Al-Kitab Journal for Pure Science, 2019, 3(2): 29-51
ISSN: 2617-1260 (Print), 2617-8141(Online)
www.kjps.isnra.org

Evaluation of Factors that Impact Female Nurses Job Performance at Kirkuk Hospitals

[1]Ali Adnan Mirdan,[2]YasKhadherBaiez

[1]Diploma degree clinical pharmacy

[2]MSt. Degree Adult nursing specilast

[3]H.D dermovenerellog

[1]pharmacist_ali2001@yahoo.com,[2]yaaskhder@yahoo.com [3]affanshw2@gmail.com

ABSTRACT

Back ground:The performances of the nurses are especially important in accomplishing health .care in a continuous and effective way

Aim: The study aims to assess Factors that Impact Female Nurses Job Performance at Kirkuk Hospitals

Design of the study: Quantitative design (convenience study) was conducted for nurses from 3rd of October, 2018, up to the 1st of May, 2019 to the evaluation of factors that impact female nurses job performance at Kirkuks hospitals

Setting of the study: The present study was conducted at Kirkuk General Hospital and Azadi .teaching hospital and Pediatric hospital

Sample of the Study: A non-probability (purposive) sample of (90) samples that work in the .above mentioned hospitals

Tools of Data Collection: Through extensive review of relevant literature, a questionnaire was constructed for the purpose of the study with an interview technique. Overall items included in the questionnaire were (26). The questionnaire consists of two parts Socio-Demographic .data and Part II: Factors Impact Female Nurses Job Performance

Methods of data collection: The data were collected through the utilization of constructed questionnaire, interview technique with the nurses toward the factors that impact their performance in the hospitals. The data collection process was performed from the period of 1stNovember , 2018 up to the 15th of January, 2019. Consent informed was granted from nurse for participation in the present study was obtained and the interview was carried out individually

Al-Kitab Journal for Pure Science, 2019, 3(2): 29-51
ISSN: 2617-1260 (Print), 2617-8141(Online)
www.kjps.isnra.org

Statistical analysis:Data were analyzed through the applicationof descriptive statistical data analysis approach which includes frequencies, percentages, mean of score, and grand mean .of score

Results:The results of the study showed that most of the sample were(20-30) years old., college graduate, (1-5) years of employment, married, working in the Operation room, working only in morning shift, working (21-25) days monthly, have (6) hours' working .daily, have barely sufficient monthly income

Conclusions: The study concluded that the nurse job performance are affected by many factors according to the grand mean of score revealed in the results.

Keywords: Evaluation, Nurses Job Performance.

DOI:http://dx.doi.org/10.32441/kjps.03.02.p3

تقييم العوامل التي تؤثر على الأداء الوظيفي للممرضات في مستشفيات كركوك

علي عدنان مردان[1] ،ياس خضر بايز[2] ,عفان علي احمد[3]

[1]دبلوم العالي صيدلة سريرية, دائرة صحة كركوك, العراق

[2]ماجستير تمريض بالغين, دائرة صحة كركوك, العراق

[3]دبلوم عالي الامراض الجلدية, دائرة صحة كركوك, العراق

[2]yaaskhder@yahoo.com, [3]affanshw2@gmail.com [1]pharmacist_ali2001@yahoo.com,

الملخص

تصميم الدراسة:اجريت التصميم الكمي (دراسة ملائمة) للممرضات من 3 أكتوبر 2018 ، وحتى 1 مايو 2019 لتقييم العوامل التي تؤثر على الأداء الوظيفي للممرضات في مستشفيات كركوك

مكان الدراسة:أجريت هذه الدراسة في مستشفى كركوك العام ومستشفى آزادي التعليمي ومستشفى الأطفال

عينات الدراسة:عينة (احتمالية) غير مرجحة لـ (90) عينة تعمل في المستشفيات المذكورة أعلاه.

أداة جمع البيانات:من خلال مراجعة مستفيضة للأدبيات ذات الصلة ، تم تصميم استبيان لغرض الدراسة مع تقنية المقابلة. عدد البنود المدرجة في الاستبيان كانت (26). يتكون الاستبيان من جزأين: البيانات الديموغرافية الاجتماعية والجزء الثاني: العوامل المؤثرة في أداء الوظيفي للممرضات.

Al-Kitab Journal for Pure Science, 2019, 3(2): 29-51
ISSN: 2617-1260 (Print), 2617-8141(Online)
www.kjps.isnra.org

طرق جمع البيانات:تم جمع البيانات من خلال استخدام الاستبيان المركب (المبني) ، أسلوب المقابلة مع الممرضات تجاه العوامل التي تؤثر على أدائهم في المستشفيات. تم إجراء عملية جمع البيانات من الفترة من 1 نوفمبر 2018 حتى 15 يناير 2019. تم الحصول على الموافقة المسبقة من الممرضات للمشاركة في هذه الدراسة وتم إجراء المقابلة بشكل فردي.

