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Motivation and Job Performance among Nurses in Gaza Strip Governmental Hospitals – Palestine

الحوافز والأداء الوظيفي بين الممرضين في مستشفيات قطاع غزة الحكومية – فلسطين

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

" من جاء بالحسنة فله عشر أمثالها ومن جاء بالسيئة فلا يُجزى إلا مثلها وهم لا يُظلمون "

(الأنعام – 160)

Dedication

To my family: parents, wife, brothers, sisters, and sons for their endless patience, support and encouragement.

To all my friends and colleagues for their kindness and cooperation.

All hard worker nurses do the best for Allah.

Acknowledgment

I would like to express my great thanks and gratitude to all people who contributed to the success of my degree, those who are responsible for making me optimistic and think of nothing is impossible.

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Abbreviation Used in the Research

Abbreviation	Meaning
ANOVA	One Way Analysis of Variance
BSN	Nurses Bachelor Degree
BARS	Behaviorally Anchored Rating Scale
EGH	European Gaza Hospital
EU	European Union
ER	Emergency Room
EMG	Electromyography
EEG	Electroencephalogram
E.N.T	Ear, Nose and Throat surgery
GS	Gaza Strip
HRM	Human Resource Management
HRH	Human Resource Management for Health
HRA	Humans Resource Accounting
HR	Human Resources
IUG	Islamic University in Gaza
ICU	Intensive Care Unit
km2	Kilometers Square
KOH	Kamal Odwan Hospital
MOH	Ministry of Health
MOI	Palestinian Interior Ministry
MMS	Military Medical Service
MH	Mental Health
MBO	Management by Objectives
NIS	New Israeli Shekel
NMC	Nasser Hospital Complex
NPH	Nassr Pediatric Hospital
NGOs	Nongovernmental Organizations
PHC	Public Health Care
PNA	Palestinian National Authority
PBUH	Prophet Mohamed Peace Upon Him
PCBS	Palestinian Central Bureau of Statistics
PM	Performance Management
RSPH	Rantisy Specialized Pediatric Hospital
SPSS	Statistical Package System for Social Sciences
UNRWA	United Nation Relief and Works Agency
WHO	World Health Organization
WB	West Bank

Abstract

This research aimed to examine the relationship between motivation and performance among nurses working in thirteen public hospitals distributed in five Gaza Strip (GS) governorates. The sample of this study consisted of three hundred and thirty male and female nurses and the response rate was 97.87%. Different statistical procedures have been operated for data analysis through percentage, frequencies, Pearson correlation test, Cronbach's test, t test, Kolmogorov-Smirnov Test and one way analysis of variance (ANOVA) test.

The research consisted of five domains as:
Firstly- individualized factors ranked first domain which contributes two sub-domains (personal factors and supervision), the mean equals 78.41 (74.68%). Secondly- nursing performance ranked second domain, and the mean equals 22.37 (63.93%). Thirdly- motivational factor ranked third domain which contributes three sub domains (payment, recognition and work content), the mean equals 78.41 (58.08%). Fourthly- organizational factor ranked fourth domain which contributes four sub-domains (benefits, training, promotion and working conditions) the mean equals 85.938 (55.441%). Fifthly- effective motivational system ranked fifth domain, and the mean equals 17.24 (43.10%).

The research found a range of results as:
The results showed that there is statistical relationship between motivation and performance. Satisfaction about nursing performance domain and individualized factor. This indicates the presence of distinct nursing staff and special positive relationship with their managers. But in other domains, (motivational factor, organizational factor and effective motivational system) indicating the nursing staff stay suffer from unsatisfactory and difficult conditions of profession, which resulting in 30% of nurses who want to leave the nursing professions, and 40% who plan to resign and leave work when there is a suitable job outside ministry of health (MOH). Moreover there is a bad widespread idea among nurses with 63.22% of them believe that the relationship connecting the nurse with patient is only health care.

Based on above, the recommendation of the research raised the need to consider the findings, particularly establishing fair and effective performance and motivational system linked with promotion, experience, efficiency, training and rewards, besides firmly standing against wrong and negative ideas that harm the nursing profession. Moreover, nurses who worked in MOH should motivated similar to other nurses worked in private health organizations. This research hoped the recommendations contained therein among bodies both inside and outside MOH be accomplished according to their specialization.

ملخص الدراسة

يهدف هذه البحث إلى دراسة العلاقة بين الحوافز وأداء الممرضين العاملين في ثلاثة عشر مستشفى عام. ويحتوي البحث على استبانه وزعت في محافظات قطاع غزة الخمس. وتتألف عينة الدراسة من ثلاث مائة وثلاثين ممرض وممرضه (330) وكان معدل الاستجابة (97.87٪). كما تم استخدم الإجراءات الإحصائية المختلفة لتحليل البيانات بما في ذلك النسبة المئوية والتكرارات واختبار بيرسون واختبار كرونباخ ألفا واختبار تي واختبار كولموجوروف- سميرنوف واختبار تحليل التباين في اتجاه واحد.

تتكون هذه الدراسة من خمسة أبعاد:
أولاً- العوامل الفردية في المرتبة الأولى ولديها عاملان فرعيان (العوامل الشخصية والنمط الإشرافي) بمتوسط حسابي يساوي 78.41 (74.68%). ثانياً- أداء التمريض في المرتبة الثانية بمتوسط حسابي يساوي 22.37 (63.93٪). ثالثاً- العوامل التحفيزية في المرتبة الثالثة ولديها ثلاثة مجالات فرعية (الراتب الشهري والتقدير ومحتوى العمل) بمتوسط حسابي يساوي 78.41 (58.08٪). رابعاً- العوامل التنظيمية في المرتبة الرابعة ولديها أربعة مجالات فرعية (الفوائد والتدريب والترقية وظروف العمل) بمتوسط حسابي يساوي 85.938 (55.441٪). خامساً- النظام التحفيزي الفعال في المرتبة الخامسة بمتوسط حسابي يساوي 17.24(43.10%).

وقد تمخض عن هذا البحث مجموعة من النتائج وهي:
أظهرت النتائج أن هناك علاقة إحصائية بين الحوافز والأداء. كما يوجد رضا على بند الأداء الوظيفي والعوامل الفردية، وهذا يدل على وجود طاقم تمريض متميز وعلاقات عمل جيده وإيجابية مع رؤسائهم. أما في المجالات الأخرى (العوامل التحفيزية والعوامل التنظيمية والنظام التحفيزي الفعال) فلا يوجد رضا بين الممرضين، وهذا يدل على أن طاقم تمريض يعاني من ظروف مهنية صعبة وغير مرضية جعلت حوالي 30 ٪ من أعضاء هيئة التمريض يرغبون في ترك هذه المهنة و40 ٪ منهم يفكرون في تقديم استقالته وترك العمل في حالة وجود وظيفة مناسبة خارج نطاق وزارة الصحة. كما أن هناك فكرة سيئة تستحوذ على نطاق واسع من الممرضين بنسبة (63.22%) يعتقدون أن العلاقة التي تربطهم مع المريض علاقة رعاية صحية فقط.

بناءً على ما سبق يوصي هذا البحث بزيادة الحاجة بإمعان النظر فيما تمخض عنها من نتائج وبوضع نظام أداء وحوافز فعال مرتبط مع الترقية والخبرة والكفاءة والتدريب والمكافآت هذا إلى جانب الوقوف بحزم وصرامة ضد الأفكار الخاطئة والسلبية التي تضر مهنة التمريض. علاوة على ذلك ينبغي تحفيز الممرضين العاملين في وزارة الصحة بمساواتهم مع الممرضين الذين يعملون في مؤسسات صحية خاصة. يأمل هذا البحث أن يتم العمل بما ورد فيه من توصيات سواء داخل وزارة الصحة أو خارجها كل حسب اختصاصه.

Chapter One

General Framework

Chapter One

General Framework

1.1 Research Background:

Motivation is a complex topic it differs from person to person, from day to day and from situation to another. It is something human, which is described as the most volatile and changeable components of production. Today organizations from all around the world strive to motivate their employees in order to continue and compete in dynamic corporate environment successfully. Regarding human resources motivation improves as motivation improves employees level of efficiency, enables the organizations to attain sustainable competitive advantage over the rivals. Moreover, motivation encourage employees to achieve organization goals.

Motivation plays a major role in producing variability and change in behavior patterns. Motivation is a function of goals, emotions, and personal agency beliefs. Motivation initiates and maintains activity until the goal directing the episode is attained according to Ford Motivational Systems Theory (Srivastava and Barmola, 2011). Motives are reasons people hold for initiating and performing voluntary behavior. They indicate the meaning of human behavior, and they may reveal a person's values. Motives often affect a person's perception, cognition, emotion, and behavior (Reiss, 2004).

Motivation is also described as the strength within an individual that account for the level of direction and amount of effort used at work (Atinga and Adzei, 2012), also motivation is important to employees because they have to be motivated (compensated) to perform at an acceptable level, to do a good job join, and remain with the organization (Ude and Coker, 2012). If a job is highly motivating to an individual, then he/she is likely to be highly satisfied with the work, perform with a high degree of quality, have a low rate of absenteeism, and will be less likely to leave the organization (Friday and Friday, 2003).

The issue of employees' performance in relation to achieving organizational goals has occupied management's attention for a long time. Differences in levels of employees' performance are attributed to differences in skill and ability in one part and difference levels of motivation in another Inadequate skills and ability are usually rectified through training and development (Aforo and Antwi, 2012).

The health care sector is important, and the quality and efficiency of service depend to a large extent on human labour. Poor worker motivation can greatly affect health outcomes and patient safety. Poor worker motivation is common and can manifest as lack of courtesy to patients; tardiness and absenteeism; poor process quality, such as failure to conduct proper patient examinations; and failure to treat patients in a timely manner (Ojokuku and Salami, 2011).

Nursing is the leading profession in MOH which constitutes 37% of the total professions, so it must concentrate on those target population to assure quality improvement in all MOH institutions (MOH, 2012). In this research the nursing staff was chosen because it is a sensitive profession that affects patient's life' if it is not given the important consideration that is supposed to be. Nursing profession provides most of care for the patient during 24 hours 7 days a week and contacts with patient a considerable time in relation to other medical professions. So motivation for the nursing staff will impact effectively of care providers.

1.2 Research Problem:

There is an increasing jobs on need for nursing and even that there is still increasing need for nurses. It has become an extremely important component in health care system (salah, 2005). To the researcher knowledge a lot of studies and literature focus on motivation but little attention has been given to motivation in nursing staff local governmental hospitals in practice. In this research the researcher tried to spot the light on the relationship between motivation and nurses performance. There are many factors that may affect nurses performance such as (salary, job description, significations, lack of support, work environment, promotion and internal division which resulted in presence of two entities for one people, two governments one for GS and the other for West Bank (WB), two ministers for one MOH and In some cases two directors for one hospital).

Raising productivity is a key government objective. Skills, motivation and commitment are vital to how productive people are at work. So increasing productively, work and output lead to better outcome that increases the benefit for the hospitals or any work area. Furthermore, focusing in such area and finding out the real situation in GS will lead the researcher and stakeholders to locate the strength and weak point of the employees current situation and fostering their productivity for a high quality of care especially under the siege and occupation which affects Palestinian national economy where nursing staff have to work in very limited recourses with high outcome until the liberation and victory.

Depending on how nursing staff feels they are able to perform. It could be facile to identify what motivates nursing staff and how their level of motivation impacts achievement level.

1.3 Research Objectives:

1.3.1 General Objective:

The general objective of this study is to understand the relationship between motivation and performance among nurses in GS governmental hospitals.

1.3.2 Specific Objectives:

The following specific objective were derived from the general objective.
1. To explore the impact of motivation on employee performance among nurses.
2. To assess the level of job motivation and performance among nurses.
3. To identify the relationship between motivation and performance.
4. To determine the factors that might increase the level of job motivation and performance.
5. To explore nurses perceptions of factors related to motivation-de-motivation.
6. To obtain demographic information about the employed nurses and identify demographic factors which could influence nurses' job performance and motivation.

1.4 Research Significance:

The importance of this research is driven from the following points:
1. The research results may help nursing staff to recognize the motivational challenges and develop strategies to minimize the challenges.
2. The research results may help nursing managers and nursing staff, to realize their obligations and responsibility towards, good performance of the MOH hospitals.

3. The research results may help the policy makers to find ways to curb the present undesirable situation and to understand pertinent motivational issues in regards to the MOH hospitals.
4. The research results may add on to the existing literature on the implementation of motivational measures in nursing staff.
5. The research results may help to revive MOH hospitals to a good functional state and somehow guarantee its effective and smooth existence.

1.5 Research Limitations:

The researcher identified the following limitations in the research, which affected the outcome and realization of the objective:

1. Frequent electricity cutoff
2. The research was self funded for all expenditures needs.
3. Some participants were afraid of nursing management and others are unconcerned to fill the questionnaire.
4. Some respondents misunderstood some questionnaire items. This challenge might have been addressed by conducting interviews, but this was impossible due to the time limitations.
5. Routine procedures followed in MOH and various nursing management in terms of allowing the distribution of the questionnaire or gathering information.
6. Some hospitals prevent researcher from distributing questionnaire, especially in midwifery's and female departments.
7. The research didn't include qualitative approach along with quantitative method because it takes much of time to build trust with participants and it takes a lot of time and money.

1.6 Research Variable:

- **Dependent Variable**:

Nursing performance.

- **Independent Variables**:

1. Effective motivational system.
2. Individual factors (supervision and personal).
3. Motivation factors (work content, payment and recognition).
4. Organizational factors (benefits, working condition, promotion and training).

1.7 Research Hypothesis:
1. H1: There is statistical significant relationship between effective motivational system and nursing performance at (a = 0.05) level .
2. H2: There is statistical significant relationship between individualized factors (supervision and personal factors) and nursing performance at (a = 0.05) level.
3. H3: There is statistical significant relationship between motivational factors (work content, payment and recognition) and nursing performance at (a = 0.05) level.

4. H4: There is statistical significant relationship between organizational factors (benefits, working condition, promotion and training) and nursing performance at (a = 0.05) level.
5. H5: There is statistical significant relationship between among respondents toward (motivation and job performance in GS governmental hospitals) due to the personal traits at (a = 0.05) level.

1.8 Conceptual Framework:

In this part, the factors affects nurses motivation and performance were illustrated by using a brief summary and a diagram. Moreover, a conceptual framework was adopted with some modification and development form De Beer model (1987). The following diagram figure (1.1) explains the relationship between motivation and performance, and clarifies the factors related to nurses motivation and performance.

Through this figure the researcher asserted motivation is a system consisting of input, processing and output. Input includes individualized, motivational and organizational factors therefore the process is nursing performance which resulted a staff distinguished by many features as (commitment, satisfaction, productivity and regularity).

The Nine Dimensions:
According to De Beer (1987) the nine dimensions are as follows:
1. **Work content** probed the respondents' feelings about the type of work they do.
2. **Payment** probed respondents' satisfaction with their salaries.
3. **Promotion** probed for the opportunity that the organization offers for promotion.
4. **Recognition** probed whether the respondent was receiving the recognition and feedback for the jobs they perform.
5. **Working conditions** were probed as the fifth factor and looked at opportunity to mix with colleagues and interpersonal relations, beside the relationship with patients.
6. **Benefits** looked at whether the benefits such as pension, medical schemes and leave were satisfactory.
7. **Personal** probed the respondents' feelings towards their job.
8. **Leadership or supervision** probed the level of satisfaction with the manager De Beer (1987).
9. **Training** one of the important motivating factors that helps staff in polishing their present skills, also helps them to learn new ones moreover removing challenges and matching with new advances in technologies (Tell et al., 2007; Tahere et al., 2012).

Motivation Requirements

Individualized Factors

Personal
Supervision

Motivational Factors

Work Content
Payment
Recognition

Organizational Factors

Benefits
Training
Working Conditions
Promotion

Performance

Burnout
Commitment
Satisfaction
Productivity
Regularity
Turnover
and so on…

Input

Processing

Output
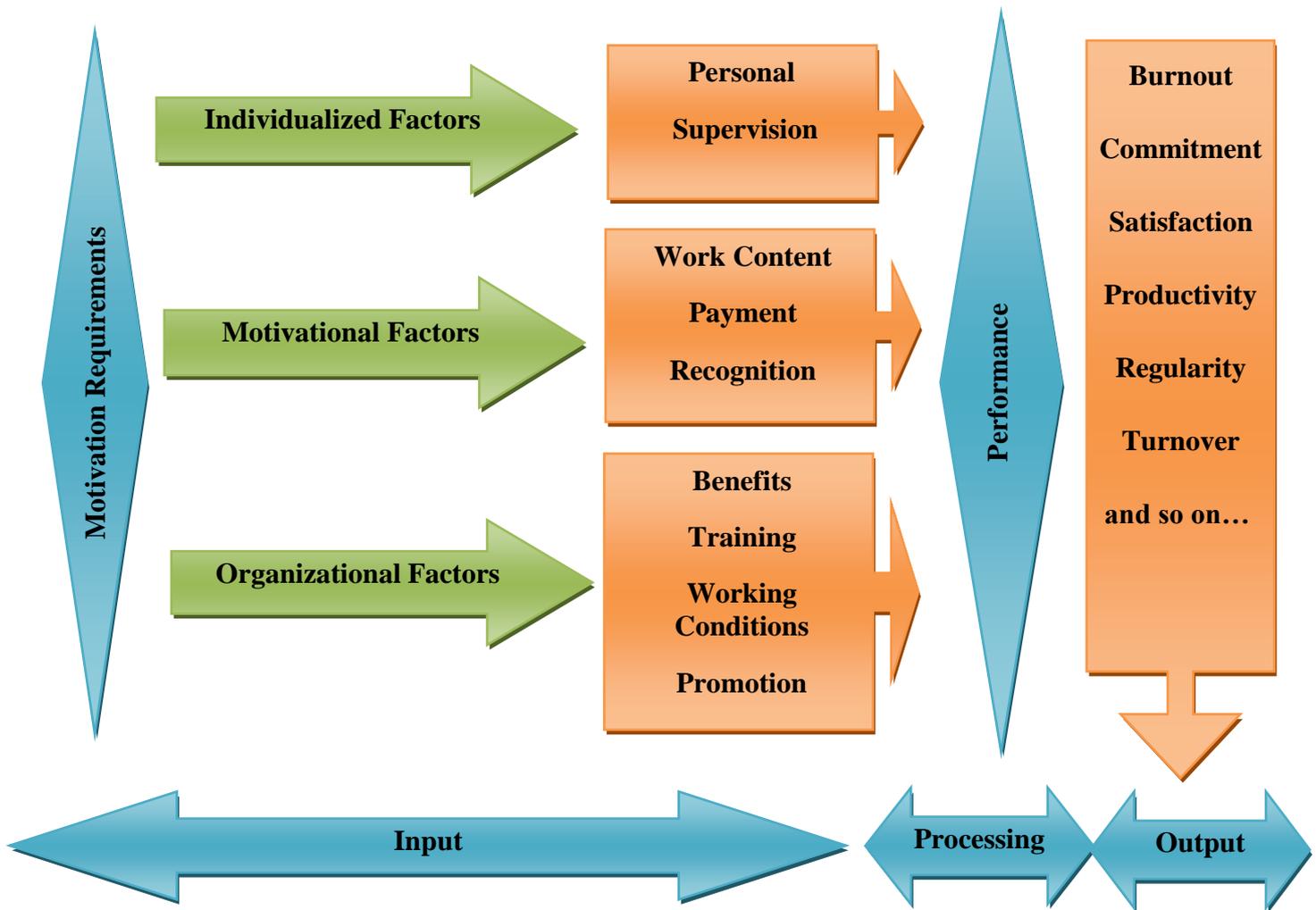
Figure (1.1): Conceptual Framework.
Source: researcher's conceptualization, 2014 depending on De Beer, 1987.

1.9 Research Structure:

This research consisted of six chapters

1. Chapter one: General Framework.
2. Chapter two: literature Review.
3. Chapter three: Previous Studies.
4. Chapter four: Data and Methodology.
5. Chapter five: Results Justification
6. Chapter six: Conclusions and Recommendations.

Chapter Two

literature Review

Chapter Two

Literature Review

2.1 Introduction:

The literature designed from periodicals, previous studies, master thesis, published books, and internet sites had been reviewed. The majority of the previous resource dealt with essentiality and the importance of motivation and performance. This chapter divided into four major parts it begins with reviewing literature about motivation, followed by reviewing the literature about performance, then the literature about nursing profile and finally health status in GS.

2.2 Human Resource Management (HRM):

"HRM is the process of acquiring, training, appraising and compensating employees, and of attending to their labor relations, health and safety and fairness concerns "(Dessler, 2008, p2).

HRM apprised operationally by the researcher as the management of people in any organization by using HRM tools, which comprise the policies, practices and activities at the disposal of managers to obtain, develop, use, evaluate, maintain and retain the appropriate employees.

HRM is important for three reasons. Firstly- HRM referred to the strategic importance of the organization. Goals cannot be attained without the best employees in suitable places who consistently attain standards needed to deliver products and services of the correct quality (Hayes and Ninemeier, 2009). Secondly- it is a significant source of competitive advantage. Finally- the way organizations treated their employees has been found to significantly impact organizational performance (Robbins and Coulter, 2012).

2.3 Human Resource Management for Health (HRH):

Human resources (HR) in heath systems have been receiving increasing attentiveness nationally and internationally in the last few years (Hongoro and McPake, 2004). World health organization (WHO) defines HRH as all people engaged in health actions whose primary intent is to reinforce health (WHO, 2007). Also HRH or health workers are defined as "all persons working in health service delivery including: private practices and health-related institutions, plus personnel working in units that supply medical or related aids, staff in the administration of a health sector, health information system, health ministry staff and the respective staff developing and producing health products like drugs, aids, spectacles, and supplies or equipment for health care unit like beds and technical equipment, as well as teaching staff, student, catering and maintenance staff"(Awases, 2006, p29).

The six HRH main issues are:

Policy, regulation and planning, management and performance improvement, labor market, training and research, priority health programmes, monitoring and evaluation (WHO, 2004).

<div align="center">**Section One: Motivation**</div>

2.2.1 Motivation Definition:

The term motivation mentioned in psychologists' lexicon in early 1880s (Durmaz and Diyarbakırlıoğlu, 2011). Also the term "Motivation" is derived from the Latin word 'movere', which means to move. It is moving people to perform something (jahan and abdullal,2007). Motivation concept is not limited to the word "move" it has slight differences in meanings as "motives", "motivators", "drives", "desires", "needs", "wishes", "stimulus", "incentives" and so on (Ogunrin, Ogunrin and Akerele, 2007).

There are many definitions of motivation in the literature, but unfortunately none of them is agreed upon universally accepted and applied. In order to examine those different definitions, concept analysis was applied with a special focus on the nursing literature (Moody and Pesut, 2006). While there is no single, simple definition of what motivation is, or should be, the researcher offers a number of statement that refer to motivation definitions.

"Motivation in the work context can be defined as an individual's degree of willingness to exert and maintain an effort towards organizational goals" (Franco, Bennet and Kanfer, 2002, p1255). According to (Negussie, 2012, p107) "Motivation is an accumulation of different process that influence and direct our behavior to achieve some specific goal". Oraman (2011) defined motivation as the conditioning of the employees efforts when there is an endeavoring for realization of the objectives of the organization. Huitt (2001) described motivation as an internal state or condition that serves to activate or energize behavior and give it direction.

The researcher defines motivation operationally as a system concerned with understanding the processes started with internal and external factors that stimulate employees desire and energy to be continually interested and committed to a job, to be self motivated to volunteer and do their best to achieve the organization goals.

2.2.2 Types of Motivation:

1. Extrinsic motivation: related to tangible rewards such as salary and fringe benefits, security, promotion, contract of service, the work environment and conditions of work. Such tangible rewards are often determined at the organizational level and may be largely outside the control of individual manager.
2. Intrinsic motivation: related to psychological rewards such as the opportunity to use one's ability, a sense of challenge and achievement, receiving appreciation, positive recognition, and being treated in caring and considerate manner. The psychological rewards are those that can usually be determined by the actions and behavior of individual managers (Mullins, 2006).

All the extrinsic and intrinsic factors must be made available according to individual needs and demands, so to make them satisfied with their jobs (Siddique et al. 2011). In fact, some writers declare that the main aim of motivation is to improve extrinsic motivation by sustaining a separate worker's supplies circuitously through earnings of wages and advantages (Jabeen, 2011).

2.2.3 Motivation Process:

NEEDS ⟹ DRIVES ⟹ INCENTIVES

Figure (2.1): Motivation Process.
Source: Luthans, Organizational Behavior, 2011, p157.

The key to understanding the process of motivation lies in the meaning of the relationship among, needs, drives, and incentives. That cause people to behave as they do (Kavita et al., 2012). Relative to this, Luthans (2011) stated a system sense, motivation consisting of three interacting and interdependent elements, needs, drives, and incentives.

2.2.4 Components of Motivation:
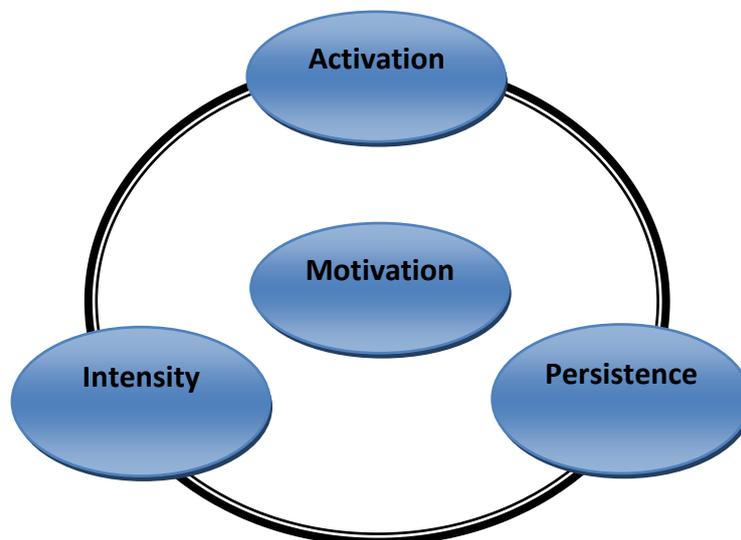
Figure (2.2): Components of Motivation.
Source: Researcher's Conceptualization, 2014.

Major components of motivation are activation, persistence and intensity. Activation involves decisions to initiate a behavior; persistence is a continuing effort towards a goal. Finally intensity can be seen that goes to pursue goals (Saeed and Asghar, 2012).

2.2.5 Motivation vs. Motivating:

Along with perception, personality, attitudes, and learning, motivation is a very important part of understanding behavior, nevertheless, motivation is not the only clarification of behavior. It interacts with and acts in conjunction with other cognitive processes.

Motivating is the management process of influencing behavior based on the knowledge of what make people score (Ohiole and Emeti, 2011). According to Rajhans

(2012) motivating is the work which managers accomplish to inspire, encourage, stimulate and impel people to take action. While Motivation efforts must be directed towards improving organization operations. Motivation and motivating both dealt with the same range of conscious human behavior somewhere between two extremes (Gana and Jamri, 2011).

2.2.6 Motivation Importance:

In this part the researcher is going to discuss the importance of motivation specially for nursing managers in GS governmental hospitals. Moreover, this part focuses on three ideas:
Firstly, it showed the relationship between motivation and performance.
Secondly, it concentrates on nurses motivation as a managerial duty.
Finally, it explicated and showed the nurses motivation in GS governmental hospitals.

