likely than nurses working shorter shifts to experience burnout and job dissatisfaction and to intend leaving the job. This result also concurs with Almalki (2012), who showed that increased working hours without rest time, nursing staff shortages, and increased non-nursing duties may lead to an increase in ITL among registered nurses. Also, this result is consistent with Mosadeghrad (2013), who showed that nurses with too many work periods were influenced to leave their jobs in Iranian hospitals if another job became available. Saeed (1995) also showed that the most important variable perceived by those who intended to leave as affecting their decision was work overload. This result could be explained by the fact that most families in the Gaza Strip have six sons or more, and the wife is overloaded with family activities after their workload. In the Palestinian culture, the wife is seldom helped with household duties, especially washing, cooking, cleaning, and there is an unfair distribution of shifts. The social culture conforms to the nuclear family, and a barrier exists for female nurses to adapt to family activities, childcare and husband. Female nurses try to leave for PHC centers to maintain morning shifts, which adapt well with family activities. If they do not make the transition, divorce is possible..

Following the third domain, the amount and nature of the work mainly affect nurses deciding to transition. The workload in secondary care is much greater than the

workload in primary care. Shortages of manpower in MOH hospitals and unclear job description lead to increased nursing duties. Consequently, the majority of nurses who request leave are female where these factors play a role in ITL in hospitals. The third domain that affects nurses deciding to leave is the lack of a democratic style. By the nature of nursing work, centralization is needed and assertiveness is required to maintain punctuality and control nurses' behaviors. Nearly half of the study population have a bachelor degree or higher, with expectations in this group of becoming a senior or head nurse. However, unclear criteria to select nurses in managerial positions and biases in the distribution of nursing duties and shifts may appear .

Table 4.15 Comparison between domains (N=105)

#	Domain	Rank	Mean	SD	Percentage
1	Amount and nature of work	2	6.164	1.398	61.64
2	Work environment	5	5.796	1.887	57.96
3	Work shifts	1	6.703	1.746	67.03
4	Workload / pressure	4	6.119	1.903	61.19
5	Autocratic style	6	5.795	2.331	57.95
6	Democratic style	3	6.134	2.580	61.34
7	Laissez-faire style	7	4.683	1.675	46.83
	Overall average		**5.908**	**0.875**	**59.08**

4.4 Difference in impact of nurses leave domains related to gender

Table 4.16 showed, there are statistically significant differences at 0.01 in the amount and nature of work between males (M = 53.583) and females (M = 64.024) in the intentions of female subjects, P value = 0.001. There are statistically significant differences at 0.01 in the work shifts between males (M = 28.833) and females (M = 34.901) in the intentions of female subjects, P value = 0.002. There are statistically significant differences at 0.01 in the democratic leadership style between males (M = 35.750) and females (M = 53.024) in the intentions of female subjects, P value = 0.000. The significance of these results, which are compatible with the main domains that affect intentions to leave, could be explained by the Arabic culture in which females are highly responsible for family activities, much more than males, in

all life aspects, and in general, females favor assertiveness and decision making by others. The other four domains have non-significant results, which could be explained by both genders are working in the same environment and are under the same pressure, while autocratic and laissez-faire styles have no direct effect in relation to gender. In the Arabic culture, there is more of a need for more power to demand punctuality and control people's behaviors, regardless of gender.

Table 4.16 T test of the fields and their p-values for gender

Domains	Gender	N	Mean	S. deviation	T	P value
Amount and nature of work	Male	24	53.583	15.511	- 3.369	0.001*
	Female	81	64.024	12.639		
Work environment	Male	24	31.791	11.624	- 1.480	0.142
	Female	81	35.666	11.155		
Work shifts	Male	24	28.833	8.957	- 3.111	0.002*
	Female	81	34.901	8.221		
Work pressure	Male	24	50.166	13.998	0.443	0.659
	Female	81	48.592	15.642		
Autocratic	Male	24	43.666	18.331	1.058	0.292
	Female	81	39.654	15.684		
Democratic	Male	24	35.750	19.911	- 3.830	0.000*
	Female	81	53.024	19.258		
Laissez-faire	Male	24	33.916	14.919	0.538	0.592
	Female	81	32.444	10.695		

* Correlation is significant at the 0.05 level

4.5 Difference in impact of nurses leave domains related to age

Table 4.17 showed, there are no statistically significant differences between the age of the study population and any domain of nurses' intentions. The study conducted by Hariri, Yaghmaei and Shakeri (2012) found a significant negative correlation between age and ITL that could be explained by family and work duties decreasing as age increases. The previous study revealed that no significant results could be explained by the Arabic culture, especially in the Gaza Strip, where high responsibilities exist in the home, work, and all fields regardless of personal age, but other cultures eliminate responsibilities according to age. Physicians working in hospitals have their work shifts decreased with increased years of experience, while nurses do not.

Table 4.17 ANOVA tst of the fields and their p-values for age

Domains	Age	N	Mean	F	P value
Amount and nature of work	Less than 35	60	61.083	1.609	0.205
	35 – 45	31	59.967		
	Above 45	14	67.714		
Work environment	Less than 35	60	35.900	0.729	0.485
	35 – 45	31	33.645		
	Above 45	14	32.500		
Work shifts	Less than 35	60	33.233	0.109	0.897
	35 – 45	31	33.645		
	Above 45	14	34.428		
Work pressure	Less than 35	60	49.316	0.699	0.500
	35 – 45	31	46.709		
	Above 45	14	52.357		
Autocratic	Less than 35	60	40.150	0.129	0.879
	35 – 45	31	41.806		
	Above 45	14	39.642		
Democratic	Less than 35	60	49.083	0.001	0.999
	35 – 45	31	49.161		
	Above 45	14	48.857		
Laissez-faire	Less than 35	60	31.550	0.781	0.460
	35 – 45	31	34.225		
	Above 45	14	34.857		

4.6 Difference in impact of nurses leave domains related to marital status

Table 4.18 showed, there are no statistical differences between marital status and all domains. This result could be explained by each status having the need to maintain a regular schedule in work and unclear job descriptions, which may lead to increasing non-nursing duties for all.

Table 4.18 ANOVA test of the fields and their p-values for marital status

Domains	Marital status	N	Mean	F	P value
Amount and nature of work	Single	5	68.600	0.659	0.520
	Married	94	61.234		
	Divorced / widow	6	62.166		
Work environment	Single	5	43.600	2.916	0.059
	Married	94	34.787		
	Divorced / widow	6	27.333		
Work shifts	Single	5	38.800	0.968	0.383
	Married	94	33.223		
	Divorced / widow	6	33.666		
Work pressure	Single	5	54.000	0.424	0.655
	Married	94	48.904		
	Divorced / widow	6	45.500		
Autocratic	Single	5	33.800	0.484	0.618
	Married	94	40.797		
	Divorced / widow	6	42.666		
Democratic	Single	5	58.800	0.772	0.465
	Married	94	48.266		
	Divorced / widow	6	53.666		
Laissez-faire	Single	5	30.600	0.208	0.813
	Married	94	32.744		
	Divorced / widow	6	35.166		

4.7 Difference in impact of nurses leave domains related to number of children

Table 4.19 showed, there are no statistical differences between the number of children and all domains. This result could be explained by married female adapting with high obligation and responsibilities to maintain family activities and balance home and work efforts. This result is inconsistent with Ma, Lee, Yang, and Chang's (2009) study. This discrepancy is explained by single nurses who had no children, and who had gone on to career development, and therefore needed more time to adapt to the multiple opportunities among Taiwan nurses.

Table 4.19 ANOVA test of the fields and their p-values for number of children

Domains	No. of children	N	Mean	F	P value
Amount and nature of work	Less than 3	16	61.750	0.618	0.541
	3 – 5	41	59.829		
	6 or more	48	63.145		
Work environment	Less than 3	16	40.750	2.763	0.068
	3 – 5	41	33.292		
	6 or more	48	34.062		
Work shifts	Less than 3	16	33.562	0.047	0.954
	3 – 5	41	33.195		
	6 or more	48	33.770		
Work pressure	Less than 3	16	50.000	0.495	0.611
	3 – 5	41	47.097		
	6 or more	48	50.187		
Autocratic	Less than 3	16	45.812	2.084	0.130
	3 – 5	41	42.365		
	6 or more	48	37.291		
Democratic	Less than 3	16	47.437	1.790	0.172
	3 – 5	41	45.000		
	6 or more	48	53.104		
Laissez-faire	Less than 3	16	31.125	2.980	0.055
	3 – 5	41	36.195		
	6 or more	48	30.416		

4.8 Difference in impact of nurses leave domains related to job title

Table 4.20 showed, there are no statistical differences between job title and nurses leave. This result is inconsistent with (Ramoo et al., 2013) study. This discrepancy is explained by all titles assuming similar nursing activities, as managed by nurses, trying to maintain a regular schedule to meet social and family needs, and there are no job description for all nurses categories may be as a reason of frustrated.