التحليل الإحصائي:تم تحليل البيانات من خلال تطبيق منهج تحليل البيانات الإحصائية الوصفي الذي يشمل التكرارات والنسب المئوية والمتوسط الحسابي والوسط الحسابي الكبير.

النتائج:أظهرت نتائج الدراسة أن معظم العينة كانوا (20–30) سنة ، خريج جامعي ، (1–5) سنوات من العمل ، متزوج ، يعملون في غرفة العمليات ، يعملون فقط في نوبة الصباح. ، العمل (21–25) يومًا شهريًا ، (6) ساعات عمل يوميًا ، بالكاد دخل شهري كافٍ.

الاستنتاجات: استنتجت الدراسة إلى أن الأداء الوظيفي للممرضات تأثر بالعديد من العوامل وفقًا لمتوسط الدرجات الكبير الذي تم الكشف عنه في النتائج.

توصيات: بناءً على استنتاجات الدراسة الحالية ، يمكن التوصية بما يلي: توفير بيئة جيدة تعمل على تحسين الأداء الوظيفي ، ووضع آلية للمكافآت الممرضات لتحفيزهم على زيادة كفاءة العمل ، وتوفير عدد كافٍ من موظفي التمريض ، وزيادة المخصصات المالية لموظفي التمريض.

الكلمات الدالة: التقييم , الاداء الوظيفي للممرضات, العوامل المؤثرة.

1. Introduction

Historically, women have made up a large majority of the profession and academic discipline of nursing (Levine E, and Levine M,2016). Women's nursing roles include both caring for patients and making sure that the wards and equipment are clean. Currently, females make up the majority of the field of nursing. Statistics show that in 2005, "women comprised 92.3% of Registered Nurses (RNs). Additionally, registered nurses are projected to create the second largest number of new jobs among all occupations between 2004 and 2014, increasing by 29.4% (Haig, K , et al., 2006).

Al-Kitab Journal for Pure Science, 2019, 3(2): 29-51
ISSN: 2617-1260 (Print), 2617-8141(Online)
www.kjps.isnra.org

Nurses in the past were required to work long days and care for many patients, for very little pay. In addition, the typical university setting where nurses learned the work of the trade was not in existence back then. Instead, nurses learned the trade while working in the field.(Hollingsworth et al., 2008).

Nurses develop a plan of care, working collaboratively with physicians, therapists, the patient, the patient's family and other team members, that focuses on treating illness to improve quality of life. In the United States and the United Kingdom, advanced practice nurses, such as clinical nurse specialists and nurse practitioners, diagnose health problems and prescribe medications and other therapies, depending on individual state regulations (Smedley, et al., 2007)

Nurses may help coordinate the patient care performed by other members of a multidisciplinary health care team such as therapists, medical practitioners and dietitians. Nurses provide care both interdependently, for example, with physicians, and independently as nursing professionals(Daraiseh, et al., 2013).

2-Methodology:

A quantitative design (convenience study) was conducted for nurses from 3rd of October, 2018, up to the 1st of May, 2019 to evaluation of factors that impact female .nurses job performance at Kirkuk`s hospitals

Setting of the study

The present study was conducted at Kirkuk General Hospital and Azadi teaching hospital

The sample of the Study

A non-probability (purposive) sample of (90) samples that

Work in the above mentioned units at Kirkuk General Hospital, Azadi teaching hospitalaccording to following criteria

1-Female nurses only

2-All level of education

Tools of Data Collection

Through extensive review of relevant literature, a questionnaire was constructed for the purpose of the study with interview technique. Overall items included in the questionnaire were (26) items (Appendix A and B).All items were measured -:on two rating scale, yes (2), No(1) The questionnaire consists of two parts

Part I: -Socio-Demographic data

It is composed of (10) items that represent the nurses socio-demographic characteristic data such as age, level of education,Duration of experiences, Marital Status, place of work, number of night shift monthly, number of working days in hospital per month, number of .working hours per day, shifting time, monthly income

Part II:Factors Impact Female Nurses Job Performance

This part was concerned with the factors impact female nurses job performance and composed of (26) items.

2. Results and Calculations

Table (1): Age of the samples

NO	Age	F	%
1	Less than 20 years	2	2.2
2	20-29	70	77.8
3	30-39	15	16.6
4	40-49	1	1.2
5	50-59	2	2.2
Total		90	100%

Table (1) shows that (77.8%) of the sample age were (20-30) years old, while (1.2%) of the sample were(40-49) years old.