"The number of publications is often used as an indicator for the importance, interest, and trends of certain subjects. In that sense, motivation is clearly a hot topic. The number of research articles and books that incorporated the word "motivation" in their title or abstract from 1950 to 2008 is around 65,000. Moreover, the importance of motivation seems to be increasing within the years, since prior to 1980 the term appeared approximately 5,000 times each decade, whereas in the 1980s and 1990s it appeared more than 12,000 times each decade, and since 2000 it has been mentioned over 14,000 times" (Landy and Conte, 2010, p.360).
What makes motivation so important? Is one word, the answer is "performance". Mullins (2006) summarized the role of motivation in performance in the following formula: Performance = function (Ability x Motivation).
Human performance on a job has been linked to ability and motivation; but improvement in ability is a slow process, whereas motivation can be improved quickly and by implication (Ogunrin, Ogunrin and Akerele, 2007). Meanwhile motivation defined as the enthusiasm and persistence with which a nurse does a task, while ability refers to task competence. Impliedly therefore, nursing staff can only reach peak performance if they are adequately motivated assuming that the issue of competence is taken as given (Abdulsalam and Mawoli, 2012). The figure below explains the relationship between motivation and performance.
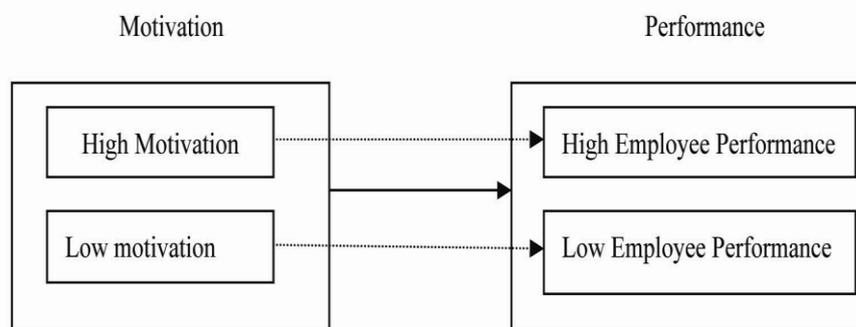
Figure (2.3): Relationship between motivation and performance.
Source: Abdulsalam and Mawoli (2012).

Regarding the relationship between motivation and performance, it is known that when a nurses performance is unsatisfactory, low motivation is often considered to be the problem that could affect nurses level of productivity, facilities and the health system as a whole (Mathauer and Imhoff, 2006; Ude and Coker, 2012), and employees who are highly motivated are much more likely to be high performers is widespread in management and organizational psychology literature (Abdulsalam and Mawoli, 2012). Motivation has a significant importance on the performance of employees. Literature does not neglect the importance of motivation. It is a driving force contained by the individuals. It is concerned with the behaviors of the individuals and people act to achieve something to satisfy their needs (Saeed and Asghar, 2012). The effects of motivation does not stop with performance. In the group of motivated employees there are fewer work accidents, fewer rates of ethical problems, less employee turnover and lower levels of absenteeism. Motivated employees feel less stress, enjoy their work, and as a result have better physical and mental health (Re'em, 2011). Furthermore, employee motivation should effect employee behaviors (Zopiatis and Constanti, 2007). Motivated employee is easily identified by his agility, dedication, enthusiasm, focus, zeal as well general performance and contributions to organizational objectives (Adzei and Atinga, 2012). Naturally, who is highly motivated will succeed, nurses with high motivation level in job will succeed in his or her task/job. Job performance becomes the most important focus of nursing staff because the performance level will deteriorate if the level of motivation of employee drops (Salleh et al., 2011 a).

As Tella, Ayeni and Popoola (2007) described in there paper that well managed organizations value their human resources more than other resources. They consider their employees as an important asset of the organization and employees. Managers believe to motivate their employees well, so to achieve organizational goals and to make their organization more effective. Motivation is a helpful instrument in the hands of management in exciting the workforce. Motivation increases the willingness of the workers to work, thus increasing effectiveness of the organization, this comprise best utilization of resources, reduction in labor problems, basis of cooperation, better image and sizeable increase in production and productivity (Chaudhary and Sharma, 2012). On this area, Ghazanfar et al. (2011) argued that productivity is a function of employee motivation. The success of any organization is often measured by the degree of its productivity (Srivastava and Barmola, 2011). Nursing managers should find alternative ways to motivate their employees. Firstly, management may provide employees with continuous motivation speech in appropriate times in different shifts Prayer by reading the quran on the values and responsibility to work hard. During these sessions, it may be good to introduce Prophet Muhammad peace upon him (PBUH) attitude towards work and he was the role models of the excellent employee. This might encourage the employee to work successful in giving the best services for public. Secondly, management should make their employees to understand their responsibility to make the public aware and understand about services. Thirdly, the management could provide continuous problem solving sessions for problematic employees. Sometimes these types of employees are reluctant to look for help but by attending such sessions, they will have the chance to discuss their personal or work problems when needed. Finally, the management may guide the employees on doing the job, to make them more independent (Salleh et al., 2011 a).

The healthcare sector, particularity governmental hospitals is one of the most actors in national health system. Consequently, governments invested larger amounts of money in it, either directly or indirectly, and expect a high quality services from this sector. In reality, the performance of this sector is quite different which characterized by long waiting times, inefficiency, low productivity, stressed nursing staff and dissatisfied patients

(Purbey, Mukherjee and Bhar, 2007). So motivation in health care institutions is very important because, it represents a key to providing good quality service and accessible healthcare. like in any other organization, employees are the basic subject of efficiency if they are prepared to provide adequate patient care. This implies the a health care institution must motivate qualified nurses to seek employment in the institution and then motivate them to remain on the job (Mutale et al., 2013).

2.2.7 Motivation Frustration:

Factors relating to de-motivation includes organizational and managerial practices such as: high workload, vague performance goals, lack of equipments and supplies, and the lack of supervision and training opportunities. Moreover the following staff concerns emerged from the literature: dishonesty, hypocrisy, and unfairness. Beside, instability of employment, salaries and working conditions, professional development opportunities, the introduction of health sector reforms, the lack of an adequate regulatory system, and inadequate human resources policies (Clark, 2003; WHO, 2006).

2.2.8 Motivation Strategies:

Organizations are keen to find and implement effective motivational strategies in order to improve productivity and employee performance (Zopiatis and Constanti, 2007). In the regard, here are thoughts about encouraging and inspiring employee motivation at work as follows: believe about your employees strengths, treating employees with respect and stop distracting them, inquire employees what they want. Moreover establishing a communication channel between the management and employee and put a regular communication about factors important to employees, feedback and training from managers and leaders, teach employees to measure their own success and inquire them for information about their performance. Finally explain the reward systems followed in the organization (Chaudhary and Sharma, 2012).

2.2.9 Motivation Theories:

During recent decades, much has been written about motivation in the workplace. Indeed "gurus" such as Maslow, Aldefer, Hertzberg, Vroom, Porter and Lawler, etc., their names have almost fallen into the realms of myth and legend. Essentially, these theories may be grouped into two categories, each of which adopts one perspective. The first holds that as long as an individual's job contains sufficient "content" variables such as skill variety and challenge, an outcome of high motivation and subsequent job satisfaction will result. The other "process" school contends that these outcomes depend not only on content variables, but also on how workers evaluate the pros and cons of undertaking a job (Lee-Ross, 2004).

2.2.9.1 Content Theories:

2.2.9.1.1 Maslow's needs hierarchy theory
2.2.9.1.2 Herzberg's two factor theory
2.2.9.1.3 McClelland's need for achievement theory

2.2.9.2 Process Theories:

2.2.9.2.1 Vroom's expectancy theory
2.2.9.2.2 Equity theory
2.2.9.2.3 Goal setting theory

2.2.9.1.1 Maslow's Needs Hierarchy Theory:

This theory was proposed by Abraham Maslow in 1943. This theory stated that every human being has a hierarchy of five kinds of needs. Figure (2.4) shows the five needs which are physiological needs, safety, social needs, esteem and self-actualization; physiological needs refer to needs for survival, such as needs to get rid of hunger and thirst; safety means security and protection from physical and emotional harm; social needs mainly include affection, belonging, acceptance and friendship; esteem consists of human beings' internal esteem factors, for example, self-respect, autonomy and achievement, and external esteem factors, such as status, recognition and attention; self-actualization refers to growth and self-fulfillment . Maslow believes that a lower level need must be satisfied before a higher one is expected. That is the reason why it is called a hierarchy of needs. Maslow also states that the needs are all the same for all human beings (Wilson, 2005; Mullins, 2006; Stella, 2008; Ebert and Griffin, 2009).

Although this theory could be applied widely to most individuals, but it suffered from some criticisms which are:

- This theory as well as all of motivation theories were developed in the west; thus, they may not applied to Arab and Muslim countries which have vast differences with the west in terms of economic systems, conditions, values and cultures (Robbins and coulter, 2012).
- The theory mainly focused on the physical aspects and ignored the basic spiritual and religious sides.
- The theory has identified a particular order of needs, in fact the individuals arranged the needs differently. Or the individuals trying to satisfy more than one need at the same time.
- The theory did not specify the size or the amount needed by the human needs, to move from one stage to another.
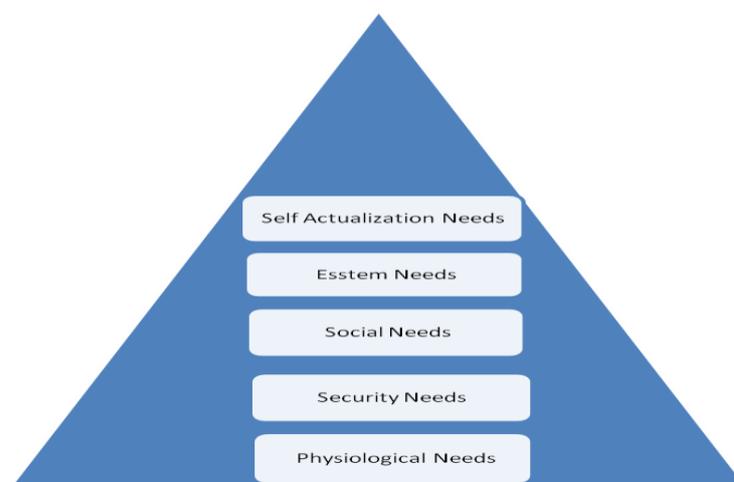
Figure (2.4): Maslow's Hierarchy of Needs

Source: Ebert and Griffin (2009), p113.

2.2.9.1.2 Fredrick Herzberg (two factor motivation hygiene theory):

Fredrick Herzberg, a social psychologist, proposed the motivation-hygiene theory based on satisfaction. He extended the work of Maslow and developed a specific content theory of work motivation. His theory played a major role in managerial motivation. He surveyed a group of respondents, asking them to describe when they felt good or bad about their jobs. He used the critical incident method of obtaining data for analysis. He found that entirely two different sets of factors were associated with the two kinds of feelings about work. One set of factors, Herzberg called hygiene factors. These factors are associated with job context. The hygiene factors include salary, job security, personal life, working condition, status, interpersonal relations, and technical supervision and company policies. These factors do not give positive satisfaction but their absence will cause dissatisfaction, and they cannot motivate an employee. These factors are essential to avoiding or preventing job dissatisfaction but do not lead to satisfaction. Herzberg described the second set of factors as motivating factors. They include achievement, recognition, autonomy, challenging work advancement and growth in the job. The factors are associated with job content. Their existence will produce feelings of satisfaction or no satisfaction. These are intrinsic factors (Jahan and Abdullah, 2007; Furnham and Eracleous, 2009).

A number of criticisms have pointed to this theory as follow:

- This theory as well as all of motivation theories weren't mention personal factors, such as (gender, age, educational level, working experience, occupation and marital status). It is believed that work motivation is affected by personal factors (Yang, 2011).
- This theory led to an artificial differentiation between two groups of factors affects employees performance and motivation.

2.2.9.1.3 McClelland's Theory of Needs:

This theory was developed by David McClelland and published in the achieving society in 1961. It suggested that individuals are motivated based on three needs which are achievement, power and affiliation (Robbins and Judge, 2009). The need for achievement refers to the need to excel and succeed; the need for power means the need to control and coach other people and make them behave in a way that they would not have behaved otherwise; the need for affiliation refers to the desire to spend time in establishing and maintaining close interpersonal relationships with others (Stella, 2008).

However, there are some criticisms of McClelland's Theory of Needs. This theory ignored the basic human needs, as spiritual, physical, psychological, social and professional.

2.2.9.2.1 Vroom's Expectancy Theory:

Victor vroom approaches the issue of human motivation quite differently from the ways Maslow and Herzberg did. He holds that people will be motivated to pursue the achievement of a desired goal if: (1) they believe in the worth of the goal; and (2) they believe that their actions will ensure the attainment of the goal. Vroom's theory showed that individuals' have goals and are motivated towards actions that will ensure the achievement of these goals. As such, managers should communicate how employees goals, such as promotion, more pay, recognition, and so on, can be earned in terms of what behavioral patterns are known to employees, such patterns should form the basis for administering rewards.

Otherwise problems occurred in terms of workers' as lack of confidence in organizational policy, and the result may be detrimental to good working environment (Jones, 2007; Iguisi, 2009). Beside, difficulties in measuring the benefits and expectations attributable of employee behavior, and the multiplicity and complexity of included variables theory makes it more difficult to study and control.

2.2.9.2.2 Equity Theory:

This theory was developed by J. Stacey Adams, argued that employees compare what they get from a job (outcomes) in relation to what they put into it (inputs), then they compare their inputs–outcomes ratio with the inputs–outcomes ratios of relevant others (Robbins and Coulter, 2012). Employees often make equity judgments based on comparisons with others who may be co-workers, or based on other similarities, such as organizational status. The problem is that an individual's perceptions of inequities in pay can have a detrimental impact on an employee's motivation and performance (Stringer, Didham and Theivananthampillai, 2011).

Equity theory focused on distributive and procedural justice. Distributive justice which is the perceived fairness of the amount and allocation of rewards among individuals that has a greater influence on employee satisfaction than procedural justice. But procedural justice has focused on looking at issues of procedural justice, which is the perceived fairness of the process used to determine the distribution of rewards that has deeply affect on organizational commitment, relationship in his or her boss, and intention to quit (Robbins and Coulter, 2012).

However, the main criticisms of equity theory are the basic propositions of this theory has been conducted in laboratory settings, thus has questionable applicability to real-world situations. Beside, a number of demographic and psychological variables affected people's perceptions of fairness and interactions with others.

2.2.9.2.3 Goal Setting Theory:

Goal-setting theory concentrated on how employees go about setting goals and responding to them and the overall impact of this process on motivation. Specific areas that are given attention in goal-setting theory include the level of participation in setting goals, goal difficulty, goal specificity, and the importance of objective, timely feedback to progress toward goals. Unlike many theories of motivation, goal setting has been continually refined and developed (Luthans and Doh, 2012).

Goal setting has been described as being effective for any type of task in any type of setting, but this theory may not actually be the case in organizations because the theory has been criticized for advocating goals that are too specific or too narrow and the theory has ignored the problems caused by too many goals being assigned for task performance and ignored a time horizon when setting goals.

Section Two: Performance

2.3.1 Performance Definition:

Several scholars have studied and investigated the performance of nurses (Abualrub, 2004; Siebens et al., 2006; WHO, 2006; Hall, 2007; Mrayyan and Al-Faouri, 2008; Al-Ahmadi, 2009; Ida et al, 2009; Ferris et al., 2010; Saeed and Asghar, 2012).

Performance is defined as a completion in a productivity of system in the form of service or goods (Monil and Tahir, 2011). Job performance is an interesting topic holds for both researchers and nursing managers lie largely in the importance of such behaviors to the organization. Job performance has been shown related to organization's profit, effectiveness, and survival (Ferris et al., 2010). Job performance has become one of the significant indicators in measuring organizational performance (Johari and Yahya, 2009). Job performance is one of the most important activities that reflect both the goals and means necessary to achievement (Abdel-Razek, 2011).

Job performance shows individual behaviors that contribute to achieve organizational objectives (Saeed and Asghar, 2012). So job performance is not a single unified construct but a multidimensional construct consisting of more than one kind of behavior (Abdulsalam and Mawoli, 2012). This is supported by Rothmann and Coetzer (2003) that job performance is a multi-dimensional construct which indicates how well employees perform their tasks, the initiative they take and the resourcefulness they show in solving problems. There is a view held by Koopmans (2011) that job performance are behaviors or actions that are germane and relevant to organization goals. According to (Salleh et al., 2011 b) job performance is considered as the measurement of the quality and quantity of human capital which was held by the organization where the signification due to the reflection to government performance.

The common elements linking all these statement are:
- Work performance should be defined in terms of behavior rather than results.
- Job performance is not a single unified construct but a multidimensional construct.
- Work performance includes only those behaviors that are relevant to the organization's goals.
- Job performance is the measurement of the quality and quantity of human capital.

Job performance is affected by many situational factors such as environmental characteristics, entrepreneurship dimensions, organization itself, coworkers, and internal factors. Internal factors refer to which factors such as personality traits, needs, attitudes, preferences, motivations, entrepreneurship dimensions, and beliefs that motivate them to reacts to situational factors. Moreover job performance could be affected by other factors such as need to achievement, span of control, self-confidence, capacity, and interaction between these factors (Allameh, Sadr and Ghafari, 2012).

2.3.2 Nursing Performance:

Nursing performance is a complementary component of patient care and it is an important determinant of quality of healthcare services that clarify effectiveness and efficiency that make a payment to heath organizational goals (Al-Ahmadi, 2009).

In order to maximize nursing performance in health organizations must make such policies and procedures and formulate such reward system under those policies and procedures which increase employee satisfaction and motivation (Hafiza et al., 2011).

The researcher defines nursing performance operationally as nursing productivity and output as a result of nursing development ultimately affect the health organizational effectiveness.

2.3.3 Performance Management (PM):

PM concept has been borrowed from the management literature. Originally developed for the private enterprise sector (Lin and Lee, 2011). That has only recently been adopted in the health care field. The term PM was first used in the 1970s, but it did not become a perceived process until the latter half of the 1980s (WHO, 2001).

Dessler (2008) suggested PM as a process that integrate goal setting, performance appraisal, and development into a single, common system whose target is to ensure that the employee's performance is supporting the company's strategic aims and setting goals that make sense in terms of company's strategic aims.

The researcher stated PM as an ongoing process of identifying, measuring and developing performance in organizations by reviewing performance indicators to ensure efficiency, effectiveness of the impact of service delivery.

2.3.3.1 PM Activities:

PM consisted of the following activities: defining organizational goals, setting objectives, performance appraisal, agreement of training and development plans, regular feedback, reward allocation and development of individual career plans (Pilbeam and Corbridge, 2002).

2.3.3.2 Main Principles of PM are:

- PM translates organizational missions into individual, team, department and divisional goals.
- PM clarifies corporate objectives.
- PM depend on cooperation rather than coercion.
- PM encourages self management of individual performance (Michael and Armstrong, 2001).

2.3.4 Performance Appraisal:

2.3.4.1 Performance Appraisal Definitions:

The term performance appraisal sometimes called as performance review, employee appraisal, performance evaluation, employee evaluation, employee rating, merit evaluation, or personnel rating. Performance appraisal is a system that involves a process of measuring, evaluating, and influencing employees' attributes, behaviour and performance in relation to a pre-set standard or objective (Ahmad and Bujang, 2013). In another term, there is an argument that "Performance appraisal is a critical portion in the performance management system. performance appraisal is sub set of performance management and irrigate to the formal process of assessing and measuring employee performance against agreed objective" (Pilbeam and Corbridge, 2002, p264).

2.3.4.2 Performance Appraisal Process:

The appraisal process begins when a manager defines performance standards for employee. Then the manager recognize the employees performance. The completion for appraisal process when the manager and employee meet to discuss the appraisal process (Ebert and Griffin, 2009). Anne & Robin (2007) asserted that finding ways to measure nursing performance is only the first step toward developing methods that recognize nursing contribution in quality improvement initiatives. They added that perhaps even more difficult is how to structure the incentives for improvement and how any rewards are to be shared among various participants. Reward, recognition and incentives improve performance, strengthen motivation encourage personal learning and advancement and foster job satisfaction (Shalabi, 2008). Performance appraisal ought to be consider as an enduring developmental progression to a certain extent than a prescribed once-a-year review. It ought to be intimately monitored by both nurses supervisor and nurse staff to guarantee that targets are achieved (Jabeen, 2011).

The real practice in MOH hospitals the utilization to annual performance appraisal was done only by the nurses supervisor to find out the nurse staff performance according to supervisor perspectives, then it will be measured by MOH performance appraisal adopted by the general personnel council.

2.3.4.3 The Purpose of Performance Appraisal:

Performance appraisal can be seen as an effective tool to strengthen and improve individual performance practices (Awases, 2006). Performance appraisals are indispensable for the effectual supervision and costing of staff (Jabeen, 2011). Moreover, Wilson (2005) put many uses of performance appraisal as (setting performance targets, checking past performance, increasing current performance, identify training and development needs finally assess future potential and new salary levels.

"In summary Performance appraisal objectives can be classified in a number of ways. One of the best known classifications was produced by McGregor (1987) who grouped the objectives as follows:

- Administration: Providing an orderly way of determining promotions, transfers and salary increases.
- Informative: Supplying data to management on the performance of subordinates and to the individual on his or her performance.
- Motivational: Creating a learning experience that motivates staff to develop themselves and improve their performance"(Kumar, 2005, p1).

2.3.4.4 Performance Appraisal Tools:

Presence nurses working in different settings suggested that organizations are using a wide variety of appraisal tools. Some organizations would choose the multifunctional approach, that is to "mix and match" or combine different techniques for their own performance appraisal that would meet their organizational needs. All available methods have their advantages and disadvantages. Whatever the method of an appraisal, it must effectively address a particular organization's human resource deficiencies (Aforo and Antwi, 2012).

There are various techniques of performance appraisal described a modern and traditional. Modern appraisal techniques presently used by different organizations according to their objectives. The traditional techniques of performance appraisal including: Ranking Method; Graphic Rating Scales; Critical Incident Method; Narrative

Essays. On the other hand the modern techniques contain: Management by Objectives (MBO); Behaviorally Anchored Rating Scale (BARS); Humans Resource Accounting (HRA); Assessment Centers; 360 Degree; 720 Degree.

2.3.4.4.1 Traditional Techniques:

2.3.4.4.1.1 Ranking Method:
Ranking method which is used when it becomes necessary to compare the performance of two or more individuals.

2.3.4.4.1.2 Critical Incident Method:
This appraisal in which the nurses is asked to keep a written record on incidents that illustrates both positive and negative behavior of the individual being rated. In this method, the individual's actual behavior and not personality traits.

2.3.4.4.1.3 Narrative Essays:
Narrative essays method which merely requires the nurses to write a series of statements concerning an individual's strengths, weaknesses, past performance and potential for promotion (Obisi1, 2011).

2.3.4.4.1.4 Graphic Rating Scales:
A popular, simple technique for evaluating employees is to use a graphic rating scale. The scale lists a number of important work dimensions and a performance ranged for each one. For each work dimension, the evaluation scheme is typically used to assess the important work dimensions: (1) unacceptable, (2) needs improvement, (3) acceptable, (4) commendable, and (5) outstanding. The assigned values for each dimension are then added up and totaled (Lunenburg, 2012)

2.3.4.4.2 Modern Techniques:

2.3.4.4.2.1 MBO:
MBO considered a newest method where a standard formula based objectives sought by workers organization to achieve all of them during a specific time period. Also, it is An effective tool in self-evaluation (Sarairah, 2011).

2.3.4.4.2.2 BARS:
"BARS combine major parts from the critical incident and graphic rating scale approaches: The appraiser rates the employees on the basis of items along a continuum, but the points are examples of actual behavior on the given job rather than general descriptions or traits. The results of this process are behavioral descriptions. Such as anticipates, plans, executes, solves immediate problems, carries out orders and handles emergency situations"(Robbins, 2003, p224).

2.3.4.4.2.3 360 Degree:
It is a famous performance appraisal technique that involves evaluation input from multiple levels within the firm as well as external sources. 360 Degree feedback depend on the input of an employee's superior, colleagues, subordinates, sometimes customers and suppliers. It provides employees with information about the effect of their action in the workplace. It provides an image of behavioral changes might be elicited through a process of enhanced self-awareness.

2.3.4.4.2.4 720 Degree:

Rick Gal breath became dissatisfied with 360 degree reviews. Gal breath started using the 720 degree and defined it as a more intense, personalized and above all greater review of the upper level managers that brings in the perspective of their customers or investors, as well as subordinates. 720 degree review focuses on what matter most, which is the customer or investor perception of their work. 720 degree approach gives people a very different view of themselves as leaders and growing individuals (Aggarwal and Thakur, 2013).

2.3.4.5 Criticisms of Performance Appraisal System:

Although some organization built a well designed appraisal system, but stills has many common problems as:

2.3.4.5.1 Unclear Standards:

Some supervisor ignored performance standards, it would resulted unfair appraisals. Because the traits and degrees of merit are ambiguous.

2.3.4.5.2 Leniency or Strictness:

The supervisor tend to rate all their subordinates consistently high or low grades (Dessler, 2008).

2.3.4.5.3 Halo Effect:

Halo error occurs when the rater perceives one factor as having paramount importance and gives a good rating to an employee based on this one factor. The rater fails to discriminate between the employee's strong points and weak points.

2.3.4.5.4 Horns Effect:

This is the exact opposite of the halo effect, whereby the appraiser gives an unfavorable rating to overall job performance essentially because the employee has performed poorly in one particular aspect of the job which the appraiser considers all-important.

2.3.4.5.5 Central Tendency:

This occurs when a rater avoids using high or low ratings and assign average ratings. The rater may believe that all the employees are equal (Jones, 2007).

2.3.4.5.6 Relationship Effect:

Employees in high-quality trusting relationships with supervisors receive higher ratings. Whereas employees in distant, low-quality relationships do better than average when the relationship is long-term (Kumar, 2005; Jones, 2007).

To avoid and reduce problems associated with performance appraisal (Pilbeam and Corbridge, 2005) asserted the necessity to set the policy and practice within an ethical framework characterized by trust, integrity and faith that management place their employees in the appraisal system. While (Dessler, 2008) focused in three steps to reduce rating errors (knowing the problems in performance appraisal, using right tools and training the supervisors).

<div align="center">**Section Three: Nursing Profile**</div>

2.4.1 Nursing Profession:

Nurses around the globe represent the largest group of health professionals. Nurses are described as veritable caregivers and the strength of the healthcare system (Banks and Bailey, 2010). It is considered a noble profession but it is often tough and a terrible job, too (Wall, 2010). Due to nurses confrontation with different work tasks and working hours, nightshifts, working conditions and suffering and death of patients. Moreover nurses paid a heavy price concerning infectious diseases because due to the nature of their work they come into contact with biological dangers people as they use sharp equipment like needles and through skin contact are exposed to the same active infection dangers as the patients by handling patients' blood and bodily liquids. Except these, the chemical substances in the hospital along with the use of dangerous medication, such as those used in chemotherapy, expose nurses to health dangers (Moustaka and Constantinidis, 2010). In the same vein it has long been troubled with its public image. The public has a common view of nursing, in which nurses may be regarded as less intelligent than doctors, dependent on doctors, powerless and underpaid (Takase, Maude and Manias, 2006). However the issue of nursing profession in the Arab world is developing rapidly although it still has a long way to go. Nursing in some Arab countries is considered one of the appreciated and recommended professions, as in GS (Shukri, 2005).

2.4.2 Nursing History in the World:

There is a long history of nursing for Muslims, which began in the time of Prophet Mohammed, (PBUH), under the guidance of Rufaida Al-Asalmiya who served the Muslim armies during the holy wars. Rufaida and a group of Muslim women participated in the holy wars to provide first aid and drinking water, and to protect the wounded and dying of the armies from desert wind and heat, in addition to emotional support. After Rufaida's death many Muslim women carried on her role by nursing people during wars and peace time (Aldossary, While and Barriball, 2008).

Florence Nightingale, remembered as a pioneer of modern nursing in western countries, she came to prominence while serving as a nurse during the Crimean war (1854-1856), where she tended to wounded soldiers (Cohen, 1984).

Nursing has historically been realized as a female occupation but this is an inaccurate perception. Prior to Florence Nightingale, males dominated this occupation. This provides some statistics about the proportion of nurses who are males, beginning in the 1960s. There are more men entering nursing schools but the proportion of male working nurses is still in the single digits (Salah, 2005).