Table 4.20 ANOVA test of the fields and their p-values for job title

Domains	Job title	N	Mean	F	P value
Amount and nature of work	Diploma nurse	39	62.076	0.845	0.472
	Diploma RN	17	59.764		
	Bachelor RN	42	63.142		
	Head nurse / supervisor	7	54.714		
Work environment	Diploma nurse	39	36.076	0.403	0.751
	Diploma RN	17	35.529		
	Bachelor RN	42	33.547		
	Head nurse / supervisor	7	33.142		
Work shifts	Diploma nurse	39	35.000	0.724	0.540
	Diploma RN	17	33.764		
	Bachelor RN	42	32.190		
	Head nurse / supervisor	7	32.571		
Work pressure	Diploma nurse	39	48.000	0.187	0.905
	Diploma RN	17	48.352		
	Bachelor RN	42	49.523		
	Head nurse / supervisor	7	52.285		
Autocratic	Diploma nurse	39	38.179	1.102	0.352
	Diploma RN	17	37.294		
	Bachelor RN	42	43.357		
	Head nurse / supervisor	7	45.142		
Democratic	Diploma nurse	39	52.205	0.516	0.672
	Diploma RN	17	48.529		
	Bachelor RN	42	46.500		
	Head nurse / supervisor	7	48.428		
Laissez-faire	Diploma nurse	39	32.025	0.862	0.464
	Diploma RN	17	35.411		
	Bachelor RN	42	31.619		
	Head nurse / supervisor	7	37.571		

4.9 Difference in impact of nurses leave domains related to qualification

Table 4.21 shows, there is no statistically significant differences between different qualification levels and total nurses leave domains. This result is inconsistent with Evan and Tulaney's (2011) study. This discrepancy is explained by having no clear job description for each educational level, similar work shifts, unclear career opportunities, unaffected professional standards for promotion, and the high effect of political recommendations.

Table 4.21 ANOVA test of the fields and their p-values for qualification

Domains	Qualification	N	Mean	F	P value
Amount and nature of work	2 years	43	62.465	0.372	0.690
	3 years	11	58.363		
	BSN / MA	51	61.647		
Work environment	2 years	43	35.790	2.104	0.127
	3 years	11	39.909		
	BSN / MA	51	32.823		
Work shifts	2 years	43	34.930	2.879	0.061
	3 years	11	37.090		
	BSN / MA	51	31.549		
Work pressure	2 years	43	49.511	0.271	0.763
	3 years	11	51.363		
	BSN / MA	51	47.960		
Autocratic	2 years	43	38.581	0.784	0.459
	3 years	11	38.818		
	BSN / MA	51	42.627		
Democratic	2 years	43	51.279	0.709	0.495
	3 years	11	51.909		
	BSN / MA	51	46.607		
Laissez-faire	2 years	43	33.465	0.496	0.611
	3 years	11	35.090		
	BSN / MA	51	31.705		

4.10 Difference in impact of nurses leave domains related to department

Table 4.22 shows, there is a statistically significant difference between the second domain (the relationship between work environment and nurses leave) and different departments at F = 2.580 and P value = 0.031. This result is consistent with Sharma et al. (2014); this agreement is explained by the nursing work environment differing from one department to another, the availability of supplies, productive equipment, crowded, closed areas, ventilation, and the hazard of nosocomial infection. Maternity and obstetric departments, which are female dominant, mainly affect nurses' ITL, followed by ICU/CCU. These wards have high blood contamination, are mainly closed areas, need more attention and frequent follow ups, and are overloaded, while males are dominant in the emergency room (ER).

Table 4.22 ANOVA test of the fields and their p-values for department

Domains	Department	N	Mean	F	P value
Amount and nature of work	Surgical	25	56.920	2.134	0.068
	ICU/CCU	10	62.000		
	Medical	11	65.090		
	ER	6	49.833		
	Pediatric	31	63.645		
	Maternity	22	65.500		
Work environment	Surgical	25	34.120	2.580	0.031*
	ICU/CCU	10	40.000		
	Medical	11	33.272		
	ER	6	27.833		
	Pediatric	31	31.677		
	Maternity	22	40.181		
Work shifts	Surgical	25	34.240	1.417	0.225
	ICU/CCU	10	32.300		
	Medical	11	34.727		
	ER	6	29.500		
	Pediatric	31	31.322		
	Maternity	22	36.818		
Work pressure	Surgical	25	44.280	0.818	0.540
	ICU/CCU	10	52.400		
	Medical	11	52.636		
	ER	6	52.333		
	Pediatric	31	48.419		
	Maternity	22	50.681		
Autocratic	Surgical	25	42.960	0.501	0.775
	ICU/CCU	10	45.600		
	Medical	11	40.909		
	ER	6	41.833		
	Pediatric	31	38.290		
	Maternity	22	38.272		
Democratic	Surgical	25	47.080	0.400	0.848
	ICU/CCU	10	44.000		
	Medical	11	48.272		
	ER	6	44.666		
	Pediatric	31	50.838		
	Maternity	22	52.772		

	Surgical	25	31.320		
	ICU/CCU	10	33.400		
Laissez-faire	Medical	11	34.545	0.248	0.940
	ER	6	36.500		
	Pediatric	31	32.216		
	Maternity	22	32.636		

* Correlation is significant at the 0.05 level

4.11 Difference in impact of nurses leave domains related to health status

Table 4.23 showed, there are no statistically significant differences between the health status of participants and all domains of nurses leave. This result is explained by most of the study population being younger than 45 years old and chronic diseases appearing mainly after 40 years of age. There were no previous studies that involved the effect of health status on nurses' ITL.

Table 4.23 ANOVA test of the fields and their p-values for health status

Domains	Health status	N	Mean	F	P value
Amount and nature of work	No health problem	76	60.710	0.790	0.580
	Diabetes / hypertension	10	60.000		
	Cardiac disease	4	61.000		
	Congenital disability	2	59.500		
	Asthma / allergy	5	65.200		
	Neuro / orthopedic	6	69.666		
	Ophthalmic disease	2	75.500		
Work environment	No health problem	76	35.171	0.905	0.494
	Diabetes / hypertension	10	29.400		
	Cardiac disease	4	30.250		
	Congenital disability	2	30.000		
	Asthma / allergy	5	38.000		
	Neuro / orthopedic	6	40.833		
	Ophthalmic disease	2	34.500		
Work shifts	No health problem	76	33.342	2.036	0.068
	Diabetes / hypertension	10	27.400		
	Cardiac disease	4	34.750		
	Congenital disability	2	41.500		
	Asthma / allergy	5	41.600		
	Neuro / orthopedic	6	34.166		
	Ophthalmic disease	2	38.000		

Work pressure	No health problem	76	47.736	1.099	0.369
	Diabetes / hypertension	10	54.700		
	Cardiac disease	4	54.750		
	Congenital disability	2	65.500		
	Asthma / allergy	5	47.600		
	Neuro / orthopedic	6	51.000		
	Ophthalmic disease	2	35.500		
Autocratic	No health problem	76	39.986	0.344	0.912
	Diabetes / hypertension	10	43.900		
	Cardiac disease	4	46.250		
	Congenital disability	2	41.500		
	Asthma / allergy	5	33.600		
	Neuro / orthopedic	6	43.666		
	Ophthalmic disease	2	42.000		
Democratic	No health problem	76	48.947	0.733	0.624
	Diabetes / hypertension	10	43.300		
	Cardiac disease	4	42.000		
	Congenital disability	2	51.500		
	Asthma / allergy	5	63.600		
	Neuro / orthopedic	6	54.666		
	Ophthalmic disease	2	41.500		
Laissez-faire	No health problem	76	34.039	0.749	0.612
	Diabetes / hypertension	10	29.800		
	Cardiac disease	4	33.750		
	Congenital disability	2	29.500		
	Asthma / allergy	5	29.600		
	Neuro / orthopedic	6	28.500		
	Ophthalmic disease	2	22.000		

4.12 Difference in impact of nurses leave domains related to hospital

Table 4.24 shows, there is no statistically significant difference between different hospital and each domain of nurses leave. This result is explained by governmental hospitals working under the same policies and procedures that are controlled by the general directorate of hospitals, with similar environments, equipment, shifts and nursing shortages.

Table 4.24 ANOVA test of the fields and their p-values for organization

Domains	organization (place of work)	N	Mean	F	P value
Amount and nature of work	Nasser hospital	14	56.500	1.652	0.097
	Al Aqsa	7	63.428		
	EGH	14	63.071		
	Al Shifa	38	59.184		
	Pediartic Specialty	5	76.200		
	Al Nasr Pediatric	8	68.125		
	Ophthalmology	1	65.000		
	Al Emaraty	2	74.500		
	Bet Hanoon	5	63.800		
	Kamal Odwan	6	65.166		
	Al Dora	5	51.000		
Work environment	Nasser hospital	14	33.285	1.089	0.379
	Al Aqsa	7	35.571		
	EGH	14	31.571		
	Al Shifa	38	38.157		
	Pediartic Specialty	5	30.000		
	Al Nasr Pediatric	8	37.250		
	Ophthalmology	1	27.000		
	Al Emaraty	2	34.500		
	Bet Hanoon	5	38.200		
	Kamal Odwan	6	28.000		
	Al Dora	5	28.400		
Work shifts	Nasser hospital	14	32.642	1.048	0.412
	Al Aqsa	7	33.428		
	EGH	14	33.357		
	Al Shifa	38	33.999		
	Pediartic Specialty	5	26.600		
	Al Nasr Pediatric	8	37.250		
	Ophthalmology	1	47.000		
	Al Emaraty	2	33.500		
	Bet Hanoon	5	32.400		
	Kamal Odwan	6	37.500		
	Al Dora	5	27.400		
Work pressure	Nasser hospital	14	47.428	1.313	0.230
	Al Aqsa	7	51.714		
	EGH	14	48.571		
	Al Shifa	38	52.237		