According to Dean, et al (2006) aging may also play a role when assessing the effects of sleep deprivation on performance. There is evidence to suggest that the aging process increases the physiological and cognitive effects of fatigue. Recent laboratory studies documented a decrease in performance in older workers on the night shift compared to a younger worker

Bhabra, et al., (2007) stated that there is a shortage of nurses. This is exacerbated by an aging nursing workforce, in which the majority of RNs are more than 45 years of age. The turnover rate for RNs in the United States is expected to reach a mean of about 20% per year in 2010. In addition, nurses are retiring at an accelerating rate, and it has been proposed that efforts should be made to retain nurses who are approaching retirement.

Al-Kitab Journal for Pure Science, 2019, 3(2): 29-51
ISSN: 2617-1260 (Print), 2617-8141(Online)
www.kjps.isnra.org

Table (2): level of education of the samples

	Level of education	F	%
1	Preparatory school graduate	23	25.5
2	Institute graduate	23	25.5
3	College graduate	44	49.0
Total		90	100%

Table (2) shows that (49%) of the sample were college graduated, while preparatory school graduate and Institute graduate were (25.5%).

The study supported byRogers, (2004) who mentioned that majority of participants (71.9%) had a bachelor degree, (13%) had a diploma three years degree, (8.1%) have post graduated diploma degree, (7%) had a master degree. This result is inconsistent with the literatures that focused on the importance of the educational level for nurses because it determines their responsibilities for performing the various roles.

According to Taylor, et al (2011) found that there is a relationship between registered nurses and the quality of nursing outcome, decreasing mortality rate, decreasing complications, and infection among nurses. However, the researcher found that there were no significant differences at the level of α=0.05 between the means of selected organizational factors affecting professional nurses performance at north west bank governmental hospitals which might be attributed to academic degree of participants.

Table (3): Years of employment of the nurses

	Years of employment	F	%
1	Less than one years	25	27.7
2	1-5	45	50.0

3	6-10	15	16.6
4	11-15	2	2.2
5	16-20	1	1.1
6	More than 21	2	2.2
Total		90	100%

Table (3) shows that (50%) of the sample have (1-5) years of employment, while (1.1%) of them have (16-20) years of employment.

Jackson, and Linda, (2016) mentioned that means a person registered with the nurse regularity and registering authority of their country. Professional nurses are trained at higher education level with the training period between 3-4 years and above. Professional nurses are also called registered nurses working in clinical, nursing services and educational institutions.

Kanfer, et al., 2011, stated that there are a few studies which have addressed health workers motivation in Iran. Their studies aimed to find out the ranking importance of motivational factors based on demographic characteristics correlation between motivational factors, identifying the factors affecting motivation in the employees of social security hospitals in Mazandaran in northern Iran..

Table (4): Marital status of the samples

	Marital status	F	%
1	Single	28	31.1
2	Married	62	68.9
3	Divorced	0	0.0
Total		90	100%

Al-Kitab Journal for Pure Science, 2019, 3(2): 29-51
ISSN: 2617-1260 (Print), 2617-8141(Online)
www.kjps.isnra.org

Table (4) shows that (68.9%) of the sample were married, while no percentage of the samples were divorced.

The study agrees with Sullivan & Decker, (2009) who mentioned that another influential biographic variable that might have bearing on job satisfaction is marital status of the employees. However, there are not enough studies to draw any conclusion about the effect of marital status on nurse job satisfaction but the limited research conducted on this area consistently indicates that married employees are more satisfied with their jobs than are their unmarried coworkers The reason may be marriage imposes increased responsibilities that may make a steady job more valuable and important. And job satisfaction is required to have a steady job.

Table (5): Place of work of the samples

	Place of work	F	%
1	Operation room	26	28.9
2	Premature unit	7	7.8
3	Emergency Unit	9	10.0
4	Fractures words	6	6.6
5	RCU	8	8.9
6	CCU	9	10.0
	Ward	14	15.6
7	Artificial kidney care unit	11	12.2
Total		90	100%

Table (5) shows that (28.9%) of the sample worked in the Operation room, while (6.6%) of them were working in the fracture words.