2.4.3 Historical Nursing Role in Gaza Strip:

Palestinian health sectors structure, function and capacity have been shaped largely by the complex political history. The Palestinian health sector in GS has gone under the Turkish rule role during (400 years), then the British mandate (Salah, 2005), the role of the Egyptian administration (1948-1967), the Israeli occupational administration (1967-1994), the Palestinian National authority (PNA) administration (1993-2007) and currently Hamas movement administration since 2007 to date (Sabbah, 2009).

2.4.4 Nurse:

Kathleen et al, (2002) described nurse as a health-care professional, who along with other health care professionals, is responsible of normal or chronically ill or injured people, health maintenance of the healthy and treatment of life-threatening emergencies in a wide range of health care setting.

The researcher defines nurse operationally as any individual, male or female, holding a recognized certificate in nursing from an accredited nursing college and currently is unemployed or employed at MOH or other area.

2.4.5 Nursing:

WHO (2012) defined nursing as encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well, and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Awosusi, Omojola and Osamede (2011) asserted Nursing as a healthcare profession focused on the care of individuals, families, and communities, so they may attain, maintain, or recover optimal health and quality of life from birth to death. Al Halabi (2013) suggested nursing as 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.

The researcher defines nursing operationally as an art and science, that has a diverse range of services (psychological and physical) for individuals (patients or healthy) of all age groups to decrease pains and prevent disease, and to assist in diagnosis or treatment.

2.4.6 Nursing Roles:

Nursing roles involved the followings: Nursing health care for people, learning, training, research, management, planning, and consulting (MOH, 2010). Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles (WHO, 2012).

<center>**Section Four: Health Status in Gaza Strip**</center>

2.5.1 Health Care System in Gaza Strip:

In GS there are five major providers MOH, military medical service (MMS), United Nation Relief and Works Agency (UNRWA), nongovernmental organizations (NGOs), and private sector (non and for-profit hospitals). The MOH is the main health care provider; it provides primary, secondary and tertiary care beside its role for supervision and control over all other healthcare providers. MMS provide primary and secondary medical service to whose basically working in the Palestinian Interior Ministry (MOI). UNRWA provides mainly primary and tertiary health care services to the refugees, and the nongovernmental organization sector is extensive from hospitals to facilities supported by international organizations, to community health centers, the private for-profit health sector also provides the three levels of care through a wide range of practices (El-Dalow, 2011).

2.5.2 MOH Hospitals:

MOH has thirteen Hospital distributed on the five GS Governorates, furnished with 1939 beds for patients, therefore the rate of beds by the population in GS is 0.99 per 1000 citizens, this mean that every 1001 citizens take benefits from the services of a single bed hospital ministry. The total number of employees working in MOH hospitals in different areas of jobs is 5108 employees (MOH, 2012). In this section the researcher depends only in (master thesis, MOH web site and annual report and hospitals papers).

2.5.2.1 Al- Shifa Medical Commutative:

Shifa Hospital is the largest medical health institution in GS. It was established in 1946 and built on an area of 42 thousand square meters. Located in the middle western side of Gaza City. Shifa Hospital categorize as medical compound hospitals and offers the medical health services to citizens through the three hospitals (surgery - internal medicine - birth) and includes various patients referred by the reception and emergency departments or through primary care clinics (MOH, 2013). Clinical capacity reached to 619 beds and the total number of Shifa hospital staff in all specialties are 1487 employees (MOH, 2012).

2.5.2.2 Nasser Hospital Complex (NMC):

NMC classified as Medical compound hospitals includes (Nasser hospital, Al Tahreer hospital and Yassin hospital). The hospital serves the population in Khan Younis town. Clinical capacity reached to 322 beds. The total workforce in NMC are 769 employees (MOH, 2012).

2.5.2.3 European Gaza Hospital (EGH):

EGH began as a grant from European Union (EU) to the Palestinian people at the end of the first intifada in 1989. In this period there is no any legitimate authority, so UNRWA has been assigned to establish the hospital by European financing. Work began on the establishment of the hospital in 1993 and ended its funding in 1996. Since the arrival of the PNA as the legitimate authority in GS. The dialogue began with the UNRWA and EU for transfer of ownership of the hospital to the MOH . This dialogue resulted in the

signing of a memorandum of understanding in October 1997 provides for the transfer of ownership of the hospital to the MOH (MOH, 2013). Clinical capacity reached to 246 beds and the total number employed in EGH are 602. EGH characterized by the provision of treatment services hematology and oncology, services of ophthalmology, also features a cardiac catheterization and centre for neurosurgery service to all GS. In addition to medical education opportunity for faculty of medicine students at the Islamic University in Gaza (IUG), Palestinian board of internal medicine and surgery, bone and anesthesia (Abu Sada, 2012).

2.5.2.4 Al-Aqsa Martyrs Hospital:

The only general public served the residents in Middle zone governorate. It provides emergency services as bone surgery, and gynecology and obstetrics, pediatrics, cardiology, intensive care and baby boomers. Clinical capacity reached to 129 beds, and the total number hospital workforce employed in all specialties are 372 employees.

2.5.2.5 Martyr Mohamed Y. EL Najar Hospital:

A small general hospital provides services in emergency surgery, internal medicine pediatrics and participates with EGH in the provision of services to the citizens of Rafah. Clinical capacity reached to 80 clinical beds, and the total hospital workforce are 247 employees.

2.5.2.6 Kamal Odwan Hospital (KOH):

KOH considered a small general hospital offers internal medicine services and pediatric surgery for the northern Gaza Strip's population. Clinical capacity reached to 103 beds, the total workforce in KOH are 310 employees.

2.5.2.7 Beit Hanoun Hospital:

General hospital offered internal medicine services and pediatric surgery for residents of the town of Beit Hanoun. Ear, nose and throat surgery (ENT) offered to all northern Gaza Strip's population, the total hospital beds are 45, the total workforce are 183 employees.

2.5.2.8 Nassr Pediatric Hospital (NPH):

NPH provided specialist pediatric services and intensive care for newborns to Gaza governorate population. NPH furnished with 132 beds, with total workforce reached to 311 employees.

2.5.2.9 El -Dorra Pediatric Hospital:

Small specialized pediatric hospital provides pediatric services to north and east Gaza governorate population. Clinical capacity reached to 91 beds, and the total number of hospital staff in all specialties are 197 employees (MOH, 2012).

2.5.2.10 Rantisy Specialized pediatric hospital (RSPH):

RSPH has been initiated the establishment in 2003 and became operational in 2006. It was officially ran in 2008. RSPH considered as specialty hospital in pediatrics (third level), it is referral hospital in pediatric cases through receiving patients from other pediatric hospitals. Clinical capacity reached to 79 beds, the total workforce are 230 employees (Hospital papers, 2013).

2.5.2.11 Ophthalmic Hospital - Gaza:

Specialized hospital provides special services in ophthalmology covering all GS, it was constructed in 1965 on area of 3600 Square Kilometers (km2) (MOH, 2013). This hospital furnished with 42 beds, with hospital workforce reached to 109 employees.

2.5.2.12 AL Helal AL-Emarati Hospital - Rafah:

Small specialized hospital services in obstetrics and gynecology that served residents in Rafah. Clinical capacity reached to 52 beds, with total number of hospital staff reached to 194 employees (MOH, 2012).

2.5.2.13 Psychiatric Hospital:

Specialized hospital in providing psychiatric service. It was established in 1980 on an area of 6000 km2. The service for this hospital covers all regions and governorates of GS, being the only hospital of mental health (MH) in GS, furthermore. This hospital offered electroencephalogram (EEG) and electromyography (EMG) service (MOH, 2013).

2.5.3 Chapter Summary:

The chapter introduced the concept of motivation and highlighted the different motivational theories. In this regard, the literature concludes with the relevance of motivation on the physical and psychological health of employees and the effects on productivity, turnover and absenteeism. Furthermore, it sought to provide an overview of the literature pertaining to job performance, whereby nursing performance, performance management and performance appraisal were discussed. Finally an overview of the nursing profession with globally and locally historical role of nursing job are viewed. In addition, health system in GS and all MOH hospitals are presented and discussed in this chapter.

Chapter Three

Previous Studies

Chapter Three
Previous Studies

3.1 Introduction:

Previous studies represent one of the sources and introductions which enables the researcher to begin from where others have ended, that give the ability to monitor a studies connecting variable baseline study, either directly or indirectly enable the researcher test of the relationship between the variables studied more effectively, has been rated previous studies depending on the area schedule as follows. At the end of this chapter a commentary has been done to discuss and compare the previous studies.

3.2 First: Local Studies

3.2.1 Isleem (2013): "The Relationship Between Organizational Commitment and Performance among Nurses Working at Governmental Primary Health Centers in Gaza Governorates".

This study aimed to examine the relationship between organizational commitment and job performance among nurses working in governmental primary health care centers in Gaza governorates. The study sample consisted of 260 nurses (89 male and 171 female). Statistical procedures used for data analysis include: frequency, percentage, mean, Pearson correlation test, one sample T test, ANOVA, Scheffe test.

The results found insignificant relationship between organizational commitment and performance. The results reflected high performance and commitment among primary health care nurses; overall commitment mean score was (m= 3.62) with weighted percentage 72.4. While the average level for the last three years (2010, 2011 and 2012) was 82.60%.

Research recommendations are applying and activating organizational commitment culture in MOH system and the necessary to establish clear standards on a scientific basis for assessing the performance appraisal at the expense of experience and efficiency.

3.2.2 Abdalhay (2012): "An Exploratory Study of Motivation Drives of Construction Sites Engineers in Gaza Construction Companies".

This study aimed at exploring the degree of motivation implemented on construction site engineers in Gaza construction companies. Delphi method was used to obtain judgment of panel of experts to achieve the objectives of the study.

The study revealed that the incorporeal motivations came as the most motivational elements applied on site engineers by the construction companies in GS while there are severe shortage in application of the corporeal factors moreover The corporeal motivational factors were emphasized by the participants as the most effectual motivators for site engineers include: "equitable salary, regular motherly salary, safe working environment, stable employment and job security". Followed by the incorporeal motivational factors which include: "dealing with site engineers on the basis of appreciation and mutual respect, recognize and praise site engineers and granting them extra authorities

The study recommends to equitable and fairly salary, regular motherly salary, safe working environment, stable employment and job security should be provided by

construction companies' in GS in order to motivate site engineers effectively. It is recommended to the contractors to continue monitoring and evaluating site engineers in order to reward their hardworking without fear of retribution or criticism and the ability to apply the restricting measures but with fair and clear evaluations for the performance and making balance between the amounts of effort required from site engineers and the size or significance of the reward. It may affect motivation negatively if site engineers are of the opinion that the relative value of the reward does not warrant the amount of input they are required to give. Finally, The contractor should encourage site engineers by seeking their advice on different tasks to be done and should consider appropriate programs for site engineers' development during continues training.

3.2.3 Ayyash and Aljeesh (2011): "The Relationship between Motivation and their Performance at European Gaza Hospital".

This study aimed at examining the relationships between motivation and performance among nurses working at EGH.

The results of this study highlighted some indicators that might help decision-makers to act toward raising and reinforcing motivation that could lead to improve work performance to the highest possible levels within the available resources. In order to attract, motivate and retain the best-qualified nurses, an efficient reward strategy should emerge and put in action.

The main recommendations there is a need to develop a rewarding system to be applied for all nurses depending on special standards and to work towards improving environment and work conditions to enhance nurses' performance. Stakeholders should be notified to review the annual performance appraisal individually with each nurse to acknowledge the strong points and suggest plans to improve the weak one.

3.2.4 Abu Sharekh (2010): "Assessment of the Impact of Incentives on the Work Performance Level in the Palestinian Telecommunications Company: Employee Prospective".

This study aimed at evaluating the impact of incentives on Palestinian telecommunication company employees performance level.

The results for this research showed a relation with statistical significance between the employees' performance and the efficiency of the incentives system, financial incentives, moral incentives, upgrades, justice in granting these incentives and honorariums.

The study recommends to implement monetary incentives tying the salary with price-rising system, renew the standards and system of promotion which should be according to the abilities of the employee for the new job and make a connecting between the results of the annual performance and offering the incentives according to the results.

3.2.5 Shurab (2007): "Evaluating the Effect of Incentives System on Employees Performance Level in the Large Municipalities of Gaza Strip".

This study aimed at identifying the relation between incentives and employees performance in the large municipalities of GS. This was conducted through analyzing relations between incentives and performance, usage of abilities, competition between employees and preferable incentives.

The study results indicated that the effect of the available financial incentives on employees performance was weak. The average percentage of financial incentives is low 46.89%, and 68.35% for non financial incentives. The effect of both financial and

nonfinancial (moral) incentives on employees performance was moderate. The financial incentives are not sufficient and of low value. The incentives are not linked with goals achievement or performance level. The available incentives does not encourage employees competition to improve their performance.

The study recommends to improve financial rewards, identify levels of performance that deserve rewards, set standards for promotions, reward excellent employees to retain them apply corrective measures according to appraisal of performance and increase the participation of employees in formulation of decisions.

3.2.6 Al- Aukask (2007): "Incentives and Rewards System and their Effects on Improving Job Performance in the Ministries of Palestinian National Authority in Gaza Strip".

This study aimed at identifying the role of incentives and rewards and their effects on improving job performance of PNA ministries in GS. This was implemented through studying the governmental incentives system and evaluating its effectiveness on job performance.

The study results indicated a weak effects on the effectiveness of the incentives and rewards system towards improving employees performance in PNA ministries, also Incentives system is inactive and most of the employees don't have any idea about the system and there is no fair in granting the incentives and rewards, and it negatively affects the performance of the employees. PNA ministries don't use competitive techniques, such as tests and competition, for granting incentives and there are a deficiency in promotion techniques and lack of criterion for granting incentives.

Research recommendations are checking, reviewing and evaluating the incentives system to fit the expectations of the employees on the public sector, also the incentives system must be granted in accordance with legal criterion. Top management in PNA ministries should increase the use of rewards for the competent and active employees. PNA ministries should be re-structured on professional bases in order to place the employees in accordance with their qualifications and competence.

3.3 Second: Regional Studies

3.3.1 Al Soqor (2009): "The Impact of Motivation for Architect Performance and Creativity as Leader Engineering Designer".

This study discussed motivation and it impacts in architects performance working in Jordanian public sector.

The results indicated that architects interested in non-financial incentives more than financial incentives, despite the difficult financial situation faced by the employee, where the salary came in the fifteenth level among twenty four level incentive.

The study recommendations are put a fair system of motivation, attention to Non-financial incentives and combining Non-financial incentives and financial incentives.

3.3.2 Abbas and Hummadi (2009): "Motivation and their Impact on Performance. Field study".

This study examined the reality and utility of the incentives system in the Yemeni corporation for oil drilling and production.

The results indicate a meager role of the employees in the process of decision making. Moreover, chiefs pay only scant attention to the employee's suggestions, which negatively affect their drive. In addition, promotion chances are in no way related to the

performance record. Further, most of the employees complain from the low level of bonuses.

Finally, the study recommends activating bonuses and relating them to performance, adjusting and improving the administrative systems, adopting the promotion system, and strengthening the feeling of loyalty for the organization by getting the employees involved in the decision making process.

3.3.3 Al-Sharari (2007):" Motivation and its Role in Achieving Job Satisfaction for Employees at Aljouf Area Police".

This research investigated a relation between the motivation systems and employees' satisfaction and identifying job satisfaction level and applied motivation systems for the employees at Aljouf area police.

The main results for the research, there are no spiritual motivation offered to the employees (officers and individuals) at Aljouf area police, also the financial motivation introduced in a little way to the employees. In addition, the individuals satisfied with work environment at Aljouf area police and there are direct correlation between motivation and employee satisfaction for the work environment. Finally there are a contrast relation with statistical evidences between applying financial and spiritual motivation and job satisfaction at the working environment.

Research recommendations are applying and activating many kinds of physical and moral motivation, and diagnose working environment factors that frustrated officers and individuals.

3.3.4 Al-Sbaan (2007):" The Motivation Effects on Female Nurses Performance in Public Hospitals in Jeddah Province. Filed Study on Some Public Hospitals in Jeddah Province".

This research aimed at recognizing the nurse's opinions about the nursing services level in the kingdom, know the incentives affecting the nursing service, as expected by female nurses, realizing the financial and moral incentives given to the female nurse in the public hospitals. Finally realizing the qualification of the nursing service via reviewing the ideas of the patients regarding the care and treatment for female nurses.

Research recommendations focused attention on female nursing eliminated by providing all tools which help to perform the work, the need to focus on social and psychological aspects because it reflects on the quality of service provided, focus on the material and moral incentives and maintain all types of incentives provided for the development and modification, including serve the objectives of the organization and their employees. Finally encourage men to demand for the nursing profession to serve men patients.

3.3.5 Al-Wabel (2005): "The Role of Material and Spiritual Incentives in Upgrading the Staff Performance Level as Per the Perspective of the Public Security Corpse Officers Participating in Haj Season".

This study aimed at identifying the opinions about incentives system for public security corpse officers who are participated in Haj season about the currently in force incentives system.

The results indicated that there are no criteria available for the incentives awarded to the officers participating in Hajj season, incentives play great role in upgrading officers performance level, the most important incentives for officers are awards and allowances. Finally the officers who are participated in Haj season satisfaction degree is high.

Research recommendations are the incentives should paid according to effort and good performance, accelerate the payment of incentives on time without delay and infection allowance should paid to officers participating in Haj Season.

3.3.6 Al–Dalah (2003): "Promotions Effects on Saudi Doctors at Security Forces Hospital in Riyadh".

This research discussed the effects of promotions on Saudi doctors working at security forces hospital in Riyadh.

The two main results are: firstly the most important material incentives among doctors is (several promotions, bonuses technical and multi incentive, and instead to recruit, and travel allowance). secondly the most important moral incentives among doctors are the application of comprehensive quality management, verbal complementation and letters of appreciation. The performance level of doctors is high, evidenced by the positive attitudes about the level of their performance.

3.4 Third: International Studies

3.4.1 Adzei and Atinga (2012): "Motivation and Retention of Health Workers in Ghana's District Hospitals: Addressing the Critical Issues".

This study investigated a systematic review to consolidate existing empirical evidence on the impact of financial and non-financial incentives on motivation and retention of health workers in Ghana's district hospitals.

The study found the financial incentives significantly influence motivation and intention to remain in the district hospital. Furthermore, the four factors model of the non-financial incentives, only three (leadership skill and supervision, opportunities for continuing professional development and availability of infrastructure and resources) were predictors of motivation and retention.

3.4.2 Awosusi, Omojola and Osamede (2011): "Motivation and Job Performances among Nurses in the Ekiti State Environment of Nigeria".

This study examined the motivation and job performances among nurses in the Ekiti State environment of Nigeria.

Results from this study showed nurses in the study area were poorly remunerated and motivated, compared to the level of their work performance, working environment, poor working condition of nurses, finally problems of nurses in the study area affects negatively the level of their job performance.

This study recommends the government at all levels should improve the general welfare and remuneration of nurses in the study area, that will improve nurses performance level. Moreover the management should improve the working condition of nurses through the provision of more instruments and devices for protection from hazard, and allow nurses to work in their areas of specialty and allow them for educational advancement.

3.4.3 Pratheepkanth (2011): "Reward System and its Impact on Employee Motivation in Commercial Bank of Sri Lanka Plc, in Jaffna District .

This study was done in commercial bank of Sri Lanka Plc, in Jaffna district. It was focused in rewards and recognitions and the impacts on employee motivation.

The study showed that higher employee rewards lead to higher employee motivation. On the basis of 80% employees of the bank where the study done have high motivation. The study proved that when both intrinsic and extrinsic rewards provide, the

motivation of the employees of the bank also slightly improved. Furthermore, Lower employee rewards lead to lower the employee motivation, because there is a positive relationship found between the reward system and the employee's motivation. That is when the employee reward system decrease, motivation also decrease through the performance consistency achieved, cooperation, willingness of responsibility, challenging work and growth in job.

3.4.4 Najafi et al (2010): "Performance Appraisal and its Effects on Employees' Motivation and Job Promotion".

In this paper the researcher studied the effects of performance appraisal results on the employees' motivation and job promotion in Toyserkan's health system.

The study showed that the performance appraisal results have a little effect on increasing the motivation level. Various factors can increase the personnel motivation which itself results in the employees improvement and more organization efficiency, including: the observance of justice and fairness in appraisal, practicing the realistic (and not mental) appraisal, the managers complete control over the appraisal process, the appropriateness of the educational needs, providing timely feed-back and participation of the appraised in the appraisal, and added the appraisal results have not so much influence on the personnel job improvement. Since the job promotion is one of the appraisal uses, the managers should take this factor in consideration.

3.4.5 Lambrou, Kontodimopoulos and Niakas (2010): "Motivation and Job Satisfaction among Medical and Nursing Staff in Cyprus Public General Hospital".

This study investigated how medical and nursing staff of the Nicosia general hospital is affected by specific motivation factors, and the association between job satisfaction and motivation. Furthermore, to determine the motivational drive of socio-demographic and job related factors in terms of improving work performance.

The survey revealed that achievements was ranked first among the four main motivators, followed by remuneration, co-workers and job attributes. The factor remuneration revealed statistically significant differences according to gender, and hospital sector, with female doctors and nurses and accident and emergency. Outpatient doctors reporting greater mean scores (p < 0.005). The medical staff showed statistically significantly lower job satisfaction compared to the nursing staff. Surgical sector nurses and those >55 years of age reported higher job satisfaction when compared to the other groups.

Research recommendations focuses attention to management approaches employing both monetary and non-monetary incentives to motivate health care professionals. Health care professionals tend to be motivated more by intrinsic factors, implying that this should be a target for effective employee motivation. Also strategies based on the survey's results to enhance employee motivation are suggested.

3.4.6 Stella (2008): "Motivation and Work Performance: Complexities in Achieving Good Performance Outcomes; A Study Focusing on Motivation Measures and Improving Workers Performance in Kitgum District Local Government .

This study was done in Kitgum district local government and its focus in geared towards establishing reasons why workers are not performing satisfactorily, what motivational measures are in place and what can be done to ensure there is improvement.

Research proved that there are a necessity to improve many points such as supervision of the employees at all levels of the district council, working conditions at the district local government especially for the lowest cadres, job security of the district employees and management style by guiding the employees through regular staff meetings.

3.5 General Commentary on Previous Studies:

This chapter has been review 18 previous studies related to each of motivation and performance, and conducted in different areas 6 local study , 6 regional and 6 international. Also it was done in different work environments 8 hospitals and primary health care centers, 4 public sector, 1 bank, 1 municipality and 4 private institutions. The studies were presented the arrangement of the time from newest to oldest in each areas, the latest study was conducted in 2013 and the oldest study was conducted in 2003.

The researcher (agreed & disagreed) with previous studies, by the following matters:

1. An a advantage in building questionnaire and literature review, have been taken from the diversity of questions and domains form previous studies.

2. Nearly all previous studies using a descriptive approach. Besides most studies used a questionnaire as study tool.

3. Almost all studies used the same statistical procedures for data analysis such as (percentage, frequencies, Pearson correlation test, Cronbach's test, t test, Kolmogorov-Smirnov Test and ANOVA test). But Isleem (2013) and Abbas and Hummadi (2009) used Scheffe test.

4. Around seven studies used a nursing sample, two local (Ayyash, 2011; Isleem, 2013), one regional Al-Sbaan (2007) and four international studies (Najafi et al , 2010; Lambrou, Kontodimopoulos and Niakas , 2010; Awosusi, Omojola and Osamede, 2011; Adzei and Atinga, 2012). Al–Dalah (2003) his study was done in the same work environments which are hospitals but he focused in doctors.

5. Representative study sample, the current study consisted of (323 male and female nursing staff). It is similar to Isleem (2013) while his study consisted of 260 male and female nursing staff). Beside, Abbas and Hummadi (2009) the study sample consisted of 320 employees, and Al-Wabel (2005) the study sample consisted of 300 security officers.

6. The present study covered all five GS governorates while Abu Sharekh (2010) done the same thing and covered Palestinian telecommunication company distributed in all GS governorates. But Isleem (2013) covered 59 primary health care centers distributed only in Gaza governorate, also Ayyash (2011) covered EGH hospital which located in Khan younis governorate. Shurab (2007) covered all GS governorates except Middle governorates.

7. The present study and (Shurab, 2007; Al- Aukask, 2007; Abu Sharekh, 2010) didn't depend on performance appraisal scale accredited by general personal council. In contrast (Ayyash, 2011; Isleem ,2013) they depend on performance appraisal scale results accredited by general personal council.

8. The current study and (Abu Sharekh, 2010; Ayyash, 2011; Isleem, 2013) contained both executive and supervisory jobs. On the other hand (Shurab, 2007; Al- Aukask, 2007) are limited of supervisory jobs.

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The study was characterized by the followings:

1. The only study that adopted a model.

2. The study is the only one that had nursing sample in all thirteen MOH governmental hospitals which are distributed in five GS governorates, while Ayyash (2011) focused in one hospital which is EGH hospital.

3. The study discussed training variable, where most of the studies on the subject of motivation take physical and moral aspects were the subject of training is omission.

4. The only local study, which focused on the impact of motivation on GS nurses in light of the suffering from internal division and siege.

5. Many studies focused in nursing staff, but the current is the only one which focused in the relationship between the nursing staff and patients.

Chapter Four

Data & Methodology

Chapter Four

Research Methodology

4.1 Overview:

The preceding chapters have reviewed the literature pertaining to motivation, performance, nursing profile and finally health status in GS. This chapter describes the research methodology used in the study which considered a key focus to accomplish the practical side of the study and the way to get the data needed to conduct a statistical analysis to come up with results that are interpreted in the light of the literature study on the subject of the study, thus achieve the objectives that seek to achieve them.

This chapter will present the research design, scientific rigor and sampling are used, in addition to a description of the data analysis and statistical techniques utilized in the study will be provided. Finally highlighting the ethical considerations that had been taken into account.

4.2 Study Design:

Study design based on the nature of the study and pursued objectives. The design of this study was employed descriptive correlation analytical method.

Study design used two principal sources of information:

1 - primary sources: dealt with the analytical aspects of the research topic, the researcher resorted to primary data collection through questionnaire as head of the research, specifically designed for this purpose.

2 - Secondary sources: discussed the literature review. It has been searching in the secondary data sources, which is in the books and references Arab and foreign-related, and periodicals, articles, reports, and research and previous studies on the subject of the study, research and reading on various internet sites.

4.3 Period of the Study:

The Period of the study was conducted at the beginning of may 2013 to the first of may 2014.

4.4 place of Study:

This study was conducted in all thirteen MOH governmental hospitals which are distributed in five GS governorates.

4.5 Sample and Sampling Process:

4.5.1 Target Population:

The questionnaire addressed nursing staff employed in MOH governmental hospitals in GS as fix term permanent employment have one year at least experience. The total number of nurse who are employed in MOH governmental hospitals distributed in five GS governorates are 1867 nurses.

4.5.2 Sample Size:

The sample size was statistically calculated by the equation of sample calculation $[n= N/[(0.05)2(N)] +1]$ (Afana, 1997). Therefore the sample size is 330 nurses.

$1867/[(0.05)2(1867)] +1 = 330$

4.5.3 Sample Frame:

Sample frame was obtained by listing all nurses who have been constructed by updating some identification variables from the data collected through (MOH, 2012). The master sample for each hospital was calculated by multiplication the average size percentage to sample size table (4.1).
Note: pilot study was calculated in the same way.

4.5.4 Sample Design:

The sample was selected by randomly stratified sample in governmental hospital.

Sample Frame (4.1)

#	MOH hospitals	numbers of nurses	average size percentage	master sample	Pilot study
1	Al- Shifa Medical Commutative	542	28%	96	9
2	EGH	230	12%	41	2
3	NMC	288	15%	51	3
4	NPH	116	9%	20	3
5	Ophthalmic Hospital	37	2%	7	2
6	Psychiatric Hospital	35	2%	6	2
7	El-dorra pediatric Hospital	64	3%	11	2
8	KOH	111	6%	20	2
9	Beit Hanoun Hospital	54	3%	10	2
10	RSPH	73	4%	13	2
11	Martyr Mohamed Y. EL Najar Hospital	82	4%	14	2
12	AL Helal AL-Emarati Hospital - Rafah	75	4%	13	2
13	Al-Aqsa Martyrs Hospital	160	8%	28	2
	Total	1867	100%	330	35

4.6   Eligibility Criteria:

4.6.1 Inclusion Criteria:

Nurses working in GS governmental hospitals (practical nurse, staff nurse, head nurse department and nursing supervisor) working as fix term permanent employment having at least one year experience during the data collection period.