	Pediartic Specialty	5	53.800		
	Al Nasr Pediatric	8	51.250		
	Ophthalmology	1	41.000		
	Al Emaraty	2	28.500		
	Bet Hanoon	5	34.400		
	Kamal Odwan	6	51.500		
	Al Dora	5	38.200		
Autocratic	Nasser hospital	14	43.000		
	Al Aqsa	7	45.285		
	EGH	14	38.428		
	Al Shifa	36	40.999		
	Pediartic Specialty	5	39.200	1.075	0.389
	Al Nasr Pediatric	8	47.250		
	Ophthalmology	1	50.000		
	Al Emaraty	2	17.500		
	Bet Hanoon	5	38.000		
	Kamal Odwan	6	44.833		
	Al Dora	5	25.400		
Democratic	Nasser hospital	14	44.357		
	Al Aqsa	7	49.000		
	EGH	14	55.214		
	Al Shifa	38	48.315		
	Pediartic Specialty	5	53.600		
	Al Nasr Pediatric	8	40.125	0.503	0.897
	Ophthalmology	1	58.000		
	Al Emaraty	2	57.500		
	Bet Hanoon	5	55.200		
	Kamal Odwan	6	53.833		
	Al Dora	5	43.800		
Laissez-faire	Nasser hospital	14	36.214		
	Al Aqsa	7	31.428		
	EGH	14	31.571		
	Al Shifa	38	33.658		
	Pediartic Specialty	5	24.800	0.974	0.476
	Al Nasr Pediatric	8	37.000		
	Ophthalmology	1	27.000		
	Al Emaraty	2	19.000		
	Bet Hanoon	5	30.600		
	Kamal Odwan	6	27.333		

	Al Dora	5	28.400		

4.13 Difference in impact of nurses leave domains related to private work

Table 4.25 showed, there are no statistically significant differences between the availability of private work and all domains of nurses leave. This result is explained by most of the participants being female nurses, while in the Arabic culture, especially in the Gaza Strip, there is enough work for females with family duties, and private work is mainly practiced in morning and evening periods.

Table 4.25 T test of the fields and their p-values for private work

Domains	Private work	N	Mean	S. deviation	T	P value
Amount and nature of work	Yes	4	65.500	9.814	0.561	0.576
	No	101	61.485	14.135		
Work environment	Yes	4	34.500	14.888	-0.050	0.960
	No	101	34.792	11.259		
Work shifts	Yes	4	31.750	6.075	-0.410	0.682
	No	101	33.584	8.837		
Work pressure	Yes	4	46.750	17.173	-0.294	0.770
	No	101	49.039	15.239		
Autocratic	Yes	4	37.000	17.378	-0.444	0.658
	No	101	40.712	16.355		
Democratic	Yes	4	49.750	10.965	0.066	0.947
	No	101	49.049	20.964		
Laissez-faire	Yes	4	33.250	4.193	0.081	0.935
	No	101	32.762	11.940		

4.14 Difference in impact of nurses leave domains related to income level

Table 4.26 showed, there are no statistically significant differences between different monthly income levels and each domain of nurses leave. This result is inconsistent with Saeed (1995), Tzeng (2002), and Chan and Morrison (2000). This discrepancy is explained by the fact that governmental hospitals and PHC centers work under the same salary scale, incentives, bonuses, motivations, and promotion standards, with limited professional opportunities and career development after leaving.

Table 4.26 ANOVA test of the fields and their p-values for income level

Domains	Monthly income	N	Mean	F	P value
Amount and nature of work	Less than 1832 NIS	46	61.978	0.761	0.470
	1832 – 2293 NIS	11	66.000		
	More than 2293	48	60.312		
Work environment	Less than 1832 NIS	46	36.500	2.832	0.064
	1832 – 2293 NIS	11	39.272		
	More than 2293	48	32.104		
Work shifts	Less than 1832 NIS	46	33.173	0.127	0.881
	1832 – 2293 NIS	11	32.909		
	More than 2293	48	33.979		
Work pressure	Less than 1832 NIS	46	48.304	0.473	0.624
	1832 – 2293 NIS	11	53.181		
	More than 2293	48	48.604		
Autocratic	Less than 1832 NIS	46	40.782	1.520	0.224
	1832 – 2293 NIS	11	48.090		
	More than 2293	48	38.645		
Democratic	Less than 1832 NIS	46	49.673	0.034	0.966
	1832 – 2293 NIS	11	48.818		
	More than 2293	48	48.562		
Laissez-faire	Less than 1832 NIS	46	31.847	0.458	0.634
	1832 – 2293 NIS	11	35.545		
	More than 2293	48	33.041		

4.15 Ranking of causes of intention to leave hospital work

In order to investigate nurses' perceptions regarding the leave concept, the participants were given 10 causes that may affect what is going on in their minds about the intention to leave governmental hospitals. The researcher instructed them to rank these causes according to their conceptions and feelings; thus, what makes them feel a high intention to leave level should be given grade one, while the cause that is less important should be given grade two, and so on until grade 10 (they could chose only one statement). Also, the researcher gave them a space to formulate a new cause that reflected their opinion, and which was not presented in the questionnaire The final rankings of the participant's choices are shown in Table 4.27.

By a mathematical operation of the different choices among the 10 causes (as different participants would each rank the individual causes differently), the researcher calculated the mean score of each cause, using grades from 1 to 10 throughout all the questionnaires, and then calculated the percentage result, before making the final ranking as illustrated in Table 4.27.

Clarification of the results is as follows: 82.38% of the participants gave a grade of one to "Family-related causes"; this result may reflect, in the same way as the study population, that the respondents are mainly female nurses who have a high workload in the home, difficulty adapting to irregular shifts, and the pressure of nature nursing field.

The cause, "working hours," was given the grade of two with a percentage of 60.09%; thus, you can see that the participating nurses ranked working hours as a second cause for nurses leaving. This grade is consistent with the work shift domain that mainly affects nurses ITL in relation to gender, and the study population of mainly female nurses. With 41.14%, "Supervision and administration" was ranked as the last cause. This result was inconsistent with the work shifts domain that democratic style directly affects nurses leave related to gender, but the other six domains are consistent with ranked causes.

Table 4.27 Ranking of causes of intention to leave hospital work

Cause	Rank	Mean	Percentage
Family related causes	1	2.761	82.38
Working hours	2	4.990	60.09
Work environment	3	5.295	57.04
Work overload	4	5.352	56.47
Nature of work	5	5.438	55.61
Level of job satisfaction	6	5.523	54.76
Job security	7	5.790	52.09
Distance between home and workplace	8	6.057	49.42
Social and cultural environment	9	6.857	41.42
Supervision and administration	10	6.885	41.14

Chapter 5: Conclusions & Recommendations

5.1 Conclusion

5.2 Recommendations

5.3 Suggestions for Further Research

Chapter 5: Conclusions & Recommendations

5.1 Conclusion

This study was carried out to identify why nurses leave their work from governmental hospitals to PHC centers in Gaza governorates. The number of staff who received questionnaires was 108 participants with a response rate of 97.22%. The majority of the participants were female (77.1%); about 57.1% of the participants were less than 35 years old, and 89.5% were married. Also, about 40% were RNs with bachelor's degrees; the highest percentage of participants with a bachelor degree (48.6%) or postgraduate degree (34.3%) worked in the Al Shifa Medical Complex. Of the study population, 29.5% worked in pediatrics departments, and about 45.7% had a monthly income level of more than 2,293 NIS. The highest percentage of participants (96.2%) had no private work. Healthy nurses represented the majority of the study population (72.4%).

The study identified nurses' intentions to leave in relation to some socio-demographic variables, including gender, age, marital status, number of children, job title, qualifications, department, health status, place of work, availability of private work, and monthly income level. The results of the study highlighted some indicators that might help decision makers to act toward reducing and eliminating nurses leaving, which could lead to improving work delivery to the highest possible levels within the available resources. Looking to the domains of nurses leaving their work, the study reported that the majority of participants expressed work shifts and work periods may be main causes for nurses' ITL.

The study labeled seven domains as having a relationship with nurses deciding to leave with some differences as follows: the relationship between work shifts and nurses leave (M = 6.703), the relationship between amount and nature of work and nurses leave (M = 6.164), the relationship between democratic managerial style and nurses leave (M = 6.134), the relationship between workload/pressure and nurses leave (M = 6.119), the relationship between work environment and nurses leave (M = 5.796), the relationship between autocratic managerial style and nurses leave (M = 5.795), the relationship between laissez-faire managerial style and nurses leave (M =4 .683).

This research concludes the following for the Palestinian MOH in the Gaza Strip and can be studies for all nursing colleges:

1- There are statistically significant differences in the amount and nature of work related to gender, mainly female.

2- There are statistically significant differences in the work shift/period related to gender, mainly female.

3- There are statistically significant differences in the democratic leadership style related to gender in the intentions of female subjects.

4- There is no statistical relationship between age of the study population and any domain of nurses' intentions.

5- There is a statistical relationship between the work environment related to department, mainly the maternity and obstetrics department, followed by the ICU/CCU.

6- There are no statistical differences between marital status, number of children, job title, qualifications, hospital, health status, availability of private work, monthly income level, and all domains.

In order to investigate nurses' perceptions regarding leave concept, they were given 10 causes that may affect what is going on in their minds about the intention to leave work in governmental hospitals. The researcher instructed them to rank these causes according to their conceptions and feelings; thus, a cause that gave them a high ITL level would be given grade one, and the cause with less importance would be given grade two, and so on until grade 10. A summary of the results is as follows:

- 82.38% of the participants gave a grade of one to "Family-related causes"; this result may reflect, in the same way as the study population characteristics, that the respondents are mainly female nurses who have a high workload in the home, and difficulty adapting to irregular shifts. In the Palestinian culture, most family and home activities are female dominant.