Al-Ahmadi, (2012) stated that organizational factors are linked to –day to-day environment where health workers carry on their duties and their level of nursing performance may be affected by the following but not limited to; organizational factors work load, night shift work, availability of resources, education and training development and manager support which ultimately affects patient's satisfaction, organizational vision and mission and the health care situation in Palestine. Some of these factors are identified and selected for assessing their effect on nurses'performance

Table (6): Work shift of the nurses

	Work shift	F	%
1	Morning shift only	52	57.7
2	Evening shift only	12	13.4
3	Night shift only	5	5.5
	Double shift	21	23.4
Total		**90**	**100%**

Table (6) shows that (57.7%) of the sample have working only in morning shift, while (5.5%) of the sample taken (night shift)

Crofts, (2009) found that the problem with a night shift work is that the human race is diurnal, who are functions during day time and night workers report a number of health problems. Grafts added, these negative effects have consequences not just for individual, but also for work place, as decreased alertness and reduced job performance that could endanger human lives and affect the quality of care at intensive care unit.

Page (2004) found that night shift can affect nurses' performance & patient satisfaction, as for example, nurses who work at night or who rotate shifts make more error from fatigue than do nurses on other shifts, and the risk for

error can increase by two to three times when nurses work 12.5 hr or more in succession

Table (7): Number of night shift of the samples per month

	Number of Night shift	F	%
1	Have not taken night shift	46	51.2
2	1-2	5	5.5
3	3 – 4	3	3.3
4	5 – 6	4	4.4
5	7 – 8	32	35.6
Total		90	100%

Table (7) shows that (51.1%) of the sample Have not taken night shift, while (3.3%) of the sample taken (3-4) night shift per month.

Ohida, et.al. (2001) examined the influence of day, afternoon, night and rotating shifts on nurses job performance and stress, where the results indicated that job performances and satisfaction was less on a rotating roster than on a fixed roster.

Although there has been a move towards studies of nursing turnover, there is still a general absence of research that attempts to associate perceptions of night duty with job satisfaction and ultimately staff turnover.

Table (8): Number of working days per month

	Number of working days	F	%
	1 – 9	28	31.2
1	10 – 20	16	17.7
2	21 – 25	41	45.6

3	26 – 30	5	5.5
Total		90	100%

Table (8) shows that (45.6%) of the sample working (21-25) days monthly, while (5.5%) of the sample working (26-30) days monthly.

Hong Lu, et al, (2004) mentioned that level of nursing performance may be affected by the following but not limited to; organizational factors work load, night shift work, availability of resources, education and training development and manager support which ultimately affects patient's satisfaction, organizational vision and mission and the health care situation in Palestine. Some of these factors are identified and selected for assessing their effect on nurses' performance. These factors were selected based on previous studies and literature review was found that more focus was on these factors in addition to the political situation in Palestine plays a large role in these factors, such as increasing the demand for health insurance and dependence on international aid

Table (9): Number of working hours of the samples

	Work hours	F	%
1	6hr	24	26.7
2	7hr	10	11.1
3	8hr	16	17.8
4	12hr	7	7.7
5	16hr	9	10.0
6	18hr	2	2.2
7	19hr	4	44.5
	24hr	18	20.0
Total		90	100%

Table (9) shows that (26.7%) of the sample have (6) hours' working daily, while (2.2%) of the sample have (18) hours' working daily.

Institute of Medicine, (2004) stated that researchers consistently identify a relationship between hours worked, nurse fatigue, and errors; with error rates doubling at 10 hours of work and tripling at 16 hours, 2004; Rogers, et.al 2004). Fatigue is often characterized by a decreased ability to complete work and a subjective complaint of feeling tired. Inadequate rest, sleep loss, and shift work schedules often contribute to fatigue.

Table (10): Monthly income of the samples

	Monthly income	F	%
1	Sufficient	24	26.6
2	Barely sufficient	35	38.9
3	Non-sufficient	31	34.5
Total		90	100%

Table (10) shows that (38.9%) of the sample have barely sufficient monthly income, while (26.6%) of the sample have sufficient monthly income.

Hughes RL, et al., (2002) stated that the salary will be affected by factors such as your location (areas that are more densely populated tend to have more income), your experience (nurses with more experience tend to earn more money), and the type of industry you work in (government, non-profit, and for-profit).Registered nurses looking for jobs in physician offices and outpatient care centers may find they face heavy competition because these places usually offer regular, week-day hours and a more comfortable workplace environment.