4.6.2 Exclusion Criteria:

Nursing managers, nurses who are working in public health care (PHC), NGO, clinics, nurses with temporary contract, part time nurses, newly employed nurses, aid nurses, none employed nurses, trainees nurse, volunteer nurse and nurses have a vocational for a long period.

4.7   Data Collection:

Data was collected by the researcher himself. Distributing and gathering questionnaire took 8 weeks, 50% of the sample size was collected in the first 4 weeks. Regarding the timing of data collection, it was on three different shifts and different working hours (morning, moon and night). This would assure equal chances for sample selection and also represent various days of the month where different nurses could be captured.

4.8   Questionnaire Design:

The questionnaire used in the research was designed and modified by the researcher from Dee Beer model to meet nursing situation in MOH, by reviewing previous literature and studies related to the topic of motivation. Thus, the questionnaire came out in the final form (Annex, 4). The questionnaire has been organized by translate it into Arabic language (Annex, 3) and given each items a serial numbers, these items and terms designed to be clear, in addition to avoid duplicated and double parallel questions. The questionnaire consist of six parts, they are as follows:
1. First part: include personal demographic and social data (11) statement.
2. Second part: include Performance for nurses (7) statements.
3. Third part: effective motivational system (8) statements.
4. Forth part: individualized factors divided to (2) parts
   - Personal Factors (9) statements.
   - Supervision (12) statements.
5. Fifth part: motivational factors divided to (3) parts
   - Payment (8) statements.
   - Recognition (10) statements.
   - Work Content (9) statements.
6. Sixth part: organizational factors divided to (4) parts
   - Benefits (7) statements.
   - Training (10) statements.
   - Promotion (6) statements.
   - Working Conditions (8) statements.

Then the participant asked to express his/her agreement level by using rating five points likert scale (1= strongly disagree, 2= disagree, 3= uncertain, 4= agree, 5= strongly agree).

Table (4.2): Likert Scale

Item	Strongly Disagree	Disagree	uncertain	Agree	Strongly agree
Scale	1	2	3	4	5

4.9   Data Analysis:

The questionnaire was filled and analyzed through using Statistical Package for the Social Sciences (SPSS) program version 18. Statistical tools were used the followings:

1 - Percentages and frequencies
2 - Cronbach's Alpha test
3 - Kolmogorov-Smirnov Test
4 - Pearson Correlation Coefficient
5 - T-Test In the case of a single sample
6 - T test in the case of two samples (Independent Samples T-Test)
7 - ANOVA.

4.10   Scientific Rigor:

4.10.1 Validity:

The researcher was verified questionnaire validity in three methods: (Face validity, Content validity and internal validity).

4.10.1.1 Face Validity:

Face validity consists of three levels:
First: the researcher considered the following points in designing questionnaire level
- suitable papers
- cleared statements
- cleared instructions
- suitable arrangement of ideas

Seconded: the researcher has met three groups of nurses of different job and qualifications. Their ideas, comments and recommendations have been taken in consideration.
Third: The pilot study participants were asked to give their opinions about the questionnaire outline and clarity of the study instruments.

4.10.1.2 Content Validity:

The questionnaire has been offered and checked by a group of (11) experts specialists in academic, administrative, professional, and statistical fields and the names of the experts in Annex (5), the researcher has responded to experts opinions and performed the necessary delete and modify in the light of the suggestions submitted. Thus, the questionnaire came out in the final form - see annex (4).

4.10.1.3 Internal Validity (Construct Validity):

Internal validity of the questionnaire where calculated through the correlation coefficients between each items of the areas of the questionnaire and the total score of the domains.

The results of the internal validity:

Table No. (4.3) represent the correlation coefficient between each items of the "nursing performance" domain and the total score of the domain, which shows that the correlation coefficients of this domain are significant at a = 0.05, so it can be said that the items of this domain are consistent, acceptable and valid to be measure what it was set for.

Table No. (4.3): The correlation coefficient between each items of the "nursing performance" domain and the total score of the domain.

#	Nursing Performance	Pearson Correlation Coefficient	P-Value (Sig)
1-	I think I perform my work efficiently and effectively to the extent required in the required time selected	-.136-	0.442
2-	I think there is a fair way to measure and evaluate the performance based on scientific basis and clear criteria.	.643**	0.000
3-	I think there is a process to update the information regarding the performance on a regularly.	.787**	0.000
4-	I think the performance appraisal system used supports the process of promotions.	.700**	0.000
5-	I think that performance appraisal process depends on different types of evaluation.	.678**	0.000
6-	I think that the use of modern techniques in my work leads to increasing and improving my performance career.	.700**	0.000
7-	I think that the lack of delegation of authority and prerogatives hinder my performance improvement career.	.384*	0.000
8-	I do not think that the process of performance appraisal is routinely implemented with no benefits or real meaning.	.465**	0.006

Correlation is significant at the 0.05 level*

Correlation is significant at the 0.01 level **

Table No. (4.4) represent the correlation coefficient between each items of the "effective motivational system" domain and the total score of this domain, which shows that the correlation coefficients of this domain are significant at a = 0.05, so it can be said that the items of this domain are consistent, acceptable and valid to be measure what it was set for.

Table No. (4.4): The correlation coefficient between each items of the "effective motivational system" domain and the total score of the domain.

#	Effective Motivational System	Pearson Correlation Coefficient	P-Value (Sig)
1-	There is an applied motivation system for nurses working in MOH.	0.831[**]	0.000
2-	MOH supports the nursing motivation process.	0.831[**]	0.000
3-	There is honesty in motivation process.	0.780[**]	0.000
4-	Motivation process is in suitable time.	0.920[**]	0.000
5-	Motivation process is according to accomplishment and adequate with exerted effort.	0.921[**]	0.000
6-	I think that nursing administration depends on many kinds of motivation styles.	0.881[**]	0.000
7-	I think that nursing administration committed to linking the effectiveness of performance to motivation.	0.780[**]	0.000
8-	There are institutions outside MOH have a clear role in the process of raising motivation and performance as nursing association, journalism, media and local community.	0.604 [**]	0.000

Table No. (4.5) represent the correlation coefficient between each items of " individualized factors "domain and the total score of the domain, which shows that the correlation coefficients of this domain are significant at a = 0.05, so it can be said that the items of this domain are consistent, acceptable and valid to be measure what it was set for.

Table No. (4.5): The correlation coefficient between each items of the "individualized factors" domain and the total score of the domain.

A	Personal Factors	Pearson Correlation Coefficient	P-Value (Sig)
1-	I'm interested in my work.	0.380	0.000
2-	My job is easy and interesting.	0.605	0.000
3-	I am proud to talk about the kind of work that I do.	0.749	0.000
4-	It is easy to deal with the amount of work delegated to me.	0.833	0.000
5-	I control the amount of work that I am doing it myself.	0.688	0.000
6-	My work is the way to success in the future.	0.759	0.000
7-	There is no time for idleness in nursing job.	0.421	0.000
8-	I didn't try change my job.	0.675	0.000
9-	I am not thinking of resigning when there is a suitable job outside MOH.	0.603	0.000
B	supervision	Pearson Correlation Coefficient	P-Value (Sig)
1-	I'm easily satisfied with my manager.	0.823	0.000
2-	I'm easily satisfied with supervision style approach.	0.601	0.000
3-	My manager helps and supports me where ever I face a problem in my work.	0.869	0.000
4-	My manager solve different work problems that could be happen.	0.824	0.000
5-	My manager listens to different point of view.	0.751	0.000
6-	My manager treats in assertive manner.	0.304[*]	0.003
7-	My manager is a warm-hearted person.	0.641	0.000
8-	My manager Distribute works among nurse in fair.	0.778	0.000

		Pearson Correlation Coefficient	P-Value (Sig)
9-	My manager delegates some work tasks.	0.761	0.000
10-	My manager endures responsibility and duties such as (preparation nursing schedules, distribution work task and bring the requirement for department).	0.846	0.000
11-	My manager always tells me about all new instructions and application for work.	0.704	0.000
12-	Professional and formal relationship only connects me with my manager	0.256	0.141
13-	Team work relationship only connects me with my manager.	0.596	0.000

Table No. (4.6) represent the correlation coefficient between each items of "motivational factors" domain and the total score of this domain, which shows that the correlation coefficients of this domain are significant at a = 0.05, so it can be said that the items of this domain are consistent, acceptable and valid to be measure what it was set for.

Table No. (4.6): The correlation coefficient between each items of the " motivational factors " domain and the total score of the domain.

A	Payment	Pearson Correlation Coefficient	P-Value (Sig)
1-	My salary is satisfactory in relation to task what I do.	0.795	0.000
2-	I think that the salary is a adequate for good life.	0.845	0.000
3-	I earn salary the same as other nurse in a similar job outside MOH.	0.856	0.000
4-	I think the overtime hours payment decisions are fair.	0.549	0.000
5-	I think the increases in salary and bonuses decisions are fair.	0.661	0.000
6-	There are regularity in monthly salary payment.	0.702	0.000
7-	I think the discount decisions from salary are fair.	0.541	0.000
8-	I think the risk premium decisions are acceptable in relation what professional danger I will face.	0.717	0.000
B	Recognition	Pearson Correlation Coefficient	P-Value (Sig)
1-	I'm praised regularly for my work from my manager.	0.732	0.000
2-	I receive constructive criticism about my work.	0.749	0.000
3-	I get credit and trust from my manager for the work I do.	0.490	0.000
4-	I have been told that I am making progress.	0.453	0.000
5-	I know exactly what are my mistake and I repair it.	0.473	0.000
6-	I'm a prefer appreciation and praise more than financial matters.	0.513	0.000
7-	I think that the Palestinian society estimated and values the nursing profession.	0.626	0.000
8-	I think that nursing management appreciates your effort and your keenness on patients lives.	0.613	0.000
9-	I have the opportunity to participate in making decisions.	0.644	0.000
10-	I have a certain degree of authority in my work.	0.542	0.000
11-	I think that I considered in my work field just applied to the orders only	0.079	0.655
C	Work Content	Pearson Correlation Coefficient	P-Value (Sig)
1-	Working hours (35 hours / week) are reasonable.	0.592	0.000
2-	Workplace is equipped with all facilities such as (air conditioning ,central heating, lighting, office tools) etc....	0.587	0.000
3-	There is periodic maintenance of all facilities provided .	0.175	0.323
4-	Workplace has sufficient number of nursing supplier for work	0.544	0.000

	requirements such as (treatments , equipment , medical supplies) etc....		
5-	Workplace suffers from reviewers and visitors congestion.	0.332	0.000
6-	Nursing management provides the right conditions in order to lead his nurse easily.	0.681	0.000
7-	Workplace provides for nurse safety requirements in the workplace when dealing with infectious and communicable diseases.	0.854	0.000
8-	Workplace provides for nurse safety requirements in the workplace when dealing with sharps.	0.726	0.000
9-	There is positive diversity in the work that I do.	0.534	0.000
10-	Implementation of the tasks of work done according to the job description.	0.627	0.000

Table No. (4.7) represent the correlation coefficient between each items of "organizational factors" domain and the total score of the domain, which shows that the correlation coefficients of this domain are significant at a = 0.05, so it can be said that the items of this domain are consistent, acceptable and valid to be measure what it was set for.

Table No. (4.7): The correlation coefficient between each items of the "organizational factors" domain and the total score of the domain.

A	Benefits	Pearson Correlation Coefficient	P-Value (Sig)
1-	My pension benefits are good	0.597	0.000
2-	My medical services provided satisfactory	0.507	0.000
3-	I never have problems when taking sick leave	0.471	0.000
4-	I never have problems when taking a regular vacation.	0.526	0.000
5-	Hospital management provides transportation vehicle especially in the night shifts.	0.734	0.000
6-	I work in the department of my choice and by my desire.	0.638	0.000
7-	I am satisfied with my white coat uniforms I receive. In addition to its services as (washing and ironing).	0.564	0.000
B	**Training**	Pearson Correlation Coefficient	P-Value (Sig)
1-	Nursing Administration supports the training process.	0.682	0.000
2-	The basis selecting nurses for training courses based on the needs of nurses.	0.809	0.000
3-	There are clear criteria for the selection of nurses for training courses.	0.780	0.000
4-	I think the MOH linking career with training.	0.691	0.000
5-	Nursing management held's a number of training courses in order to develop skills and expertise on a regularly.	0.808	0.000
6-	Nursing management given a proportionate and equal opportunities between the nursing staff to take training inside or outside MOH.	0.837	0.000
7-	Nursing management held's a number of training courses in order to promote nursing staff.	0.783	0.000
8-	In the hospital where I work, there are available equipped place for training.	0.626	0.000
9-	In the hospital where I work, there are available special training plans for nursing staff.	0.715	0.000
10-	I aim to take training courses on my own expense outside MOH.	0.413	0.011
C	**Promotion**	Pearson Correlation	P-Value (Sig)

		Coefficient	
1-	I think the promotion system for nurses is fair.	0.779	0.000
2-	I think that promotions are based on nursing performance (annual report).	0.800	0.000
3-	I think that promotions depend on the experience in nursing job.	0.642	0.000
4-	I think that the promotion process is constant and repeated according to the Civil Service Law.	0.709	0.000
5-	My job as a nurse provides opportunities for progress and prosperity.	0.732	0.000
6-	I think that the majority of the owners of the supervisory and administrative functions as (Nursing managers and the supervisors and heads of department) deserve promotions a well-deserved	0.683	0.000
D	Working Conditions	Pearson Correlation Coefficient	P-Value (Sig)
1-	I prefer to work alone and not deal with them.	0.31-	0.000
2-	The relationship between colleagues is a professional and official.	0.213	0.000
3-	I think the personal and friendship relationship and mutual support are prevalent among colleagues.	0.347	0.000
4-	I think the colleagues share important information about the work.	0.477	0.000
5-	Relationship that connects you with the patient is the only therapeutic relationship.	0.355	0.000
6-	I communicate socially with my colleagues at the expense of my work.	0.461	0.000
7-	I think that shifting system affects on my social work and my social relationship with my colleagues.	0.315	0.000
8-	Nursing management supports team work system.	0.509	0.000

Table No. (4.8): The correlation coefficient between the degree of each area of the questionnaire and the total score of questionnaire

Domains		Pearson Correlation Coefficient	P-Value (Sig)
Nursing Performance		0.690	*0.000
Effective Motivational System		0.744	*0.008
Individualized Factors	Personal Factors	0.447	*0.000
	Supervision	0.619	*0.000
Motivational Factors	Payment	0.393	*0.022
	Recognition	0.740	*0.000
	Work Content	0.711	*0.000
Organizational Factors	Benefits	0.782	*0.000
	Training	0.624	*0.000
	Promotion	0.689	*0.000
	Working Conditions	0.618	*0.000

Correlation is significant at the 0.05 level *

4.10.2 Reliability:

The following steps was done to assure reliability instruments
- To improve the reliability of the instrument, a pilot study was performed by using a small sample (10% of the total study sample) to test the length of the questionnaire, and whether respondents understood the questions.

- Cronbach's Alpha Coefficient test has been used to measure and materialize reliability of a questionnaire study and the results were as shown in Table (4.8).

Table No. (4.9): Cronbach's Alpha Coefficient to measure reliability

Domains		Number of paragraphs	Cronbach's Alpha Coefficient
Nursing Performance		8	0.736
Effective Motivational System		8	0.786
Individualized Factors	Personal Factors	9	0.756
	Supervision	13	0.762
Motivational Factors	Payment	8	0.774
	Recognition	11	0.726
	Work Content	10	0.739
Organizational Factors	Benefits	7	0.736
	Training	10	0.771
	Promotion	6	0.781
	Working Conditions	8	0.522

It is clear from the results shown in Table (4.8) that the value of Cronbach's alpha coefficient for each area are high, ranging between (0.693,0.746), that means the reliability coefficient is high.

4.11 Normality Distribution Test:

(Kolmogorov-Smirnov Test, Shapiro-Wilk test) used whether the data follow a normal distribution or not, and the results were as shown in Table (4.10).

Table (4.10): Kolmogorov-Smirnov Test and Shapiro-Wilk test

Domains	Kolmogorov-Smirnova		Shapiro-Wilk	
	Test value	Sig	Test value	Sig
Nursing Performance	.179	.007	.952	.145
Effective Motivational System	.117	.200[*]	.960	.246
Individualized Factors	.137	.103	.951	.133
Motivational Factors	.120	.200[*]	.952	.139
Organizational Factors	.101	.200[*]	.970	.451
All domains	.096	.200[*]	.978	.725

a. Lilliefors Significance Correction
*. This is a lower bound of the true significance.

It is clear from the results shown in table (4.10) the p-value (Sig.) to all domains of the study was greater than the level of significance, thus the distribution of the data for these domains followed the normal distribution where parametric tests will be used to answer the hypotheses of the study.

Thus, the questionnaire in the final form as in annex No.(5) available for distribution. The researcher may be ascertained from the validity and reliability of the study questionnaire, making it confident health questionnaire and validity of the analysis of the results and to answer questions of the study and testing of hypotheses.

4.12 Pilot Study:

A pilot study consisted of 35 nurses (10% of the sample) to explore the appropriateness of the study instruments and to examine the data collection process clarity, feasibility and applicability. This enhanced further improvement of the questionnaire validity and reliability after modifying it to be better understood.

a pilot study was conducted before the actual data collection to examine participants responses to the questionnaire to make sure that they understood it in order to modify later. Therefore, the pilot study totally included in the study sample after consultation with the statistician, while few modification applied in questionnaire and four items was deleted. Thus, the questionnaire came out in the final form - see annex (4).

4.13 Ethical Considerations:

Through the followings were considered an ethical considerations
1. An ethical approval has been obtained from Dean of Postgraduate Studies, Faculty of Commerce in business administration department at IUG. An Admin approval was obtained from MOH officials for conducting this study (annex, 6).
2. To guarantee participants rights, a covering letter indicating that the participation in the study is voluntary and confidentiality was assured for all nurses who were selected from governmental hospital they were asked for their agreement to participate in the study.

4.14 Summary of the Chapter:

This chapter deeply outlined the research design, the nature of the sample, the procedure used to collect the data, addressed issues concerning confidentiality, the description of the measuring instruments adopted and statistical techniques employed to test the research hypotheses.

Chapter Five

Results Justification

Chapter Five
Results Justification

5.1   Overview:

This chapter dealt with analyzing the data and test hypotheses, by answering study questions and reviewing the most prominent questionnaire results, which resulted through analysis of its items, and stand on the variables of the study, which included (gender, age, marital status, address, job title, work place in the hospital, salary amount, salary side, qualification, experience and place of work), also the chapter outlines the demographic information depicted in graphical format.

A questionnaire was used to collect data and SPSS program used to analyze the results of the study have been presented and analyzed in this chapter.

5.2   Description Statistical Study:

5.2.1 Characteristics of Study Sample According Demographic Data

Through table and figure (5.1). It shows 97.87% of the questionnaires were completely mobilized by respondents, while 2.13% of the questionnaires had been not completed questionnaires were considered missing. The percentage of completed questionnaires is high due to support and facilitate most nursing management in different hospitals and task of distributing questionnaires, as well as interaction with nurses questionnaire greatly where they pointed it reflects the aspirations and suffering. Another reason is due to the researcher presented gifts for some nurses who worked in over work load department and there is a fear for not filling out the questionnaire, such as reception and emergency rooms (ER), internal departments and intensive care unit (ICU).

Table (5.1): Missing and Completed Questionnaires

(Completed / Missing) Questionnaires	Percentage	Frequency
Completed Questionnaires	97.87%	323
Missing Questionnaires (Not Answered)	2.13%	7
Total	100.0%	330
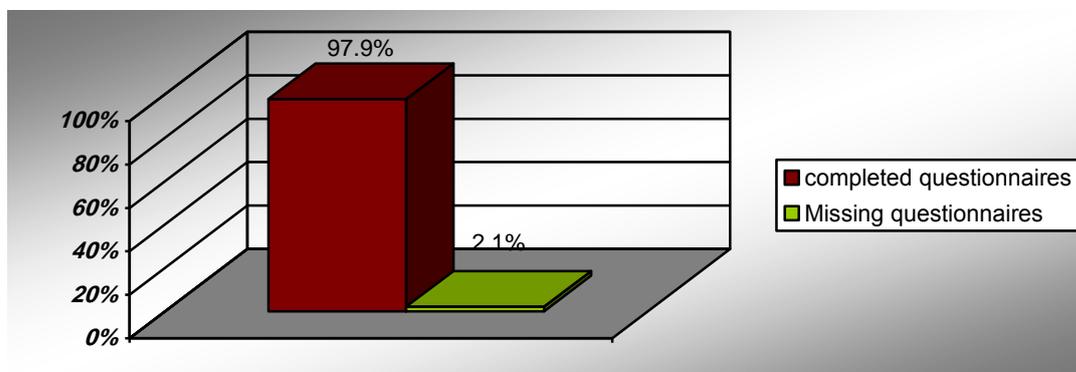
Figure (5.1): Missing and Completed Questionnaires

5.2.2 Gender

According to Palestinian central bureau of statistics (PCBS), the female rate of the workforce is 17.4% (PCBS, 2013). While in the present study, through table and figure (5.2) shows the male ratio are 51%, while 48.9% are female. This ratio was semi equal due to nature of nursing profession has special department limited for female nurse as midwifery, female patients departments, pediatric fields and the rest of fields are shared between women and men. This result are supported by studies inside GS as (Ayyash, 2011) their study showed the female ratio are 44% and the male ratio are 56%. Moreover, studies outside GS as (Najafi, 2010) the study showed the female ratio are 49% and the male ratio are 51% and (Negussie, 2012) their study showed the female ratio are 73% and the male ratio are 27% and (Adzei and atinga, 2012) their study showed the female ratio are 50.9% and the male ratio are 49.1% and (Tuwaijri, 2007) the study showed the female ratio are 83.4% and the male ratio are 16.6%. Beside, many studies focused only on female nurses category like (Al- Ahmadi, 2002; Al- Sbaan, 2007; Ida, 2009). In contrast there are many studies such as (Al- Dalah, 2003; Muheisen, 2004; Shurab, 2007; Al Soqor, 2009) didn't include a nursing profession therefore, the representation of female employees was less than 20%.

Table (5.2): Distribution of the study sample according to gender

Gender	Percentage	Frequency
Male	51.1%	165
Female	48.9%	158
Total	100.0%	323
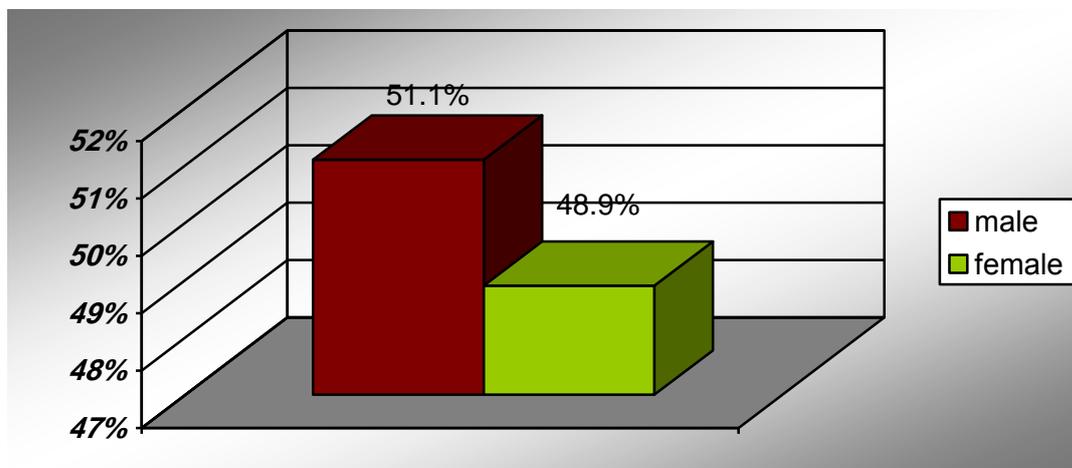
Figure (5.2): Distribution of the study sample according to gender

5.2.3 Age

Through the table and figure (5.3). It shows that the participants were from different age groups. It is noted that the highest proportion is for young people category (less than 40 years) it equal 76.8% and (nurses more than 40 years) equal 23.2% because of the political crises between GS government and WB government that have led some employees to leave their jobs and nurses from GS government filled the gap. Another possible explanation the small age groups represent a joiner nurses (practical nurse and staff nurses) but the old age groups represent senior nurses (head nurse and nursing supervisor). It is normally the joiner employees. The current study agreed with (PCBS, 2013) that referred to the highest participation rate of the labor force in Palestine between

25 and 34 age group at 59.3%. Furthermore (Ahmadi, 2002) in her study nurses under 40 years shaped 71% of the study sample while Hwara (2009) in his study nurses under 40 years represented 62.9% of the study sample. The current study disagreed with (Ehrenfeld, Itzhaki and Baumann, 2007) the aging of nurses in Israel over the age of 45, currently over 45% of professional nurses.

Table (5.3): Distribution of the study sample according to age

Age	Percentage	Frequency
less than 30	47.4%	153
30- less than 40	29.4%	95
40- less than 50	17.3%	56
More than 50	5.9%	19
Total	100%	323
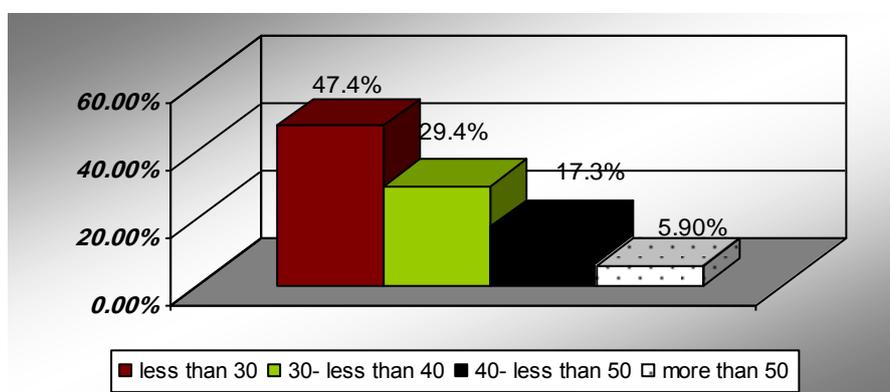
Figure (5.3): Distribution of the study sample according to age

5.2.4 Marital Status

Through the table and the figure (5.4). It is clear that the highest proportion is for married category (80.5%). It is known in Palestine, the demand for marriage is at early age, where the marriage in the GS for females at the age of 19 years old and 24 years old for males (pcbs, 2010). By using table (5.3). It is clear that most of the respondents are married and their age under 30 years, so they were at the beginning of their lives and therefore they at the top of higher activity, vigor and tender. This result supported by (Muheisen, 2004) in his research Married respondent represent more than 90% of study sample.

Table (5.4): Distribution of the study sample according to marital status

Marital Status	Percentage	Frequency
Single	18%	58
Married	80.5%	260
Divorced	1.2%	4
Widow	0.3%	1
Total	100.0%	323
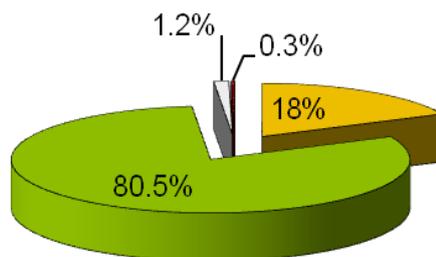
Figure (5.4): Distribution of the study sample according to marital status

5.2.5 The Address:

Through the table and figure (5.5). It is illustrated the distribution of the sample on all GS Governorates, the highest ratios are in the Middle Governorate 24.5% and Gaza Governorate 22.9%, due to Gaza governorate has many hospitals as (Shifa Hospital, Psychological Medicine Hospital, Nassr pediatric Hospital, El -dorra pediatric Hospital, Ophthalmic Hospital and Rantisy Specialized pediatric Hospital). On the other hand Middle Governorate nurses spread over all GS Governorates hospitals. This was stated in detail by table (5.18).