- Working hours were given the grade of two with a percentage of 60.09%; thus, the participating nurses ranked working hours as the second cause for nurses deciding to leave.

- With a percentage of 41.14%, "Supervision and administration" was ranked as the last cause.

5.2 Recommendations

In light of the study results, the researcher suggests the following:

- Review and activate job descriptions to reduce workloads and any non-nursing duties.

- Reduce daily working hours especially night shifts to allow nurses to look after their families, convert work shifts to seven hours mornings, seven hours evenings and ten hours nights.

- Provide 24-hours care service for the children of nurses during work shifts.

- Improve the compensation system of basic salary, incentives, bonuses, annual vacations and family leave for nurses especially in closed departments.

- Provide an adequate number of nurses, ensuring an equitable distribution of the current nursing workforce.

- Provide nurse managers/supervisors with training programs on the art of management, leadership and communication skills.

- Improve the working environment in terms of buildings and infrastructures, security and supplies for patient care.

Conclusion	Recommendation	Responsibilities	Scope of time
There are statistically significant differences in the amount and nature of work and intention to leave.	Review and activate job descriptions. Improve the compensation system. Provide an adequate number of nurses.	General directorate of hospitals. Technical units in MOH.	6-12 months
There are statistically significant differences in the work shift/period and intention to leave.	Reduce daily working hours especially night shifts. Provide 24-hours care service for the children	Nursing unit. Nursing departments in all hospitals. Administrative and financial affaris	3-6 months

There are statistically significant differences in the democratic leadership style and intention to leave.	Provide nurse managers/ supervisors with training programs on the art of management, leadership and communication skills.	Nursing unit General directorate of human resource development	3 months
There is a statistical relationship between the work environment and intention to leave.	Improve the working environment in terms of buildings and infrastructures, security and supplies for patient care.	General directorate of engineering and maintenance. General directorate of hospitals. Nursing unit.	6-12 months
There are no statistical differences between age, marital status, number of children, job title, qualifications, hospital, health status, availability of private work, monthly income level, and intention to leave.	Move the subordinate easily. Eliminate the private work for employees. Maintain the current subordinates with high control.	Nursing departments in all hospitals General directorate of internal controlling	Continuous

5.3 Suggestions for Further Research

- Conduct more studies about the assessment of nurses leave and turnover as this a play a fundamental role in job satisfaction, retention, performance and quality of care.
- Conduct further studies about other relative factors affecting nurses leaving their work in governmental hospitals.
- Conduct studies about how to promote nurse retention in the current profession, organization, and department.

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Table (1): Participants response on amount and nature of work domain

Q. No.		1	2	3	4	5	6	7	8	9	10	Total
1	N	8	0	1	4	14	3	11	21	3	40	105
	%	7.6	0	1.0	3.8	13.3	2.9	10.5	20.0	2.9	38.1	100.0
2	N	10	3	3	3	25	8	14	13	8	18	105
	%	9.5	2.9	2.9	2.9	23.8	7.6	13.3	12.4	7.6	17.1	100.0
3	N	32	10	7	6	16	7	0	7	7	13	105
	%	30.5	9.5	6.7	5.7	15.2	6.7	0	6.7	6.7	12.4	100.0
4	N	16	4	10	9	18	7	6	8	7	20	105
	%	15.2	3.8	9.5	8.6	17.1	6.7	5.7	7.6	6.7	19.0	100.0
5	N	14	3	2	6	18	7	8	14	6	27	105
	%	13.3	2.9	1.9	5.7	17.1	6.7	7.6	13.3	5.7	25.7	100.0
6	N	25	7	7	5	12	8	10	3	11	17	105
	%	23.8	6.7	6.7	4.8	11.4	7.6	9.5	2.9	10.5	16.2	100.0
7	N	15	6	6	5	15	7	7	8	5	31	105
	%	14.3	5.7	5.7	4.8	14.3	6.7	6.7	7.6	4.8	29.5	100.0
8	N	3	2	1	1	12	5	6	4	20	51	105
	%	2.9	1.9	1.0	1.0	11.4	4.8	5.7	3.8	19.0	48.6	100.0
9	N	24	5	1	4	11	4	5	4	4	43	105
	%	22.9	4.8	1.0	3.8	10.5	3.8	4.8	3.8	3.8	41.0	100.0
10	N	22	9	8	0	18	10	6	6	10	16	105
	%	21.0	8.6	7.6	0	17.1	9.5	5.7	5.7	9.5	15.2	100.0

Table (2): Participants response on work environment domain

Q. No.		1	2	3	4	5	6	7	8	9	10	Total
11	N	4	0	4	0	5	1	3	13	8	67	105
	%	3.8	0	3.8	0	4.8	1.0	2.9	12.4	7.6	63.8	100.0

Q. No.		1	2	3	4	5	6	7	8	9	10	Total
12	N	23	6	4	3	17	5	11	8	6	22	105
	%	21.9	5.7	3.8	2.9	16.2	4.8	10.5	7.6	5.7	21.0	100.0
13	N	14	1	2	4	11	5	6	13	12	37	105
	%	13.3	1.0	1.9	3.8	10.5	4.8	5.7	12.4	11.4	35.2	100.0
14	N	30	8	7	3	21	3	7	11	4	11	105
	%	28.6	7.6	6.7	2.9	20.0	2.9	6.7	10.5	3.8	10.5	100.0
15	N	27	9	7	1	25	5	11	6	2	12	105
	%	25.7	8.6	6.7	1.0	23.8	4.8	10.5	5.7	1.9	11.4	100.0
16	N	32	11	9	5	20	5	6	6	2	9	105
	%	30.5	10.5	8.6	4.8	19.0	4.8	5.7	5.7	1.9	8.6	100.0

Table (3): Participants response on work shifts domain

Q. No.		1	2	3	4	5	6	7	8	9	10	Total
17	N	15	3	2	0	16	2	5	12	12	38	105
	%	14.3	2.9	1.9	0	15.2	1.9	4.8	11.4	11.4	36.2	100.0
18	N	5	6	2	0	12	1	6	6	10	57	105
	%	4.8	5.7	1.9	0	11.4	1.0	5.7	5.7	9.5	54.3	100.0
19	N	29	3	3	0	20	5	3	10	10	22	105
	%	27.6	2.9	2.9	0	19.0	4.8	2.9	9.5	9.5	21.0	100.0
20	N	18	2	0	4	19	4	14	16	10	18	105
	%	17.1	1.9	0	3.8	18.1	3.8	13.3	15.2	9.5	17.1	100.0
21	N	13	8	2	2	14	1	5	19	12	29	105
	%	12.4	7.6	1.9	1.9	13.3	1.0	4.8	18.1	11.4	27.6	100.0

Table (4): Participants response on work pressure domain

Q. No.		1	2	3	4	5	6	7	8	9	10	Total
22	N	6	1	1	2	8	1	9	5	18	54	105
	%	5.7	1.0	1.0	1.9	7.6	1.0	8.6	4.8	17.1	51.4	100.0
23	N	10	2	4	6	16	5	9	13	8	32	105
	%	9.5	1.9	3.8	5.7	15.2	4.8	8.6	12.4	7.6	30.5	100.0

Q. No.		1	2	3	4	5	6	7	8	9	10	Total
24	N	17	1	7	1	19	4	11	14	8	23	105
	%	16.2	1.0	6.7	1.0	18.1	3.8	10.5	13.3	7.6	21.9	100.0
25	N	11	1	4	2	17	10	4	18	5	33	105
	%	10.5	1.0	3.8	1.9	16.2	9.5	3.8	17.1	4.8	31.4	100.0
26	N	18	10	7	5	20	2	12	7	6	18	105
	%	17.1	9.5	6.7	4.8	19.0	1.9	11.4	6.7	5.7	17.1	100.0
27	N	21	8	10	4	16	1	8	12	6	19	105
	%	20.0	7.6	9.5	3.8	15.2	1.0	7.6	11.4	15.2	18.1	100.0
28	N	18	3	3	5	18	7	12	10	4	25	105
	%	17.1	2.9	2.9	4.8	17.1	6.7	11.4	9.5	3.8	23.8	100.0
29	N	39	13	4	4	15	5	9	6	2	8	105
	%	37.1	12.4	3.8	3.8	14.3	4.8	8.6	5.7	1.9	7.6	100.0

Table (5): Participants response on autocratic style domain

Q. No.		1	2	3	4	5	6	7	8	9	10	Total
30	N	13	5	5	5	23	0	3	13	6	32	105
	%	12.4	4.8	4.8	4.8	21.9	0	2.9	12.4	5.7	30.5	100.0
31	N	17	5	9	3	17	2	8	13	8	23	105
	%	16.2	4.8	8.6	2.9	16.2	1.9	7.6	12.4	7.6	21.9	100.0
32	N	15	9	4	3	19	7	7	10	8	23	105
	%	14.3	8.6	3.8	2.9	18.1	6.7	6.7	9.5	7.6	21.9	100.0
33	N	17	7	6	7	20	10	7	12	5	14	105
	%	16.2	6.7	5.7	6.7	19.0	9.5	6.7	11.4	4.8	13.3	100.0
34	N	12	4	3	6	23	9	6	6	8	28	105
	%	11.4	3.8	2.9	5.7	21.9	8.6	5.7	5.7	7.6	26.7	100.0
35	N	35	7	4	4	23	3	8	6	3	12	105
	%	33.3	6.7	3.8	3.8	21.9	2.9	7.6	5.7	2.9	11.4	100.0
36	N	12	7	4	3	24	7	7	9	7	25	105
	%	11.4	6.7	3.8	2.9	22.9	6.7	6.7	8.6	6.7	23.8	100.0