Al-Kitab Journal for Pure Science, 2019, 3(2): 29-51
ISSN: 2617-1260 (Print), 2617-8141(Online)
www.kjps.isnra.org

Table (11): Factors Impact Female Nurses Job Performance

	Items	Yes		No		Ms.	S
		F	%	F	%		
1	Do presence of child affect your job performance	40	44.4	50	55.5	1.44	MS
2	Do decrease sleep hours affect your job performance	70	77.7	20	22.2	1.77	HS
3	Do your husband's duty affect your job performance	30	33.3	60	66.6	1.33	MS
4	Do your husband's disagreement affect your job performance	25	27.7	65	72.2	1.27	MS
5	Do night shift affect your job performance	37	41.4	53	58.8	1.41	MS
6	Do relationship with other nurses affect your job performance	35	38.8	55	61.1	1.38	MS
7	Do work environment that you work affect your job performance	64	71.1	26	28.8	1.71	HS
8	Do your salary affect your job performance	46	51.1	44	48.8	1.51	HS
9	Do your relationship with your manager affect your job performance	48	53.3	42	46.6	1.53	HS
10	Do your Relationship with patients affect your job performance	31	34.4	59	65.5	1.34	MS
11	Do the motivation system in the hospital affect your job performance	47	52.2	43	47.7	1.52	MS
12	Do work hours in the hospital affect your job performance	53	58.8	37	41.1	1.58	HS
13	Do work requirement in the unit affect your job performance	45	50	45	50	1.5	MS
14	Do the specialty you have affect your job performance	43	47.7	47	52.2	1.47	MS
15	Do medical disease affect your job performance	60	66.6	30	33.3	1.66	HS
16	Do psychological status affect your job performance	60	66.6	30	33.3	1.66	HS
17	Do rest time that you have affect your job performance	55	61.1	35	38.8	1.61	HS
18	Do hospitals risks affect your job performance	56	65.5	34	37.7	1.62	HS
19	Do dealing with male patients affect your job performance	33	36.6	57	63.3	1.36	MS
20	Do your knowledge regarding work affect your job performance	45	50	45	50	1.5	MS
21	Do your skills regarding work affect your job performance	56	62.2	34	37.7	1.62	HS
22	Do number of employees in the unit affect your job performance	61	67.7	29	32.2	1.67	HS
23	Do pregnant status affect your job performance	53	58.8	37	41.1	1.58	HS
24	Do community view affect your job performance	24	26.6	66	73.3	1.26	MS

Al-Kitab Journal for Pure Science, 2019, 3(2): 29-51
ISSN: 2617-1260 (Print), 2617-8141(Online)
www.kjps.isnra.org

25	Do your Language practice affect your job performance	50	55.5	40	44.4	1.55	HS
26	Do work place distance affect your job performance	48	53.3	42	46.6	1.53	HS
	Grand mean of scores						HS

Table (11) shows that samples has high mean of score in items (2,7,8,9,12,15,16,17,18,21,22,23,25, and ittem26), while the sample has moderate mean of score in items(1,3,4,5,6,10,11,13,14,19, and item 20). Also the study revealed that the grand mean of score was high significant

The study agrees with Akerstedt, T., (2006). who stated that it is important to highlight factors that affect their performance and most importantly the organizational factors. Organizational factors are linked to –day to- day environment where health workers carry on their duties and their level of nursing performance may be affected by the following but not limited to; organizational factors work load, night shift work, availability of resources, education and training development and manager support which ultimately affects patient's satisfaction, organizational vision and mission and the health care situation in Palestine. Some of these factors are identified and selected for assessing their effect on nurses' performance. The interest stemmed from the commonsense belief that the satisfied employees are more productive than those who are dissatisfied. It is also believed that satisfied employees are more committed to their job than their dissatisfied counterparts.

According to Booyens (2013), continuous education is usually part of self development responsibility to ensure that their staff are kept up-to- date with new development. This may take the form of workshops, conferences seminar, self learning modules, individual studies or degree courses. Continuing education is professional learning experiences designed to augment knowledge, skills and attitudes of nurses and there by enrich the nurse's contribution to quality health care and their pursuit of professional career Goals. Continuing education usually relies on external training resources to accomplish.

Al-Kitab Journal for Pure Science, 2019, 3(2): 29-51
ISSN: 2617-1260 (Print), 2617-8141(Online)
www.kjps.isnra.org

According to WHO Health Report (2006), the performance is a combination of staff being, available, competent, productive and responsive; poor performance

of service providers leads to inaccessibility of care and in appropriate care, which thus contribute to reduced health outcomes as people are not using services or are mistreated due to harmful practice, it results from too few staff or from staff not providing care according to standards and not being responsive to the patients need. As Hughes et al. Stated "most performance problems can be attributed to unclear expectations, skills deficits, resource or equipment shortages or a lack of motivations

Kelly (2007) stated that continuing development of one's professional skills and knowledge is an empowering experience, preparing the nurse to make decision with the support of an expanding body of knowledge.