Table (5.5): Distribution of the study sample according to the address

The Address	Percentage	Frequency
Gaza Governorate	22.9%	74
Khan younis Governorate	17%	55
Middle Governorate	24.5%	79
Rafah Governorate	15.2%	49
North Gaza Governorate	20.4%	66
Total	100%	323
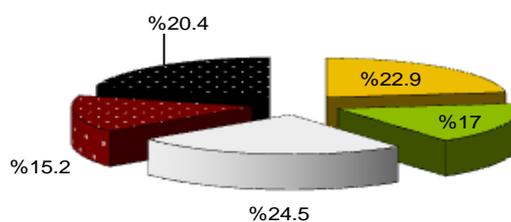
Figure (5.5): Distribution of the study sample according to the Address

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5.2.6 Job Title:

It's clear from table and figure (5.6) the study sample distributed on different job titles, were the percentages as follows joiner nurses or executive nursing job (practical nurse and staff nurse) represented 78.4%. While senior nurses (head nurse and nursing supervisor) represented 21.6%. This is normal situation due to those who work in the executive jobs more than who work in supervisory positions, the current result agreed with (Al Wabel, 2005; Shurab, 2007; Al- Soqor; 2009; Ayyash, 2011).

Table (5.6): Distribution of the study sample according to job title

Job Title	Percentage	Frequency
Practical Nurse	37.2%	120
Staff Nurse	41.2%	133
Head Nurse	17.0%	55
Nursing Supervisor	4.6%	15
Total	100.0%	323

%4.6
%17
%37.2
%41.2

practical nurse   staff nurse   head nurse   nursing supervisor
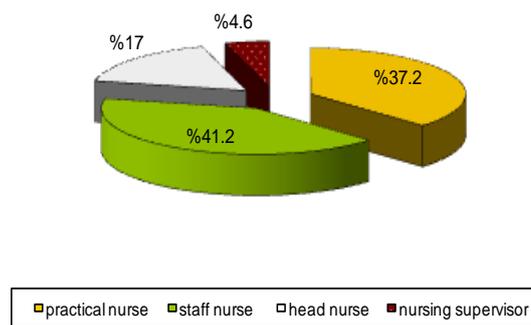
Figure (5.6): Distribution of the study sample according to job title

5.2.7 Work Place in the Hospital:

It's clear from table and figure (5.7) the distribution of the study sample in many work places, but in internal departments represented more than half (59.1%). Because it involved many departments as (internal medicines, cardiology, gynecology and obstetrics, bone surgery, dialysis and hematology and oncology) etc.

Table (5.7): Distribution of the study sample according to work place in the hospital

Work Place in the Hospital	Percentage	Frequency
Internal Departments	59.1	191
ICU	9.6	31
Nursing Supervision	9.3	30
Reception & ER	14.6	47
Outpatient Clinic	7.4	24
Total	100.0%	323
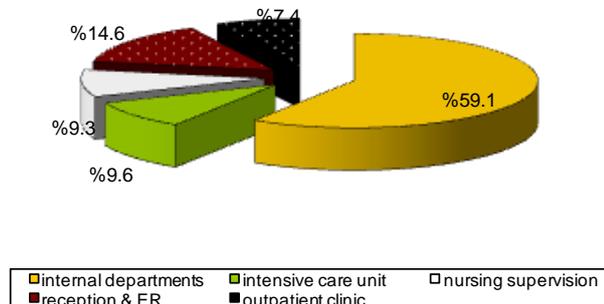
Figure (5.7): Distribution of the study sample according to work place in the hospital

5.8 Salary Amount:

Through the table and figure (5.8) it is obvious that more than a half of study sample at 52.9% their monthly salary is less than 2000 New Israeli Shekel (NIS), 26% monthly salary more than 3000 NIS and 21.1% monthly salary between 2000-3000 NIS.

It is noticed that (less than 2000 NIS) category absolutely refers to GS government and category their salary (more than 3000 NIS) in particular refers to WB government, but (2000-3000 NIS) category refers to mix between the two governments. In summary salary system depends on the job title and salary side.

For nurses worked in public sector, the average daily salary in GS (79.1) NIS, WB (99) NIS and Israel (164.1) NIS (PCBS, 2014). In other hand the net monthly income in Dollar for western nurse salaries, showed clear differences better than Palestinian and Israeli nurses as follows: United States 3,168, Australia 2,703, United Kingdom 2,397 and France 2,379 (Worldsalaries, 2014).

Table (5.8): Distribution of the study sample according to salary amount

Salary Amount	Percentage	Frequency
Less than (2000) NIS	52.9%	171
(2000-3000) NIS	21.1%	68
More than (3000) NIS	26%	84
Total	100.0%	323
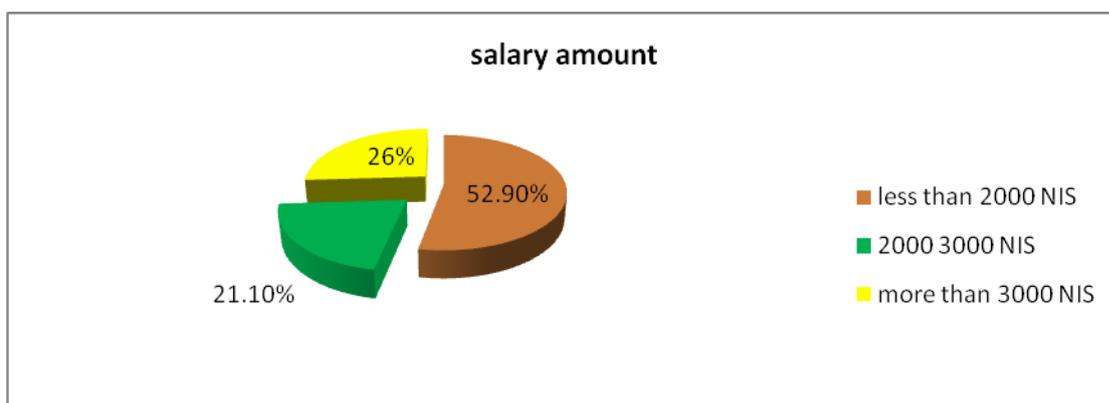
Figure (5.8): Distribution of the study sample according to salary amount

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5.2.9 Salary Side:

Through the table and figure (5.9) it is obvious that 66.3% of nurses salary side from GS government, while 33.7% salaries side from the WB Government. That means nurses who work in GS government representing two-thirds from sample size 2/3, while nurses who work in WB government representing one-third from sample size 1/3.

Table (5.9): Distribution of the study sample according to salary side

Salary Side	Percentage	Frequency
GS government	66.3%	214
WB government	33.7%	109
Total	100.0%	323
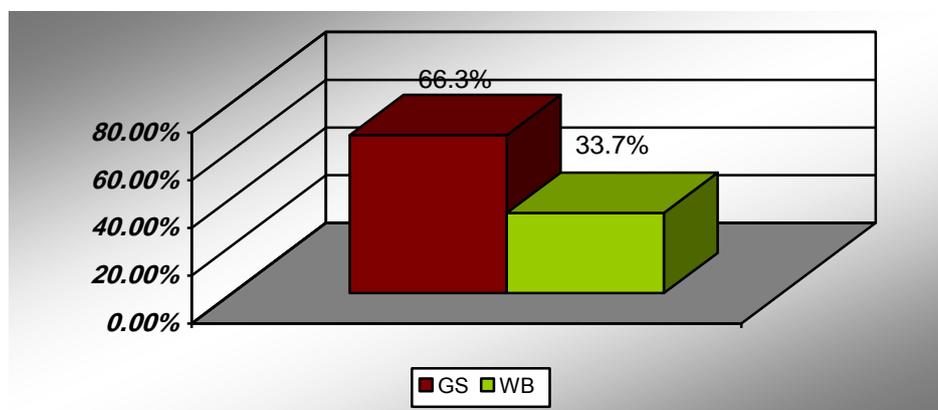
Figure (5.9): Distribution of the study sample according to salary side

5.2.10 Experience:

Through the table and figure (5.10) it is obvious 35.6% of nurses experience less than five years, 29.4% their experience between five to ten years and 34.7% their experience more than ten years. Nurses experience less than 5 years category absolutely refers to GS government and nurses their experience more than 10 years absolutely refers to WB government and nurses their experience between 5- 10 years are shared between GS and WB governments.

Difference in years of experience due to political crises between GS government and WB government that have led some employees to leave their jobs and nurses form GS government filling the gap. This results are inconstant with (Muheisen, 2004; Al- Aukash, 2007; Al- sharari, 2007; Hwara, 2009; Abu sharekh, 2010) in their studies the respondents experience (more than 10 years) shaped more than 60%.

Table (5.10): Distribution of the study sample according to the experience

Years of Experience	Percentage	Frequency
Less than 5 years	35.6%	115
(5-10) years	29.4%	96
More than 10 years	34.7%	112
Total	100.0%	323
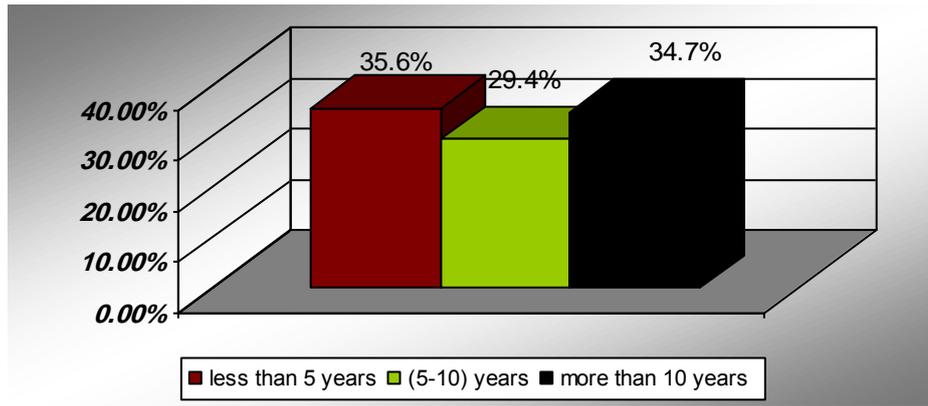
Figure (5.10): Distribution of the study sample according to the experience

5.2.11 Qualification:

It is Clear from table and figure (5.11) the participants distributed in different academic education. The distribution of qualifications as follow bachelor degree (BSN) (staff nurses bachelor degree and registered midwife) equal 58.8%, and diploma degree (practical nurse, staff nurses 3 years diploma and practical midwife) equal 35.3. Finally the higher education (master degree and high diploma) equal 5.9%.

It is noticed that BSN shaped more than a half of the study sample because of the spread of universities and colleges at all GS which graduated nursing students. Other possible reason, according to the researcher knowledge the employees in GS study bachelor and master degree to achieve better situation, but staff nurses 3 years diploma the rate was small due to the end of this certificate and not exists any more, In addition, it is noticed that only old nurses have 3 years diploma because this program is cancelled at universities. A lot of studies agreed with the current study that showed the bachelor degree is a majority as (Muheisen, 2004; Al- Aukash, 2007; Tuwaijri, 2007; Shurab, 2007; Abu Almareen, 2008; Hweihi, 2008; Abu Sharekh, 2010). But Al- Ahmadi (2002) disagreed with this result, the diploma was formed the majority and (Hashim, 2010) also disagreed with this view, he argued 75% of Emirati nurses who worked in government hospitals have a diploma qualification.

Table (5.11): Distribution of the study sample according to the qualification

Qualification	Percentage	Frequency
practical Nurse 2 Years Diploma	24.1%	78
Staff Nurses 3 Years Diploma	5.0%	16
Staff Nurses Bachelor Degree	49.2%	159
High Diploma	0.3%	1
Practical Midwife	6.2%	20
Registered Midwife	9.6%	31
Master Degree	5.6%	18
Total	100.0%	323
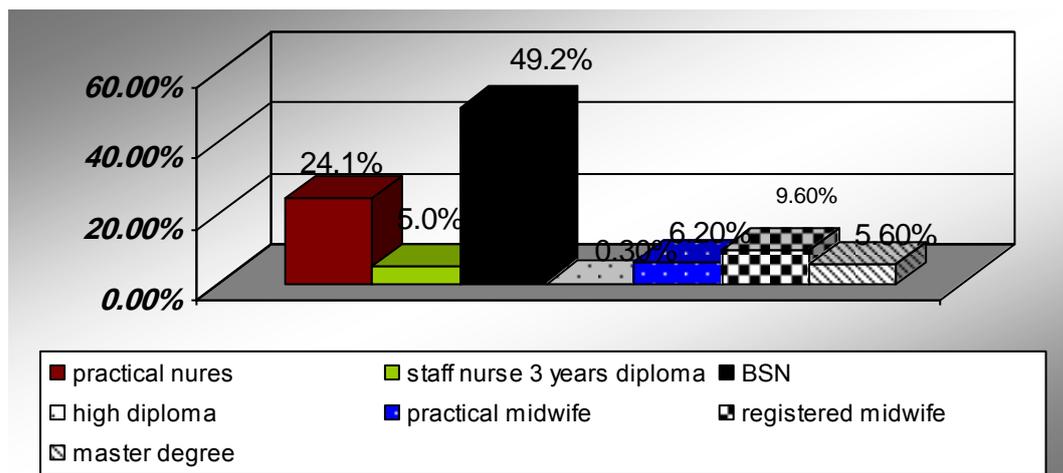
Figure (5.11): Distribution of the study sample according to the qualification

5.2.12 Place of Work:

It is Clear from table (5.12) the biggest three MOH hospitals in GS shaped more than half 56.4% of the study sample (Shifa Hospital, NMC and EGH). According to the MOH classification, these three hospitals are considered as a complex hospitals, and consequently the majority of employees work there specially nurses.

Table (5.12): Distribution of the study sample according to the place of work

Place of Work	Percentage	Frequency
Shifa Hospital	29.1%	94
NMC	15.2%	49
EGH	12.1%	39
Psychological Medicine Hospital	1.9%	6
Al-Aqsa Martyrs Hospital	8.7%	28
Martyr M. Y. EL Najar Hospital	4.3%	14
KOH	6.2%	20
Beit Hanoun Hospital	3.1%	10
NPH	6.2%	20
El -Dorra Pediatric Hospital	3.1%	10
Ophthalmic Hospital	2.2%	7
AL Helal AL-Emarati Hospital	4.0%	13
RSPH	4.0%	13
Total	100.0%	323

5.3 Double Tables:

5.3.1 Workplace by Gender:

Through the table (5.13) it is clear that the distribution of the workplace by gender was as follows: it is clear that the female ratio was for them only in the internal department while the remaining other places were favored by males.

Its noticed the female ratio is (56.5%) is bigger than the ratio of male (43.5%) who work in the internal department due to midwifery fields, female patients departments, pediatric fields are exceptional for female nurses. While nursing supervision and reception & ER the ratio of female is doubled in the case of male due to these two fields had over work load, so men nurse are suitable than female nurses.

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Table (5.13): Workplace by gender

		Gender				Total
		Male		Female		
Work Place	Internal Departments	83	43.5%	108	56.5%	191
	ICU	17	54.8%	14	45.2%	31
	Nursing Supervision	21	70.0%	9	30.0%	30
	Reception & ER	31	66.0%	16	34.0%	47
	Outpatient Clinic	13	54.2%	11	45.8%	24
Total		165	51.1%	158	48.9%	323

5.3.2 Years of Experience by Salary Side:

It is illustrated by the table (5.14) the experience of nurses less (than 5 years) are totally get their salary from GS government shaped 35.6% of the study sample. Attributed after the year 2007 recruiting process was solely through GS government.

As for nurses their experience more than 10 years, 80.4% of them received a salary from WB government. Finally nurses between 5-10 years most of them from GS government.

Table (5.14): Years of experience by salary side

		Salary Side				Total
		GS		WB		
Years of Experience	Less than 5 years	115	100%	0	0%	115
	(5-10) years	77	80.2%	19	19.8%	96
	More than 10 years	22	19.6%	90	80.4%	112
Total		214	66.3%	109	33.7%	323

5.3.3 Salary Amount by Salary Side:

Through table (5.15) it is clear more than half of the study sample is salary is less than 2000 NIS and they receive the salary from the GS government, while more than one-third of nurses salary more than 2000 NIS they receive monthly salary from the WB government. The disparity in salaries is due to bonuses and allowance presented by WB government for their employees, while GS government suffering from siege and distress and financial crisis.

Table (5.15): Salary amount by salary side

		Salary Side				Total
		GS		WB		
Salary Amount	Less than(2000) NIS	171	100%	0	0%	171
	(2000-3000) NIS	31	45.6%	37	54.4%	68
	More than (3000) NIS	12	14.3%	72	85.7%	83
Total		214	66.3%	109	33.7%	323

5.3.4 Years of Experience by Gender:

      Through table (5.16) it is clear the distribution of experience by gender. The ratio of female more than male nurses who their experience less than ten years.

While the ratio of male (64.3%) is bigger than the ratio of female (35.7%) who their experience over ten years, nevertheless the general rate of male experience was slightly more than females.

Table (5.16): Years of experience by gender

		Gender				Total
		Male		Female		
Years of Experience	Less than 5 years	53	46.1%	62	53.9%	115
	(5-10) years	40	41.7%	56	58.3%	96
	More than 10 years	72	64.3%	40	35.7%	112
Total		165	51.1%	158	48.9%	323

5.3.5 Job Title by Gender

      Through table (5.17) it is clear the distribution of job title by gender as follows: executive jobs: firstly- practical nurse, was 50% for both genders. Secondly- staff nurse, 57.1% female, 42.9% were male. On the other hand supervisory positions: firstly- head nurse, were males 65.5% and females 34.5%. Secondly- nursing supervisor, the majority of males was 80% male and 20% female.

      It is noticed the ratio of males is (80%) more than females ratio (20%) who work in supervisory field due to the common thinking in GS and the rest of Arab countries that skills and techniques are not available for female employees like a creative solution to work problems, leadership skills and decision-making optimization. Besides the presence of legal, family, social and administrative challenges. This is supported by (Jabr , 2005; Al-Zahrani, 2011). Moreover female nurses in supervisory positions can't follow up nursing workflow. According to item 88 in Civil Service Law all female employees have to take maternity leave during 70 days, then take an hour breastfeeding for a year (Palestinian Civil Service Law, 2005).

Table (5.17): Job title by gender

		Gender				Total
		Male		Female		
Job title	practical nurse	60	50.0%	60	50.0%	120
	staff nurse	57	42.9%	76	57.1%	133
	head nurse	36	65.5%	19	34.5%	55
	nursing supervisor	12	80.0%	3	20.0%	15
Total		165	51.1%	158	48.9%	323

5.3.6 Hospitals by Governorates:

From table (5.18) the distribution of nurses to each governorate as follow:

    5.3.6.1 North Gaza Governorates

    Nurses from north Gaza governorates are distributed in 8 hospitals as follows: 30.3% KOH, 24.2% Shifa Hospital, 13.3% Beit Hanoun Hospital, 10.6% for both RSPH and NPH, 3% for both Ophthalmic Hospital and El -dorra pediatric Hospital and 1.5% Psychological Medicine Hospital.

5.3.6.2 Rafah Governorates

Nurses from Rafah governorates are distributed in 4 hospitals as follows: 32.7% EGH, 26.5% Martyr M. Y. EL Najar Hospital, 22.4% AL Helal AL-Emarati Hospital and 18.4% NMC.

5.3.6.3 Middle Governorates

Nurses from Middle governorates are distributed in 8 hospitals as follows: 41.8% Shifa Hospital, 32.9% Al-Aqsa Martyrs Hospital, 10.1% EGH, 6.3% NMC, 3.8% NPH, 2.5% Ophthalmic Hospital and 1.3% for both Psychological Medicine Hospital and El -dorra pediatric Hospital.

5.3.6.4 Khan younis Governorates

Nurses from Khan younis governorates are distributed in 7 hospitals as follows: 60% NMC, 25.5% EGH, 3.6% for each AL Helal AL-Emarati Hospital, Psychological Medicine Hospital and Al-Aqsa Martyrs Hospital, finally 1.8% for both Martyr M. Y. EL Najar Hospital and Ophthalmic Hospital.

5.3.6.5 Gaza Governorates

Nurses from Gaza governorates are distributed in 8 hospitals as follows: 60.8% Shifa Hospital, 13.5% NPH, 9.5% El- dorra pediatric Hospital, 8.1% RSPH, 2.7% for both Psychological Medicine Hospital and Ophthalmic Hospital finally 1.4% for both NMC and Beit Hanoun Hospital.

Table (5.18): Hospitals by governorate

		Governorate									total	
		North Gaza		Rafah		Middle		Khan younis		Gaza			
Hospitals	Shifa Hospital	24.2%	16		0	41.8%	32		0	60.8%	45	93	29.1%
	NMC		0	18.4%	9	6.3%	5	60.0%	33	1.4%	1	48	15.2%
	EGH		0	32.7%	16	10.1%	8	25.5%	14		0	38	12.1%
	Psychological Medicine Hospital	1.5%	2		0	1.3%	1	3.6%	2	2.7%	2	7	1.9%
	Al-Aqsa Martyrs Hospital		0		0	32.9%	26	3.6%	2		0	28	8.7%
	Martyr M. Y. EL Najar Hospital		0	26.5%	13		0	1.8%	1		0	14	4.3%
	KOH	30.3%	20		0		0		0		0	20	6.2%
	Beit Hanoun Hospital	13.6%	9		0		0		0	1.4%	1	10	3.1%
	NPH	10.6%	7		0	3.8%	4		0	13.5%	10	21	6.2%
	El –Dorra Pediatric Hospital	3.0%	2		0	1.3%	1		0	9.5%	7	10	3.1%
	Ophthalmic Hospital	3.0%	2		0	2.5%	2	1.8%	1	2.7%	2	7	2.2%
	AL Helal AL-Emarati Hospital		0	22.4%	11		0	3.6%	2		0	13	4.0%
	RSPH	10.6%	8		0		0		0	8.1%	6	14	4.0%

5.4 Analyzing Dimensions of the Questionnaire

The researcher used parametric test to analyze the items of the questionnaire (one sample T. test) to see whether the average degree of response has reached a degree of neutrality which is 3 or not.

Null hypothesis: The average answer score equal to (3) and correspond to the degree of neutrality by using likert scale. But alternative hypothesis: The average score answer is not equal (3).

If Sig> 0.05 (Sig greater than 0.05), it cannot be rejected the null hypothesis and in this case the average views of individuals about the phenomenon under study is not fundamentally different from the degree of neutrality (3), but if Sig <0.05 (Sig less than 0.05) the null hypothesis are rejected and accept the alternative hypothesis that the average views of individuals fundamentally different from the degree of neutrality (3), and in this case it could determine whether the average answer is increased or decreased significantly the degree of neutrality (3), and through the value of the test if the value of the test is positive, this refer to the mean of the answer over the degree of neutrality and the opposite is true.

5.4.1 Nursing Performance Results:

The first domain in the questionnaire dealt with nursing performance, where it equaled (63.93%), test value (78.103), sig (.000). Table (5.19) shows the following results for each item:

Item #5 (I think that the use of modern techniques in my work leads to increasing and improving my performance career) ranked first paragraph in domain and means equaled 3.92 (78.33%), test value (62.937), p-value (.000) which is smaller than the level of significance $\alpha = 0.05$. The mean of this field is significantly greater than the hypothesized value. It can be concluded (63.93%) of respondents agreed with this item.

Item #3 (I think the performance appraisal system used supports the process of promotions) ranked at the last item in a domain, and mean equaled 2.65 (53.08%), test value (41.478), sig (.000) which is smaller than the level of significance $\alpha = 0.05$. The mean of this paragraph is significantly smaller than the hypothesized value. It can be concluded (58.6%) of respondents disagree to this item.

Performance system application in the MOH, like the rest of the governmental sectors that followed Civil Service Law. So there are no connection between motivation system (physical and moral) and nursing performance outcomes, beside that there is a belief there is no fair tool for measuring performance based on scientific base. Moreover performance system is not linked to a basic things as (promotions, training and rewards). Thus, the absence of competition and upgrading work level. Shurab, 2007; Al-Aukash, 2007 expressed the same point in this field due to their studies conducted in same GS public sector that having same (laws, environment and working conditions). But in public sector outside GS, governments have a stable situation as (Al-Mutairy, 2005) and private sector inside GS as (Abu Sharekh, 2010) and outside GS as (Kumari, Kaleramna and Pandey, 2010) the outcomes are inconsistent because the employees who work in private sectors enjoy many merits like ongoing motivation and productivity. In addition, there is a clear criteria for evaluating performance (Badawood, 2006).

There is a strong belief that (delegation of authority and prerogatives as well as the use of modern techniques in nursing work) lead to increase and improve performance because of:

- Delegation of authority and prerogatives give an opportunity for nurses to have a degree of control over the currency and is not just a machine and a tool to apply the instructions. So this gives nurses a degree of confidence and creative thinking.
- Use of modern techniques in nursing work. New techniques related to the life's of patients and as a matter of professional integrity to provide the health service at the best way, in addition to the suffering of some nurses from some old tools or bad techniques that lead to problems for nurses (physically and verbally).

Table (5.19): Means and Test Values for "nursing performance"

#	Nursing Performance	Mean	Test value	Proportional mean (%)	Rank	P-value (Sig.)
1-	I think there is a fair way to measure and evaluate the performance based on scientific basis and clear criteria.	2.95	43.197	59.01	5	.000
2-	I think there is a process to update the information regarding the performance on a regularly.	3.07	49.813	61.42	4	.000
3-	I think the performance appraisal system used supports the process of promotions.	2.65	41.478	53.08	7	.000
4-	I think that performance appraisal process depends on different types of evaluation.	2.85	43.496	57.07	6	.000
5-	I think that the use of modern techniques in my work leads to increasing and improving my performance career.	3.92	62.937	78.33	1	.000
6-	I think that the lack of delegation of authority and prerogatives hinder my performance improvement career.	3.81	64.125	76.14	2	.000
7-	I do not think that the process of performance appraisal is routinely implemented with no benefits or real meaning.	3.19	48.915	63.79	3	.000
	Nursing performance	22.37	78.103	63.93		.000

5.4.2. Effective Motivation System:

The second domain in the questionnaire discussed the (nursing performance), where it equaled (43.10%), test value (46.417), p-value (.000). The mean of this paragraph less than hypothesized value. It can be concluded the respondents disagree to this domain. Table (5.20) shows the following results for each item:

Item #8 (There are institutions outside MOH have a clear role in the process of raising motivation and performance as nursing association, journalism, media and local community) ranked first item in a domain and mean equaled 2.48 (49.54%), test value (35.701), p-value (.000) which is smaller than the level of significance $\alpha = 0.05$. The mean of this field is significantly less the hypothesized value. It can be concluded (50.6%) the respondents disagreed to domain .

Item #3 (There is honesty in motivation process) ranked at the last item in a domain, and mean equaled 2.00 (40.06%), test value (38.675), p-value (.000) which is smaller than the level of significance $\alpha = 0.05$. The mean of this item is significantly less than the hypothesized value. It can be concluded (61%) of respondents disagree to this item.

The overall rate for the effective motivational system is 43.10%, which indicated a decline and a weak response of nurses items related to effective motivational system and shows the weakness of the role of MOH in motivation process, thus the concept of motivational system became useless and unaffecting due to:
- Unfair motivation system among nurses.
- The doesn't take place in time.
- It is not equal with the effort.
- The system doesn't match between motivation to performance.

Through various studies results (Al-Kahlout, 2001; Muheisen, 2004 Shurab, 2007; Al-Aukash, 2007) showed there a consistency with current study results in this domain. But the study results inconsistent with (Al-Dalah, 2003) and (Al-Mutairy, 2005) due to conditions differs from GS.

