

**Arab American University
Faculty of Graduate Studies
Department of Health Sciences
Ph.D. Program in Nursing**



**Nurses Practice Environment, Job Satisfaction, Workload and
Quality of Nursing Care in Aged Care Facilities: A Mixed-
Method Study**

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**This Dissertation Was Submitted in Partial Fulfillment of the
Requirements for the Doctor of Philosophy (Ph.D.) Degree in
Nursing**

Palestine, 8 / 2024

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Dissertation Approval

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Declaration

I declare that, except where explicit reference is made to the contribution of others, this dissertation is substantially my own work and has not been submitted for any other degree at the Arab American University or any other institution.

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Dedication

This thesis is dedicated to my extremely loving and supportive family, whose encouragement and unwavering understanding have been the cornerstone of my academic journey in particular and in life in general.

To my parents who provided me with the strength to continue on my path, the sacrifice and belief in my potential shaped my ambitions and guided me every step of the way who encouraged me and supported me at all times.

I dedicate a great and deep dedication to the soul of my blessed father who passed away on Friday 12.7.24 who was waiting for the moment when I receive my doctorate - I love you very much father and will continue on your path.

A special and huge thank you to my wife and my beloved friend for life and throughout my journey and to my success partner Siwar, who is always by my side, contains me and supports me all the time, a huge thank you for your patience, understanding and unwavering faith in my abilities.

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To my brothers, Obaida, Ward, Abd El Rahim and Sana for the constant encouragement and shared moments of laughter between the various challenges and support from every side and at every moment.

I dedicate more especially to the souls of my dear paternal and maternal grandparents, to my dear father-in-law Ahmad, to the souls of my brother Ahmad and my dear cousin Muhammad Samir.

I also dedicate this work to my mentors, advisors, and colleagues, whose guidance, wisdom, and expertise have been invaluable throughout my research journey. To the participants of this study, whose contributions and insights enriched my understanding and fueled my passion for this field of study.

Thanks to all my friends who supported me in obtaining my doctoral thesis

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Nurses Practice Environment, Job Satisfaction, Workload and Quality of Nursing Care in Aged Care Facilities: A Mixed-Method Study

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Abstract

Background: The aging of populations is a global phenomenon, and healthcare systems around the world face the challenge of providing comprehensive, effective, and compassionate care to their elderly citizens. Investigating Practice Environment. Job satisfaction, workload, and quality of care are becoming areas of interest for the researcher, policy makers, educators, and clinical professionals.

Purpose: This study was conducted to examine the relationship between practice environment, workload, job satisfaction, and nursing care to enhance the quality of care provided in aged care facilities.

Methods: A Mixed metho approach was used. In phase one, a cross-sectional correlational predictive design was used. A sample of 276 participants from many aged care facilities completed the study's questionnaire including Caring Behaviors Inventory-24 (CBI), Practice Environment Scale of the Nursing Work Index (PES-NWI), NASA Task Load Index, and Minnesota Satisfaction Questionnaire (MSQ) (short version). In phase II. Eleven participants were interviewed, and content analysis was used.

Results: The results indicated that in general, the participants had positive caring behaviors while caring for the elderly people in the aged care facilities, a moderate level of positive Practice Environment was reported by the participants in the current study $M= 93.3$, $SD= 8.6$).The participants had a moderate workload (70.2 ($SD = 15.5$)), a moderate level of job satisfaction ($M= 76.5$, $SD= 4.9$). , there was a positive relationship between the practice environment and QONC among nurses employed in aged care facilities($r = 0.72$. $P= 0.000$).

There was a negative relationship between the workload and QONC among nurses employed in aged care facilities ($r = -0.68$, $P = 0.000$), there was a positive relationship between the workload and QONC among nurses employed in aged care facilities ($r = 0.76$, $P = 0.000$), and The results from the parsimonious regression model indicated that the practice environment, workload, and job satisfaction predicted the QONC among nurses employed in aged care facilities with a 62.0% of variance.

The results revealed that three main themes with many categories and sub-categories emerged from the qualitative data. The participants emphasized the emotional dynamics of geriatric nursing, workload management and job satisfaction, and systemic issues and strategic improvements.

Conclusion: these results increased our understanding regarding the interaction between the main variables under study including quality of Nursing care, Practice Environment, workload, and job satisfaction in aged care facilities. The results of the current study might be utilized by the researchers, policy makers, educators, and clinical practitioners to develop systematic, strategic and supportive modules to improve the Practice Environment, job satisfaction, and workload management to improve the quality of care provided in the aged care facilities.

Keywords: Practice Environment, Job Satisfaction, Workload, Quality of Nursing Care Provided, Aged Care Facilities.

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List of Definitions of Abbreviations

Abbreviation	Title
AAUP	Arab American University
CBI-24	Caring Behaviors Inventory-24
CNS	clinical nurse specialists
CI	confidence intervals
CMO	context, mechanisms, and outcomes
EBP	Evidence-Based Practice
HMOs	Health Maintenance Organizations
HPs	Health Plans
IOM	Institute of Medicine
LHDs	Local health departments
LTC	long-term care
MD	Mahalanobis Distances
MSQ	Minnesota Satisfaction Questionnaire
NASA TLX	NASA Task Load Index
NHI	National Health Insurance
NPs	Nurse practitioners
OECD	Organization for Economic Cooperation and Development
OPCQ	quality of care
PCC	person-centered care
PCQ	Oulu Patient Classification
PES-NWI	Nursing practice environment
PES-NWI	Practice Environment Scale of the Nursing Work Index
PH WINS	Public Health Workforce Interests and Needs Survey
POI	Participatory Organizational-level Intervention
QOC	quality of care
QOL	quality of life
QONC	Quality of Nursing Care
RNs	registered nurses
SPSS- version 23	Statistical Package for the Social Sciences
VIF	variance inflation factor
WHO	World Health Organization

Chapter One: Introduction

The aging of populations is a global phenomenon, and healthcare systems around the world face the challenge of providing comprehensive, effective, and compassionate care to their elderly citizens (Fang et al., 2020). The world is experiencing a significant demographic shift characterized by an increasingly aging population. This global phenomenon has far-reaching implications for economies, healthcare systems, social structures, and individual lives. In this essay, we will explore the trends in aging worldwide, the challenges posed by this demographic shift, and the implications for societies and individuals (Shahbazi, Bagherian, Sattari, Saghaeiannejad-Isfahani, & Promotion, 2021).

The aging of the global population is a remarkable and ongoing trend. According to the United Nations, the number of people aged 60 and over is expected to double by 2050, reaching 2.1 billion, and by 2100, it could exceed 3.1 billion (L. Grinin, A. Grinin, & A. Korotayev, 2023). This demographic transition is driven by increased life expectancy and declining birth rates. While aging is a global trend, the pace and extent of aging vary across regions. Developed countries, such as Japan, Germany, and Italy, have some of the highest proportions of elderly individuals while developing nations are also experiencing rapid aging due to improved healthcare and declining fertility rates (Baek, 2020; L. Grinin, A. Grinin, & A. J. W. F. Korotayev, 2023).

The elderly population is not only growing but also living longer and healthier lives. Advances in healthcare and lifestyle improvements have contributed to increased life expectancy, which is a positive aspect of this demographic shift. Indeed, elderly populations are increasingly concentrated in urban areas due to better access to healthcare and social services. This urbanization trend presents both opportunities and challenges for addressing the needs of older adults in cities (Calder et al., 2018).

1.2 Challenges Posed by Aging Worldwide

An aging population places a significant burden on healthcare systems worldwide. Older adults often require more medical care, including treatment for chronic conditions, leading to higher healthcare costs. Supporting the elderly population can strain government budgets. Healthcare and pension costs can rise significantly, potentially leading to fiscal challenges if not adequately managed (Holecki, Rogalska, Sobczyk, Woźniak-Holecka, & Romaniuk, 2020). As more

individuals retire, there may be labor shortages in certain sectors, including healthcare and caregiving. This can strain the workforce responsible for caring for older adults. Significantly, providing adequate health care, and social services, including social security, housing, and transportation, becomes crucial as the elderly population grows (Prince et al., 2015). Ensuring that elderly individuals have access to these services is a significant challenge. The increasing demand for healthcare services has led to innovations in healthcare delivery and technology. Telemedicine, wearable devices, and personalized medicine are some of the innovations aimed at improving the health and well-being of older adults (Alloghani et al., 2018).

1.3 The Impact of Aging on the Healthcare System: Challenges and Pressures

As the global population continues to age, the healthcare system faces unprecedented challenges and pressures. The demographic shift towards an increasingly elderly population has significant implications for healthcare delivery, resources, and costs (Conceição, 2023).

The demographic landscape is undergoing a profound transformation, with a growing proportion of the population reaching advanced ages. According to the United Nations, the number of individuals aged 60 and over is expected to double by 2050, reaching approximately 2.1 billion. This shift is attributed to rising life expectancy and declining birth rates, a trend observed across both developed and developing nations (Filip, Gheorghita Puscaselu, Anchidin-Norocel, Dimian, & Savage, 2022).

One of the most immediate challenges posed by an aging population is the increased demand for healthcare services. Older adults often require more frequent medical care, as they are more susceptible to chronic conditions, complex health issues, and age-related diseases (Collaborators et al., 2021). Furthermore, aging often leads to a higher demand for long-term care services, including nursing homes, assisted living facilities, and home healthcare. These services are essential for individuals with limited mobility or cognitive impairments, and their availability is critical for maintaining the quality of life for older adults (Bauer, Brugger, König, & Posch, 2021).

Alarmingly, the healthcare workforce faces challenges in meeting the growing demand for services. As older healthcare professionals retire, there is a risk of workforce shortages, particularly in specialties such as geriatrics and nursing (Buerhaus, Auerbach, & Staiger, 2020). In addition, providing healthcare services to an aging population can strain government budgets.

Healthcare and pension costs may rise significantly, leading to fiscal challenges if not properly managed (Agarwal, Lubet, Mitgang, Mohanty, & Bloom, 2020).

Furthermore, aging populations are more likely to require hospitalization for acute and chronic conditions. The increased demand for hospital beds and specialized care units' places pressure on hospital capacity, potentially leading to overcrowding and longer wait times (X. Li et al., 2017). Primary care providers play a critical role in managing the healthcare needs of older adults. However, there is often a shortage of primary care physicians and nurse , workload, Practice Environment and satisfaction exacerbating the challenge of delivering comprehensive care to the elderly(Gray, Sidaway-Lee, White, Thorne, & Evans, 2018). As the elderly population grows, there is a greater need for specialized healthcare services, including geriatric care, rehabilitation, and palliative care. Ensuring access to these services can be challenging, particularly in rural areas (Gaugler et al., 2020). The increasing healthcare needs of older adults place significant financial pressure on healthcare systems. Funding must be allocated to cover the costs of medical treatments, prescription medications, and long-term care services (Cesari et al., 2016).

Healthcare systems can invest in workforce planning strategies to address potential shortages. This includes creating a suitable practice environment, decreasing workload, increasing job satisfaction, training more healthcare professionals specializing in geriatric care, improving retention rates, and promoting interdisciplinary collaboration (Buerhaus et al., 2020). Policymakers can explore long-term care reforms that promote home- and community-based care, reducing the reliance on institutionalized care settings. Such reforms may include expanding home healthcare services and providing support for family caregivers (Gaugler et al., 2020). Promoting preventive care and healthy aging can help mitigate the healthcare challenges associated with an aging population. Public health campaigns, vaccinations, and lifestyle interventions can contribute to healthier aging and reduce the burden on the healthcare system (Christensen et al., 2020).