Table (6): Participants response on democratic style domain

Q. No.		1	2	3	4	5	6	7	8	9	10	Total
37	N	17	1	4	4	14	7	9	12	13	24	105
	%	16.2	1.0	3.8	3.8	13.3	6.7	8.6	11.4	12.4	22.9	100.0
38	N	12	4	5	3	14	10	10	14	10	23	105
	%	11.4	3.8	4.8	2.9	13.3	9.5	9.5	13.3	9.5	21.9	100.0
39	N	16	3	5	5	17	9	7	9	12	22	105
	%	15.2	2.9	4.8	4.8	16.2	8.6	6.7	8.6	11.4	21.0	100.0
40	N	14	3	7	5	18	8	13	8	7	22	105
	%	13.3	2.9	6.7	4.8	17.1	7.6	12.4	7.6	6.7	21.0	100.0
41	N	20	4	6	3	21	8	3	15	8	17	105
	%	19.0	3.8	5.7	2.9	20.0	7.6	2.9	14.3	7.6	16.2	100.0
42	N	15	4	4	5	20	9	13	10	10	15	105
	%	14.3	3.8	3.8	4.8	19.0	8.6	12.4	9.5	9.5	14.3	100.0
43	N	12	5	7	0	19	7	10	15	10	20	105
	%	11.4	4.8	6.7	0	18.1	6.7	9.5	14.3	9.5	19.0	100.0
44	N	18	5	5	0	18	7	11	6	7	28	105
	%	17.1	4.8	4.8	0	17.1	6.7	10.5	5.7	6.7	26.7	100.0

Table (7): Participants response on laissez-faire style domain

Q. No.		1	2	3	4	5	6	7	8	9	10	Total
45	N	34	7	4	3	19	4	8	6	5	15	105
	%	32.4	6.7	3.8	2.9	18.1	3.8	7.6	5.7	4.8	14.3	100.0
46	N	20	7	5	7	23	10	7	7	5	14	105
	%	19.0	6.7	4.8	6.7	21.9	9.5	6.7	6.7	4.8	13.3	100.0
47	N	17	3	4	8	22	5	7	8	5	16	105
	%	16.2	12.4	3.8	7.6	21.0	4.8	6.7	7.6	4.8	15.2	100.0
48	N	33	8	11	1	26	3	1	8	3	11	105
	%	31.4	7.6	10.5	1.0	24.8	2.9	1.0	7.6	2.9	10.5	100.0

49	N	31	8	15	6	15	7	2	6	2	13	105
	%	29.5	7.6	14.3	5.7	14.3	6.7	1.9	5.7	1.9	12.4	100.0
50	N	29	11	5	2	27	4	9	7	3	8	105
	%	27.6	10.5	4.8	1.9	25.7	3.8	8.6	6.7	2.9	7.6	100.0
51	N	13	6	10	13	28	7	10	7	4	7	105
	%	12.4	5.7	9.5	12.4	26.7	6.7	9.5	6.7	3.8	6.7	100.0

Questionnaire

First: Socio-demographic Data:

1- Gender: ☐ Male ☐ Female
2- Age: ☐ Less than 35 years ☐ 35 – 45 years ☐ More than 45 years
3- Marital Status: ☐ Single ☐ Married ☐ Divorce   ☐ Widow
4- Number of family members: ☐ Less than 3 ☐ 3 - 5 members ☐ 6 members or more
5- Job Title: ☐ Diploma nurse ☐ Diploma RN ☐ Bachelor RN ☐ Head nurse ☐ Supervisor
6- Qualification: ☐ Diploma 2 years ☐ Diploma 3 years ☐ Bachelor   ☐ Postgraduate
7- Residency: ☐   North Gaza ☐ Gaza City☐ Midzone ☐   Khanyounis ☐   Rafah
8- Work site: ---
9- Which department is most experiences: --
10- Number of years in current department: --
11- Number of experience years in profession: --
12- Income Level: (monthly) ☐ Less than 1,832NIS ☐ 1,832 – 2,293 NIS ☐ More than 2,293 NIS

13- Are you working overtime hours in current hospital?

☐ Yes ☐ No

If (Yes), How many hours per week?

14- Are you practicing another work rather than current job?

☐ Yes ☐ No

- If (Yes), Why? ---
- If (No), Do you try to find another work? ☐ Yes ☐ No

15- Health Status:

- Are you have chronic diseases or disabilities?

☐ Yes ☐ No

If (Yes), Please list: ---

- Are you previous admitted to hospitalization?

☐ Yes ☐ No

If (Yes), Please why?

- Are the family have health problems?

☐ Yes ☐ No

If (Yes), Please list: --

- Are you suffering from infectious diseases?

☐ Yes ☐ No

If (Yes), Please list ---

Instructions for fill the questionnaire:

1- The respondent read the item carefully and put the number expressed his agreement or disagreement with the content of the statement in the custom box in the right column.
2- This questionnaire is used decimal scale that reflect the number (1) very disagree, (10) very agree and vary the degree of their approval or lack thereof with an expression figure (5) Neutrality.
3- The answer to this questionnaire are optional, surrounded by secrecy and data are used only for the purposes of the study.
4- May need to fill in the questionnaire process 20 minutes.

Second: Questionnaire Domains:

Item	From 1 to 10
I. Nature and Workload	
1. The workload is suitable to my competency.	☐
2. Workload gives me a high level of job satisfaction.	☐
3. There is sufficient manpower in my department.	☐
4. The workload is a source of discomfort for me.	☐
5. The workload is suitable for my job description.	☐
6. I am practicing many tasks out of my job duties.	☐
7. The current job description needs reevaluation to be suitable for my workload.	☐
8. I proud of the tasks and duties that I do.	☐
9. Decision makers in the ministry do not care about our needs.	☐
10. I feel that my profession follows by physicians career.	☐
II. Work Environment	
11. Your work environment carries highly dangerous.	☐
12. Your work environment has good ventilation.	☐
13. Your work environment has sufficient lighting.	☐
14. Your work environment contains comfortable chairs.	☐
15. Your work environment contains suitable and sufficient furniture.	☐
16. Your work environment contains all needed equipments and safety measures.	☐
III. Working Periods & Shifts	
17. Working periods, variable in the monthly schedule.	☐
18. I miss many interests and habits because my work consumes most of the time.	☐
19. I ready to be in current department at any time if needed.	☐
20. Work schedule is flexible and could be modified if needed.	☐
21. Distribution of holidays in the monthly schedule is high fair and equity for all workers.	☐
IV. Stress related to Work	
22. My work includes a high degree of pressure.	☐

Item	From 1 to 10
23. Usually, work duties are more than capabilities.	☐

Item	From 1 to 10
24. My work pressure has a negative effect on my performance.	☐
25. Some illness cases have sources of pressure for me	☐
26. Easy tension for the basic reasons as a result of the severe pressures of work.	☐
27. I suffer from frequent forgetfulness because of work pressure.	☐
28. I complain a headache most of the work times.	☐
29. My professional relationship with colleagues has tension as a result of the pressures of work.	☐
V. Autocratic Managerial Style	
30. Direct supervisor tends to concentrate all powers and authorities in himself.	☐
31. Direct supervisor unique to take all decisions.	☐
32. Direct supervisor decide for themselves what can be done and how to implement it.	☐
33. Direct supervisor calls for the implementation of the plans without contributing to the situation.	☐
34. Direct supervision is keen to be a spokesman for subordinates.	☐
35. Direct supervisor believes that the exchange of opinions is a waste of time.	☐
36. Direct supervisor adheres to the letter of the regulations and directives in the organization.	☐
VI. Democratically managerial Style	
37. Direct supervisor encourages to creativity in the method of work.	☐
38. Direct supervisor accepts any change proposed by subordinates at work style.	☐
39. Direct supervisor encourages to group discussion in the method of work.	☐
40. Direct supervisor engages the subordinates at work planning.	☐
41. Direct supervisor puts his thoughts on subordinates to discuss.	☐
42. Direct supervisor initiates to delegate some of his powers to subordinates.	☐
43. Direct supervisor adopts purposeful proposals passed by subordinates.	☐
44. Direct supervisor believes that direct participation in decision-making based on sound administration.	☐

VII.	Laissez Faire Managerial Style	
45. Direct supervisor evades to face the problems of work.		☐
46. Direct supervisor gives for subordinates freedom to choose assignments that are commensurate with their wishes.		☐
47. Direct supervisor avoids direct intervention in the conflicts that occur between subordinates.		☐
48. Direct supervisor usually hesitates in making decisions.		☐
49. Direct supervisor authorizes all administrative powers to subordinates.		☐
50. Direct supervisor tolerates for negligence subordinates in the performance of their duties.		☐
51. Direct supervisor always influence by the wishes of subordinates.		☐

Third: Please, rank the following Your reasons to move from government hospitals to primary health care centers according to their priority for you:

(1 = highest priority…………….. 10 = lowest priority)

( ) Family related causes   () Distance from home to work

( ) Working hours   () Security of job

( ) Level of job satisfaction   () Management and supervision

( ) Social and cultural aspects   () Work environment

( ) Heavy workload   () Nature of the work

Thank you for all

بِسۡمِ ٱللَّهِ ٱلرَّحۡمَٰنِ ٱلرَّحِيمِ

13 ابريل 2015 م

أخي العزيز/ أختي العزيزة: حفظك الله ،،

السلام عليكم ورحمة الله وبركاته ،،،،

الموضوع/   تعبئــة استبــانة

يقوم الطالب/ أحمد محمد حسن مسمح و الملتحق في برنامج الماجستير في إدارة الأعمال بتحضير رسالة ماجستير بعنوان:

لماذا يترك الممرضون والممرضات أعمالهم في المستشفيات الحكومية الى مراكز الرعاية الصحية الأولية في محافظات غزة

"Why Nurses Leave their Work from Governmental Hospitals to Primary Health Care Centers in Gaza Governorates"

تحت إشراف

الدكتـور يوسف الجيش	**الدكتـور وسيم الهابيل**
نـائب عمـيد	رئيس قسم إدارة الأعمال
كلية التمريض	كلية التجارة
الجامعة الإسلامية بغزة	الجامعة الإسلامية بغزة

أرجو من سيادتكم التكرم بتعبئة الاستبانة المرفقة ، لما تمثله مساهمتكم من أهمية بالغة بالنسبة لموضوع الدراسة و المصلحة العامة.