Table (5.20): Means and Test Values for "Effective motivational system"

#	Effective Motivational System	Mean	Test value	Proportional mean (%)	Rank	P-value (Sig.)
1-	There is an applied motivation system for nurses working in MOH	2.09	36.096	41.73	6	.000
2-	MOH supports the nursing motivation process	2.07	37.983	41.37	7	.000
3-	There is honesty in motivation process	2.00	38.675	40.06	8	.000
4-	motivation process is in suitable time	2.12	38.987	42.38	4	.000
5-	motivation process is according to accomplishment and adequate with exerted effort	2.08	37.854	41.60	5	.000
6-	I think that nursing administration depends on many kinds of motivation styles.	2.30	37.221	45.90	2	.000
7-	I think that nursing administration committed to linking the effectiveness of performance to motivation	2.25	39.098	44.97	3	.000
8-	There are institutions outside MOH have a clear role in the process of raising motivation and performance as nursing association, journalism, media and local community	2.48	35.701	49.54	1	000
	Effective Motivational System	17.24	46.417	43.10		000

5.4.3 Individualized Factors:
The third domain in the questionnaire discussed the (individualized factors), where it equaled (74.68%), test value (94.986), sig (.000). It can be concluded the respondents agree to this domain. This domain have 2 parts (personal factors and supervision). Table (5.21) shows the following results for each part:

Main results for personal factor part:

Item #1 (I'm interested in my work) ranked first item in personal factor part, mean equaled 4.53 (90.53%), test value (118.196), sig (.000) which is less than the level of significance $\alpha = 0.05$. The mean of this item is significantly greater than the hypothesized value. It can be concluded respondents agreed to this item.

Item #9 (I am not thinking of resigning when there is a suitable job outside MOH) ranked at the last item in personal factor part, mean equaled 3.06 (61.11%), test value (36.600), sig (.000) which is less than the level of significance α = 0.05. The mean of this item is significantly less than the hypothesized value. It can be concluded the respondents agree to this item.

The study showed that nursing staff is willing to work, and proud of the job of nursing as well as they control the pressure of work they are required to do, but with the presence of some negative factors have led to the existence of 30% of nurses who wanted to change their job and leaving the nursing professions, and 40% who would to resign and leave work when there is a suitable job outside MOH (leaving the work in MOH hospitals). The current study results better than nursing situation in Lebanon an American study reported that around (67.5%) of the nurses who planned to resign and leaved the work, and 30% who wanted to leave to leave the nursing professions (Nna-leb, 2013).
Intention to leave is greatly affected by the respondents satisfaction with work conditions, continual shortage of nurses, lack of career structure and autonomy, effective communication, and the attainment of an identified standard of patient care (Hasselhorn et al, 2008; De Milt, Fitzpatrick and McNulty, 2009). When nurses leave, the quality of nursing care may decline due to the loss of expertise. In addition, novice nurses may not have the same commitment to the organization or the ability, intuition, and confidence as an expert nurse (Cortese, 2012).

Main results for supervision part:

Item #10 (My manager endure responsibility and duties such as (preparation nursing schedules, distribution work task and bring the requirement for department) ranked first item, mean equaled 4.01 (80.19%), test value (72.397), sig (.000) which is less than the level of significance α = 0.05. The mean of this part is significantly greater than the hypothesized value. It can be concluded the respondents agreed to this item.

Item #6 (My manager treats in assertive manner) ranked final item in supervision part. Mean equaled 2.40 (48%), test value (40.380), sig (.000) which is less than the level of significance α = 0.05. The mean of this part is significantly less than the hypothesized value. It can be concluded the respondents disagreed to this item.

There is a satisfaction for bosses at work and supervisory pattern, beside prevailed presence of family work and teamwork in medical field. These results are consistent with (Haider and Bin Taleb, 2005; Al-Aukash, 2007; Hweihi, 2008; Abu Almareen, 2008; Ayyash, 2011; Abu Sunaina, 2013). In this area (Salih, 2011; Obeidi, 2013) confirmed that whenever there is a good level of mutual respect, appreciation and cooperation between the managers and subordinates in order to provide the best services, therefore subordinates will bear the workload and working as a cooperative team spirit. But the outcomes are inconsistent with (McVicar, 2003; Tuwaijri, 2007; Alkhchrom, 2010) because of the wrong administrative style are used, beside many nationalities were in the workplace as in (Tuwaijri, 2007).

Table (5.21): Means and Test Values for "individualized factors "

A	Personal Factors	Mean	Test value	Proportional mean (%)	Rank	P-value (Sig.)
1-	I'm interested in my work.	4.53	118.196	90.53	1	.000
2-	My job is easy and interesting.	3.47	53.201	69.44	8	.000
3-	I am proud to talk about the kind of work that I do.	3.91	61.034	78.27	4	.000
4-	It is easy to deal with the amount of work delegated to me.	3.64	56.748	72.86	6	.000
5-	I control the amount of work that I am doing it myself.	3.89	66.736	77.82	5	.000
6-	My work is the way to success in the future.	4.07	73.810	81.31	3	.000
7-	There is no time for idleness in nursing job.	4.17	77.998	83.49	2	.000
8-	I didn't try change my job.	3.54	46.669	70.87	7	.000
9-	I am not thinking of resigning when there is a suitable job outside MOH.	3.06	36.600	61.11	9	.000
B	Supervision	Mean	Test value	Proportional mean (%)	Rank	P-value (Sig.)
1-	I'm easily satisfied with my manager.	3.85	61.993	77.02	2	.000
2-	I'm easily satisfied with supervision style approach.	3.24	47.094	64.89	11	.000
3-	My manager helps and supports me where ever I face a problem in my work.	3.72	58.999	74.49	7	.000
4-	My manager solve different work problems that could be happen.	3.74	59.267	74.75	6	.000
5-	My manager listens to different point of view.	3.66	59.030	73.15	10	.000
6-	My manager treats in assertive manner.	2.40	40.380	48.00	12	.000
7-	My manager is a warm-hearted person.	3.76	57.182	75.25	5	.000
8-	My manager Distribute works among nurse in fair.	3.66	57.588	73.15	9	.000
9-	My manager delegates some work tasks.	3.72	59.631	74.33	8	.000
10-	My manager endures responsibility and duties such as (preparation nursing schedules, distribution work task and bring the requirement for department).	4.01	72.397	80.19	1	.000
11-	My manager always tells me about all new instructions and application for work.	3.77	59.685	75.45	4	.000
12-	Team work relationship only connects me with my manager.	3.79	59.079	75.83	3	.000
	Individualized Factors	78.41	94.986	74.68		.000

5.4.4 Motivational Factors:

The fourth domain in the questionnaire discussed motivational factors, where it equaled (58.08%), test value (83.455), sig (.000). It can be concluded the respondents disagreed to this domain. This domain consisted of three parts (payment, recognition and work content). Table (5.22) shows the following results for each part:

Main results for payment factors part:

Item #4 (I think the overtime hours payment decisions are fair) ranked first item in payment part. Mean equaled 2.41 (48.24%), test value (34.916), sig (.000) which is less than the level of significance α = 0.05. The mean of this part is significantly greater than the hypothesized value. It can be concluded (51.76%) of respondents disagreed to item.

Item #3 (I earn salary the same as other nurse in a similar job outside MOH) ranked at the last item in payment factors part. Mean equaled 2.02 (40.50%), test value (33.748), sig (.000) which is less than the level of significance α = 0.05. The mean of this item is significantly less than the hypothesized value. It can be concluded (59.5%) of respondents disagreed to this item.

There is dissatisfaction from salary policy (irregularity, overtime, bonuses and increases, earning salary the same as other nurse in a similar job outside MOH). The reason is two thirds of the size of the sample receiving their salaries from GS government while the siege resulted a severe financial crisis in addition to the salary for a nursing profession in MOH follows the civil Service system, therefore in normal situation regularity and completed salary, the monthly salary still low and doesn't meet the human needs and it's still less than other nurses working outside MOH. These outcomes agreed with (AL- Ahmadi, 2002; Muheisen, 2004; Juhani and Kishk, 2006; Hweihi, 2008; Lephalala, Ehlers and Oosthuizen, 2008; Pillay, 2009; Awosusi, Omojola and Osamede, 2011; Negussie, 2012). On the other hand these findings inconsistent with findings from other studies where Al Soqor, 2009 found that architect wanted autonomy and appreciation and recognition above high salary, in addition to their perception of salary is a fundamental right and not a motivator. Moreover findings is inconsistent with a research done in British hospitals, where nurses priorities are participating in decision-making and continuous learning more than salary (Cavanaugh, 1992). Cashman et al., (1990) research findings showed that physicians wanted autonomy and job status above a high income due to lack of opportunity for professional interaction with colleagues.

Main results for recognition factor part:

Item #1 (I'm praised regularly for my work from my manager) ranked first item in recognition factor part. Mean equaled 3.76 (75.11%), test value (66.501), sig (.000) which is smaller than the level of significance α = 0.05. The mean is significantly more than the hypothesized value. It can be concluded the respondents agreed to this item.

Item #7 (I think that the Palestinian society estimated and values the nursing profession) ranked final item in recognition factor part. Mean equaled 2.57 (51.34%), test value (34.928), sig (.000) which is less than the level of significance α = 0.05. The mean is significantly less than the hypothesized value. It can be concluded (48.66%) of respondents agreed to this item.

In spite of the weakness of the financial situation in GS but 70% of nurses preferred non financial sides. Study outcomes matched with (Haider and Bin Taleb, 2005; Dieleman et al, 2006; Al Soqor ,2009). An alternative viewed by (Ghazali, 2001; AL- Ahmadi, 2002; Negussie, 2012; Dar, Zehra and Ahmad, 2014) that financial incentives were found to be the most important motivating factor for nurses rather than recognition.

There is a lack of appreciation from Palestinian society to the efforts of nursing and their role in patients care, because of reactionary values and concepts and negative attitude of the Palestinian society and most countries in the world of nursing profession, especially female nurses from working away from home in night shifts. In addition, the perception of the nursing profession has marginal and secondary role compared to the rest of the health service providers professions. Moreover negative perception of nursing opportunity in job development, promotion and advancement are slim and humble, and the nurse remains behind a counter unchanged since entering the profession until retirement. This is supported by (Almutairi and Carthy, 2012) they argued in Saudi Arabia, was mainly staffed by expatriate nurses, who account for 67.7% of the total number of nurses and less desirable career choice for Saudi nationals. Furthermore (Hashim, 2010) proposed that in United Arab Emirates was mainly staffed by expatriate nurses, who account for 96% of the total number of nurses and less desirable career choice for Emiratis. In comparison to other professions for many reasons, including the poor image of nursing as a profession in the Middle East. A similar view is held by (Siebens et al., 2006; Tuwaijri, 2007; Bishop, 2009).

There is an opportunity for nurses to control their work and participate in decision making. A similar view is held by (Ahmed and Safadi, 2013) a comparative study between government hospitals against private hospitals in Jordan, their conclusions nurses in governmental hospitals had more decisional involvement than nurses in the private hospitals. Moreover (Dorgham and Al- Mahmoud, 2013) a comparative study between Saudi Arabia hospitals against Egypt hospitals, they found Saudi Arabia nurses had higher decision making autonomy than nurses in Egypt. A conflicting view is expressed by (Almaany and Ojuarashidh, 2006) they stated that there are no participation in decision-making and practicing authority in nursing professions.

Main results for work content factor part:

Item #4 (Working hours 35 hours/week are reasonable) ranked first item in work content factor part. Mean equaled 3.58 (71.64%), test value (56.064), sig (.000) which is more than the level of significance α=0.05. The mean is significantly greater than the hypothesized value. It can be concluded the respondents agreed to item.

Item #6 (workplace provides for nurse safety requirements in the workplace when dealing with infectious and communicable diseases) ranked final item in work content factor part. Mean equaled 2.67 (53.48%), test value (38.727), sig (.000) which is less than the level of significance α = 0.05. The mean is significantly less than the hypothesized value. It can be concluded the respondents disagreed to this item.

There is dissatisfaction from work content 59.6%. this is supported by (Almaany and Ojuarashidh, 2006; Tuwaijri, 2007; Alkhchrom, 2010; Awosusi, Omojola and Osamede, 2011; Ayyash, 2011) But it accepted by (Al- Medlej, 2003; Hweihi, 2008; Kaur et al, 2009). Al-Sharari, 2007 found there are direct relationship between motivation and

employee satisfaction attributed to work environment. Maintaining good nurses performance worked in distinct environment provided some incentives for high performance. In contrast, the negative factors in the work environment affected nursing performance and prompted them to deeply thinking about leaving the work.

There is satisfaction from the weekly working hours (35 hours per week) 71.64%.

There are a lot of problems in work place like (air conditioning, heating, Internet and stationery) the reason is managers always wait for donors to repair different sets in the hospitals. Also the repeated electricity cut off causes problems for air conditions. Unfortunately generators are not well-prepared to generate all sets . As for the Internet, the Internet is available for nursing morning shift and it is separated at 14:00 PM until 7:00 AM, the rate of interruption internet service are 18 hours with the knowledge that nursing work 24 hours a day.

Beside, workplace doesn't equipped with safety requirements when nurses dealt with infectious and communicable diseases due to lacking of antibiotics or the antibiotics not commensurate with the nature of metastatic disease, in many cases when nurses infected from patient it is not considered a work injury. Furthermore, work place suffering from congestion crisis due to a big number of reviewers and visitors. This leads to increased work pressures and impeding the delivery of health services as required.

Finally, the workplace is suffering from a lack of nursing work supplies as (treatments, devices, medical supplies) due to the siege imposed on GS. This led to a shortage of these supplies and causing harm and embarrassment for nurses. Sometimes patients have to buy treatment outside the hospital. In addition, the presence of some old or a few medical devices. But the only satisfaction in workplace is providing safety requirements when dealing with sharps due to the MOH distribution of the safety boxes.

For work tasks issue it is not done according to the job description because the nursing staff and practical nurse working the same job tasks and take the same number of shifts without attention to qualification.

Table (5.22): Mean and Test Values for "motivational factors "

A	Payment	Mean	Test value	Proportional mean (%)	Rank	P-value (Sig.)
1-	My salary is satisfactory in relation to task what I do.	2.16	31.932	43.23	3	.000
2-	I think that the salary is a adequate for good life.	2.03	31.883	40.56	7	.000
3-	I earn salary the same as other nurse in a similar job outside MOH.	2.02	33.748	40.50	8	.000
4-	I think the overtime hours payment decisions are fair.	2.41	34.916	48.24	1	.000
5-	I think the increases in salary and bonuses decisions are fair.	2.16	34.302	43.18	4	.000
6-	There are regularity in monthly salary payment.	2.06	28.783	41.13	6	.000
7-	I think the discount decisions from salary are fair.	2.06	32.678	41.18	5	.000
8-	I think the risk premium decisions are acceptable in relation what professional danger I will face.	2.18	28.916	43.60	2	.000

B	Recognition	Mean	Test value	Proportional mean (%)	Rank	P-value (Sig.)
1-	I'm praised regularly for my work from my manager.	3.76	66.501	75.11	2	.000
2-	I receive constructive criticism about my work.	3.60	69.190	72.09	4	.000
3-	I get credit and trust from my manager for the work I do.	3.73	66.364	74.53	3	.000
4-	I have been told that I am making progress.	3.50	41.896	69.97	6	.000
5-	I know exactly what are my mistake and I repair it.	3.98	52.002	79.63	1	.000
6-	I'm a prefer appreciation and praise more than financial matters.	3.50	36.881	69.97	7	.000
7-	I think that the Palestinian society estimated and values the nursing profession.	2.57	34.928	51.34	10	.000
8-	I think that nursing management appreciates your effort and your keenness on patients lives.	2.92	39.658	58.49	9	.000
9-	I have the opportunity to participate in making decisions.	3.12	44.551	62.43	8	.000
10-	I have a certain degree of authority in my work.	3.52	51.443	70.34	5	.000
C	Work Content	Mean	Test value	Proportional mean (%)	Rank	P-value (Sig.)
1-	Working hours (35 hours / week) are reasonable.	3.58	56.064	71.64	1	.000
2-	Workplace is equipped with all facilities such as (air conditioning ,central heating, lighting, office tools) etc....	2.72	38.737	54.49	7	.000
3-	Workplace has sufficient number of nursing supplier for work requirements such as (treatments , equipment , medical supplies) etc....	2.80	41.303	55.91	6	.000
4-	Workplace suffers from reviewers and visitors congestion.	3. 26	48.170	66.52	2	.000
5-	Nursing management provides the right conditions in order to lead his nurse easily.	2.80	41.223	56.02	5	.000
6-	Workplace provides for nurse safety requirements in the workplace when dealing with infectious and communicable diseases.	2.67	38.727	53.48	9	.000
7-	Workplace provides for nurse safety requirements in the workplace when dealing with sharps.	3.07	46.477	61.37	4	.000
8-	There is positive diversity in the work that I do.	3.17	48.530	63.34	3	.000
9-	Implementation of the tasks of work done according to the job description.	2.69	37.796	53.85	8	.000
	Motivational Factors	78.41	82.455	58.08		.000

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5.4.5 Organizational Factors:

The fourth domain in the questionnaire discussed organizational factors, where it equaled (56.25%), test value (79.675), p-value (.000). It can be concluded the respondents disagreed to this domain. This domain contained of four parts (benefits, training, promotion and working conditions). Table (5.23) shows the following results for each part:

Main results for benefits factors part:

Item #5 (Hospital management provide transportation vehicle especially in the night shifts) ranked first item in benefits factors part. Mean equaled 3.11 (62.30%), test value (38.842), sig (.000) which is less than the level of significance α = 0.05. The mean is significantly more than the hypothesized value. It can be concluded the respondents agreed to items.

Item #7 (I earn salary the same as other nurse in a similar job outside MOH) ranked at the last item in benefits factors part. Mean equaled 2.49 (49.72%), test value (25.948), sig (.000) which was less than the level of significance α = 0.05. The mean of this item was significantly less than the hypothesized value. It can be concluded (50.3%) of respondents disagreed to this item.

The study showed dissatisfaction with many benefits factors as follow:
- Dissatisfaction about pension system because two thirds of the sample belonging to GS government, while General Authority for Insurance & Pensions does not recognized all GS government employees. These outcomes agree with (Al-Aukash, 2007).
- Dissatisfaction about vacations system (sick leave and regular vacation) because it is controlled by the manager opinion or desire. These outcomes agree with (Tuwaijri, 2007).
- Dissatisfaction about the medical services provided to the employee or his family due to the policy of some hospitals management about the treatment of an employee or his family in the hospital. Because of the absence of a law giving employees advantage to treat his family at the hospital where he works.
- There is satisfaction with transportation specially for nurses worked in night shifts, because 48.9% of the size of the study are female, this transportations is only available for female nurses worked in the night shifts, but males are called up as needed. The male and female nurses in the morning and evening shifts the transportation service are not provided to them. These outcomes agree with (Tuwaijri, 2007).
- Dissatisfaction about white coat because the nurses have only one coat in a year whereas, they are supposed to have two coats. In addition, lack of related services for nurses (washing and ironing). Moreover, poor quality of the cloth provided and comes to nurses in specific standards sometimes do not fit with some nurse staff sizes. This led many nurses purchased the white coat at their own expense, therefore the presence of non-uniform white coat or a suit with various colors (white, green, black, blue and dark blue).
- Nursing staff working in preferable department according to their desire is 59.69%.

Main results for training factors part:

Item #1 (Nursing Administration supports the training process) ranked first item in training factors part. Mean equaled 3.16 (63.30%), test value (42.827), sig (.000) which is less than the level of significance α = 0.05. The mean of this item is significantly more than the hypothesized value. It can be concluded the respondents agreed to this item.

Item #7 (Nursing management giving a number of training courses in order to promotion) ranked last item in training factors part, mean equaled 2.57 (51.30%), test value (42.384), sig (.000) which is smaller than the level of significance α = 0.05. The mean of this item is significantly less than the hypothesized value. It can be concluded the respondents disagreed to this item.

The nursing staff prepared to take training courses at their own expense and ready to develop and renew the experience. Study outcome supported by (Mrayyan and Al-Faouri, 2008). And there was supporting from nursing management to training, but it still weak due to:
- There was no training plan.
- There was no a proportionate chance to take training courses.
- Training was not connected to promotion or career improvement.

A similar view was held by (Al- Medlej, 2003; Tuwaijri, 2007; Obaid, 2009). An alternative views are held by (Dieleman et al, 2006; Abu Sunaina, 2013) where regarded the training as investment and has an impact on the achievement various objectives for institutions.

Main results for promotion factors part:

Item #4 (I think that the promotions process are constant and repeated according to the Civil Service Law) ranked first item in promotion factors part. Mean equaled 2.89 (57.89%), test value (42.070), sig (.000) which is less than the level of significance α = 0.05. The mean of this item is significantly less than the hypothesized value. It can be concluded the respondents disagreed to this item.

Item #1 (I think the promotion system for nurses is fair) ranked last item in promotion factors part. Mean equaled 2.27 (45.34%), test value (35.354), sig (.000) which is less than the level of significance α = 0.05. The mean of this item is significantly less than the hypothesized value. It can be concluded that (54.66%) of respondents agreed to this item.

There is dissatisfaction from promotions policies followed in the MOH due to:
- Consideration of the nature of the nursing profession doesn't provided an opportunity to progress and prosperity.
- Promotion doesn't depend on the performance evaluation (annual evaluation) or the employee's experience.

Various studies results showed dissatisfaction from promotions policies for nursing job, that coincided with the findings of the present study such as (Al-shehri, 2002; Al-Medlej, 2003; Muheisen, 2004; Shurab, 2007; Al-Aukash, 2007; Hweihi, 2008; Mariam, 2008; Abu Sharekh, 2010). Rao and Malik (2012) in British hospitals are inconsistent with

these results, the study showed there are satisfaction from promotion policy in private health sector more than public health sector. Moreover (Tzeng, 2002) argued that nurses in Taiwan are satisfied from promotion policies.

Main results for working conditions factors part:

Item #7 (The workload and working in shifts system affect on my social life and my relationships with colleagues) ranked first item in working conditions factors part. Mean equaled 3.62 (72.42%), test value (52.605), sig (.000) which is less than the level of significance α = 0.05. The mean of this item is significantly more than the hypothesized value. It can be concluded the respondents agreed to this item.

Item #1 (I prefer to work alone and not deal with them) ranked at the last item in working conditions factors part. Mean equaled 3.721 (45.59%), test value (56.334), sig (.000) which is less than the level of significance α = 0.05. The mean of this item is significantly less than the hypothesized value. It can be concluded (54.41%) of respondents disagreed to this item.

Working family atmosphere and sharing information about the work has been prevailed because of the nature of the nursing profession imposed teamwork system. This results are consistent with (Al-Shehri, 2002; Abu Al-Rub, 2004; Lephalala, Ehlers and Oosthuizen, 2008; Abu Sunaina, 2013). But inconsistent with (Almaany and Ojuarashidh, 2006; Tuwaijri, 2007; Moola, Ehlers and Hattingh, 2008). Also the results showed 49.63% of nurses communicated with their colleagues at the expense of working, the negative concept due to the presence of the 40.31% do not work in the department of their choice and by their desire and indicate dissatisfaction with turnover rate polices. There are a vast body of studies covered benefits of decreasing nursing turnover as (Hayes et al, 2006; Mahdi et al, 2012).

Shifting system (evening and night) have a significant impact on both the relationship between nurses, and on their own lives. Many studies have come to the same findings that shifting system be associated with many health-related problems like fatigue, sleep problems, anxiety and difficulties in maintaining regular lifestyles, and key factor for work stress, workload and burnout (McVicar, 2003; Tuwaijri, 2007; Asuzu, 2009; Kaur et al, 2009; Ulas et al, 2012).

Result showed that 63.22% of nurses believe that the relationship which connects the nurse with patient is solely therapeutic. This widespread concept is negative, due to the workload and lack of motivation. The nurse–patient relationship is viewed as central or foundational requirement for dynamic interplay of biological, sociological and psychological science, and art to provide optimum patient care (Dunn and Schmitz, 2005). Mok and Chiu (2004) research findings in China are inconsistent with these results. It showed both patients and nurses have positive relationship, and share clearly articulated pivotal role of recognizing the patients needs through their involvement, and the formation of trust relationship in providing optimum palliative care.

Table (5.23): Mean and Test Values for "organizational factors "

A	Benefits	Mean	Test value	Proportional mean (%)	Rank	P-value (Sig.)
1-	My pension benefits are good	2.67	38.721	53.44	5	.000
2-	My medical services provided satisfactory	2.86	45.464	57.27	4	.000
3-	I never have problems when taking sick leave	2.54	34.993	50.90	6	.000
4-	I never have problems when taking a regular vacation.	2.87	39.736	57.43	3	.000
5-	Hospital management provides transportation vehicle especially in the night shifts.	3.11	38.842	62.30	1	.000
6-	I work in the department of my choice and by my desire.	2.98	38.878	59.69	2	.000
7-	I am satisfied with my white coat uniforms I receive. In addition to its services as (washing and ironing).	2.49	25.948	49.72	7	.000

B	Training	Mean	Test value	Proportional mean (%)	Rank	P-value (Sig.)
1-	Nursing Administration supports the training process.	3.16	42.827	63.25	1	.000
2-	The basis selecting nurses for training courses based on the needs of nurses.	2.79	41.579	55.73	5	.000
3-	There are clear criteria for the selection of nurses for training courses.	2.70	40.917	54.06	7	.000
4-	I think the MOH linking career with training.	2.64	43.705	52.80	8	.000
5-	Nursing management held's a number of training courses in order to develop skills and expertise on a regularly.	2.99	37.650	59.88	3	.000
6-	Nursing management given a proportionate and equal opportunities between the nursing staff to take training inside or outside MOH.	2.57	38.322	51.33	9	.000
7-	Nursing management held's a number of training courses in order to promote nursing staff.	2.57	42.384	51.30	10	.000
8-	In the hospital where I work, there are available equipped place for training.	2.89	41.441	57.76	4	.000
9-	In the hospital where I work, there are available special training plans for nursing staff.	2.74	45.442	54.80	6	.000
10-	I aim to take training courses on my own expense outside MOH.	3.08	42.827	61.58	2	.000

C	Promotion	Mean	Test value	Proportional mean (%)	Rank	P-value (Sig.)
1-	I think the promotion system for nurses is fair.	2.27	35.354	45.34	6	.000
2-	I think that promotions are based on nursing performance (annual report).	2.40	36.410	48.01	4	.000

		Mean	Test value	Proportional mean (%)	Rank	P-value (Sig.)
3-	I think that promotions depend on the experience in nursing job.	2.67	38.435	53.42	3	.000
4-	I think that the promotion process is constant and repeated according to the Civil Service Law.	2.89	42.070	57.89	1	.000
5-	My job as a nurse provides opportunities for progress and prosperity.	2.66	38.752	53.17	2	.000
6-	I think that the majority of the owners of the supervisory and administrative functions as (Nursing managers and the supervisors and heads of department) deserve promotions a well-deserved	2.36	35.816	47.12	5	.000
D	Working Conditions	Mean	Test value	Proportional mean (%)	Rank	P-value (Sig.)
1-	I prefer to work alone and not deal with them.	3.721	56.334	45.59	8	.000
2-	The relationship between colleagues is a professional and official.	3.285	45.596	54.30	6	.000
3-	I think the personal and friendship relationship and mutual support are prevalent among colleagues.	3.58	59.017	71.63	3	.000
4-	I think the colleagues share important information about the work.	3.60	66.807	71.93	2	.000
5-	Relationship that connects you with the patient is the only therapeutic relationship.	2.839	40.399	63.22	5	.000
6-	I communicate socially with my colleagues at the expense of my work.	3.518	51.108	49.63	7	.000
7-	I think that shifting system affects on my social work and my social relationship with my colleagues.	3.62	52.605	72.42	1	.000
8-	Nursing management supports team work system.	3.20	44.230	63.90	4	.000
	Organizational Factors	87.20	79.675	56.25		000

5.5 Overall Questionnaire Domains:

Table (5.24) discussed all questionnaire domains where the overall results as follow:
1. Individualized factor ranked first domain and the mean equaled 78.41 (74.68%), test value (94.986), p-value (.000).
2. Nursing performance ranked seconded domain and the mean equaled 22.37 (63.93%), test value (78.103), p-value (.000).
3. Motivational factor ranked third domain and the mean equaled 78.41 (58.08%), test value (82.455), p-value (.000).
4. Organizational factor ranked fourth domain and the mean equaled 85.938 (55.441%), test value (94.385), p-value (.000).
5. Effective motivational system ranked fifth domain and the mean equaled 17.24 (43.10%), test value (46.417), p-value (.000).