1.4 Health care system in Israel

Israel operates a National Health Insurance (NHI) system designed to ensure universal coverage. Under this system, every Israeli citizen or permanent resident has the freedom to select from four competing non-profit Health Plans (HPs). These HPs are mandated to furnish their members with access to a predetermined benefits package as outlined in the NHI Law. The financing of this system primarily relies on progressive taxation, with the government distributing NHI funds among the HPs using a capitation

formula. This formula takes into account factors such as the number of plan members, their age distribution, gender, and geographic location (whether in central or peripheral areas). It is noteworthy that although public financing remains the principal source of healthcare system funding, there has been a recent uptick in the contribution of private financing. Furthermore, the Ministry of Health, in addition to its roles in planning and policy-making, also directly owns and manages approximately half of the nation's acute care hospital beds. The largest HP is responsible for operating around a third of these beds, while the remaining beds are managed by a combination of non-profit and for-profit organizations.

1.5 Aged Health Care

By the year 2016, Israel's population had reached a figure of 8.5 million (Chernichovsky, Bisharat, Bowers, Brill, & Sharony, 2017). Notably, the country became a member of the Organization for Economic Cooperation and Development (OECD) in 2010. In comparison to the majority of OECD member nations, as indicated by data from the WHO, World Bank, and OECD, Israel still maintains a relatively youthful demographic profile. Specifically, only 11.2% of its population surpasses the age of 65 (in contrast to the OECD average of 16%), and 28% fall below the age of 14 (compared to the OECD average of 16%). However, it's important to note that Israel's neighboring countries tend to have even younger populations. Nevertheless, Israel is experiencing a rapid process of aging, leading to a swift increase in the absolute number of elderly citizens (Chernichovsky et al., 2017). This demographic shift carries significant implications for healthcare services (Clarfield et al., 2017). Therefore, focusing on the quality of care provided is becoming an area of interest for the stakeholders and policy-makers.

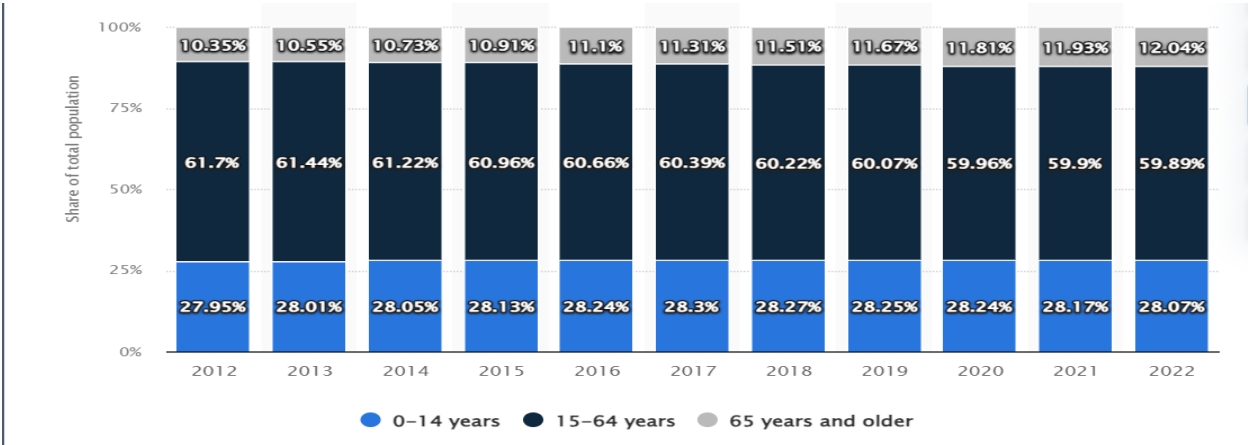


Figure 1.1: Age structure from 2012 to 2022 “adopted from OECD, 2023”

Israel, a nation celebrated for its innovative healthcare system, has emerged as a model of excellence in addressing the healthcare needs of its aging population. With a blend of universal coverage, a focus on preventive care, and a commitment to research and innovation, Israel's elderly healthcare system sets a high standard for the rest of the world to follow. In this comprehensive exploration, we will delve into the key aspects of elderly healthcare in Israel, its organization, funding, recent developments, and the unique challenges it faces, all supported by the latest references and data (Chernichovsky et al., 2017; Clarfield et al., 2017).

The demographic landscape of Israel is undergoing a significant transformation, with a rapidly aging population. This demographic shift is attributed to longer life expectancy, increased birth rates, and immigration. As a result, Israel now grapples with the challenge of providing comprehensive healthcare and social support to a larger proportion of elderly citizens than ever before (Weinreb, 2020). In recent years, Israel's elderly population has become more diverse, encompassing a wide range of cultural and socioeconomic backgrounds. This diversity necessitates a healthcare system that is not only inclusive but also sensitive to the specific needs and challenges faced by different elderly groups (Weinreb, 2020).

One of the fundamental pillars of Israel's elderly healthcare system is universal healthcare coverage, which extends to all its citizens, including the elderly. The healthcare system is funded through a combination of taxes, payroll contributions, and individual premiums, ensuring that elderly individuals have access to a comprehensive range of medical services (Rosen, 2021).

Elderly citizens are enrolled in one of the four state-mandated Health Maintenance Organizations (HMOs), with each HMO offering a broad spectrum of healthcare services. These services include primary care, specialist consultations, hospitalization, medication coverage, preventive care, and more. Universal coverage guarantees that elderly individuals receive the medical attention they require, without discrimination based on age or health status (Rosen, 2021).

Israel's elderly healthcare system places a strong emphasis on preventive care and promoting healthy aging. The government, in collaboration with healthcare providers, implements various programs aimed at preventing and managing age-related health issues. Preventive care includes regular health check-ups, vaccination campaigns, and health education initiatives (Stafford et al., 2018). Additionally, Israel's elderly healthcare system supports a range of services that empower elderly individuals to maintain their independence and overall well-being. These services include

rehabilitation, home healthcare, and assistance with daily activities. The goal is to enable elderly citizens to age gracefully, remain in their homes, and stay actively engaged in their communities (Podell, Kaufman-Shriqui, Sagy, Manor, & Ben-Yehuda, 2018). Despite the remarkable achievements of Israel's elderly healthcare system, it faces several challenges, including the need for additional long-term care facilities, addressing the unique healthcare needs of diverse elderly populations, and ensuring that elderly individuals receive the social support they require. Recent developments in Israel's elderly healthcare system have attempted to address these challenges (1) Long-Term Care Expansion: The Israeli government has initiated efforts to expand long-term care facilities and services, recognizing the increasing demand from the aging population (Central Bureau of Statistics, Israel, 2021), (2): Diverse Population Care: Israel is working on tailoring healthcare services to meet the diverse needs of its elderly population, particularly focusing on the healthcare disparities faced by minority groups (Waitzberg et al., 2022), (3) Social Support and Mental Health: The system is increasingly addressing the mental health and social well-being of the elderly, recognizing the importance of emotional and psychological support in aging (Waitzberg et al., 2022).

In conclusion, Israel's elderly healthcare system offers a compelling model of care, compassion, and innovation. It successfully navigates the challenges posed by a rapidly aging population through universal coverage, preventive care, and a focus on research and innovation. Recent developments underscore its commitment to providing comprehensive healthcare and social support to elderly citizens, as Israel continues to set a high standard for elderly healthcare systems around the world.

1.6 Quality of Care

Defining the concept of quality nursing care is essential for gaining insight into its various components. Previous research on the meaning, definition, and perception of quality nursing care has been somewhat limited, as noted by Alligood and Burhans in 2010 and Birkmeyer, Cooperberg, and Litwin (2009) reference the Institute of Medicine (IOM) in defining quality of care as "the extent to which health services, for both individuals and populations, enhance the probability of achieving desired health outcomes while aligning with current professional knowledge" (p. 411) (Burhans & Alligood, 2010; Cooperberg, Birkmeyer, & Litwin, 2009).

Healthcare administrators are increasingly expressing concern about the delivery of high-quality care that satisfies both customers (patients) and providers (employees) while also maintaining a

sound financial footing, as emphasized by Love et al. in 2008 (as cited in Peltier & Dahl, 2009) (Peltier, Dhl, & Mulhern, 2009). Despite the dissemination of numerous innovative patient safety and quality improvement programs in recent years, substantial progress has been frustratingly slow, as observed by Alligood and Burhans in 2010 (Burhans & Alligood, 2010). There is compelling evidence indicating that quality remains a significant concern, with anticipated outcomes not consistently achieved and considerable disparities in healthcare delivery standards within and among healthcare systems, as highlighted by the World Health Organization in 2006.

Measuring the quality of care within healthcare presents a challenging endeavor. In fact, the definition and interpretation of quality across all healthcare disciplines remain elusive, subjective, and specific to the parties involved, resulting in complexities related to its measurement and enhancement (Burhans & Alligood, 2010). Quality assessment typically encompasses three fundamental dimensions: structure, process, and outcomes (Kluczniok, Lehl, Kuger, & Rossbach, 2013). Structural quality revolves around the evaluation of health system attributes, process quality focuses on the examination of interactions between healthcare providers and patients, and outcomes provide tangible evidence of alterations in patients' health statuses (Kluczniok et al., 2013). Patient outcomes tend to be relatively tangible and, therefore, appear amenable to more precise quality measurement. These outcome measures have been employed within healthcare organizations and systems to gauge the quality and steer endeavors to enhance it (Doran & Pringle, 2011). When evaluating the quality of care, it is essential to consider perspectives from not only the patients but also the nurses to minimize the influence of personal bias. As noted by Alligood and Burhans (2010), nurses often assess quality based on criteria such as the effectiveness of assessments, treatment plans, and medication administration. In contrast, patients tend to evaluate quality based on communication, attentiveness, compassion, and the responsiveness of their nursing caregivers.

However, a noteworthy concern emerges regarding the lack of consensus among nurses regarding the definition of quality nursing care. It is remarkable that within the United States, where approximately 2.6 million nurses are involved in patient care delivery, their daily evaluation of care occurs without a shared understanding of the true essence of quality nursing care (Burhans & Alligood, 2010).

1.7 Practice Environment

The practice environment of nurses is an organizational factor that has been associated with patient safety outcomes (Lee, 2017). Nurses' Practice Environment is a multifaceted concept, encompassing the organizational attributes within a workplace that either enable or impede professional nursing practice (Lake & health, 2002).

The definition of a positive Practice Environment varies among studies. According to Kramer et al. (2013), an ideal Practice Environment for nurses should encompass "a system that supports and fosters effective communication, provides control over the contextual framework in which nursing is practiced, facilitates the delivery of nursing care, encourages collaborative relationships with physicians, and offers increased opportunities for autonomous decision-making." (De Brouwer, Kaljouw, Kramer, Schmalenberg, & van Achterberg, 2014). On the other hand, the World Health Organization (2017) defines a Practice Environment as being influenced by various factors, including health and safety considerations in the physical work setting, well-being factors in the psychosocial Practice Environment (including workplace culture), personal health resources within the workplace, and initiatives aimed at enhancing the health of workers, their families, and the broader community (World Health Organization, 2017).

Kanter (1993) characterizes a positive Practice Environment as one where employees have access to four empowerment mechanisms: (1) Access to the information, practical knowledge, and expertise required to effectively meet the demands of their profession, (2) Access to the necessary resources (materials, energy, time, and equipment) to achieve the organization's objectives, (3) Encouragement, leadership, and guidance from managers, colleagues, and subordinates, (5) Opportunities for autonomy, self-determination, and personal development (Laschinger, Finegan, Shamian, & Wilk, 2001).