Mckenzie, J(2001) argues that in addition to increasing knowledge, improving skills and changing attitude as Job performance requires, continuing education creates as learning attitude among employee. It can, therefore, be said that training and development increase an individual's capabilities and improves the potential effectiveness of all members of the work group with ultimately improve the ability of the organization to perform us better. However, a heavy load of in – service training activities.

A health care quality improvement is to maintain what is good about the existing health care system while focusing on the areas that need improvement. Improving the quality of care and reducing medical errors are priority areas for the Palestinian governmental hospitals (MOH report, 2011).

There are many variations of health care system around the world; the goal for health care system according to the world health organization report (2011) is to

improving performance and responsiveness to the expectation of the population. Health care systems are organizations established to meet the

health needs of target populations; it is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. Health care is delivered by practitioners in medicine, physicians, nursing, pharmacy, allied health, and other care providers. It refers to the work done in providing primary care, secondary care and tertiary care, as well as in public health (WHO report, 2011). Health care system in Palestine is a combined entity of all resources actors and institutions

related to the financing regulation and provision of all activities whose primary intent is to improve or maintain health; it is an arrangement in which health care system is delivered (MOH report, 2011).

Considering the gravity of the issue, a large number of studies have investigated the relationship between job satisfaction and various organizational variables. For example, several researchers have examined the relationship between job satisfaction and organizational commitment (Agho et al., 2006).

3. **Conclusion**

. - (77.8%) of the samples age were (20-30) years old
.of them were college graduate (%49.5) -
of them have (1-5) years of employment (%50) -
of the sample were married (%68.9) -
of them sample working in the Operation room (%28.9) -
of the sample have working only in morning shift (%57.7) -
of the sample Have not taken night shift (% 51.2) -
.of the sample working (21-25) days monthly (%45.6) -
of the sample have (6) hours' working daily (%26.7) -
of the sample have barely sufficient monthly income (%38.9) -
- Nurse job performance affected by many factors according to the grand mean of score revealed in the results.

References

Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. A., Busse, R., Clarke, H., et al. .(2015). Nurses' reports on hospital care in five countries. Health Affairs, 20, 43–53

Al-Ahmadi, (2012) "Factors affecting performance of hospital nurses in Riyadh Region, Saudi Arabia", International Journal of Health Care Quality Assurance, Vol. 22 Iss: 1, .pp.40 – 54

Alcock, D., Dollin, N., &Dulberg, C. (2014). Assessment of nurse accuracy in capillary .glucose monitoring. Canadian Journal of Diabetes Care, 18, 17–22

Akerstedt, T., (2006). Wide Awake at odd hours. Shift work, time zones and burning the .midnight oil. Swedish Council for working life. Stockholm. Pages: 10-11

Benner, P., Sheets, V., Uris, P., Malloch, K., Schwed, K., & Jamison, D. (2012). Individual, practice, and system causes of errors in nursing: A taxonomy. Journal of Nursing .Administration, 32, 509–523

Bhabra, G., Jurnm, L.s. (2007). Nursing Evaluation: Purpose, Achievements and .Opportunities. (2th ed.) Tokyo Co, p231-237

Bhabra, G., Mackeith, S., Monteiro, P., &Pothier, D. D. (2007). An experimental comparison .of handover methods. Annals of the Royal College of Surgeons of England, 89, 298–300

Blegen, M. A. (2007). Patient safety in hospital acute care units. In P. W. Stone & P. H. Walker (Eds.), Annual review of nursing research 2006: Focus on patient safety (Vol. 24, .pp. 103–126). New York: Springer

Bonadio, W. A., Carney, M., & Gustafson, D. (2014). Efficacy of nurses suturing pediatric dermal lacerations in an emergency department. Annals of Emergency Medicine, 24, .1144–1146

.Booyens, SW.,(2013), Staff development in Dimension of nursing management

Chapanis, A., &Safrin, M. A. (2014). Of misses and medicines. Journal of Chronic Diseases, .12, 403–408

Charney, W. (2010). Introducing a safer patient handling policy. In W. Charney& A. Hudson (Eds.), Back injury among healthcare workers: Causes, solutions, and impacts (pp. 73– .80). Boca Raton, FL: Lewis

Choobineh, A., Rajaeefard, A., &Neghab, M. (2006). Association between perceived demands and musculoskeletal disorders among hospital nurses of Shiraz University of Medical Sciences: A questionnaire survey. International Journal of Occupational Safety .and Ergonomics, 12, 409–416

.Crofts L ,(2009). Challenging Shift work: A review of common restoring practices

Curtin, L. L. (2003). An integrated analysis of nurse staffing and related variables: Effects on .patient outcomes. Online Journal of Issues in Nursing, 8, 5