مع وافر الشكر و التقدير

الباحث
أحمد محمد مسمح
0599851426

الاستبانة

أولاً: البيانات الديموغرافية والاجتماعية

16- الجنس: ☐ ذكر   ☐ أنثى
17- العمر: ☐ أقل من 35 عام   ☐ من 35 حتى 45 عام   ☐ أكثر من 45 عام
18- الحالة الاجتماعية: ☐ أعزب/انسة   ☐ متزوج/ة   ☐ مطلق/ة   ☐ أرمل/ة
19- عدد افراد الاسرة: ☐ أقل من 3 أفراد   ☐ 3 – 5 أفراد   ☐ 6 أفراد فأكثر
20- المسمى الوظيفي: ☐ ممرض دبلوم   ☐ حكيم دبلوم   ☐ حكيم جامعي   ☐ رئيس قسم   ☐ مشرف
21- المرحلة الدراسية التي أكملتها (اخر شهادة):   ☐ دبلوم متوسط سنتان   ☐ دبلوم ثلاث سنوات   ☐ بكالوريوس   ☐ دراسات عليا
22- مكان السكن: ☐ محافظة الشمال   ☐ مدينة غزة   ☐ المعسكرات الوسطى   ☐ محافظة خانيونس   ☐ محافظة رفح
23- اسم المجمع/المستشفى الذي تعمل به: ---
24- أي أقسام المستشفى لديك خبرة أطول: ---
25- عدد سنوات الخبرة في القسم الحالي: ---
26- عدد سنوات الخبرة في المهنة: --
27- مستوى الدخل الشهري: ☐ أقل من 1832 شيكل   ☐ من 1832 الى 2293 شيكل   ☐ أكثر من 2293 شيكل
28- هل تعمل ساعات اضافية في المستشفى؟   ☐ نعم   ☐ لا   اذا كانت الاجابة ب (نعم)، كم عدد الساعات الاضافية الاسبوعية؟   ---------------------

29- هل لديك عمل اخر غير العمل الرسمي؟
☐ نعم   ☐ لا
• اذا كانت الاجابة ب (نعم)، لماذا ؟ -------------------------------------
• اذا كانت الاجابة ب (لا)، هل تحاول ايجاد عمل اخر؟   ☐ نعم   ☐ لا

30- الحالة الصحية:

• هل تعاني من امراض مزمنة او اعاقات؟

☐ نعم ☐ لا

اذا كانت الاجابة ب(نعم)، من فضلك اذكرها -----------------------------------

• هل سبق وان ادخلت المستشفى؟

☐ نعم ☐ لا

اذا كانت الاجابة ب(نعم)، من فضلك اذكر الاسباب -----------------------------

• هل لدى عائلتك مشاكل صحية ؟

☐ نعم ☐ لا

اذا كانت الاجابة ب(نعم)، من فضلك اذكرها -----------------------------------

• هل تعاني من امراض معدية؟

☐ نعم ☐ لا

اذا كانت الاجابة ب(نعم)، من فضلك اذكرها -----------------------------------

إرشادات تعبئة الاستبانة:

1. يقوم المجيب بقراءة العبارة و وضع الرقم المعبر عن موافقته أو عدم موافقته مع مضمون العبارة في المربع المخصص في الخانة اليسرى.

2. تستخدم هذه الاستبانة المقياس العشري بحيث يعبر الرقم ☐1 بـ (لا أوافق بشدة) و الرقم ☐10 بـ (أوافق بشدة) ، و تتفاوت بينهما درجة الموافقة أو عدمها مع تعبير الرقم ☐5 عن درجة (الحياد).

3. الاجابة على هذا الاستبيان اختيارية ومحاطة بالسرية التامة و تستخدم البيانات في أغراض الدراسة فقط.

4. قد تحتاج عملية تعبئة الاستبيان الى 20 دقيقة.

حدد من 1 إلى 10	العبـــــــــارة
المحور الأول: حجـــم وطبيعـــة العمـل	
☐	52. حجم العمل المنوط بي يتناسب مع كفاءتي.
☐	53. حجم العمل المنوط بي يعطيني درجة عالية من الرضى الوظيفي.
☐	54. يوجد قوى عاملة كافية بالقسم الذي أعمل به.
☐	55. حجم العمل المنوط بي مصدر لعدم الراحة والاستقرار.
☐	56. حجم العمل المنوط بي يتناسب مع وصفي الوظيفي.
☐	57. امارس العديد من المهام خارج نطاق واجباتي الوظيفية.
☐	58. الوصف الوظيفي الحالي بحاجة الى اعادة نظر لينسجم مع حجم العمل المنوط بي.
☐	59. أنا فخور بالمهام والواجبات التي اقوم بها.
☐	60. صانعي القرار بالوزارة لا يهتمون بهمومنا واحتياجاتنا.
☐	61. أشعر انني امارس مهنة تابعة وظيفيا للأطباء.
المحور الثاني: بيئـــة العمـل	
☐	62. تحمل بيئة عملك في طياتها مخاطر كبيرة.
☐	63. بيئة عملك تتمتع بتهوية جيدة.
☐	64. بيئة عملك تتمتع بإضاءة كافية.
☐	65. تحتوي بيئة عملك على كراسي مريحة.
☐	66. تحتوي بيئة عملك على أثاث كافي ومناسب.
☐	67. تحتوي بيئة عملك على جميع ادوات ووسائل الحماية اللازمة.
المحور الثالث: فتـــرات العمـل	
☐	68. تتنوع فترات عملي بالجدول الشهري.
☐	69. أفتقد الكثير من هواياتي واهتماماتي لان العمل يأخذ معظم وقتي.
☐	70. في حال وجود داعي للتواجد في القسم بعد ساعات الدوام الرسمي فانك على اتم الاستعداد لذلك.
☐	71. أعمل بالقسم من خلال جداول مرنة يسهل تعديلها عند الحاجة.
☐	72. يتم توزيع ايام الأعياد والمناسبات الرسمية في الجداول الشهرية على جميع العاملين بعدالة وشفافية عالية.
المحور الرابع: ضغوط العمـل	
☐	73. عملي يتضمن درجة عالية من الضغوط.
☐	74. عادة ما يتطلب مني أعمال أكثر من استطاعتي.
☐	75. ضغط العمل الذي اتعرض له يؤثر سلبا على مستوى ادائي.

حدد من 1 إلى 10	العبـــــارة
☐	76. بعض الحالات المرضية تشكل لي مصدرا للضغط.
☐	77. أتوتر بسرعة لأبسط الاسباب نتيجة ضغوط العمل الشديدة.
☐	78. اعاني من النسيان المتكرر بسبب ضغط العمل.
☐	79. أشعر بالصداع معظم اوقات الدوام.
☐	80. تتسم علاقتي المهنية مع الزملاء بالتوتر نتيجة ضغوط العمل.
المحور الخامس: النمـط الاداري السلطـوي	
☐	81. يميل الرئيس المباشر الى تركيز جميع السلطات والصلاحيات في يده.
☐	82. ينفرد الرئيس المباشر في اتخاذ جميع القرارات.
☐	83. يقرر الرئيس المباشر بنفسه ماذا يمكن عمله وكيفية تنفيذه.
☐	84. يطالب الرئيس المباشر بتنفيذ الخطط دون الاسهام في وضعها.
☐	85. يحرص الرئيس المباشر على ان يكون المتحدث الرسمي عن المرؤوسين.
☐	86. يعتقد الرئيس المباشر ان تبادل الآراء مضيعة للوقت.
☐	87. يتقيد الرئيس المباشر بحرفية الانظمة والتعليمات المعمول بها في المؤسسة.
المحور السادس: النمـط الاداري الديمقراطـي	
☐	88. يشجع الرئيس المباشر على الابداع في اسلوب العمل.
☐	89. يتقبل الرئيس المباشر أي تغيير يقترحه المرؤوسين على اسلوب العمل.
☐	90. يشجع الرئيس المباشر المناقشة الجماعية لأساليب العمل.
☐	91. يشرك الرئيس المباشر المرؤوسين في تخطيط العمل.
☐	92. يطرح الرئيس المباشر أفكاره على المرؤوسين لمناقشتها.
☐	93. يبادر الرئيس المباشر في تفويض بعض صلاحياته الى المرؤوسين.
☐	94. يتبنى الرئيس المباشر الاقتراحات الهادفة التي يطرحها المرؤوسين.
☐	95. يؤمن الرئيس المباشر بأن المشاركة في اتخاذ القرارات أساس الادارة السليمة.
المحور السابع: النمـط الاداري الفوضوي	
☐	96. يتهرب الرئيس المباشر من مواجهة مشكلات العمل.
☐	97. يترك الرئيس المباشر للمرؤوسين حرية اختيار الواجبات التي تتناسب مع رغباتهم.
☐	98. يتجنب الرئيس المباشر التدخل في النزاعات التي تحدث بين المرؤوسين.
☐	99. يتردد الرئيس المباشر عادة في اتخاذ القرارات.
☐	100. يفوض الرئيس المباشر كل صلاحياته الادارية للمرؤوسين.
☐	101. يتساهل الرئيس المباشر مع المرؤوسين المقصرين في اداء واجباتهم.
☐	102. يتأثر الرئيس المباشر دائما برغبات المرؤوسين.