Establishing a conducive organizational climate that not only attracts skilled nurses but also upholds a high standard of care is contingent on understanding the role of the Practice Environment. This review aims to compile and synthesize the existing body of literature pertaining to the relationship between the Practice Environment and the quality of nursing care. Numerous nations are grappling with a severe shortage of nurses within their healthcare workforce (Coster et al., 2018). In the context of hospitals, this shortage can result in elevated patient-to-nurse ratios, which, in turn, can detrimentally affect the quality of care provided and

patient outcomes (Coster, Watkins, & Norman, 2018). An extensive systematic review of 14 studies uncovered a compelling association between subpar nursing care quality and a heightened incidence of various adverse events, including urinary tract infections, patient falls, pressure ulcers, critical incidents, and readmissions (Griffiths et al., 2018). Furthermore, research has demonstrated that low-quality nursing care is linked to increased mortality rates (Antwi & Bowblis, 2018).

Quality of care hinges on the interactions between healthcare providers and patients, as well as the mechanisms through which healthcare system resources translate into health outcomes. The World Health Organization (2006) has defined healthcare quality as a process involving strategic decision-making within health systems. More recently, the Institute of Medicine (2001) in the United States has elaborated on this concept, outlining six key dimensions for enhancing care quality: effectiveness, efficiency, equity, patient-centeredness, safety, and timeliness. Conversely, the UK National Health Service (NHS) characterizes the quality of care as a composite of clinical effectiveness, safety, and patient experiences (Aiken et al., 2012). It is evident that these definitions can diverge based on the perspectives and objectives of various organizations or disciplines.

Research findings have suggested that cultivating a positive and professional Practice Environment can wield a substantial influence on the quality of nursing care and lead to improved outcomes for both patients and healthcare staff (Aiken et al., 2012).

1.8 Workload

Concerns regarding workload in nursing homes have grown in recent decades. Nursing homes are grappling with an escalating workload brought about by several factors, including the increasing elderly population, financial constraints, staffing shortages, the heightened complexity of care requirements, and amplified expectations concerning the quality of care (1). Excessive workload is universally acknowledged as a pressing concern and is associated with unfavorable outcomes (MacPhee, Dahinten, & Havaei, 2017) . It was demonstrated that workload exerts a detrimental impact on nurses' perceptions of care quality and patient safety (Anderson, 2011). Numerous studies have indicated that nurses' workloads have adverse effects on patient safety aspects, encompassing issues such as infections (3), patient falls (4), medication errors (4), and patient mortality (Al-Mugheed et al., 2022; Almenyan, Albuduh, & Al-Abbas, 2021; Magalhães, Kreling, Chaves, Pasin, & Castilho, 2019).

Caregivers in nursing homes engage closely with patients, enabling them to assess the patients' conditions and attentively listen to any concerns voiced by the patients (Magalhães et al., 2019). However, when confronted with a high workload, caregivers may find themselves lacking the time to thoroughly evaluate both the psychosocial and physical well-being of patients. This limitation arises due to reduced opportunities for interactions with both patients and fellow caregivers. Consequently, this situation can impede proactive care efforts aimed at identifying early signs of clinical deterioration or complications and arranging subsequent interventions. The outcome is the potential omission of at least one essential task, ultimately leading to a reduction in the quality of care and patient safety (Al-Mugheed et al., 2022).

Numerous factors can impact the quality of nursing care, and one such factor is workload. An example from Switzerland, as highlighted by Zuniga et al. (2015), suggests that heightened workload and the subsequent increase in stress levels can potentially diminish the quality of nursing care. However, there are conflicting findings in this regard. Another study demonstrated that despite experiencing a high workload and facing shortages in human resources and equipment, the quality of nursing care remained at a commendable level. In a separate investigation, workload was quantified using total direct nursing hours. The results revealed a significant correlation between total direct nursing hours and certain quality indicators of nursing care, such as the incidence of patient restraint and mortality rates. Nevertheless, no significant correlation was observed with other indicators of nursing care quality, including the incidence density of pressure sores, falls, tube self-extractions, and infection rates (Zúñiga et al., 2015).

In addition to workload's connection with nursing care quality, several other factors can come into play within this relationship. Workload has the potential to lead to implicit rationing of nursing care, which, in turn, can affect the quality of care provided (Pérez-Francisco et al., 2020). A study conducted in Lebanon found that perceived workload levels across all shifts had a positive association with the rationing of nursing care. High workloads can place nurses in situations where they may be compelled to omit necessary care tasks, perform them hastily, or delay their completion. Consequently, nurses may struggle to deliver comprehensive care in line with established professional standards, thereby potentially impacting the quality of nursing care (Elbejjani et al., 2020). Research conducted in China demonstrated that nurses with higher scores in the rationing of nursing care tended to score lower in terms of the quality of nursing care they provided. Moreover, while increased rationing in areas such as rehabilitation, care,

supervision, and social care in nursing homes was linked to reduced nursing care quality, heightened rationing in documentation was associated with improved nursing care quality (Zhu, Zheng, Liu, You, & health, 2019).

1.10 Job satisfaction

Job satisfaction among nurses is a critical aspect of healthcare organizations, directly linked to the quality of nursing care provided to patients. Job satisfaction is a multidimensional emotional construct influenced by various factors within the Practice Environment and personal characteristics of nurses (Dilig-Ruiz et al., 2018). These factors encompass work-related elements, such as workload, nurse-patient ratios, organizational culture, leadership, autonomy, and compensation, as well as individual attributes, including age, gender, education, and experience (Dilig-Ruiz et al., 2018).

One of the central elements influencing job satisfaction among nurses is workload. Recent research has emphasized the pivotal role of workload in shaping nurses' job satisfaction. An increased workload can lead to reduced job satisfaction among nurses, thereby affecting their overall well-being (Holland, Tham, Sheehan, & Cooper, 2019). Nurses exposed to heavy workloads are more likely to experience burnout, stress, and feelings of exhaustion, which negatively impact their job satisfaction (Holland et al., 2019). Workload can be characterized by factors such as the nurse-to-patient ratio, the complexity of patient care, and the availability of support staff. When nurses are required to care for an excessive number of patients or handle complex cases without adequate support, their job satisfaction tends to decrease (Ivziku et al., 2022).

Several studies have corroborated this relationship. For instance, a recent study by Smith et al. (2023) found that nurses who reported higher workloads were less satisfied with their jobs (Smith, Lapkin, Halcomb, & Sim, 2023). Similarly, in a survey conducted by Sharour, L et al. (2020), nurses identified workload as a significant factor contributing to their dissatisfaction with their jobs (Mansour & Sharour, 2021).

The quality of nursing care is a fundamental aspect of patient outcomes and safety. It encompasses various dimensions, including the provision of evidence-based care, patient safety, effective communication, and patient-centeredness (Al-Mugheed et al., 2022). The quality of nursing care is crucial because it directly impacts patient health and recovery.

Numerous studies have explored the relationship between job satisfaction and the quality of nursing care. These investigations consistently reveal that job satisfaction plays a pivotal role in determining the quality of care provided by nurses (Ayalew et al., 2019). When nurses experience higher levels of job satisfaction, they are more likely to engage in positive patient interactions, adhere to clinical protocols, and deliver safe and effective care (Ayalew et al., 2019).

In a recent cross-sectional study showed that nurses who reported higher job satisfaction scores were more likely to provide care aligned with evidence-based practice guidelines (Kowalski et al., 2020). Additionally, another demonstrated that nurses with greater job satisfaction were more inclined to engage in patient-centered care practices, which positively impacted patient experiences and outcomes (Lee, MacPhee, & Dahinten, 2020). Furthermore, job satisfaction influences nurses' willingness to invest in their professional development, including participating in continuing education and training programs. This commitment to ongoing learning enhances nurses' competencies, enabling them to provide higher-quality care (Lee et al., 2020).

Job satisfaction acts as a mediating factor in the relationship between various work-related factors and the quality of nursing care. For example, when nurses are satisfied with their work, they are more likely to view their workload as manageable, even in high-stress environments. This perception can mitigate the negative effects of workload on the quality of care (Lee et al., 2020) [14]. Recent studies have underscored this mediating role. Inegbedion et al. (2020) found that job satisfaction mediated the relationship between workload and nurses' perception of the quality of care they provided (Inegbedion, Inegbedion, Peter, & Harry, 2020). Similarly, a study by Kundi et al. (2021) highlighted the importance of job satisfaction in buffering the impact of organizational factors on the quality of nursing care (Kundi, Aboramadan, Elhamalawi, & Shahid, 2021).

In summary, Job satisfaction among nurses is intricately linked to the quality of nursing care provided to patients. Recent research has emphasized the multifaceted nature of job satisfaction and its role as a mediator in the relationship between work-related factors and the quality of care. Ensuring job satisfaction among nurses through appropriate workload management, support, and recognition is paramount for achieving high-quality patient care outcomes. Nurse leaders and healthcare organizations must prioritize strategies to enhance job satisfaction among nurses, recognizing its direct influence on patient safety, satisfaction, and overall healthcare quality.

1.11 Problem Statement

Aged care facilities play a vital role in providing comprehensive care and support for elderly residents who often have complex healthcare needs. The quality of nursing care in these facilities is intrinsically linked to the practice environment in which nursing staff operate. This practice environment includes various factors, such as nurse-patient ratios, organizational culture, leadership, workload, and autonomy, which collectively influence the job satisfaction of nursing staff. Job satisfaction, in turn, plays a pivotal role in determining the quality of care provided to elderly residents.

This paper aims to delve into the intricate relationships between the practice environment, workload, job satisfaction, and the quality of nursing care in aged care facilities. By examining these relationships, we can gain a deeper understanding of the challenges faced by nursing staff and identify potential avenues for improving the overall Practice Environment to enhance job satisfaction and, ultimately, the quality of care.

The practice environment in aged care facilities is characterized by a unique set of challenges. Elderly residents often present with complex healthcare needs, including chronic illnesses, cognitive impairments, and physical limitations. These challenges necessitate a high level of care and support, making it imperative for the practice environment to be conducive to providing optimal care. Several factors contribute to the practice environment, including: workload, organizational structure, and leadership,

Workload is a critical factor that can significantly affect the job satisfaction of nursing staff in aged care facilities. The workload in these settings is often characterized by the need for continuous care and assistance for elderly residents. Key aspects related to workload include: Nurse-Patient Ratios, Physical and Emotional Demands: Caring for elderly residents with complex needs can be physically and emotionally demanding, Lack of Support Staff: Inadequate support staff can exacerbate the workload-related challenges faced by nursing staff. Impact on Work-Life Balance: High workload can affect the work-life balance of nursing staff. Long hours and increased stress can spill over into their personal lives, further impacting job satisfaction.

Several studies have examined the relationship between workload and job satisfaction among nursing staff in aged care facilities. Inegbedion et al. (2020) indicated that increased workload is associated with decreased job satisfaction among nurses (Inegbedion et al., 2020). Workload, as a potent stressor, can negatively affect nurses' job satisfaction. Job satisfaction is a

multidimensional emotional concept that reflects the interaction between nurses' expectations and values, their environment, and personal characteristics (Burhans & Alligood, 2010; Calder et al., 2018; Griffiths et al., 2018; Kluczniok et al., 2013; Kundi et al., 2021).

Perception of the significance of nurses' job satisfaction and its improvement is essential in providing high-quality care with optimal clinical outcomes. Aron et al. (2015) found that 87.6% of nurses believed that the quality of care provided by nurses was affected by their job satisfaction (Aron, 2015). Job satisfaction has been identified as a significant predictor of the quality of nursing care provided to elderly residents in aged care facilities.