Daraiseh, N., Genaidy, A. M., Karwowski, W., Davis, L. S., Stambough, J., & Huston, R. L. (2013). Musculoskeletal outcomes in multiple body regions and work effects among nurses: The effects of stressful and stimulating working conditions. Ergonomics, 46, .1178–1199

Daynard, D., Yassi, A., Cooper, J. E., Tate, R., Norman, R., & Wells, R. (2011). Biomechanical analysis of peak and cumulative spinal loads during simulated patient-handling activities: A substudy of a randomized controlled trial to prevent lift and .transfer injury of health care workers. Applied Ergonomics, 32, 199–214

Dean, G., Scott, L., and Rogers, A., (2006) infant at risk: when nurse fatigue Jeopardizes .quality care. Advances in neonatal care, 6(3) PP 120-126

Doran, D. M. (Ed.). (2013). Nursing-sensitive outcomes: State of the science. Sudbury, MA: Jones and Bartlett. has on nurses' care planning ability. Journal of Advanced Nursing, 33, 836–846.L

Dowding, D. (2016). Examining the effects that manipulating information given in the change of shift report

Flynn, E. A., Barker, K. N., Pepper, G. A., Bates, D. W., &Mikeal, R. L. (2012). Comparison of methods for detecting medication errors in 36 hospitals and skilled-nursing facilities. American Journal of Health-System

.Pharmacy, 59, 436–46

Ford, E. W., McAlearney, A. S., Phillips, M. T., Menachemi, N., & Rudolph, B. (2008). Computerized physician order entry (CPOE) adoption in U.S. hospitals: Can the federal .mandate be met? International Journal of Medical Informatics, 77, 539–545

Fry, M., &Holdgate, A. (2012). Nurse-initiated intravenous morphine in the emergency department: Efficacy, rate of adverse events and impact on time to analgesia. Emergency .Medicine, 14, 249–254

Gallant, D., & Lanning, K. (2011). Streamlining patient care processes through flexible room .and equipment design. Critical Care Nursing Quarterly, 24, 59–76

Haig, K. M., Sutton, S., & Whittington, J. (2006). SBAR: A shared mental model for improving communication between clinicians. Joint Commission Journal on Quality and .Patient Safety, 32, 167–175

Harvey, C. M., Schuster, R. J., Durso, F. T., Matthews, A. L., &Surabattula, D. (2006). Human factors of transition of care. In P. Carayon (Ed.), Handbook of human factors and .(ergonomics in healthcare and patient safety (pp. 233–248

Hillel, G., & Vicente, K. J. (2013). Nursing interruptions in a post-anesthetic care unit: A field study. In Proceedings of the Human Factors and Ergonomics Society 47th Annual Meeting (pp. 1443–1447). Santa Monica, CA: Human Factors and Ergonomics Society. .has on nurses' care planning ability. Journal of Advanced Nursing, 33, 836–846

Hong Lu, Alison E. While, K. Louise Bariball, (2004), Job satisfaction among nurses, Florence Nightingale School of Nursing and Midwifery, King's College London, James .Clerk Maxwell Building, 57 Waterloo Road, London SE1 8WA, England, UK

Hobgood, C., Villani, J., &Quattlebaum, R. (2005). Impact of emergency department volume .on registered nurse time at the bedside. Annals of Emergency Medicine, 46, 481–489

Hollingsworth, J. C., Chisholm, C. D., Giles, B. K., Cordell, W. H., & Nelson, D. R. (2008). How do physicians and nurses spend their time in the emergency department? Annals of .Emergency Medicine, 31, 87–91

Hughes RL, Ginnett RC, Curphy GJ, (2002). Leadership, enhancing the lessons of experience .(4th ed.). New York, McGraw-Hill/Irwin

Institute of Medicine. (2004). Keeping patients safe: Transforming the work environment for .nurses. Washington, DC: The National Academic Press

Jackson, Linda (24 February 2016). "How revalidation will work for nurses and midwives". .The Guardian. Retrieved 2016-10-08

Joint Commission. (2008a). About the Joint Commission. Retrieved April 30, 2009, from /http://www. jointcommission.org/AboutUs

Kanfer R, Ackermann P. Individual differences in work motivation: further exploration of a trait framework. Appl Psychol. 2010;49:470–82

Kelly, K.(2007). Power, politics and influences. In Yonder-wise, P.S.(Ed) leading and .management in Nursing. 4thed. Texas : Mosby

Koppel, R., Metlay, J. P., Cohen, A., Abaluck, B., Localio, A. R., Kimmel, S. E., et al. (2005). Role of computerized physician order entry systems in facilitating medication errors. .Journal of the American Medical Association, 293, 1197–1203