ثالثاً: من فضلك، رتب الاسباب التي تدفعك للانتقال من المستشفيات الحكومية الى مراكز الرعاية الصحية الأولية حسب أولوياتك من 1 الى 10

حيث يشير رقم 1 الى أعلى أولوية، ويشير رقم 10 الى أقل أولوية:

( ) بعد المسافة من مكان السكن الى مكان العمل	( ) أسباب عائلية
( ) الأمان الوظيفي	( ) ساعات العمل
( ) الادارة والاشراف	( ) درجة الرضى الوظيفي
( ) بيئة العمل	( ) البيئة الثقافية والاجتماعية
( ) طبيعة العمل	( ) العبء الاضافي

مع جزيل الشكر و التقدير

Annex (4): Researcher request to facilitate the tasks in MOH

The Palestinian National Authority
of Health
...ian Resources Development

السلطة الوطنية الفلسطينية
وزارة الصحة
الإدارة العامة لتنمية القوى البشرية

نموذج طلب تسهيل مهمة باحث في مرافق وزارة الصحة

السيد الدكتور/ ناصر أبو شعبان   المحترم،،،
مدير عام تنمية القوى البشرية   التاريخ: 23/3/1/2015

أرجو التكرم بالموافقة على تسهيل مهمتي في (جمع بيانات، جمع عينات، تعبئة استبيانات) الخاصة بالبحث الذي أقوم به في مرافق وزارة الصحة.

الاسم: أحمد محمد جميع .... رقم الهوية: 801015173.8. تاريخ الميلاد: 23/2/1983
العنوان: ....
رقم الهاتف/الجوال: 0599851426 .. البريد الالكتروني: a.h.2011r@hotmail.com
مكان العمل: .... المهنة: ....
المؤهل العلمي: بكالوريوس. التخصص: التمريض. الجامعة: كلية فلسطين للتمريض
المؤسسة المشرفة على البحث: الجامعة الإسلامية .. اسم المشرف: ....
البحث متطلب لـ: رسالة الماجستير.
عنوان البحث: Why nurses leave their work from Governmental hospitals to PHC center
الهدف من البحث: الحصول على درجة الماجستير ....
مكان تطبيق البحث: المستشفيات الحكومية
الفئة المستهدفة: ....

التوقيع ....

المرفقات المطلوبة:
1. خطاب من الجهة المشرفة على البحث.
2. تعهد والتزام بالعمل ضمن أخلاقيات البحث العلمي.
3. صورة عن آخر مؤهل علمي.
4. صورة شخصية.
5. خطة البحث – الإستبانة "إن وجدت".
6. تفويض من الباحث بجمع البيانات (للباحث الموجود خارج الوطن).

صفحة 1 من 2

Gaza   Tel / 08-2827298   Fax / 08-2868109   Email / hrd@moh.gov.ps

91

The Palestinian National Authority
Ministry of Health
Directorate General of Human Resources Development

السلطة الوطنية الفلسطينية
وزارة الصحة
الإدارة العامة لتنمية القوى البشرية

التاريخ: 23/..3./.2015م

تعهد و التزام

أنا الموقع أدناه الباحث /ة: ....

أتعهد بالالتزام بالتعليمات التالية:

1. الحفاظ على سرية المعلومات و البيانات التي سأتعامل معها وعدم إفشاء بيانات المرضى التي احصل عليها.
2. إتباع الطرق العلمية والعملية السليمة وحسب الأنظمة المتبعة في مرافق الوزارة فيما يتعلق بالعينات المأخوذة من مرافق الوزارة ودون أدنى مسؤولية على الوزارة.
3. عدم التعامل المباشر مع المرضى فيما يتعلق بأخذ العينات.
4. التقيد بالأنظمة والقوانين التي تنظم العمل داخل الوزارة.
5. الحصول على إقرار ملخص البحث من وزارة الصحة قبل مناقشة البحث / نشره.
6. عدم البدء بجمع عينات أو معلومات إلا بعد موافقة الوزارة عبر الإدارة العامة لتنمية القوى البشرية.
7. يحق لوزارة الصحة الاستفادة من نتائج البحث.
8. الوزارة غير مسئولة عن أي أضرار نفسية أو جسمية تلحق بالعينة التي يجري عليها البحث.
9. تزويد الإدارة العامة لتنمية القوى البشرية بنسخة ورقية عن البحث و إلكترونية عن ملخص البحث.
10. أخذ الموافقة المستنيرة حسب الأصول من العينة التي ستشارك في البحث.
11. الالتزام بأخلاقيات البحث العلمي .

اسم الباحث: ....   توقيع المشرف على البحث
توقيعه: ....

للاستعمال الرسمي

....

....

....

دائرة البحث الصحي

....

☐ أوافق على إجراء البحث في مؤسسات وزارة الصحة.
☐ لا أوافق على إجراء البحث في مؤسسات وزارة الصحة.

ملاحظات: ....

د. ناصر رأفت أبو شعبان
مدير عام تنمية القوى البشرية

صفحة 2 من 2

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Annex (6): Approval from MOH

The Palestinian National Authority
Ministry of Health
ctorate General of Human Resources Development

السلطة الوطنية الفلسطينية
وزارة الصحة
رة العامة لتنمية القوى البشرية

التاريخ: 2015/03/25م

الرقم : ....

الأخ / د. عبد اللطيف الحاج   المحترم،،،
مدير عام المستشفيات

السلام عليكم ورحمة الله وبركاته،،،

الموضوع/ تسهيل مهمة باحث

بخصــــوص الموضــــوع أعــــلاه، يرجــــى تســـهيل مهمــــة الباحث/ لحمـــد محمـــد مسمح

الملتحــــق ببرنـــامج الماجســـتير تخصـــص إدارة أعمـــال- كليـــة التجـــارة- الجامعـــة

الإسلامية بغزة في إجراء بحث بعنوان :-

"Why Nurses Leave their Work from Governmental Hospitals To

Primary Health Care in Gaza Governorates"

حيث الباحث بحاجة لتوزيع استبانه على الممرضين والممرضات المتقدمين بطلبات للنقل مـــن الادار

العامة للمستشفيات الى الادارة العامة للرعاية الأولية، بما لا يتعارض مع مصـــلحة العمـــل وضـــمن

أخلاقيات البحث العلمي،، و دون تحمل الوزارة أي أعباء أو مسئولية.

وتفضلوا بقبول التحية والتقدير،،،

د. ناصر رأفت أبو شعبان
مدير عام تنمية القوى البشر

15 / 482

2015.3.26م

ة/
-   الإدارة العامة للرقابة الداخلية
-   صاحب/ـة العلاقة

aza   Tel / 08-2827298   Fax / 08-2868109   Email / hrd@moh.gov.ps

93

Annex (7): Experts panel

Prof. Dr. Majed Elfarra	Islamic University
Prof. Dr. Samir Safi	Islamic University
Dr. Sami Aboroas	Islamic University
Dr. Hamza Abdeljawad	Palestine College of Nursing
Dr. Ibrahim Shamia	University college of Applied Science
Dr. Khaleel Shaqfa	Minister Diwan - MOH
Dr. Nabil Ellouh	General Personnel Council
Dr. Yousif Awad	University of Palestine
Mr. Hassan Jouda	Nursing unit - MOH
Mr. Ibrahim Mansour	Nursing unit - MOH

بسم الله الرحمن الرحيم

الجامعة الإسلامية – غزة

The Islamic University - Gaza

Faculty of Commerce

كلية التجارة

الرقم: ج س غ/ 62
3 جمادى الثانية 1436 Ref
23 آذار 2015 D

الأخ الفاضل/ د. ناصر أبو شعبان حفظه الله،،

مدير عام تنمية القوى البشرية –وزارة الصحة

السلام عليكم ورحمة الله وبركاته،،،

الموضوع: تسهيل مهمة الباحث: احمد محمد حسن مسمح.

تهديكم كلية التجارة بالجامعة الإسلامية تحياتها، وترجو التكرم بمساعدة الباحث المذكور أعلاه، والملتحق في برنامج ماجستير إدارة الأعمال، برقم جامعي (120130148) في تسهيل مهمته في الحصول على المعلومات والبيانات والتي سوف تساعده في عمل رسالة ماجستير بعنوان:

Why Nurses Leave their work from Governmental Hospitals to)
(Primary Health Care Centers in gaza Gvernorates

وذلك خدمة للبحث العلمي.