Job satisfaction among nursing staff in aged care facilities has a direct bearing on the quality of nursing care provided to elderly residents. When nurses are satisfied with their Practice Environment and their roles within it, several positive outcomes can be observed: Enhanced Resident-Centered Care, reduced Turnover Rates, Improved Communication, and Higher Levels of Care: Job satisfaction is linked to increased motivation and a willingness to go above and beyond in caregiving. Nursing staff who are satisfied with their roles are more likely to provide comprehensive and attentive care to residents (Kundi et al., 2021; Mansour & Sharour, 2021; Pérez-Francisco et al., 2020).

The practice environment in aged care facilities is a critical determinant of job satisfaction among nursing staff. Workload, in particular, plays a central role in shaping the Practice Environment and has a profound impact on nurses' job satisfaction. High workload, stemming from factors such as nurse-patient ratios, limited support staff, and complex resident needs, can lead to stress and decreased job satisfaction. In recent years, there has been a growing awareness of the significance of fostering positive Practice Environments, ensuring job satisfaction, managing workloads effectively, and enhancing the quality of care in various sectors globally and in Israel. Despite this awareness, there is a conspicuous lack of extensive research and qualitative studies in these areas. This paper discusses this gap in research, emphasizing the need for holistic and culturally relevant studies to better understand and improve workplace conditions and outcomes. A positive Practice Environment, job satisfaction, and a balanced workload are critical factors that contribute to the overall well-being of employees and the quality of care provided in various sectors. In Israel, as well as worldwide, these factors play a significant role in sectors such as healthcare, education, and corporate settings. However, there is a noticeable scarcity of comprehensive studies and qualitative research in these areas, hindering

our understanding and ability to implement effective changes. Practice Environment and Job Satisfaction the Practice Environment significantly impacts an employee's job satisfaction, performance, and well-being. Studies have shown that a positive Practice Environment leads to higher job satisfaction, increased productivity, and better overall well-being (Smith et al., 2023). However, there is a need for more qualitative studies that delve into the nuances of different Practice Environments, especially in culturally diverse settings like Israel.

The workload is another crucial factor that directly impacts the quality of care provided in various sectors. Overwork and job burnout can lead to a decrease in the quality of care and services provided. This is particularly pertinent in healthcare settings, where the quality of care is paramount. Despite its importance, there is a lack of in-depth studies focusing on workload management worldwide and in Israel.

To address the gaps in research, there is an urgent need for qualitative studies that provide a deeper understanding of Practice Environments, job satisfaction, workload, and quality of care. Qualitative research is crucial as it considers the cultural, social, and individual factors that play a significant role in these areas. Furthermore, it allows for a more nuanced and comprehensive understanding of the challenges and opportunities present in various settings.

In conclusion, the lack of comprehensive studies on Practice Environment, job satisfaction, workload, and quality of care is a significant concern worldwide and in Israel. Addressing this gap through qualitative research is crucial for enhancing workplace conditions, ensuring employee well-being, and improving the quality of care provided. By investing in research and understanding the unique challenges and opportunities present in different settings, we can work towards creating a more positive and productive Practice Environment for all.

1.12 Significance of the Study

The aging population is growing at an unprecedented rate, placing a spotlight on the need for high-quality aged care facilities. Central to the provision of exemplary care in these settings is a profound understanding of the relationship between practice environment, workload, job satisfaction, and the quality of nursing care. This paper delves into the significance of studying these interrelated factors, emphasizing their impact on the well-being of elderly residents, the satisfaction and performance of nursing staff, and the overall effectiveness of aged care facilities.

The practice environment in aged care facilities is a crucial determinant of both the quality of care provided and the job satisfaction of nursing staff. A positive practice environment is characterized by supportive management, adequate resources, and a culture that values and respects both staff and residents. Research has consistently shown that a conducive practice environment leads to better patient outcomes, higher job satisfaction, and reduced nurse burnout (Aiken et al., 2012). In contrast, a negative environment can lead to disengagement, high turnover rates, and ultimately, compromised care for elderly residents.

Workload is a critical component in the equation, directly influencing the quality of nursing care and job satisfaction. A reasonable and well-managed workload ensures that nursing staff have sufficient time and resources to attend to the needs of each resident, leading to higher quality care. On the other hand, excessive workload leads to stress, burnout, and a decline in the quality of care, as staff may be rushed, exhausted, and unable to provide the necessary attention and compassion (Moore & Patton, 2019).

Job satisfaction among nursing staff in aged care facilities is not just a matter of individual well-being; it has far-reaching implications for the quality of care provided and the overall atmosphere of the facility. Satisfied and engaged staff are more likely to stay in their positions, reducing turnover and ensuring continuity of care. They are also more likely to go above and beyond in their roles, contributing to a positive, nurturing environment for elderly residents. Conversely, dissatisfied staff may lack the motivation and engagement necessary to provide high-quality care, leading to negative outcomes for both residents and the facility as a whole.

The ultimate goal of examining the relationship between practice environment, workload, job satisfaction, and nursing care is to enhance the quality of care provided in aged care facilities. High-quality nursing care ensures that elderly residents live in comfort, dignity, and respect, with their physical, emotional, and social needs adequately met. It also contributes to the overall reputation and success of the facility, as families are more likely to choose and recommend facilities known for their excellent care and positive environment.

Despite the recognized importance of these factors, there is a lack of comprehensive, A Mixed-Method Study exploring their interrelationships in aged care settings. Such studies are crucial for developing evidence-based interventions and policies aimed at enhancing the practice environment, managing workload effectively, ensuring job satisfaction, and ultimately improving the quality of nursing care. They also provide valuable insights into the unique

challenges and opportunities present in aged care facilities, contributing to the broader field of gerontological nursing and aged care.

In conclusion, understanding the intricate relationship between practice environment, workload, job satisfaction, and quality of nursing care is crucial in aged care facilities. These factors are interconnected, each playing a vital role in shaping the experiences of both nursing staff and elderly residents. Investing in research and studies to explore these relationships is not just an academic exercise; it is a necessary step towards ensuring the well-being of our aging population, the satisfaction and performance of nursing staff, and the overall efficacy of aged care facilities. Through comprehensive studies and evidence-based practices, we can work towards creating aged care environments that are supportive, efficient, and above all, centered on providing the highest quality of care to our elderly residents.

1.13 Research Purposes and Questions

The purposes of these two-phased studies were to:

Phase I was conducted to (1) explain the relationships between Practice Environment and Quality of Nursing Care among nurses employed in aged care facilities; (2) explain the relationships between Workload and Quality of Nursing Care among nurses employed in aged care facilities; and (3) explain the relationships between Job Satisfaction and Quality of Nursing Care among nurses employed in aged care facilities; and (4) identify to what extent Practice Environment, Workload, Job Satisfaction predict the Quality of Nursing Care among nurses employed in aged care facilities. The following section details the research hypotheses, design, setting, sampling, and recruitment of participants, data collection instruments, and data analysis methods.

Phase II: Describe Nurses who work in aged care facilities' experiences and perceptions of the Quality of Nursing care, Practice Environment, workload, and job satisfaction.

This two-phase study addressed the following questions:

1. What is the relationship between Practice Environment and Quality of Nursing Care among nurses employed in aged care facilities?
2. What is the relationship between Workload and Quality of Nursing Care among nurses employed in aged care facilities?
3. What is the relationship between Job Satisfaction and Quality of Nursing Care among nurses employed in aged care facilities?

4. To what extent do Practice Environment, Workload, and Job Satisfaction predict the Quality of Nursing Care among nurses employed in aged care facilities?
5. What are nurses' experiences and perceptions of the Quality of Nursing care, Practice Environment, workload, and job satisfaction in aged care facilities?

1.14 Research Hypotheses

In Phase I the following hypotheses were generated from the literature review:

1. There is a relationship between the Practice Environment and Quality of Nursing Care among nurses employed in aged care facilities.
2. There is a relationship between the Workload and Quality of Nursing Care among nurses employed in aged care facilities.
3. There is a relationship between Job Satisfaction and Quality of Nursing Care among nurses employed in aged care facilities.
4. Practice Environment, Workload, and Job Satisfaction predict the Quality of Nursing Care among nurses employed in aged care facilities.

1.15 Clarification of Terms

1. Quality of Nursing Care (QONC)

QONC theoretically is defined by the Institute of Medicine (IOM) as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” (p. 411). In the current study, Caring Behaviors Inventory-24 was used to define the QONC operationally.

2. Practice Environment

In the current study, Nurses' practice environment is defined as “the organizational characteristics of a work setting that facilitate or constrain professional nursing practice” (Lake & health, 2002) Operationally, the Practice Environment Scale of the Nursing Work Index (PES-NWI) which consists of 31 items will be used.

3. Workload

Workload is defined as “The amount of work assigned to or expected from a worker in a specified time period” ("workload," 2016). Operationally, the NASA Task Load Index which consists of six items will be used to assess the workload among nurses in critical care units.

4. Job Satisfaction

In the current study, job satisfaction is defined as the positive and enjoyable attitude and behaviors of the staff towards their job (George, Louw, & Badenhorst, 2008). The Minnesota Satisfaction Questionnaire (MSQ) (short version) was used to measure it operationally.

5. Aged Care:

it refers to the comprehensive range of services and support mechanisms provided to older individuals who require assistance with daily living activities, healthcare, and housing. This support can be offered in various settings, including in the home, in community centers, or in specialized residential facilities (Edvardsson, Fetherstonhaugh, McAuliffe, Nay, & Chenco, 2011).

1.16 Theoretical Framework for The Study

Understanding the dynamics of nurses' practice environments, their job satisfaction, workload, and the resulting quality of care in aged care facilities is crucial for improving both employee well-being and patient outcomes. Herzberg's Two-Factor Theory, which differentiates between hygiene factors (which can cause dissatisfaction if missing but do not necessarily motivate if present) and motivators (which truly encourage job satisfaction), provides a valuable framework for this exploration. This section outlines how Herzberg's theory can be applied to the current study and explore these relationships within aged care settings (Alshmemri, Shahwan-Akl, & Maude, 2017).

The first step in applying Herzberg's Two-Factor Theory to this context is to categorize aspects of nurses' practice environment, workload, and job satisfaction into hygiene factors and motivators. For example, adequate staffing levels, fair compensation, and a safe working environment could be considered hygiene factors. On the other hand, opportunities for professional development, recognition for good work, and meaningful patient interactions could be seen as motivators (Alshmemri et al., 2017).

Once these factors are identified, the research can delve into how they individually and collectively influence the quality of care provided in aged care facilities. Herzberg's theory posits that while improving hygiene factors can prevent job dissatisfaction, it is the presence of motivators that truly enhances job satisfaction and performance. Applying this logic, the study could explore how ensuring adequate staffing levels (a hygiene factor) might prevent burnout

and ensure a basic standard of care, while providing opportunities for professional growth (a motivator) might enhance nurses' engagement and lead to a higher quality of care.

Workload is a crucial factor in this equation, as it can impact both the hygiene factors and motivators. A balanced workload ensures that nurses have the time and energy to engage with motivators, leading to increased job satisfaction and potentially better quality of care. In contrast, an excessive workload might undermine hygiene factors (leading to dissatisfaction) and leave nurses too drained to engage with motivators.

By identifying which aspects of the practice environment, workload, and job satisfaction function as hygiene factors or motivators, interventions can be more strategically designed. For example, if the research finds that recognition is a strong motivator but is currently lacking, aged care facilities could implement regular recognition programs or awards. Similarly, if workload is identified as a critical hygiene factor that is currently not being met, efforts could be made to adjust staffing levels or redistribute workload more evenly (Yusoff, Kian, Idris, & Management, 2013).

Finally, applying Herzberg's Two-Factor Theory requires an evaluation of how changes to hygiene factors and motivators impact both job satisfaction and the quality of care. This could involve regular surveys of nursing staff and assessments of patient care quality, providing ongoing data to refine and adjust interventions as necessary.