It is noticed that three factors have been at the forefront (individualized factors, nursing performance and motivational factor). This indicates the presence of distinct nursing staff and special relationship with their managers.
Organizational factor was ranked fourth because of most organizational factors has similar conditions in most hospitals. Effective motivational system ranked at the final. This indicates that there is no motivational system for nursing staff in MOH.

Table (5.24): the Mean and p-value (Sig) for all questionnaire domains

#	Domains	Mean	Test value	Proportional mean (%)	Rank	P-value (Sig.)
1-	Nursing Performance	22.37	78.103	63.93	2	.000
2-	Effective Motivational System	17.24	46.417	43.10	5	.000
3-	Individualized Factors	78.41	94.986	74.68	1	.000
4-	Motivational Factors	78.41	82.455	58.08	3	.000
5-	Organizational Factors	85.938	94.385	55.441	4	.000
	Total Domains	283.63	98.869	60.35		.000

5.6 Testing Hypotheses

5.6.1 Test all Hypotheses

Test hypotheses are about the relationship between two variables of study variables (The first major hypothesis):

Null hypothesis: There is no statistically significant relationship between the two variables of study variables.

Alternative hypothesis: There is a statistically significant relationship between the two variables of study variables.

If Sig. (P-value) is greater than the level of significance, it cannot reject the null hypothesis, and thus there is no statistically significant relationship between the two variables of the study variables, but if Sig. (P-value) is less than the significance level, the null hypothesis is rejected, then the alternative hypothesis accepts the notion that there is statistically significant relationship between the two variables of study variables.

Through table (5.25) there is statistical significant relationship between effective motivational system and nursing performance at (a = 0.05) level. Where the value of R = 0.530, and sig = 0.00, so the sig is less than the significance level. This result consisted with (Al- Wabel, 2005; Al-Aukash, 2007).

Table (5.25): Correlation coefficient between effective motivational system and performance

Domains	P-Value (sig)	Pearson Correlation Coefficient
Effective motivational system	*0.00	0.530

Statistically significant correlation at the level of significance a = 0.05.

Through table (5.26) there is statistical significant relationship between individualized factors (Personal factors and supervision) and nursing performance at (a = 0.05) level. Where the value of R = 0.470, and sig = 0.00, so the sig is less than the significance level. This result agreed with (Al-Aukash, 2007; Shurab, 2007; Ayyash, 2011; Pratheepkanth, 2011).

Table (5.26): Correlation coefficient between individualized factors and performance

Domains	P-Value (sig)	Pearson Correlation Coefficient
Personal Factors	0.00	**0.356
Supervision	0.00	**0.436
Over all Individualized Factors	0.00	**0.470

Through table (5.27) there is statistical significant relationship between motivational factors (payment, recognition and work content) and nursing performance at (a = 0.05) level. Where the value of R = 0.501, and sig = 0.00, so the sig is less than the significance level. This result consisted with (Al-Aukash, 2007; Adzei and Atinga, 2012).

Table (5.27): Correlation coefficient between motivational factors and performance

Domains	P-Value (sig)	Pearson Correlation Coefficient
Payment	0.00	**0.309
Recognition	0.00	**0.433
Work Content	0.00	**0.414
Over all Motivational Factors	0.00	**0.501

Through table (5.28) There is statistical significant relationship between organizational factors (benefits, training, promotion and working conditions) and nursing performance at (a = 0.05) level. Where the value of R = 0.519, and sig = 0.00, so the sig is less than the significance level. This result agree with (Al-Aukash, 2007; Shurab, 2007; Stella, 2008; Ayyash, 2011).

Table (5.28): Correlation coefficient between organization factors and performance

Domains	P-Value (sig)	Pearson Correlation Coefficient
Benefits	0.00	**0.420
Training	0.00	**0.517
Promotion	0.00	**0.434
Working Conditions	0.00	-0.233
Over all Organizational Factors	0.00	**0.519

5.6.2 Statistical significant effect among respondents toward the personal traits (a = 0.05) level.

5.6.2.1 There are no statistically significant differences relationship at the level of 0.05 between motivation and nurses performance in GS hospitals attributed to the gender.

From the results shown in table (5.29). It can be concluded as follows:
There are no statistically significant differences relationship between motivation and nurses performance in GS hospitals attributed to the gender. Where the value of T = 0.566, and the sig = 0.572. Because both genders were performing the same tasks and job duties.

This is supported by (Al- Ahmadi, 2002; Al- Dalah, 2003; Muheisen, 2004; Al-Aukash, 2007; Hweihi, 2008; Ayyash, 2011). That there are no significant differences between motivation and its impact on the performance of nurses in GS hospitals attributed to the gender. On other hand the current study conflicted by (Al-Shehri, 2002; Haider and Bin Taleb, 2005; Al Soqor ,2009; Alkhchrom, 2010; Abu Sharekh, 2010). Al-Shehri, 2002 believed that female employees satisfied more male employees due to female employees didn't endure financial obligation compared with male employees. Moreover Haider and Bin Taleb (2005) conflicted with (Al-Shehri, 2002) who argued the female nurses more dissatisfied than male nurses due to female works during the holidays and weekends and night shifts.

Table (5.29): Test results "T - for two independent samples" - gender

Domains		Mean		Test value	P-value (Sig.)
		Male	Female		
1-	Nursing Performance	22.6182	22.1203	.869	.386
2-	Effective Motivational System	17.0121	17.4747	-.622-	.534
3-	Individualized Factors	78.6364	78.1772	.278	.781
4-	Motivational Factors	79.4545	77.3165	1.124	.262
5-	Organizational Factors	87.4970	86.8797	.282	.778
Total Domains		285.2182	281.9684	.566	.572

5.6.2.2 There are no statistically significant differences relationship at the level of 0.05 between motivation and nurses performance in GS hospitals attributed to salary side.

From the results shown in table (5.30). It can be concluded as follows: There are no statistically significant differences relationship between motivation and nurses performance in GS hospitals attributed to salary side. Where the value of T = -0.231, and the sig = 0.817. So there are no significant difference between salary side and total score of the domain except sub-domain (motivational factors) while there were significant differences in the significance level (a= 0.05) where the benefit of earning salary from the WB government.

Table (5.30): Test results "T - for two independent samples" – Salary side

Domains		Means		Test value	P-value (Sig.)
		GS	WB		
1-	Nursing Performance	22.6215	21.8899	1.208	.228
2-	Effective Motivational System	17.4579	16.8073	.828	.408
3-	Individualized Factors	79.0327	77.1927	1.054	.293
4-	Motivational Factors	76.5981	81.9633	-2.694-	.007
5-	Organizational Factors	87.4439	86.7064	.318	.751
Total Domains		283.1542	284.5596	-.231-	.817

5.6.2.3 There are no statistically significant differences relationship at the level of 0.05 between motivation and nurses performance in GS hospitals attributed to age groups.

From the results shown in table (5.31). It can be concluded as follows: There are no statistically significant differences relationship between motivation and nurses performance in GS hospitals attributed to age. Where the value of F = 1.707, sig = 0.166. So there are no difference between age groups and total score of domain except the sub-domains (motivational factors) and (organizational factors) were significant differences, and the differences were favor in the older aged groups (more than 50 years) in the domain of motivational factors measured an average of 83.8421and the age group of (40-50 years) with an average 83.482. While the domain (organizational factors) were significant differences, and the differences were favor in the older aged groups, the age group (40-50 years) with an average of 92.857.

The reason of finding significant differences in the old aged groups, because they became Seniority then the salary grow and multiply then they adapted in the work and aware of all the mysteries of work, which resulted higher level of motivation, performance and satisfaction. Another possible reason the opportunity of employment for old aged

groups in distinct places outside MOH is ended or they a accomplished their needs and ambitions, thus they accept and adapt in nursing job situation.

This result supported by (AL- Ahmadi, 2002; Al- Dalah, 2003; Hweihi, 2008; Abu Sharekh, 2010) argued that there is no statistically significant differences between motivation and its impact on nurses performance in GS hospitals due to age groups.
But it conflicted with (Al- Medlej, 2003; Al – Dalah, 2003; Muheisen, 2004; Haider and Bin Taleb, 2005; Mariam, 2008; Alkhchrom, 2010) they concluded the old nursing staff satisfaction more than younger nursing staff. The opposite view expressed by (Shehry, 2002) who stated that younger nursing staff satisfied more than older nursing staff.

Table (5.31)): ANOVA test for age groups

Domains		Mean				Test value	P-value (Sig.)
		Less than 30	30 - less than 40	40- less than 50	More than 50		
1-	Nursing Performance	22.189	21.979	23.393	22.8421	1.036	.377
2-	Effective Motivational System	17.621	16.137	18.554	15.7895	2.074	.104
3-	Individualized Factors	78.647	78.242	79.107	75.3158	.332	.802
4-	Motivational Factors	75.863	78.432	83.482	83.8421	3.497	.016
5-	Organizational Factors	87.569	83.800	92.857	84.4737	2.671	.048
Total Domains		281.89	278.589	297.393	282.263	1.707	.166

5.6.2.4 There are statistically significant differences relationship at the level of 0.05 between motivation and nurses performance in GS hospitals attributed to marital status.

From the results shown in table (5.32). It can be concluded as follows: There are statistically significant differences relationship between motivation and nurses performance in GS hospitals attributed to marital status. Where the value of F = 4.247, sig = 0.006. While in sub domain (effective motivation system) there are no significance differences which was greater than (a=0.05).

The reason of finding significant differences in marital status especially in married people groups because they distinguished by psychological and emotional stability therefore they are more active than others. On other hand, sub domain (effective motivation system) there are no significant differences due to absence of legislation and controls for the motivation system for nursing staff and the rest of the health care providers in MOH.

This idea agreed with (Al- Medlej, 2003; Muheisen, 2004; Mariam, 2008; Tuwaijri, 2007) who found a significant differences in marital status especially in married people, but (Mariam, 2008) found a significant differences favored in single female nurses due to the lack of suffering from financial liabilities and night shifts. On the other (Al- Ahmadi, 2002; Al- Dalah, 2003; Hweihi, 2008; Abu Sharekh, 2010) disagreed with this idea.

Table (5.32): ANOVA test for marital status

Domains		Mean				Test value	P-value (Sig.)
		Single	Married	Divorced	Widow		
1-	Nursing Performance	21.2414	22.6500	24.00	10.00	3.313	.020
2-	Effective Motivational System	16.8621	17.3269	19.50	7.00	1.014	.387
3-	Individualized Factors	77.1207	78.873	79.50	29.00	4.046	.008
4-	Motivational Factors	77.0690	78.989	71.750	34.00	2.712	.045
5-	Organizational Factors	85.4138	87.950	77.50	33.00	3.206	.023
Total Domains		277.707	285.781	272.25	113.00	4.247	.006

5.6.2.5 There are statistically significant differences relationship at the level of 0.05 between motivation and nurses performance in GS hospitals attributed to the address.

From the results shown in table (5.33). It can be concluded as follows: There are statistically significant differences relationship between motivation and nurses performance in GS hospitals, attributed to the address. Where the value of F = 2.978, and sig = 0.019.

The reason of finding significant differences in address especially in Rafah governorate due to organizational factor which is distinct from the rest of the governorates, that shown in detailed in the table (5.36). Muheisen (2004) concurred with this view, but Shurab (2007) objected with this view.

Table (5.33): ANOVA test for address

Domains		Mean					Test value	P-value (Sig.)
		Gaza	Khan younis	Middle	Rafah	North Gaza		
1-	Nursing Performance	22.0676	22.1636	21.8228	23.6531	22.6061	1.106	.354
2-	Effective Motivational System	16.0811	16.8182	17.1266	18.6122	18.0000	1.356	.249
3-	Individualized Factors	77.1351	77.4182	78.7468	81.2245	78.1818	.650	.627
4-	Motivational Factors	75.6757	75.2000	78.2152	83.4694	80.6212	2.350	.054
5-	Organizational Factors	81.3784	86.5818	87.2532	96.4694	87.2727	4.547	.001
Total Domains		272.3378	278.182	283.1646	303.427	286.682	2.978	.019

5.6.2.6 There are statistically significant differences relationship at the level of 0.05 between motivation and nurses performance in GS hospitals attributed to the job title.

From the results shown in table (5.34). It can be concluded as follows: There are statistically significant differences relationship between motivation and nurses performance in GS hospitals attributable to job title. Where the value of F = 3.39, sig = 0.018. Precisely nursing performance domain and motivational factors domain.

The reason of finding significant differences in job title especially in supervision work or senior nurses (heads nurses and nursing supervisor) precisely nursing performance and motivational factors domains due to senior nurses has an ability to cope with the

organizational requirements and conditions because of a high degree of knowledge and experience. Other possible reason senior nurses or any employees in supervision work. That is because they can't degrade performance system that making them in this place. On other hand motivational factor is significant difference due to high salary, greater rewards and comfortable work content.

The present study revealed that senior nurses had significantly higher mean score than the junior ones in the differences between degree of motivation and its impact on the performance. This view is supported by (Campbell, Fowles and Weber, 2004; Al Juhani and Kishk, 2006; Mariam, 2008).

Table (5.34): ANOVA test for job title

Domains		Mean				Test value	P-value (Sig.)
		Practical Nurse	Staff Nurse	Head Nurse	Nursing Supervisor		
1-	Nursing Performance	22.9833	21.3534	23.1273	23.8000	3.140	.026
2-	Effective Motivational System	18.2833	16.1654	17.5636	17.2000	2.194	.089
3-	Individualized Factors	80.1833	76.5038	78.3091	81.5333	1.533	.206
4-	Motivational Factors	78.2083	75.0301	84.0000	89.4667	6.067	.001
5-	Organizational Factors	86.9333	85.0526	91.2182	93.5333	1.834	.141
	Total Domains	286.5917	274.1053	294.218	305.533	3.395	.018

5.6.2.7 There are statistically significant differences relationship at the level of 0.05 between motivation and nurses performance in GS hospitals attributed to the work place in the hospital.

From the results shown in table (5.35). It can be concluded as follows: There were statistically significant differences relationship between motivation and nurses performance in GS hospitals, attributed to the workplace. Where the value of F = 2.579, and sig = 0.037.

The reasons of finding significant differences in work place especially in outpatient clinics are the absenteeism of night and evening working shifts solely (street morning shifts). Moreover low size of work with little actual working hours almost four or three hours each working day. This view agreed with (Tuwaijri, 2007). On the other hands ICU departments has the lowest score in total domains due to the heavy workload and needing for great effort and energy to achieve best service to the patients. This idea supported by many studies as (Poncet et al, 2007; Moola, Ehlers and Hattingh, 2008).

Table (5.35): ANOVA test for work place

Domains		Mean					Test value	P-value (Sig.)
		Internal Departments	ICU	Supervision	Reception & ER	Outpatient Clinics		
1-	Nursing Performance	22.2984	19.7097	23.2000	22.6809	24.7917	3.769	.005
2-	Effective Motivational System	17.2827	14.7419	16.9333	17.6383	19.7083	1.990	.096
3-	Individualized Factors	79.7906	69.9355	77.4667	78.8511	78.7083	3.062	.017
4-	Motivational Factors	77.6440	74.0968	85.1667	77.9574	82.5000	2.144	.075
5-	Organizational Factors	87.1204	79.6129	89.8333	89.0213	90.7083	1.592	.176
	Total Domains	284.136	258.097	292.60	286.149	296.417	2.579	.037

5.6.2.8 There are no statistically significant differences relationship at the level of 0.05 between motivation and nurses performance in GS hospitals attributed to the salary amount.

From the results shown in table (5.36). It can be concluded as follows: There are no statistically significant differences relationship between motivation and nurses performance in GS hospitals attributed to salary amount. Where the value of F = 1.826, sig = 0.163, While in the sub-domain (motivational factors) were significant differences = 0.001, and the differences were favor for nurses their salaries more than 3000 NIS. Because owing higher salary and disposal bonuses and allowance that satisfy their needs and wants.

Various studies showed there are no difference between salary amount and degree of motivation and its impact on the performance of nurses in GS hospitals as (Al- Ahmadi, 2002; Al- Medlej, 2003; Hweihi, 2008). On the other hand some studies showed there are significant differences were favor for nurses with high salaries (Al-Shehri, 2002; Al-Dalah, 2003; Muheisen, 2004; Tuwaijri, 2007).

Table (5.36): ANOVA test for salary amount

Domains		means			Test value	P-value (Sig.)
		Less than 2000 NIS	2000-3000 NIS	More than 3000 NIS		
1-	Nursing Performance	22.3509	22.3088	22.4337	.012	.988
2-	Effective Motivational System	17.5965	16.4853	17.0361	.714	.490
3-	Individualized Factors	79.4386	76.1324	78.3012	1.214	.298
4-	Motivational Factors	76.0409	77.1765	84.2169	6.833	.001
5-	Organizational Factors	87.1520	83.9559	89.8554	1.684	.187
	Total Domains	282.579	276.058	291.843	1.826	.163

5.6.2.9 There are statistically significant differences relationship at the level of 0.05 between motivation and nurses performance in GS hospitals attributed to the experience.

From the results shown in table (5.37). It can be concluded as follows: There are statistically significant differences between relationship motivation and nurses

performance in GS hospitals attributed to experience. Precisely nurses with more 10 years experience. While the mean equaled 291.063. Where the value of F = 5.79, and sig = 0.003.

The reason of finding significant differences in experience especially nurses with more 10 years. Because they gained experience in the mysteries of nursing work, in addition to broader business relationships and high salary and more opportunity for development. This supported by (Al- Medlej, 2003; Al- Dalah, 2003; Muheisen, 2004; Tuwaijri, 2007; Mariam, 2008; Alkhchrom, 2010) but Al-Shehri (2002) stated that employee with lower years of experience satisfied with more other employees. In contrast, some studies showed that there are no significant differences between motivation and its impact on the performance attributed to the experience as (Shurab, 2007; Al-Aukash, 2007; Hweihi, 2008; Ayyash, 2011).

Table (5.37): ANOVA test for experience

Domains		means			Test value	P-value (Sig.)
		Less than 5 years	(5-10) years	More than 10 years		
1-	Nursing Performance	22.3826	22.0313	22.6607	.385	.681
2-	Effective Motivational System	18.1478	15.9271	17.4286	3.003	.051
3-	Individualized Factors	79.6261	77.2292	78.1786	.703	.496
4-	Motivational Factors	79.0870	71.4062	83.7143	14.699	.000
5-	Organizational Factors	89.4261	82.3229	89.0804	4.285	.015
Total Domains		288.669	268.916	291.063	5.790	.003

5.6.2.10 There are no statistically significant differences relationship at the level of 0.05 between motivation and nurses performance in GS hospitals attributed to the nursing qualifications.

From the results shown in table (5.38). It can be concluded as follows: There are no statistically significant differences relationship between motivation and nurses performance in GS hospitals attributable nursing qualifications. Where the value of F = 0.445, and sig = 0.849.

A similar view are held by (Al- Medlej, 2003; Al- Dalah, 2003; Hweihi, 2008; Abu Sharekh, 2010). But a conflict view are held by (AL- Ahmadi, 2002; Al-Shehri, 2002; Haider and Bin Taleb, 2005; Shurab, 2007; Tuwaijri, 2007; Al Soqor ,2009; Alkhchrom, 2010).

Table (5.38): ANOVA test for qualification

Domains		Test value	P-value (Sig.)
1-	Nursing Performance	.727	.628
2-	Effective Motivational System	1.508	.175
3-	Individualized Factors	.538	.779
4-	Motivational Factors	.774	.591
5-	Organizational Factors	.533	.783
Total Domains		.445	.849

5.6.2.11 There are no statistically significant differences relationship at the level of 0.05 between motivation and nurses performance in GS hospitals attributed to the place of work.

From the results shown in table (5.39). It can be concluded as follows: There are no statistically significant differences relationship between motivation and nurses performance in GS hospitals attributable place of work. Where the value of F = 1.436, sig = 0.148. While the sub-domain (organizational factors) were significant differences at 0.05 and the differences from table (5.40) were favor in Abu Yousef al-Najjar hospital with an average of 104.64, followed by an average of 97.0 Ophthalmic Hospital but El -dorra pediatric hospital ranked last hospitals with an average is 80. Hweihi, 2008 agreed with this view. But Haider and Bin Taleb (2005) disagreed with this point he argued the job satisfaction varies depending on the workplace and hospital.

Table (5.39): ANOVA test for place of work

Domains		Test value	P-value (Sig.)
1-	Nursing Performance	1.182	.295
2-	Effective Motivational System	1.029	.422
3-	Individualized Factors	1.060	.394
4-	Motivational Factors	1.333	.198
5-	Organizational Factors	1.965	.027
Total Domains		1.436	.148

Table (5.40): Means for "organizational factors"- place of work

Domains		frequency	means
	Shifa Hospital	94	84.80
	NMC	49	87.47
	EGH	39	91.72
	Psychological Medicine Hospital	6	92.00
	Al-Aqsa Martyrs Hospital	28	82.82
Organizational Factors	Martyr M. Y. EL Najar Hospital	14	104.64
	KOH	20	87.60
	Beit Hanoun Hospital	10	82.90
	NPH	20	83.60
	El -Dorra Pediatric Hospital	10	80.00
	Ophthalmic Hospital	7	97.00
	AL Helal AL-Emarati Hospital	13	92.85
	RSPH	13	81.15

Table (5.41) explain why Martyr M. Y. EL Najar Hospital was ranked first among the hospitals, through determination strengths and weaknesses of sub domains. Its cleared the value of T for training F = 2.647, and sig = 0.002, but the value of T for promotion T = 1.857 and sig = 0.039. The sub domains (training and promotion) are significantly difference and distinguished by Martyr M. Y. EL Najar Hospital and AL Helal AL-Emarati Hospital, see table (5.39).

Table (5.41) ANOVA test for sub organizational factors domain

Domains	sig	Test value
Benefits	.052	1.774
Training	.002	2.647
Promotion	.039	1.857
Working Conditions	.317	1.153
Organizational Factors	.005	2.425

Table (5.42): The mean for over all organizational domain and four sub domains

Hospitals	Over all Organizational Domain and Four Sub Domains				
	Working Conditions	Promotion	Training	Benefits	Over all Organizational Factors
Shifa Hospital	23.1383	14.4362	27.3085	18.4468	83.3298
NMC	23.4082	14.3061	29.6735	19.0204	86.4082
EGH	22.3077	15.8462	29.1795	21.0000	88.3333
Psychological Medicine Hospital	23.6667	17.8333	29.6667	20.1667	91.3333
Al-Aqsa Martyrs Hospital	23.8214	14.5714	26.3214	17.7500	82.4643
Martyr M. Y. EL Najar Hospital	21.5714	19.4286	36.1429	23.5000	100.6429
KOH	22.6500	16.1000	26.0500	20.1000	84.9000
Beit Hanoun Hospital	21.7000	14.8000	24.2000	17.6000	78.3000
NPH	25.4500	14.7500	25.9500	20.3500	86.5000
El -Dorra Pediatric Hospital	23.3000	12.1000	25.5000	17.7000	78.6000
Ophthalmic Hospital	22.7143	19.0000	29.0000	23.7143	94.4286
AL Helal AL-Emarati Hospital	25.3846	16.8462	32.3846	21.0000	95.6154
RSPH	24.4615	16.4615	22.0769	20.0000	83.0000
Total	23.2879	15.2167	27.9505	19.4830	85.9381

Chapter six

Conclusions &

Recommendations

Chapter Six
Conclusions and Recommendations

6.1 Introduction:

This chapter discusses the prominent findings of the study and makes reference to relevant research to support its findings. The discussion includes results obtained from the descriptive statistics for motivational dimensions and performance. Conclusions drawn are based on the results and recommendations for future research.

6.2 Conclusions:

6.2.1 Performance:
- The general level of performance (nurses whose support performance system) is 63.93%.
- There is only one way used in evaluation process followed by MOH, where the employee is only evaluated by his direct supervisor.
- There is no connection between motivation system (physical and moral), and nursing performance outcome.
- There is no fair tool for measuring performance based on scientific base. Moreover, performance system is not linked to basic things like (promotion, training and rewards.

6.2.2 Effective Motivational System:
- Statistical significant relevance and effective motivational system on nursing performance at (a = 0.05) level.
- Dissatisfaction about effective motivational system.
- Weak role of those outside the MOH in the process of motivation, such as (nursing association, press and local community), as well as the role of MOH in the process of motivation.

6.2.3 Individualized Factors:
- Statistical significant relationship and effect of individualized factors on nursing performance at (a = 0.05) level.
- General level of individualized factors that include (Personal factors and supervision), is 74.68%. Therefore, there is satisfaction about individualized factors.
- Around 30% of MOH nurses want to leave the nursing professions, 40% plan to resign and leave work when a suitable job outside MOH.
- Satisfaction with bosses at work and supervisory pattern is available, besides the prevalence of presence of family spirit teamwork in the nursing professions.

6.2.4 Motivational Factors:
- Statistical significant relationship and effect of motivational factors on nursing performance at (a = 0.05) level.
- Overall rate of all motivational factors which include (payment, appreciation and recognition and work content), is 58.08%. So, there is dissatisfaction with motivational factors.
- Dissatisfaction with salary policy, Nevertheless, 70% of nurses prefer non-financial sides.

- lack of appreciation by Palestinian community towards nursing efforts that are assume ably careful about the lives of patients.
- Dissatisfaction with work content is 59.6%, due to (poor facilities provided, poor safety requirements, congestion crisis, lack of supplies; nursing work and work tasks are not done according to the job description).
- Satisfaction lies in weekly working hours and distribution of the safety boxes. Beside there is an opportunity for nurses to control their work and participate in decision-making.

6.2.5 Organizational Factors:
- There is statistical significant relationship and effect of organizational factors on nursing performance at (a = 0.05) level.
- Overall rate for all the organizational factors which include (benefits, training, promotion and working conditions), is 56.25%. So, there is dissatisfaction with organizational factors.
- The study shows dissatisfaction with many benefit items as (pension system, vacations system, medical services, white coat and working by the desire in preferable department). However the only satisfaction is related to transport vehicle.
- Nursing staff is ready to take training courses at their own expense to develop the experience.
- Nursing management support training process is still weak.
- Dissatisfaction with promotion policies followed in the MOH.
- Prevalence of working family atmosphere, working as one team, and sharing information; but sometimes it comes at the expense of work.
- Shifting system (evening and night) has significant impact on the nurses relationship with each other, and their own lives as well.
- There is bad widespread idea among nurses, as 63.22% of them believe that connects the nurse with patient only therapeutic relationship.

6.3 Recommendations:

1. Performance should be linked to the motivation in terms of extrinsic and intrinsic motivation, in addition to performance linked to promotion, training and rewards. Beside, the necessary to establish clear standards on a scientific basis for assessing the performance appraisal at the expense of experience and efficiency.
2. Monthly salary should be linked and connected with the high cost of living, promotions, training and experience.
3. Unification of annual bonuses and social allowance between civil nurses works in MOH hospitals and military nurses works in MOI hospitals.
4. Formation of a committee consisting of (public relations, nursing unit, nursing association and Ministry of Awqaf and Religious Affairs). Its specialization is to direct, preach and guide the patience regarding financial distress, moral and religious support. The basic work of the committee dispatched to all nursing staff and especially supervisory positions or directors and heads of department is to have role models for others.
5. Providing the workplace with facilities as (heating, cooling, stationery and internet) to supply sensitive sections such as ICU and pediatric departments. As for the Internet service, hospitals have to be supported by Wi-Fi installation outside the

scope of MOH financial costs. As a result, all health care providers, patients and patient escorts will make use of Wi-Fi service.