وتقبلوا فائق الاحترام والتقدير،،،

عميد كلية التجارة

أ.د. سالم عبدالله حلس

صورة إلى:
*الملف

108 الرمال غزة فلسطين هاتف: 970 (8) 286 0700 Tel: فاكس 970 (8) 286 0800 fax: 108, Rimal, Gaza, Palestine
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Annex (9): Organization structure of hospitals in MOH

١٤ . مجمع طبي

وزير الصحة

الوكيل

مدير عام المستشفيات

مدير عام المجمع الطبي

المدير الطبي — قسم الشؤون الإدارية والعلاقات العامة

دائرة الباثولوجي | دائرة الصيدلية | دائرة الشؤون الإدارية والمالية للمجمع | دائرة تمريض المجمع | دائرة أشعة المجمع | دائرة مختبر المجمع

مدير مستشفى ... 3 | مدير مستشفى ... ٢ | مدير مستشفى ... 1

١٥ . مستشفى كبير (عدد ١٠١ سريرا وما فوق)

وزير الصحة

الوكيل

مدير عام المستشفيات

مدير المستشفى

قسم الشؤون الإدارية والعلاقات العامة

دائرة المختبر | دائرة الأشعة | دائرة الصيدلية | المدير الطبي | دائرة تمريض المستشفى | دائرة الشؤون الإدارية والمالية

قسم بنك الدم
الشعب: تحضير وحدات الدم، فصل مكونات الدم، التبرع بالدم

أمين مخزن الأشعة
قسم الأشعة العادية
قسم فني الأشعة

قسم التصوير الطبي
قسم فني التصوير الطبي

قسم الصيدلية المركزية
قسم الصيدلية الخارجية والأورام
أمين مخزن الأدوية والمهمات الطبية

مشرف تمريض فترة (العدد حسب الحاجة)
مشرف الأقسام الداخلية
مشرف الأقسام/العيادات الخارجية
مشرف الجودة ومراقبة التلوث

قسم الحسابات
قسم الحاسوب والشبكات
قسم الأرشيف

قسم شؤون الموظفين

قسم خدمات المرضى
الشعب: الدخول والخروج، السجلات الطبية، الخدمات الطبية المساعدة، خدمات المرضى الخارجيين، الخدمة الاجتماعية

أمين مخزن المختبر
قسم الكيمياء
قسم هيماتولوجي وسيرولوجي
قسم ميكروبيولوجي وبارستولوجي والعيادة الخارجية

قسم العلاج الطبيعي والتأهيل
قسم التدريب والتعليم

قسم الخدمات الإدارية
الشعب: المخزن، الأمن والمراسلين، الاستعلامات والبريد،

قسم التغذية والمطبخ
الشعب: المخزن، الطباخين، إعداد وجبات المرضى النزلاء، إعداد وجبات المرضى ذوي الاحتياجات الغذائية الخاصة، شعبة النظافة

قسم الخدمات الفندقية
الشعب: النظافة والمغسلة، البيئة والصيانة العامة،
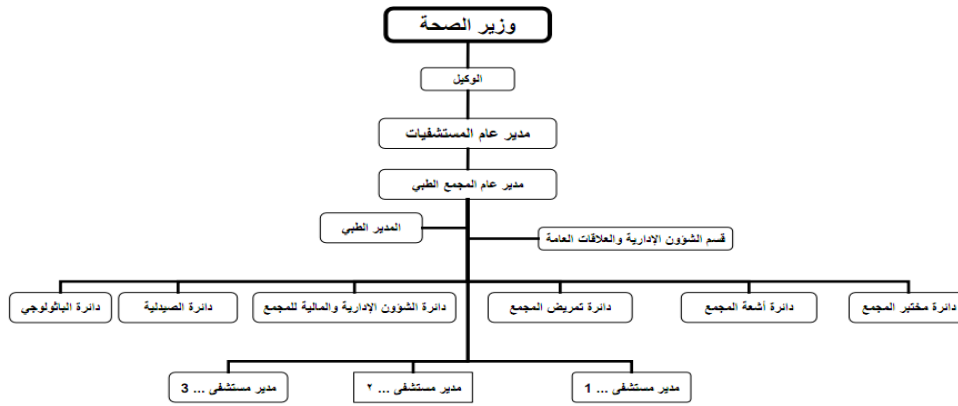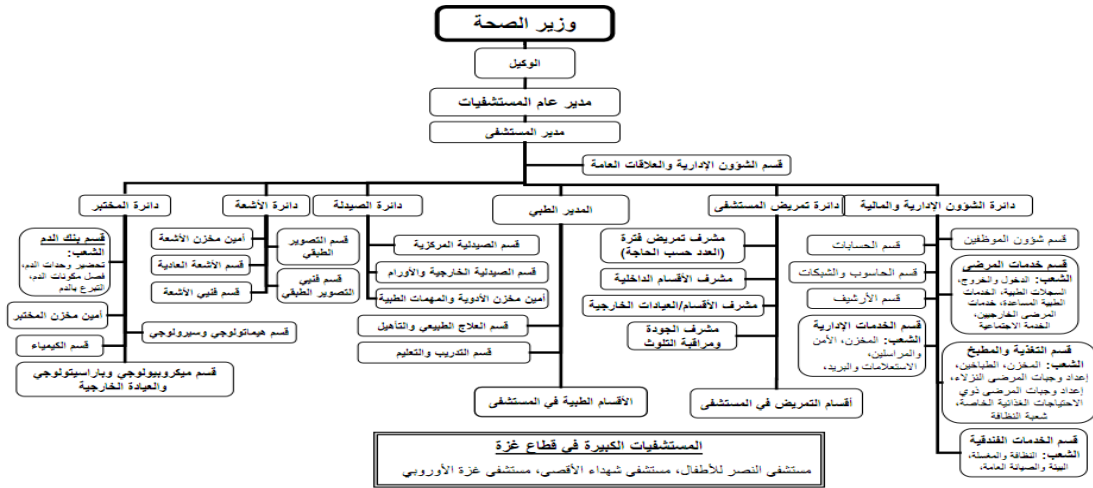
الأقسام الطبية في المستشفى | أقسام التمريض في المستشفى

المستشفيات الكبيرة في قطاع غزة
مستشفى النصر للأطفال، مستشفى شهداء الأقصى، مستشفى غزة الأوروبي

١٦ . مستشفى صغير (عدد ١٠٠ سريرا وأقل من ذلك)

وزير الصحة

الوكيل

مدير عام المستشفيات

مدير المستشفى

قسم الشؤون الإدارية والعلاقات العامة | مدير طبي

شعبة التدريب والتعليم

مدير دائرة الشؤون الإدارية والمالية | مدير دائرة التمريض | قسم الصيدلية | قسم الأشعة | قسم المختبر

قسم الخدمات الإدارية
الشعب: الموظفين، الحسابات، المخزن، الحاسوب والشبكات، الأمن والمراسلين، الاستعلامات والبريد.

مشرف أقسام التمريض في المستشفى
مشرف الجودة والتطوير
مشرف تمريض فترة (العدد حسب الحاجة)

شعبة الصيدلية الداخلية والسريرية
شعبة المخزن
شعبة الصيدلية الخارجية

شعبة فني الأشعة
شعبة الأشعة العادية
شعبة الأشعة فوق الصوتية
شعبة الأشعة الملونة

شعبة ميكروبيولوجي والطفيليات
شعبة الهيماتولوجي وبنك الدم
شعبة الكيمياء

قسم الخدمات الفندقية
الشعب: المطبخ والتغذية، البيئة والصيانة العامة، النظافة والمغسلة

أقسام التمريض في المستشفى

الأقسام الطبية في المستشفى

قسم خدمات المرضى
الشعب: خدمات المرضى الخارجيين، الخدمات الطبية المساعدة، السجلات الطبية، الدخول والخروج

المستشفيات الصغيرة في محافظات غزة
مستشفى بيت حانون، مستشفى كمال عدوان، مستشفى عبد العزيز الرنتيسي التخصصي للأطفال، مستشفى العيون، مستشفى محمد الدرة، مستشفى أبو يوسف النجار، مستشفى تل السلطان

Palestinian National Authority
Ministry of Health
Nursing Directorate

السلطة الوطنية الفلسطينية
وزارة الصحة
وحـدة التمـريض

Comprehensive Statistical Nurses in MOH Hospital – Gaza Governorates

No.	Hospital	Number of nurses	Number of Beds	Nurse/bed
1	Al-Shifa	638	743	0.8
2	Nasser	312	327	0.9
3	EGH	269	295	0.9
4	Beit hanoun	68	93	0.7
5	Kamal Odwan	126	145	0.9
6	Aldorra	68	85	0.8
7	Ophthalmic	36	42	0.9
8	Nasser Pediatric	123	142	0.9
9	Pediatric Specialty	79	76	1
10	Psychatric	26	20	1.3
11	Alaqsa	182	201	0.9
12	Alnajjar	85	102	0.8
13	Al-emarati	84	63	1.3
	Total	2096	2334	0.9

Comprehensive Statistical Nurses in MOH PHC Center – Gaza Governorates

No.	Governorate	Population	nurses	Persons/nurse
1	North Gaza	302,000	58	5,207
2	Gaza City	700,000	124	5,645
3	Mid zone	260,000	73	3,562
4	Khanyounis	360,000	59	6,101
5	Rafah	231,000	31	7,451
	Total	1,853,000	345	5,371