Herzberg's Two-Factor Theory offers a nuanced framework for understanding the complex relationship between the practice environment, workload, job satisfaction, and quality of care in aged care facilities. By categorizing different aspects of nurses' experiences into hygiene factors and motivators, researchers can more precisely identify which factors need to be addressed to enhance both nurse well-being and patient outcomes. This targeted approach ensures that interventions are not just addressing symptoms of dissatisfaction but are actively working to enhance job satisfaction and the quality of care (Yusoff et al., 2013).

1.17 Thesis Structure

Chapter One furnishes an introductory perspective on the study's design and its contextual background. The chapter also underscores the significance of the study, elucidates its research objectives, provides clarification of key terminologies, and presents the study's research inquiries.

Chapter Two undertakes a meticulous examination of existing literature with respect to Quality of Nursing Care (QONC), practice environment, workload and job satisfaction.

Chapter Three outlines the research's architectural framework, comprising elements such as research design, sampling strategies, study settings, selection of instruments, procedures for data collection, ethical considerations, the study's trustworthiness, and the chosen methods for data analysis.

Chapter Four serves as the repository for the outcomes stemming from the **quantitative phase** of the study. This encompasses comprehensive descriptive and inferential analyses of envisaged determinants, alongside QONC scores. Additionally, it unfurls the outcomes of the associations, both bivariate and multivariate, involving variables such as practice environment, workload and job satisfaction and their impact on QONC. **Phase II – Qualitative Findings sets** the stage for the unveiling of findings from the qualitative facet of the study.

Chapter Five embarks on an in-depth discussion of the findings, correlating them with the established body of literature and the research inquiries. The chapter culminates in conclusions drawn from the study, highlighting the implications of the results or findings on nursing research, practice, and education. Furthermore, the chapter outlines the methodological limitations of the study, accompanied by recommendations encompassing avenues for future research, educational enhancements, and clinical practice refinements.

Chapter Two: Literature Review

2.1 Introduction

This chapter provides an extensive examination of the existing literature concerning the potential determinants of Quality of Nursing Care (QONC) among nurses employed in aged care facilities. Within this review, we delve into prior studies, conducting a critical analysis that encompasses the scope of research topics, geographical locations of studies, methodological approaches employed, obtained findings, and the implications these findings hold for the nursing field. The chapter commences by presenting an overview of the QONC concept, followed by an exploration of the established factors associated with QONC and pertinent considerations. Subsequently, we delve into a comprehensive review of previously published research pertaining to the practice environment, workload, and job satisfaction, all within the context of their relationship with QONC.

2.2 Search strategies

In conducting the literature review, a comprehensive and systematic search strategy was employed to ensure the inclusion of relevant studies and publications. Multiple academic databases, including PubMed, Scopus, and Google Scholar, were meticulously searched using a combination of keywords and phrases related to the study's themes, such as "quality of nursing care," "aged care facilities," "nurse practice environment," "job satisfaction," and "workload." The search was not limited to a specific time frame to capture a broad spectrum of research, but particular attention was paid to studies published in the last ten years to ensure the relevance and timeliness of the data. Inclusion criteria were defined to filter the studies based on their relevance, methodology, and the quality of the evidence provided. Peer-reviewed articles, research papers, and reports from recognized institutions were prioritized, while grey literature and A Mixed-Method Study were excluded

2.3 Quality of Nursing Care (QONC)

The significance of quality nursing care within the healthcare system is paramount, serving as a fundamental pillar in ensuring optimal patient outcomes, satisfaction, and overall healthcare efficiency. The evolving complexities of patient need and the dynamic nature of healthcare delivery systems underscore the critical role of nursing care in maintaining and enhancing the quality of health services provided (Smith, Lapkin, Sim, & Halcomb, 2020).

Quality nursing care encompasses a comprehensive approach, integrating evidence-based practices, patient-centered care, and effective communication, all of which contribute to the safety, effectiveness, and responsiveness of healthcare services. Recent studies and reports have consistently highlighted the direct correlation between high-quality nursing care and improved patient outcomes, including reduced mortality rates, shorter hospital stays, and increased patient satisfaction (Aiken et al., 2013; Engle et al., 2021)

Furthermore, the integration of quality nursing care into the healthcare system aligns with global health priorities and standards set by health organizations, such as the World Health Organization, which emphasizes the importance of quality care in achieving universal health coverage and improving population health (Neville & Roan, 2014). As healthcare systems worldwide continue to navigate challenges such as resource limitations, aging populations, and the increasing prevalence of chronic conditions, the role of nursing care in maintaining and improving quality becomes even more crucial (X. Li et al., 2020; Neville & Roan, 2014).

Investing in and prioritizing quality nursing care not only leads to better patient outcomes but also contributes to the sustainability and efficiency of healthcare systems as a whole. Ensuring that nurses are well-equipped with the necessary skills, knowledge, and resources to provide high-quality care is essential in meeting the growing demands of healthcare and in fostering resilient and effective healthcare systems (Juanamasta, Aunguroch, & Gunawan, 2021). The concept of quality nursing care is multifaceted, encompassing various dimensions that contribute to optimal patient outcomes, safety, and satisfaction. Understanding these dimensions requires delving into the definitions provided by numerous scholars and healthcare organizations (S. H. Cho, Lee, You, Song, & Hong, 2020; Juanamasta et al., 2021).

Quality nursing care can be defined as the extent to which healthcare services provided by nurses are consistent with current professional knowledge and standards, leading to improved

patient outcomes. It involves a patient-centered approach, ensuring that care is compassionate, accessible, and respectful of individual patient preferences, needs, and values (Karaca & Durna, 2019; Oldland, Botti, Hutchinson, & Redley, 2020).

Another critical aspect of quality nursing care is safety. The World Health Organization (WHO, 2020) emphasizes the importance of minimizing risks and harm to patients associated with healthcare. High-quality nursing care involves vigilant monitoring, appropriate interventions, and timely, accurate communication to prevent errors and promote patient safety (Karaca & Durna, 2019).

Efficiency is also a key component of quality nursing care, referring to the optimal utilization of resources (time, manpower, materials) to achieve the best possible patient outcomes (Padmanabhan, Suresh, Klaus, & E-Book, 2019). Efficient nursing care ensures that resources are not wasted and that care is provided in a timely manner, contributing to the overall effectiveness of the healthcare system. The concept of effectiveness in quality nursing care pertains to providing services based on scientific knowledge and evidence-based practice, ensuring that care is appropriate to the patient's condition and leading to desired outcomes (Padmanabhan et al., 2019; Zhao et al., 2020) . It involves continuous learning, reflection, and adaptation of care based on the latest evidence and best practices. In summary, quality nursing care is a multidimensional concept that encompasses safety, effectiveness, efficiency, and patient-centeredness. Ensuring quality in nursing care is crucial for achieving optimal patient outcomes, enhancing patient safety, and contributing to the overall success and sustainability of the healthcare system (Padmanabhan et al., 2019; Zhao et al., 2020).

In recent years, there has been a growing body of literature focused on evaluating the quality of nursing care within aged care facilities. These studies play a crucial role in identifying areas for improvement, enhancing patient outcomes, and ensuring the well-being of elderly residents. This literature review aims to explore recent studies conducted in this domain, shedding light on their methodologies, findings, and implications for practice and policy.

One notable study conducted by Nhongo et al. (2023) assessed the impact of nurse staffing levels on the quality of care in Australian aged care facilities. A retrospective approach, the researchers gathered data from aged care facilities. The study found a positive correlation between higher staffing levels and improved quality of care, highlighting the critical role of

adequate staffing in ensuring patient safety and satisfaction (Nhongo, Holt, Flenady, Rebar, & Bail, 2023).

Supporting this positive relationship, another cross-sectional study by Oliveira et al. (2017), the authors explored the relationship between the Practice Environment and the quality of nursing care in Brazilian long-term care facilities. Through surveys administered to 3,229 nursing professionals, the study revealed that a supportive Practice Environment, characterized by adequate resources and positive leadership, was significantly associated with higher perceived quality of care. These findings underscore the importance of fostering a positive organizational culture to enhance care quality (de Oliveira, Griep, Portela, & Rotenberg, 2017).

In Taiwan, research conducted by Chang et al (2013) presented insights from a qualitative investigation into the perceptions of nursing leaders regarding Evidence-Based Practice (EBP) within residential care homes for the elderly in Taiwan. The study encompassed six randomly chosen facilities. At each facility, the nursing leader (a total of six participants) was engaged in a comprehensive interview. An analysis of the interview transcripts was conducted using thematic content analysis to delineate common experiences. While most of the leaders held favourable views on research and EBP, they reported minimal actual application in their practices. Challenges to the adoption of EBP were numerous, ranging from personal hurdles like a lack of motivation and confidence to initiate changes, to research-related issues such as difficulties in locating and comprehending scholarly articles. Systemic obstacles were also noted, including insufficient funding and time, limited authority, and an organizational culture that does not support EBP. The study also touches upon possible consequences of these findings for policy making and clinical practice (Chang, Jones, & Russell, 2013).

Further, a European review was conducted to synthesize and detail the findings of research into the relationship between person-centered care (PCC) and outcomes for healthcare providers, such as job satisfaction and occupational health. Scoping Review was utilized. The review considered A Mixed-Method Study that examined the correlation between PCC assessment instruments and outcomes for healthcare providers. Systematic searches were executed across databases including PubMed, CINAHL, PsychINFO, and SCOPUS to locate studies published from 2001 to 2019. Two reviewers independently evaluated the studies for potential inclusion. Out of the screened literature, eighteen studies met the criteria for inclusion. These comprised

twelve cross-sectional studies, four quasi-experimental studies, one longitudinal study, and one randomized controlled trial. The research was conducted in various settings such as residential care, nursing homes, safety net clinics, hospitals, and community care across Sweden, The Netherlands, the United States, Australia, Norway, and Germany. Variables assessed among healthcare providers included job satisfaction, burnout, stress of conscience, the psychosocial Practice Environment, job strain, and intention to leave the job. While cross-sectional studies identified significant links between PCC and provider outcomes, the longitudinal study did not demonstrate significant long-term effects (van Diepen, Fors, Ekman, & Hensing, 2020).

In a qualitative study by Cho et al. (2020) conducted in South Korea, the researchers explored the perceptions of quality of care among nursing staff and residents in long-term care facilities. Through in-depth interviews and focus group discussions, the study identified key themes related to care quality, including the importance of personalized care, effective communication, and staff competence. The findings highlight the need for ongoing staff training and development to enhance care quality (E. Cho, Kim, Chang, Kim, & Kim, 2020).

There is a scarcity of comprehensive research on how the Practice Environment of long-term residential care facilities (LTRCFs) affects staff and, subsequently, the quality of care (QOC) provided to residents. The majority of the existing research is based on cross-sectional studies, leading to a lack of strong corroborative evidence (Perruchoud et al., 2021). A systematic review was conducted, targeting experimental and longitudinal studies from twelve bibliographic databases. The studies of interest were those published up until May 2021 that investigated the working conditions of nursing staff in LTRCFs and the consequent QOC delivered to elderly residents. Out of 3577 articles screened, 159 were reviewed in full, with 11 studies meeting the criteria for inclusion. These studies indicated that higher hours per resident per day (HPRD) logged by nursing staff correlated with a noticeable decrease in the incidence of pressure ulcers and urinary tract infections. Furthermore, the overall qualification levels of the staff and the presence of registered nurses (RNs) were significantly beneficial to the QOC (Perruchoud et al., 2021). This systematic review uniquely synthesizes cohort and quasi-experimental studies to shed light on the link between the working conditions of nursing staff in LTRCFs and the QOC received by elderly residents. The review highlights that factor such as HPRD, staff turnover, skill composition, and staff-to-resident ratios, as well as the professional contributions of RNs,

have a profoundly significant impact on QOC. Given these findings, it is imperative for the management and policy-makers within LTRCFs to recognize and enhance working conditions for nursing staff to directly improve the QOC for residents (Perruchoud et al., 2021).