6. More activation to psychologists employees in different MOH hospitals to reduce the problem of sick leave and regular vacation, which in turn solve the problems of nurses without affecting the work function.

7. provide laundry service with white coats to be distributed to all segments of medical work at a nominal price. The coats have to be provided regularly with high quality. Preferably, unified uniform coats or suits with unified color and logo of the hospital, are imprinted on the uniform, like police uniforms.

8. Secure acceptance of nurses children in the nursery institutions near large hospitals, giving them preference in admission of their children.

9. Support training financially and morally by the nursing management in hospitals and MOH officials that will enhance the scientific side (theoretical and practical) in which all staff are involved.

10. Work as much as possible in MOH institutions to follow professional process in promotions, based on scientific and fair bases, linking them with training, experience and competence.

11. Disbursement acknowledgement certificates to outstanding nurses on a quarterly basis at the level of each hospital and then at the level of all hospitals, to be later published by specialized magazines and Nursing Association.

12. Firmly stand against wrong and negative ideas that harm the nursing profession, whether in the community or among those working in the health sector, through continued nursing association and MOH officials with many parties as:

    - (Press and the media, universities and colleges)
      Use of audio-visual aids and conducting workshops and conferences towards clarifying the extent of the importance of nursing in the Palestinian society; highlight nursing as a humane and respectful profession, role of profession in promoting the health services, and to highlight female contribution to the nursing work.

    - (Ministry of Education)
      Curriculum is included in the various stages of education in general education topics for nursing as an indispensable humanitarian profession because it will enhance confidence in this profession and provide the current generation with important information about nursing profession.

    - (Higher Education Ministry)
      Work on the imposition of compulsory service for nursing graduates Palestinian universities and colleges.

    - (Ministry of Labour, the General Personnel Council and MOI)
      Work on the imposition of compulsory service requirements of nursing recruitment in hot places or at least have knowledge of first aid, especially MOH and the MOI, due to permanent exposure to Israeli bombing.

    - (Ministry of Awqaf and Religious Affairs)
      Structure awareness for Palestinian society to clarify the importance of nursing profession, and highlight Islam's position on the positive impact of the nursing function in saving the lives of people, especially in times of wars.

6.4 Recommend Future Studies:

1. Evaluate the effectiveness of motivational system in the MOH institutions.
2. A comparative study between motivational system for nurses in MOH hospitals and other hospitals in neighboring countries.
3. A comparative study between payment system for nurses in the institutions of MOH and other health institutions in GS and its impact on job satisfaction and performance.
4. A study on the entrance (cost-benefit) of rare training in nursing specialties of MOH.

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Annexes

الجامعة الإسلامية ـ غزة

الدراسات العليا

كلية التجارة

قسم إدارة الإعمال

بسم الله الرحمن الرحيم

الدكتور الفاضل ------------------------------------ **السلام عليكم ورحمة الله وبركاته**

الموضوع : تحكيم فقرات الاستبيان

يجري الباحث دراسة ميدانية بعنوان: **"الحوافز و أثرها على أداء الممرضين في مستشفيات قطاع غزة الحكومية ـ فلسطين"** وذلك استكمالاً لنيل درجة الماجستير في إدارة الأعمال بالجامعة الإسلامية بغزة.

الباحث سوف يكون ممتن لمشاركتكم الكريمة في إبداء رأيكم السديد ومقترحاتكم بشأن فقرات الاستبيان فيما إذا كانت صالحة أم لا، ومدى انتماء كل فقرة للمجال المحدد لها، وبنائها اللغوي، وأية اقتراحات أو تعديلات ترونها مناسبة لتحقيق هدف الدراسة الحالية، علمًا بأن خيارات الإجابة على الفقرات خمسة وهي: (أوافق بشدة/ أوافق/ محايد/لا أوافق/ لا أوافق بشدة).

وتقبلوه بفائق الاحترام التقدير

الباحث

بهاء الدين أحمد طبيل

المرفقات:

1. الاستبيان
2. مشكلة الدراسة
3. فرضيات الدراسة

Questionnaire in Arabic

الجامعة الإسلامية ـ غزة

الدراسات العليا

كلية التجارة

قسم إدارة الإعمال

السيد/ة الفاضل/ة   --------------------   السلام عليكم ورحمة الله وبركاته...

يقوم الباحث بإعداد دراسة ميدانية بعنوان: **"الحوافز و أثرها على أداء الممرضين في مستشفيات قطاع غزة الحكومية ـ فلسطين"** وذلك استكمالاً لنيل درجة الماجستير في إدارة الأعمال بالجامعة الإسلامية بغزة.

الباحث سوف يكون ممتن لمشاركتكم الكريمة في الإجابة على فقرات الاستبيان بدقة وموضوعية بوضع علامة (X) على درجة الموافقة التي تراها مناسبة، مع العلم بأن البيانات المجمعة ستستخدم لأغراض البحث العلمي فقط .

شاكرين لكم حسن تعاونكم

الباحث

بهاء الدين أحمد طبيل

99

الجزء الأول: البيانات الشخصية:

1. الجنس :

☐ ذكر   ☐ أنثى

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2. العمر :

☐ (أقل من 30 سنة)   ☐ (من 30 سنة – إلي أقل من 40 سنة)

☐ (من 40 سنة – إلي أقل من 50 سنة)   ☐ (50 سنة فأكثر)

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3. الحالة الإجتماعية :

☐ أعزب   ☐ متزوج   ☐ مطلق   ☐ أرمل

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4. منطقة السكن :

☐ محافظة غزة   ☐ محافظة خانيونس   ☐ محافظة الوسطى

☐ محافظة رفح   ☐ محافظة شمال غزة

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5. المسمي الوظيفي :

☐ ممرض عملي   ☐ حكيم جامعي   ☐ رئيس قسم   ☐ مشرف تمريض

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6. مكان العمل في المستشفي :

☐ أقسام داخلية   ☐ العناية المركزة   ☐ مجال إشرافي

☐ الاستقبال وطوارئ   ☐ عيادات خارجية

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7. مقدار الراتب :

☐ (أقل من 2000 شيكل)   ☐ (من 2000- إلي أقل من 3000 شيكل)   ☐ (3000 شيكل فأكثر)

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8. جهة الراتب :

☐ حكومة غزة   ☐ حكومة الضفة الغربية

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9. سنوات الخبرة :

☐ (أقل من 5 سنوات)   ☐ (من 5 – إلي أقل من 10 سنوات)   ☐ (أكثر من 10 سنوات)

10 . المؤهل العلمي :

☐ حكيم دبلوم عالي ، ثلاث سنوات		☐ دبلوم متوسط ، سنتين	
☐ دبلوم عالي		☐ بكالوريوس	
☐ قابلة قانونية		☐ قابلة عملية	
☐ دكتوراه		☐ ماجستير	

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11. المستشفى الذى تعمل :

☐ مستشفي غزة الأوروبي	☐ مستشفي ناصر	☐ مستشفي الشفاء
☐ مستشفي الشهيد أبو يوسف النجار	☐ مستشفي شهداء الأقصى	☐ مستشفي الطب النفسي
☐ مستشفي النصر للأطفال	☐ مستشفي بيت حانون	☐ مستشفي الشهيد كمال عدوان
☐ مستشفي الهلال الأحمر الإماراتي	☐ مستشفي العيون	☐ مستشفي الدرة للأطفال
		☐ مستشفي الرنتيسي التخصصي للأطفال

الجزء الثاني : الأداء الوظيفي للممرضين

غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	الأداء الوظيفي للممرضين	أولا
					أعتقد بوجود آلية عادلة لقياس وتقييم الأداء مبنية علي أسس علمية ومعايير واضحة	1-
					أعتقد بوجود عملية تحديث للمعلومات بخصوص الأداء بشكل دوري	2-
					أعتقد بأن نظام تقييم الأداء المتبع يعتبر داعماً لعملية الترقيات	3-
					أعتقد بأنه يتم استخدام أكثر من نوع في عملية تقييم الأداء	4-
					أعتقد بأن استخدام التقنيات الحديثة في عملي يؤدي إلي زيادة و تحسين أدائي الوظيفي	5-
					أعتقد بأن عدم تفويض السلطات و الصلاحيات يعيق تحسن أدائي الوظيفي	6-
					لا أعتقد بأن عملية تقييم الأداء تتم بشكل روتيني و بلا فائدة ومعني حقيقي	7-

الجزء الثالث : النظام التحفيزي الفعال.

غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	النظام التحفيزي الفعال	أولا
					يوجد نظام تحفيز مطبق للممرضين العاملين بمستشفيات وزارة الصحة	1-
					تدعم وزارة الصحة عملية تحفيز الممرضين	2-
					يوجد عدالة في عملية التحفيز	3-
					تتم عملية التحفيز في الوقت المناسب	4-
					تتم عملية التحفيز حسب الإنجاز و تتناسب مع الجهد المبذول	5-
					أعتقد بأن إدارة التمريض تعتمد على أكثر من نوع من أنواع التحفيز بأساليب وأنواع مختلفة	6-
					أعتقد بأن إدارة التمريض تلتزم بربط كفاءة وفعالية الأداء بالتحفيز	7-
					يوجد جهات خارج وزارة الصحة لها دور واضح في عملية التحفيز و رفع الأداء مثل (نقابة التمريض، الصحافة و الإعلام والمجتمع المحلي)	8-

الجزء الرابع : العوامل الفردية

غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	العوامل الشخصية	أولا
					أنا مهتم في عملي	1-
					عملي سهل و ممتع	2-
					أنا فخور أن أتحدث عن نوع العمل الذي أقوم به	3-
					من السهل التعامل مع حجم الأعمال الموكلة إلي	4-
					أتحكم في كمية العمل الذي أقوم به بنفسي	5-
					عملي هو الطريق للنجاح في المستقبل	6-
					لا يوجد وقت للكسل في وظيفة التمريض	7-
					لم أحاول تغيير وظيفتي	8-
					لم أفكر في الاستقالة عند وجود وظيفة مناسبة خارج وزارة الصحة	9-

غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	النمط الإشرافي	ثانيا
					أنا راض عن رئيسي في العمل	1-
					أنا راض عن النمط الإشرافي المتبع	2-
					رئيسي يدعمني ويساعدني إذا واجهتني مشكله في العمل	3-
					رئيسي يقوم بحل مشاكل العمل المختلفة التي قد تحدث	4-
					رئيسي يستمع لوجهات النظر المختلفة	5-
					رئيسي يتعامل بطريقة حازمه	6-
					يعتبر رئيسي في العمل شخص طيب القلب	7-
					رئيسي يوزع العمل بين الموظفين بطريقة عادلة	8-
					رئيسي يفوض بعض مهام العمل	9-
					رئيسي في العمل شخص يتحمل المسؤولية ويقوم بواجباته مثل (إعداد جداول التمريض، توزيع مهام العمل، تلبيه احتياجات القسم) إلخ ...	10-
					رئيسي يبلغني بكل ما هو جديد من تعليمات وتطبيقات للعمل	11-
					تربطني برئيسي بالعمل علاقة روح الفريق الواحد فقط	12-

الجزء الخامس : العوامل التحفيزية.

غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	الرضا عن الأجر	أولا
					الراتب يعتبر مرضي مقارنة بما تقوم به من مهام وأعمال	1-
					تعتقد أن الراتب كافي لحياة كريمة	2-
					أكسب راتب مشابه لراتب طاقم التمريض الذين يعملون خارج وزارة الصحة	3-
					قرارات الدفع مقابل ساعات العمل الإضافي يعتبر مقبول	4-
					قرارات الزيادات و العلاوات في المرتبات تعتبر عادلة	5-
					هناك انتظام في دفع الراتب الشهري	6-
					أعتقد بأن قرارات الخصومات من الراتب عادله	7-
					أعتقد بأن علاوة المخاطرة مقبولة في ظل ما أتعرض له من مخاطر مهنية	8-

غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	التقدير و الثناء	ثانيا
					يشاد بانتظامي في عملي من قبل رئيسي في العمل	1-
					يقدم إلي النقد البناء حول وظيفتي	2-
					أحصل على ثقة الرؤساء و تقديرهم لما أقوم به من أعمال	3-
					قيل لي أنني أحرزت تقدماً	4-
					أنا أعرف بالضبط ما هي أخطائي و أقوم بالعمل على إصلاحها	5-
					أنا أفضل التقدير والثناء أكثر من الأمور المالية	6-
					أعتقد بأن المجتمع الفلسطيني يقدر ويثمن مهنة التمريض	7-
					أعتقد بأن إدارة التمريض تقدر جهدك وحرصك على حياة المرضي	8-
					أعتقد بأن لدي الفرصة للمشاركة في اتخاذ القرارات	9-
					أعتقد بأن لدي درجة معينة من التحكم في عملي	10-

غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	محتوي وبيئة العمل	ثالثا
					تعتبر ساعات العمل معقولة (35 ساعة / في الأسبوع)	-1
					مكان العمل مزود بكافة التسهيلات مثل (التكيف المركزي ، تدفئة مركزية، إضاءة، أدوات مكتبية) الخ....	-2
					مكان العمل مزود بعدد كافي من مستلزمات عمل الطاقم التمريض مثل (علاجات، أجهزة، مواد طبية) الخ....	-3
					مكان العمل يعاني من ازدحام المراجعين والزوار	-4
					توفر إدارة التمريض الظروف المناسبة لكي يؤدى الممرض عمله بسهوله ويسر	-5
					مكان العمل يزود للممرض مستلزمات الأمان في مكان عمله عند التعامل مع الأمراض المعدية	-6
					مكان العمل يزود للممرض مستلزمات الأمان في مكان عمله عند التعامل مع الأدوات الحادة	-7
					هناك تنوع إيجابي في العمل الذي أقوم به	-8
					تنفيذ مهام العمل تتم حسب الوصف الوظيفي	-9

الجزء السادس : العوامل التنظيمية

غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	الفوائد و المنافع المقدمة	أولا
					فوائد نظام المعاشات والراتب التقاعدي جيدة	-1
					الخدمات الطبية المقدمة مرضية	-2
					لم أتعرض لمشاكل عند أخذ الإجازة المرضية	-3
					لم أتعرض لمشاكل عند أخذ الإجازة العادية	-4
					المستشفى توفر سيارة نقل لنقلى إلى المستشفى خاصة في دورية العمل الليلية .	-5
					أنا أعمل في قسم من اختياري و حسب رغبتي	-6
					راضي عن الزى (المريول الأبيض) الذي أستلمه بالإضافة إلى الخدمات الخاصة به (الكي و الغسيل)	-7

غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	التدريب	ثانيا
					تدعم إدارة التمريض عملية التدريب	-1
					أساس اختيار الممرض للدورات التدريبية بناءً علي احتياجات الممرضين	-2
					هناك معايير واضحة لاختيار الممرضين للدورات التدريبية	-3
					أعتقد بأن وزارة الصحة تربط المسار الوظيفي بالمسار التدريبي	-4
					تقوم إدارة التمريض بإعطاء عدد من الدورات التدريبية بهدف تنمية المهارات والخبرات بشكل منتظم	-5
					يتم إعطاء فرص متناسبة و متكافئة بين موظفي التمريض لأخذ الدورات التدريبية سواء داخل أو خارج الوزارة	-6
					تقوم إدارة التمريض بإعطاء عدد من الدورات التدريبية بهدف الترقية	-7
					يتوفر في المستشفى الذي أعمل فيه مكان مجهز و مخصص للتدريب	-8
					يتوفر في المستشفى الذي أعمل فيه خطة تدريبية خاصة للتمريض	-9
					أنا أهدف لأخذ دورات تدريبية على نفقتي الخاصة خارج وزارة الصحة	-10

غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	نظام الترقيات	ثالثا
					أعتقد بأن نظام ترقيات الموظفين عادل	1-
					أعتقد بأن الترقيات مرتكزة على أداء الممرض (التقرير السنوي)	2-
					أعتقد بأن الترقيات تعتمد على طول فترة خدمة الممرض في الوظيفة	3-
					أعتقد بأن الترقيات عملية ثابتة ومتكررة حسب قانون الخدمة المدنية	4-
					أعتقد بأن وظيفتي كممرض توفر لي فرص التقدم والرقي	5-
					أعتقد بأن غالبية أصحاب الوظائف الإدارية والإشرافية من (مدير تمريض و المشرفين ورؤساء الأقسام) يستحقون الترقيات بجدارة	6-
غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	ظروف العمل	رابعا
					أنا مستقل تماما عن الآخرين ولا أتعامل معهم	1-
					أتعتقد بأن العلاقة التي تربط الزملاء هي العلاقة المهنية و الرسمية فقط	2-
					أعتقد بأن العلاقة الشخصية والصداقة و الدعم المتبادل هي السائدة بين الزملاء	3-
					أعتقد بأن الزملاء يتبادلون المعلومات الهامة حول العمل	4-
					العلاقة التي تربطك مع المريض هي علاقة علاجية فقط	5-
					أقوم بالتواصل مع الزملاء اجتماعيا على حساب العمل	6-
					أعتقد بأن العمل بنظام المناوبات يؤثر على حياتي الاجتماعية وعلي علاقتي مع الزملاء	7-
					أعتقد بأن إدارة التمريض تؤيد العمل علي نظام روح الفريق	8-

شاكرين و مقدرين حسن تعاونكم

التوصيات

1.

2.

3.

Islamic University – Gaza

Dean of Postgradrate Studies

Faculty of Commerce

Business Administration Dep

Dear Sir/ Madam,

The researcher is conducting a field study entitled (**Motivation and Its Effect On Nursing Job Performance In Gaza strip Governmental Hospitals – Palestinian**). As a partial fulfillment of the requirements for the master degree in business administration from Islamic university in Gaza. The researcher would be grateful for your generous participation in answering the paragraphs of this questionnaire accurately and objectively by placing Sign (x) to the degree of approval as it seems appropriate. The data are collected of this study will be used for research purposes only.

Thank you for your cooperation

The researcher

Baha Ahmed Tabeel

Part one: personal data

1. Gender:

☐ Male   ☐ Female

2. Age:

☐ (less than 30 years)   ☐ (30years- less than 40 years)

☐ (40years- less than 50 years)   ☐ (More than 50 years)

3. Marital Status:

☐ Single   ☐ Married   ☐ Divorced   ☐ Widow

4. The Address:

☐ North Gaza Governorate   ☐ Middle Governorate

☐ Gaza Governorate   ☐ Rafah Governorate

☐ Khan younis Governorate

5. Job Title:

☐ Practical Nurses   ☐ Staff Nurse   ☐ Head Nurse   ☐ Nursing Supervisor

6. Work Place in the Hospital:

☐ Internal Departments   ☐ Intensive Care Unit   ☐ Nursing Supervisor

☐ Reception & ER   ☐ Outpatient Clinic

7. Salary Amount:

☐ Less than(2000) NIS   ☐ (2000- less than 3000) NIS   ☐ More than (3000) NIS

8. Salary Side:

☐ Gaza strip government   ☐ west bank government

9. Years of Experience :

☐ (less than five years)   ☐ (5- less than 10 years)   ☐ (more than 10 years)

_____

10. Qualification:

☐ practical nurse 2 years diploma   ☐ Staff nurses 3 years diploma

☐ Bachelor degree (BSN)   ☐ High diploma

☐ Practical midwife   ☐ Registered midwife

☐ Master degree   ☐ PHD

_____

11. Place of Work:

☐ Shifa Hospital   ☐ Nasser Hospital

☐ European Gaza Hospital   ☐ Al-Aqsa Martyrs Hospital

☐ Martyr M. Y. EL Najar Hospital   ☐ Kamal Odwan Hospital

☐ Beit Hanoun Hospital   ☐ Nassr pediatric Hospital

☐ El -dorra pediatric Hospital   ☐ Ophthalmic Hospital

☐ Rantisy Specialized pediatric Hospital   ☐ AL Helal AL-Emarati Hospital

☐ Psychological Medicine Hospital

Part Two: Nursing Performance

1st	Nursing Performance	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1-	I think there is a fair way to measure and evaluate the performance based on scientific basis and clear criteria.					
2-	I think there is a process to update the information regarding the performance on a regularly.					
3-	I think the performance appraisal system used supports the process of promotions.					
4-	I think that performance appraisal process depends on different types of evaluation.					
5-	I think that the use of modern techniques in my work leads to increasing and improving my performance career.					
6-	I think that the lack of delegation of authority and prerogatives hinder my performance improvement career.					
7-	I do not think that the process of performance appraisal is routinely implemented with no benefits or real meaning.					

Part Three: Effective Motivational System

1st	Effective Motivational System	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1-	There is an applied motivation system for nurses working in MOH					
2-	MOH supports the nursing motivation process					
3-	There is honesty in motivation process					
4-	motivation process is in suitable time					
5-	motivation process is according to accomplishment and adequate with exerted effort					
6-	I think that nursing administration depends on many kinds of motivation styles.					
7-	I think that nursing administration committed to linking the effectiveness of performance to motivation					
8-	There are institutions outside MOH have a clear role in the process of raising motivation and performance as nursing association, journalism, media and local community					

Part Four: Individualized Factors

A	Personal Factors	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1-	I'm interested in my work.					
2-	My job is easy and interesting.					
3-	I am proud to talk about the kind of work that I do.					
4-	It is easy to deal with the amount of work delegated to me.					
5-	I control the amount of work that I am doing it myself.					
6-	My work is the way to success in the future.					
7-	There is no time for idleness in nursing job.					
8-	I didn't try change my job.					
9-	I am not thinking of resigning when there is a suitable job outside MOH.					
B	Supervision	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1-	I'm easily satisfied with my manager.					
2-	I'm easily satisfied with supervision style approach.					
3-	My manager helps and supports me where ever I face a problem in my work.					
4-	My manager solve different work problems that could be happen.					
5-	My manager listens to different point of view.					
6-	My manager treats in assertive manner.					
7-	My manager is a warm-hearted person.					
8-	My manager Distribute works among nurse in fair.					
9-	My manager delegates some work tasks.					
10-	My manager endures responsibility and duties such as (preparation nursing schedules, distribution work task and bring the requirement for department).					
11-	My manager always tells me about all new instructions and application for work.					
12-	Team work relationship only connects me with my manager.					

Part Five: Motivational Factors

A	Payment	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1-	My salary is satisfactory in relation to task what I do.					
2-	I think that the salary is a adequate for good life.					
3-	I earn salary the same as other nurse in a similar job outside MOH.					
4-	I think the overtime hours payment decisions are fair.					
5-	I think the increases in salary and bonuses decisions are fair.					
6-	There are regularity in monthly salary payment.					
7-	I think the discount decisions from salary are fair.					

8-	I think the risk premium decisions are acceptable in relation what professional danger I will face.					
B	**Recognition**	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1-	I'm praised regularly for my work from my manager.					
2-	I receive constructive criticism about my work.					
3-	I get credit and trust from my manager for the work I do.					
4-	I have been told that I am making progress.					
5-	I know exactly what are my mistake and I repair it.					
6-	I'm a prefer appreciation and praise more than financial matters.					
7-	I think that the Palestinian society estimated and values the nursing profession.					
8-	I think that nursing management appreciates your effort and your keenness on patients lives.					
9-	I have the opportunity to participate in making decisions.					
10-	I have a certain degree of authority in my work.					
C	**Work Content**	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1-	Working hours (35 hours / week) are reasonable.					
2-	Workplace is equipped with all facilities such as (air conditioning ,central heating, lighting, office tools) etc....					
3-	Workplace has sufficient number of nursing supplier for work requirements such as (treatments , equipment , medical supplies) etc....					
4-	Workplace suffers from reviewers and visitors congestion.					
5-	Nursing management provides the right conditions in order to lead his nurse easily.					
6-	Workplace provides for nurse safety requirements in the workplace when dealing with infectious and communicable diseases.					
7-	Workplace provides for nurse safety requirements in the workplace when dealing with sharps.					
8-	There is positive diversity in the work that I do.					
9-	Implementation of the tasks of work done according to the job description.					

Part six: organizational factors

1st	**Benefits**	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1-	My pension benefits are good					
2-	My medical services provided satisfactory					
3-	I never have problems when taking sick leave					
4-	I never have problems when taking a regular vacation.					
5-	Hospital management provides transportation vehicle especially in the night shifts.					

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6-	I work in the department of my choice and by my desire.					
7-	I am satisfied with my white coat uniforms I receive. In addition to its services as (washing and ironing).					
2 st	**Training**	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1-	Nursing Administration supports the training process.					
2-	The basis selecting nurses for training courses based on the needs of nurses.					
3-	There are clear criteria for the selection of nurses for training courses.					
4-	I think the MOH linking career with training.					
5-	Nursing management held's a number of training courses in order to develop skills and expertise on a regularly.					
6-	Nursing management given a proportionate and equal opportunities between the nursing staff to take training inside or outside MOH.					
7-	Nursing management held's a number of training courses in order to promote nursing staff.					
8-	In the hospital where I work, there are available equipped place for training.					
9-	In the hospital where I work, there are available special training plans for nursing staff.					
10-	I aim to take training courses on my own expense outside MOH.					
3 st	**Promotion**	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1-	I think the promotion system for nurses is fair.					
2-	I think that promotions are based on nursing performance (annual report).					
3-	I think that promotions depend on the experience in nursing job.					
4-	I think that the promotion process is constant and repeated according to the Civil Service Law.					
5-	My job as a nurse provides opportunities for progress and prosperity.					
6-	I think that the majority of the owners of the supervisory and administrative functions as (Nursing managers and the supervisors and heads of department) deserve promotions a well-deserved					
4 st	**Working Conditions**	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1-	I prefer to work alone and not deal with them.					
2-	The relationship between colleagues is a professional and official.					
3-	I think the personal and friendship relationship and mutual support are prevalent among colleagues.					
4-	I think the colleagues share important information about the work.					
5-	Relationship that connects you with the patient is the only therapeutic relationship.					

6-	I communicate socially with my colleagues at the expense of my work.					
7-	I think that shifting system affects on my social work and my social relationship with my colleagues.					
8-	Nursing management supports team work system.					

Thank you for your cooperation

Recommendations

1.

2.

3.

Annex: 5

List of Referees' Names

#	Name	Place of work
1	Dr. Ahmed El shair	Islamic University of Gaza
2	Dr. Atif Ismaail	Islamic University of Gaza
3	Dr. Bassam Abu Hamad	Al- Quds University (Abu Dis) in Gaza
4	Professor Majed Al Farra	Islamic University of Gaza
5	Dr.Rushdie wady	Islamic University of Gaza
6	Dr. Samir Safi	Islamic University of Gaza
7	Dr. Sami Ali Abu Al Ross	Islamic University of Gaza
8	Dr. Wael daya	Islamic University of Gaza
9	Dr. Yousef awad	MOH (nursing unit)
10	Dr. Yousef Bahar	Islamic University of Gaza
11	Professor Yousif Ashour	Islamic University of Gaza

السلطة الوطنيـة الفلسطينيــة

وزارة الصحـــة

الإدارة العامـة لتنميـة القـوى البشـريـة

التاريخ: 2013/10/07م

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الأخ / د. يوسف أبو الريش   مدير عام المستشفيات   المحتــرم،،،

الأخ / د. عايش سمور   مدير عام الصحة النفسية و المجتمعية   المحتــرم،،،

السلام عليكم ورحمة الله وبركاته،،،

الموضوع/ تسهيل مهمة باحث

بخــصوص الموضوع أعــلاه، يرجـى تـسهيل مهمـة الباحث / بهـاء الـدين أحمـد طبيل

الملتحـق ببرنــامج ماجـستير إدارة الأعمـال– كليـة التجـارة– الجامعـة الإسـلامية غـزة

في إجراء بحث بعنوان :-

"Motivation and Its Effect on Nursing Job Performance in Gaza Strip

Governmental Hospitals - Palestinian "

حيث الباحث بحاجة لتعبئة استبانه من عدد العاملين في كافة فئات التمريض في المستشفيات الحكومية

بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، و دون تحمل الــوزارة أي أعبــاء

مادية.

وتفضلوا بقبول التحية والتقدير،،،

د. ناصر رأفت أبو شعبان
مدير عام تنمية القوى البشرية

وزارة الصحـــة
تنمية القوى البشرية
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