Kruse, H., Johnson, A., O' Connell, D., & Clarke, T. (2012). Administering non-restricted medications in hospital: The implications and cost of using two nurses. Australian .Clinical Review, 12, 77–83

Marras, W. S., Davis, K. G., Kirking, B. C., &Bertsche, P. K. (2015). A comprehensive analysis of low-back disorder risk and spinal loading during the transferring and .repositioning of patients using different techniques. Ergonomics, 42, 904–926

Mckenzie, J(2001).Circadian Rhythms and Emergency Medicine Practice, Emergency .Medicine Journal. 21, (10), 1250-1258

Miller, E. T., Deets, C., & Miller, R. V. (2017). Nurse call systems: Impact on nursing .performance. Journal of Nursing Care Quality, 11, 36–43

Miller, E. T., Deets, C., & Miller, R. V. (2001). Nurse call and the work environment: Lessons learned. Journal

Ohida, T. kammal, A. Ishii, T., uchimyama, M., Minowa, M, Nozaki, S. (2001) Night Shift work Problem in young Female Nurses in Japan. Journal of occupational Health 43, 150- .156

Page, A. (Ed). (2004). Keeping patients safe: transforming the work environment of Nurses. .Washington, DC: National Academies Press

Reed, L., Blegen, M. A., & Goode, C. S. (2018). Adverse patient occurrences as a measure of .nursing care quality. Journal of Nursing Administration, 28, 62–69

.Rockville, MD: Agency for Healthcare Research and Quality

Rogers, A.E., Hwang, W.T., Scott, L.D, Aiken, L.H., and Dinges, D.F. (2004) the working .hours of hospital staff nurses and patient safety. Health Affairs, 23, 202-212

Savitz, L. A., Jones, C. B., & Bernard, S. (2015). Quality indicators sensitive to nurse staffing in acute care settings. In K. Henriksen, J. B. Battles, E. S. Marks, & D. I. Lewin (Eds.),

Advances in patient safety: From research to implementation, Vol. 4: Programs, tools, .(and products (AHRQ Publication No. 05-0021-4, pp. 375–385

Smedley, J., Egger, P., Cooper, C., & Coggon, D. (2007). Prospective cohort study of .predictors of incident low back pain in nurses. British Medical Journal, 314, 1225–1228

Spencer, R., Coiera, E., & Logan, P. (2014). Variation in communication loads on clinical .staff in the emergency department. Annals of Emergency Medicine, 44, 268–273

Sullivan, E.J & Decker, P. J. (2009). Effective Leadership and Management in Nursing. 7th .ed. New Jersey: Pearson Prentice Hall

Taylor, C.Lillis, C., LeMone, P., Lynn, P. (2011) Fundamentals of nursing: The art and .science of nursing care. Philadelphia: Lippincott Williams & Wilkins, page 735-736

Tambimuttu, J., Hawley, R., & Marshall, A. (2012). Nurse-initiated x-ray of isolated limb fractures in the emergency department: Research outcomes and future directions. Australian Critical Care: Official Journal of the Confederation of Australian Critical Care .Nurses, 15, 119–122

Tenney, Y. J., & Pew, R. W. (2006). Situation awareness catches on: What? So what? Now what? In R. C. Williges (Ed.), Reviews of human factors and ergonomics (Vol. 2, pp. 1– .34). Santa Monica, CA: Human Factors and Ergonomics Society

Tilley, D. D. S. (2008). Competency in nursing: A concept analysis. Journal of Continuing .Education in Nursing, 39, 58–64

Timonen, L., &Sihvonen, M. (2013). Patient participation in bedside reporting on surgical .wards. Journal ofClinical Nursing, 9, 542–548

Trites, D. K., Galbraith, F. D., Jr., Sturdavant, M., &Leckwart, J. F. (2015). Influence of nursing-unit design on the activities and subjective feelings of nursing personnel. .Environment and Behavior, 2, 303–334

Vieira, E. R. (2017). Why do nurses have a high incidence of low back disorders, and what .can be done to reduce their risk? Bariatric Nursing and Surgical Patient Care, 2, 141–147

Whelan, L. (2006). Competency assessment of nursing staff. Orthopaedic Nursing, 25, 198– .202

WHO (2006). World health report 2006. Working together for health. Geneva, World Health .(Organization (http://www.who.int/whr/2006/en/, accessed 25 April 2006

Winkel W, Momtahan, K., & Burns, C. (2009). Applications of ecological interface design in supporting the nursing process.Journal of Healthcare Information Management, 18, 74– 82.