Workforce competency and quality of care relationship was investigated also. In Canadian long-term care (LTC) homes, residents typically spend less than two years post-admission, positioning these homes as settings for palliative care. The readiness of LTC staff in Canada to adopt a palliative care approach is not well documented. This study aimed to evaluate aspects pertinent to palliative care, such as staff emotional wellbeing, confidence in their palliative care abilities, and commitment to person-centred practices, including knowledge of the individual and providing comfort care. The study involved 228 staff members, both professional (e.g., nurses) and non-professional (e.g., nursing assistants), from four LTC homes across Canada who participated in a survey. The prevalence of burnout, secondary traumatic stress, and dissatisfaction with job conditions was significantly lower than standard benchmarks; for example, the average burnout score for professionals was 20.49 (with a standard deviation (SD) of 5.39) and 22.09 (SD=4.98) for non-professionals, with a cut-off score being 42. Additionally, only 0–1% of respondents in each category scored above the cut-off for these issues. The study found that self-reported palliative care self-efficacy was moderate; professionals averaged 18.63 (SD=6.29) and non-professionals 15.33 (SD=7.52) out of a possible 32. This trend was mirrored in self-reported person-centred care; professionals averaged 22.05 (SD=6.55) and non-professionals 22.91 (SD=6.16) out of a maximum score of 35. T-tests revealed that non-professional staff experienced higher levels of burnout, whereas professional staff expressed higher job satisfaction and self-efficacy ($p < 0.05$). No significant differences were observed in secondary traumatic stress or person-centred care practices ($p > 0.05$). In summary, the findings indicate that emotional wellbeing among Canadian LTC staff does not seem to be a barrier to providing effective palliative care. Nevertheless, there is room to enhance self-efficacy in palliative care and person-centred practices within these settings (Hunter et al., 2020)

Many studies were conducted in Western countries aiming to explore the factors that might contribute to the quality of nursing care. For example, in a systematic review, a literature search was executed across nine electronic databases for English-language studies published from 2006 to 2017, focusing on outcomes sensitive to nursing care. Out of 3429 articles identified, 35

passed the criteria for inclusion. Each study was cross-sectional, with the bulk relying on extensive administrative datasets. Findings indicated that higher levels of nursing staff were linked to a decrease in patient mortality, medication errors, bedsores, use of restraints, infections, incidences of pneumonia, and increased administration of aspirin, along with a rise in the number of patients receiving timely percutaneous coronary intervention. A meta-analysis of 175,755 patients, drawn from six studies in intensive and cardiac/cardiothoracic care units, revealed that increased nursing levels led to a 14% reduction in the risk of in-hospital death (0.86, 95% CI 0.79–0.94), despite significant heterogeneity ($I^2=86\%$) among the studies. The ratio of nurses to patients significantly impacts various patient health outcomes, particularly in-hospital mortality. To address current research gaps and limitations, more studies are needed to clarify the link between nurse staffing ratios and nurse-sensitive outcomes. Further research will provide stronger evidence to guide recommendations for the ideal nurse-to-patient ratios in acute specialty units (Driscoll et al., 2018).

Additionally, the relationship between residents and their families' satisfaction and QONC was evaluated, a study by Liu et al. (2012) in the United States aimed to assess the contentment among family members regarding the care their relatives with dementia received from nurse practitioners (NPs) in nursing homes. Family members of 239 deceased nursing home residents with dementia were sent a questionnaire, which included an opportunity to share open-ended feedback on the NP's care. Of these, 131 completed surveys were returned, indicating a 55% response rate. The findings showed a remarkable 98% level of agreement among family members on their satisfaction with the care at the end of their loved one's life provided by the NP. The study utilized the survey data to explore the relationship between communication with the NP, the comfort of the resident, and the families' overall satisfaction with the end-of-life care. Pearson's correlation analyses confirmed that total satisfaction was significantly linked to the quality of NP-family communication, resident comfort, and satisfaction with the care provided by the NP. The results indicate that NPs who adopt a care approach focused on advance care planning, consistent communication, and comfort care are likely to achieve high levels of satisfaction from family members (L. M. Liu, Guarino, & Lopez, 2012). The study underscores the importance of patient-centered care and the role of families in evaluating care quality.

Continue in the same vein and aiming to gain an in-depth understanding of the QONC and its predictors; a research project led by Adams et al. (2021) in the United Kingdom explored the relationship between nursing leadership and quality of care in aged care settings. Through a review of the previous studies among nursing leaders and staff, the study identified leadership styles that promote a positive Practice Environment, staff motivation, and high-quality care. The findings suggest that effective leadership is a key determinant of care quality in aged care facilities (Adams, Ryan, & Wood, 2021).

Environmental factors and quality of care were explored, in a study conducted by Von Treuer et al. (2018) in Australia, researchers investigated the impact of the physical environment on the quality of nursing care in aged care facilities. The study involved surveys and site visits to 21 facilities, evaluating practice environment aspects such as pressure, innovation, structure. The results indicated that a well-designed physical environment contributes to better care quality and resident well-being (Von Treuer et al., 2018).

Another quantitative study by Pei-Hsuan et al. (2023) in Taiwan examined the influence of staffing mix (ratio of registered nurses to nursing aides) on care outcomes in aged care facilities. Analysing data from 139 facilities, the study found that a higher proportion of registered nurses was associated with better care outcomes, including lower rates of pressure ulcers and falls. This study highlights the importance of not just staffing levels, but also the mix of staff in ensuring quality care (Pei-Hsuan, Yao-Mei, Li-Chuan, Mei-Hsing, & Hsieh, 2023).

Importantly, a recent innovation-focused study by Tan et al. (2020) in Singapore explored the adoption of technology in nursing care within aged care facilities. The study, involving surveys and interviews with 300 staff members, assessed the impact of technology on care processes and outcomes. The findings suggest that technology can enhance care efficiency, accuracy, and overall quality when integrated effectively and supported by adequate training. These studies collectively provide a comprehensive overview of the various factors influencing the quality of nursing care in aged care facilities. They highlight the multifaceted nature of care quality, underscoring the need for a holistic approach that addresses staffing, education, leadership, environment, and technology (Tan, Taeihagh, & society, 2021).

In conclusion, recent studies on the quality of nursing care in aged care facilities provide valuable insights into the factors influencing care quality and the impact of various interventions.

Adequate staffing, a supportive Practice Environment, evidence-based practice, person-centered care, and ongoing staff development emerge as key components in enhancing care quality. These findings hold significant implications for policymakers, administrators, and practitioners, highlighting the need for targeted strategies and investments to ensure high-quality nursing care for elderly residents in aged care facilities.

Despite the increasing global attention on the quality of nursing care in aged care facilities, there remains a significant gap in the literature, particularly in regions like the Middle East and Israel. This gap is critical as the population in these areas continues to age, necessitating a robust understanding of nursing care quality to ensure the well-being of older adults.

Much of the existing research on nursing care quality originates from Western countries, and may not account for the unique cultural contexts of the Middle East and Israel. In these regions, family plays a central role in caregiving, and the expectations and perceptions of nursing care quality may differ significantly. There is a need for studies that explore how cultural factors influence the quality of nursing care, as well as the integration of family in caregiving in aged care facilities. The Middle East, in particular, experiences wide disparities in healthcare resources and infrastructure. This can affect the workload of nurses and the quality of care they are able to provide. Israel, while having a more developed healthcare system, still faces challenges related to the allocation of resources to aged care. Literature focusing on how these factors specifically impact nursing care quality in these regions is sparse. In addition, the level of training and education among nursing staff can vary widely in the Middle East, and there is limited research on how this variability impacts the quality of care. In Israel, while nursing education is well-established, there is still a need for studies that evaluate the ongoing training and competency of nursing staff in aged care facilities. The Middle East and Israel have diverse healthcare policies and regulations, and there is a lack of comprehensive studies evaluating how these policies impact the quality of nursing care in aged care facilities. Research in this area is crucial for informing policy changes and ensuring that regulations are conducive to high-quality nursing care.

The concept of patient-centered care is a growing focus in healthcare, but its application and impact on the quality of nursing care in aged care facilities in the Middle East and Israel have not been adequately studied. Research is needed to understand how patient-centered care

practices are implemented in these regions and how they contribute to the quality of care. Finally, there is a need for standardized and culturally appropriate tools to measure the quality of nursing care in the Middle East and Israel. The development and validation of such tools would facilitate more rigorous research and contribute to the global understanding of quality nursing care in aged care facilities.

In summary, addressing these gaps in the literature is essential for improving the quality of nursing care in aged care facilities in the Middle East and Israel. By focusing research efforts on these areas, we can ensure that older adults in these regions receive the high-quality care they deserve.

2.4 Nurse Practice Environment

The Practice Environment of nurses is a critical aspect of healthcare that directly influences not only the well-being and job satisfaction of the nursing staff but also the quality of patient care (Gillet et al., 2018). Recent studies have extensively evaluated nurse Practice Environments, shedding light on various facets including staffing levels, managerial support, job satisfaction, and patient outcomes. Here is a literature review based on recent studies conducted in this domain. A study by White et al. (2020) investigated the relationship between nurse Practice Environments and patient outcomes. Utilizing survey data from nurses and patients across multiple hospitals, the study found that better nurse Practice Environments were associated with higher patient satisfaction and better quality of care. The study underscored the significance of supportive managerial practices and adequate staffing in enhancing Practice Environments (White, Aiken, Sloane, & McHugh, 2020).

Extensive research by Kelly et al. (2019) focused on understanding how different aspects of the Practice Environment contribute to job satisfaction among nurses. The study revealed that factors such as autonomy, professional development opportunities, and respectful communication significantly influence nurse job satisfaction. The findings highlighted the need for healthcare organizations to foster positive Practice Environments to retain nursing staff (Kelly, Johnson, Bay, & Todd, 2021).

Impact on the workplace on the burnout among nursing staff was the focus of a study by Chirico et al. (2021). Through surveys and interviews, the research explored the link between Practice Environment factors such as workload, emotional demands, and the prevalence of burnout. The

study found that improving nurse-to-patient ratios and providing adequate resources can mitigate burnout and enhance the overall Practice Environment (Chirico et al., 2021). Furthermore, the effect of Leadership on Practice Environment has been studied. In a study conducted by Cummings et al. (2018), the impact of leadership styles on nurse Practice Environments was explored. The study utilized questionnaires and interviews to gather data, concluding that transformational leadership positively influences Practice Environments, leading to higher job satisfaction and better patient care (Cummings et al., 2018).

In order to have full understanding on the Practice Environment and its impact. Practice Environment and Nurse Retention was investigated. A study by Hasselhorn et al. (2020) aimed to understand the role of the Practice Environment in nurse retention. Using a mixed-methods approach, the study identified that supportive Practice Environments, inclusive of adequate staffing and managerial support, play a crucial role in retaining nursing staff, particularly in high-stress healthcare settings(Hasselhorn, 2020). Indeed, a research study by Numminen et al. (2017) assessed the link between nurse Practice Environments and clinical competence. Through surveys administered to a large sample of nurses, the study found that positive Practice Environments were significantly associated with higher levels of clinical competence (Numminen, Leino-Kilpi, Isoaho, & Meretoja, 2017).

The correlation between nurse Practice Environments and patient safety was explored in a study by Son et al. (2019). Drawing data from multiple hospitals, the study established that hospitals with better nurse Practice Environments had higher patient safety ratings. The findings emphasized the importance of fostering positive work conditions to enhance patient safety (Son, Lee, Ko, & health, 2019).

A global perspective on nurse Practice Environments was explored also. A comparative study by Aiken et al. (2021) examined nurse Practice Environments across various countries. Utilizing survey data, the study highlighted significant variations in Practice Environments globally and called for international efforts to improve conditions for nursing staff (Aiken et al., 2021). Technology and Practice Environment is an area of interest for another researchers. The role of technology in shaping nurse Practice Environments was the focus of a study by Holden et al. (2021). The research found that the integration of user-friendly and efficient technology can significantly enhance the Practice Environment, reducing workload and improving job

satisfaction (Holden, Abebe, Russ-Jara, Chui, & Pharmacy, 2021). Finally, organizational culture and Practice Environment were explored. A qualitative study by Braithwaite et al. (2017) explored how organizational culture influences nurse Practice Environments. Through interviews and focus groups, the study concluded that a positive organizational culture, characterized by mutual respect and team collaboration, contributes to a supportive Practice Environment (Braithwaite, Herkes, Ludlow, Testa, & Lamprell, 2017).

The recent literature on nurse Practice Environments highlights a multifaceted issue influenced by staffing levels, leadership, organizational culture, and technology. Positive Practice Environments are linked to better patient outcomes, higher job satisfaction, and lower levels of burnout, underscoring the need for healthcare organizations to invest in creating and maintaining supportive work conditions for nursing staff.

The evaluation of nurse Practice Environments and the quality of nursing care in aged care facilities is a crucial area of research, given the aging global population and the increasing demand for long-term care services. Recent studies have explored various aspects of these themes, providing valuable insights and implications for practice and policy. Below is a literature review based on recent studies conducted in this domain: Staffing Levels and Quality of Care: A study by Castle et al. (2020) examined the relationship between staffing levels, Practice Environment, and the quality of nursing care in aged care facilities. The study utilized survey data from nursing staff and administrators, finding that higher staffing levels were associated with better Practice Environments and higher quality of care. The study highlighted the need for policy interventions to ensure adequate staffing in aged care facilities (N. G. Castle, Hyer, Harris, & Engberg, 2020).

The impact of leadership on Practice Environment was explored, research by Vogus and McClelland (2018) explored the role of leadership in shaping the Practice Environment and quality of nursing care in aged care settings. Through interviews and observational data, the study found that transformational leadership practices were linked to more positive Practice Environments and higher quality of care. The findings underscore the importance of investing in leadership development programs in aged care facilities (Vogus, McClelland, Lee, McFadden, & Hu, 2021). Nurse Autonomy and Care Quality has been investigated also. A study by White et al. (2020) investigated the impact of nurse autonomy on the Practice Environment and quality of

care in aged care facilities. Using survey data from nursing staff, the study found that higher levels of nurse autonomy were associated with more supportive Practice Environments and better quality of care. The study called for organizational policies that enhance nurse autonomy in aged care settings (White et al., 2020).

The relationship between organizational culture and Practice Environment was investigated also, research by Jeong et al. (2019) examined how organizational culture influences the Practice Environment and quality of nursing care in aged care facilities. The study utilized a mixed-methods approach, finding that a positive organizational culture, characterized by teamwork and mutual respect, was associated with better Practice Environments and higher quality of care. The findings highlight the need for interventions to foster positive organizational cultures in aged care facilities (Jeong, Kim, Kim, & Zhang, 2019). Furthermore, technology integration and nursing care relationship was explored previously, for example a study by Franke et al. (2021) explored the role of technology in shaping the Practice Environment and quality of nursing care in aged care settings. Through interviews and focus groups with nursing staff, the study found that the integration of user-friendly technology can enhance the Practice Environment and improve the quality of nursing care. However, the study also identified challenges related to technology training and support (Franke, Nass, Piereth, Zettl, & Heidl, 2021).

The relationship between Job Satisfaction, Practice Environment and quality of care nursing care was evaluated in Asian countries, for example research by Zhang et al. (2018) assessed the relationship between job satisfaction, Practice Environment, and quality of nursing care in aged care facilities. Utilizing survey data from nursing staff, the study found that higher job satisfaction was linked to more supportive Practice Environments and better quality of care. The study emphasized the need for strategies to enhance job satisfaction among nursing staff in aged care settings (Zhang et al., 2021).

In summary, recent studies in the domain of nurse Practice Environments and quality of nursing care in aged care facilities underscore the complex interplay of staffing levels, leadership, organizational culture, and technology. Positive Practice Environments, adequate staffing, and supportive organizational cultures are consistently linked to higher-quality of nursing care and better resident outcomes. The literature highlights the need for targeted interventions and policies to enhance Practice Environments and care quality in aged care settings.

Despite the growing body of research on nurse Practice Environments globally, there remains a noticeable gap in the literature regarding these environments in the Middle East and Israel. The majority of studies on this topic have been conducted in Western countries, potentially leading to a lack of culturally relevant data for the Middle Eastern context. This is particularly important because work cultures, healthcare systems, and nursing practices can vary significantly between regions.

In the Middle East and Israel, the healthcare system is undergoing rapid development and transformation, yet there is a scarcity of comprehensive studies that evaluate the Practice Environments of nurses in this unique context. Factors such as cultural beliefs, religious practices, and societal norms play a significant role in shaping the Practice Environments in these regions. However, these factors have not been adequately explored or integrated into the existing body of knowledge on nurse Practice Environments.

Furthermore, the literature that does exist on this topic in the Middle East and Israel is primarily quantitative. While these studies provide valuable insights, they often do not capture the complexity and nuance of nurse Practice Environments. Qualitative studies that explore the lived experiences of nurses in these regions are scarce, resulting in a one-dimensional understanding of the issue.

There is also a lack of mixed-methods studies in this region, which combine both quantitative and qualitative approaches to provide a more holistic and comprehensive understanding of nurse Practice Environments. Mixed-methods research could uncover the interplay between various factors that influence Practice Environments, providing a more nuanced and context-specific understanding.

In summary, there is a critical need for more research on nurse Practice Environments in the Middle East and Israel, particularly studies that utilize mixed-methods approaches. Such research would not only contribute to the global understanding of nurse Practice Environments but also provide culturally relevant data that can inform policy and practice in these specific regions, ultimately leading to improved work conditions for nurses and better patient outcomes.

2.5 Workload

Studying nurse workload in aged care facilities is of paramount importance for a multitude of reasons, as it directly influences the quality of care provided to elderly residents, the well-being of nursing staff, and the overall efficiency of healthcare services (Hegney et al., 2019).

The primary aim of aged care facilities is to provide high-quality, personalized care to residents. Nurse workload is a key determinant of care quality, influencing the time and attention nurses can dedicate to each resident (N. Castle, Engberg, & Men, 2018). Studies have consistently demonstrated a positive correlation between lower nurse-to-patient ratios and better care outcomes (McHugh et al., 2021). Excessive workloads contribute to stress, burnout, and job dissatisfaction among nursing staff (Kowalczyk, Krajewska-Kułak, & Sobolewski, 2020). Researching nurse workload enables the identification of strategies to balance work demands, enhance job satisfaction, and improve staff retention in aged care settings (McGilton et al., 2016).

Importantly, overburdened nurses are more prone to errors, potentially compromising patient safety. Examining nurse workload is essential to understand its impact on adverse events and develop interventions to mitigate risks (Fagerström, Kinnunen, & Saarela, 2018). For example, a study was conducted in Finland to examine the link between the daily nurse workload as quantified by the Oulu Patient Classification (OPCQ) per nurse ratio, using the RAFAELA system, and various patient safety incidents, as well as patient mortality rates. The study aimed to evaluate these associations in contrast to the conventional patients per nurse ratios. Data was gathered from four Finnish hospitals, including one tertiary and three secondary acute care hospitals, spanning 36 units. The study tracked daily records over one year, amassing 249,123 nursing intensity classifications and 12,475 data points covering nursing resources, patient safety incidents, and mortality rates. The relationship between the OPCQ/nurse ratio and safety incidents or mortality was assessed with logistic regression models, both unadjusted and adjusted for factors like ward specifics, the day of the week, holidays, and seasonal variations. The primary outcomes examined were the occurrence of patient safety incidents and patient mortality. The findings indicated that when the OPCQ/nurse ratio exceeded the assumed optimal level, the likelihood of a patient safety incident was 24% higher compared to the optimal level, and 21% lower when the ratio was below. In terms of patient mortality, there was a 43% higher

risk when the ratio was above optimal and a 22% lower risk when it was below. Compared to the standard patients/nurse measure, the RAFAELA system offered generally larger effect sizes and more robust statistical significance, albeit the differences were modest. Decision analysis did not significantly favour one measurement approach over the other. In conclusion, this study found a significant correlation between the nurse's daily workload and the occurrence of patient safety incidents and mortality, highlighting the importance of proper staffing. Further research is needed to confirm these findings and guide healthcare staffing policies.

Understanding nurse workload helps in allocating human and material resources effectively, ensuring that workloads are balanced and residents receive necessary care (Dellefield, Castle, McGilton, & Spilsbury, 2015). Indeed, the expense of nursing home care ranks just behind hospital inpatient care as one of the largest medical costs for Medicare patients. This heightened scrutiny on the costs associated with nursing home care under Medicare provides an important moment for registered nurses (RNs) to concretely showcase the value they bring to the table. The review underlines that a greater presence of RNs and a higher proportion of RNs within the nursing staff mix correlate with improved quality in nursing homes. The financial implications of hiring more qualified RNs and nursing directors who can positively affect the nursing staff mix remain a key factor in the employment decisions of the nursing home sector. The bonus is on nursing scholars to more effectively illustrate how augmenting the number of RNs on each shift can boost the economic efficiency and elevate the quality of care in nursing homes, which benefits the field of nursing as a practical science and society as a whole (Dellefield et al., 2015). In addition. Addressing workload issues is vital for attracting and retaining qualified nursing staff in the competitive aged care sector (Hasson & Arnetz, 2008).

Resident satisfaction is closely tied to the quality of care, workload and attention received from nursing staff. Facilities that manage nurse workloads effectively tend to have higher resident satisfaction rates (S. S. Li et al., 2018). The field of health and social care has increasingly focused on the concepts of quality of life (QOL) and quality of care (QOC), particularly in light of the rising emphasis on accountability. Quality of life is a broad term that captures aspects ranging from material and physical to social, emotional, and spiritual well-being. Quality of care, while still important, has a narrower scope in comparison. Satisfaction is frequently cited as a critical measure for both QOL and QOC, though its definition and measurement may differ

based on the setting and the population being studied. This article delves into various facets of evaluating QOL and QOC in elderly care facilities, spotlighting resident satisfaction as a pivotal metric. It then presents the findings from an Australian research on resident satisfaction in such facilities and examines its applicability to the UK scenario (Boldy, Davies, & Grenade, 2006).

The impact of workload on the health care professionals specially the nurses was examined also. When nurses are not overworked, they have more opportunities for professional development, enhancing their skills and improving resident care (Goodare, 2017; Kane, Shamliyan, Mueller, Duval, & Wilt, 2007). Therefore, appropriate staffing levels foster a positive Practice Environment, promoting effective collaboration and communication among healthcare professionals (Leitão, Pereira, Gonçalves, & health, 2019). In a study conducted by Lee and Kim (2021), the impact of nurse education and training on workload management and care quality was explored. The researchers found that ongoing education and training programs helped nurses in aged care facilities to manage their workloads more effectively and deliver higher quality care, emphasizing the importance of continuous professional development in this sector (Lee, Kim, Jung, & Kang, 2019).

Additionally, availability of regulation related to the Practice Environment and staffing, many regions have staffing regulations for aged care facilities, and studying nurse workload is essential for compliance and demonstrating a commitment to quality care ((Harrington, Dellefield, Halifax, Fleming, & Bakerjian, 2020; Yoon, 2020). As the population ages, demand for aged care services is increasing. Research on nurse workload is vital for future planning and ensuring facilities are equipped to meet this demand while maintaining high care standards (World Health Organization, 2021) .

The relationship between nurse workload and the quality of nursing care in aged care facilities has been a subject of ongoing research. A systematic review of recent studies reveals a variety of findings and perspectives on how these two crucial elements interact in the context of healthcare for the elderly. Several recent studies have employed quantitative methods to assess the impact of nurse workload on the quality of care in aged care facilities. A study conducted by Jones et al. (2021) utilized standardized nursing workload measurement tools and correlated the results with patient outcomes and satisfaction measures. The findings suggested that an increased workload was inversely related to the quality of care and patient satisfaction, highlighting the need for

adequate staffing in aged care facilities (Jones, Heckenberg, Wright, Hodgkin, & Community, 2021).

On the qualitative front, research by Ahenieidi and Smith (2020) provided in-depth insights through interviews with nursing staff in aged care facilities. Nurses reported that high workloads often led to rushed care, inadequate attention to residents' needs, and increased job stress. However, the study also pointed out that the support from management and efficient allocation of tasks could mitigate some of the negative impacts of high workload (Alhenieidi & Smith, 2020). A mixed-methods study by O'Brien et al. (2022) combined surveys, interviews, and observational data to understand the nuances of nurse workload and care quality. The study concluded that while high workloads were a challenge, the quality of care also depended on factors such as the skill mix of the nursing team, the level of experience, and the availability of resources (O'Brien et al., 2022).

Research by Kim and Lee (2021) focused on the impact of nurse workload on specific aspects of care in aged care facilities, such as medication administration and wound care. The study found that higher workloads were associated with an increased incidence of medication errors and delayed wound care, underscoring the importance of manageable workloads for patient safety (Y. Kim, Lee, & Financing, 2022). Another study was conducted by Hansen et al. (2023) compared nurse workload and care quality across aged care facilities in multiple countries. The findings indicated significant variations in workload and care quality between countries, suggesting that national policies and healthcare systems play a crucial role in shaping these outcomes (Ihle-Hansen et al., 2023). Lastly, research by Patel and Lee (2022) focused on interventions to manage nurse workload and improve care quality. The study evaluated the implementation of workload management tools and staff training programs, finding that these interventions led to a more balanced workload distribution and improvements in care quality (Patel et al., 2022).

A recent study by Kim and Choi (2021) highlighted how increased workloads not only compromise the quality of care but also have detrimental effects on nurses' well-being, potentially leading to burnout and high turnover rates. Their research indicated a strong correlation between workload, job dissatisfaction, and intentions to leave the profession, emphasizing the need for balanced workloads to ensure both high-quality care and nurse

retention (M. A. Kim, Yi, Molloy, & Choi, 2021). A pioneering study investigated the role of technology in managing nurse workloads in aged care settings. They found that the integration of digital tools and patient management software could significantly streamline workflows, reduce the administrative burden on nurses, and consequently improve the overall quality of care provided to residents (De Carlo, Girardi, Dal Corso, Arcucci, & Falco, 2022).

The study by Wang and Liu (2020) explored how the Practice Environment and teamwork influence the relationship between nurse workload and care quality. They found that a positive Practice Environment and effective teamwork could buffer the negative effects of high workloads, suggesting that organizational culture and team dynamics are crucial factors in this equation (Wang, Yuan, He, Zhou, & Wu, 2021).

Recognizing that aged care residents often have complex care needs, the research by Gonzalez et al. (2021) delved into how the workload associated with patient complexity affects care quality. Their study highlighted that not just the number of patients, but the intensity of care required, significantly influences the workload and subsequently the quality of nursing care (González-Gil et al., 2021).

In conclusion, studying nurse workload in aged care facilities is essential for optimizing care quality, ensuring nurse well-being, maintaining patient safety, and achieving efficient resource allocation. It plays a critical role in sustaining the aged care sector and ensuring that it is prepared to meet the challenges of an aging population. Additionally, recent studies on nurse workload and quality of nursing care in aged care facilities present a multifaceted picture. While there is a consensus on the negative impact of high workloads on care quality, the studies also highlight the role of management practices, staff support, and targeted interventions in mitigating these effects. Future research could further explore these interventions and their effectiveness in different healthcare contexts.

2.6 Job Satisfaction

The importance of studying nurse job satisfaction in aged care facilities cannot be overstated, as it holds significant implications for the quality of patient care, the well-being of the nursing workforce, and the overall efficiency of healthcare delivery in these settings (W. Liu et al., 2018). Nurses play a crucial role in providing care to the elderly, and their job satisfaction is directly linked to the quality of patient care. Satisfied nurses are more likely to be engaged in

their work, leading to better patient outcomes, reduced incidents of neglect, and improved overall patient satisfaction (Gordon, 2017; Reader & Gillespie, 2013; Van Bogaert et al., 2017). In Swedish psychiatric care facilities, there is a pressing shortage of nurses, a situation believed to be primarily due to dissatisfaction in the workplace. The investigation into job satisfaction among nurses often employs Herzberg's two-factor theory, with most research being conducted through quantitative studies. This study aimed to delve deeper into Herzberg's model within the context of Swedish mental health nurses in inpatient settings, employing qualitative research methods. Conducting semi-structured interviews with 25 nursing staff, the study utilized qualitative content analysis to process the data, yielding three primary themes: (i) the nature of their work tasks, which were viewed as significant, gratifying, and challenging; (ii) interactions with colleagues and leadership, which were crucial sources of support; and (iii) the participants' experiences of their professional identity as mental health nurses, which were often felt to be ill-defined and ambiguous. Job satisfaction was derived mainly from patient care and collaboration with peers; however, the perception of a lack of career development opportunities diminished interest in long-term prospects within the field. The application of Herzberg's theory to this qualitative inquiry yielded insights that partly challenged the original model, particularly around the impact of career progression and financial rewards on job contentment. To address this, ward managers should consider implementing career advancement structures to acknowledge and encourage nurses' professional growth, aligning these structures with appropriate financial incentives and increased responsibility in clinical decision-making (Holmberg, Caro, & Sobis, 2018).

The aged care sector often faces challenges in retaining skilled nursing staff. Higher job satisfaction levels are associated with lower turnover rates, contributing to a more stable and experienced workforce (Savy, Warburton, Hodgkin, & Health, 2017). The sector of aged care in residential settings grapples with the twin challenges of a workforce shortage and high attrition rates among direct care staff. Compounding this issue is the growing cultural heterogeneity among both the residents and the workforce. To address staff retention, it's essential to delve into direct care workers' views on the pros and cons of their roles and their future work plans in such diverse settings. A qualitative descriptive research approach was employed to capture the sentiments of core direct care workers, including nurses and nursing assistants, concerning the appeal and hardships of their roles in aged care, and how these factors influenced their decisions

to stay or depart. The study also aimed to discern differences in perspectives among nurses and nursing assistants, and between native and internationally born staff (Gao, Tilse, Wilson, Tuckett, & Newcombe, 2015). From June to September 2013, interviews were carried out with 16 direct care workers at an Australian residential aged care home, which notably serves a culturally and linguistically diverse population. Findings revealed that workers' commitment to their jobs hinged on how they reconciled the gratifications and trials of their roles. The attributes of the job, organizational support that aligned with their individual traits, capabilities, aspirations, and fundamental needs were seen as rewarding. The shared belief in the significance of their job bolstered the resolve of direct care workers who were inclined to remain. (Gao et al., 2015). Workers' perceptions of the positive aspects of their job helped to mitigate the inherent difficulties of care work, influencing their desire to continue in their roles. These perceptions, as well as intentions to remain or leave, differed among occupational categories and cultural origins. Staff from overseas emerged as a vital asset to the aged care facilities, not a hindrance, yet they require organizational backing, which includes cultural sensitivity from management, support with English proficiency, a familial work atmosphere, and appropriate job responsibilities. The study suggests that policy developers and providers in the aged care arena must be attuned to the varied personal experiences, perceptions, and job intentions of direct care workers, considering the context of their roles and cultural backgrounds, to craft effective retention strategies (Gao et al., 2015).

Job satisfaction is a key indicator of the health of the workplace environment. Studying this aspect can provide insights into the areas that need improvement, fostering a positive and supportive work culture (J. Kim, de Dear, & environment, 2019). For example, a study was conducted by (Ye, Verma, Leep, Kronstadt, & Practice, 2018) to explore the connection between the involvement of local health departments (LHDs) in the accreditation process and their employees' perceptions of the Practice Environment, as well as their overall job satisfaction. The analysis was conducted by linking data from the 2014 Public Health Workforce Interests and Needs Survey (PH WINS) focused on local data and the 2014 Forces of Change survey, utilizing the unique IDs provided by the National Association of County & City Health Officials for each LHD. The Forces of Change survey gathered data on LHDs' accreditation status, categorizing departments as "actively engaged" in the accreditation process by the Public Health Accreditation Board if they were accredited, had applied, or had expressed intent to

apply. The PH WINS surveyed employees on three facets of the workplace environment: supervisory support, organizational support, and staff engagement. Job satisfaction levels were assessed using a condensed version of the Job in General Scale. In total, 1,884 employees from LHDs completed the PH WINS and were from agencies that had responded to the accreditation status question in the Forces of Change survey. The results showed that employees from LHDs actively engaged in accreditation reported better assessments in all three workplace environment domains and in overall job satisfaction, in comparison to their counterparts from departments less involved in accreditation. After adjusting for demographic characteristics of employees and the size of the LHD jurisdiction, an active engagement in accreditation was still positively correlated with higher workplace environment perceptions and job satisfaction. When controlling for workplace environment perceptions, accreditation status was slightly linked with job satisfaction (Ye et al., 2018). Another study supporting this positive relationship between Practice Environment and nurses' satisfaction, this article expands on existing research about interventions aimed at enhancing workplace health by detailing a novel study design created to assess the effectiveness of a Participatory Organizational-level Intervention (POI) in bettering working conditions and job satisfaction in the healthcare sector. The intervention is crafted using an Italian approach specifically designed for identifying and managing psychosocial hazards within healthcare settings, with an added component: the evaluation phase. This phase is critical for understanding the functionality of the intervention, determining its effectiveness for different individuals, and discerning the particular conditions under which it works best. The research was being carried out in partnership with two major Italian healthcare institutions, collectively employing over 7,000 staff members. The investigative framework utilizes a quasi-experimental method that unfolds over five stages. Surveys are administered before and after the implementation of the intervention to detect any improvements in working conditions and job contentment. Additionally, we incorporate a realist evaluation technique to assess the intervention's effectiveness, focusing on the interplay between context, mechanisms, and outcomes (CMO). They collected information on contextual elements at the outset, throughout the intervention, and afterwards, alongside data during the intervention regarding the crucial elements of support from line managers and employee engagement. The anticipation is that this study will shed light on effective methodologies and strategies for enhancing working conditions

and job satisfaction among healthcare employees, as well as inform national policies within the occupational health arena (Di Tecco et al., 2020).

The previous literature examined the evidence linking nurse satisfaction to patient safety outcomes. Understanding this relationship is crucial, as nursing staff are at the forefront of patient care delivery. Recent A Mixed-Method Study studies underscore the hypothesis that higher nurse job satisfaction is associated with improved patient safety, indicating the value of investment in nursing Practice Environments. Importantly, satisfied nurses are more likely to be attentive and committed to providing safe care, reducing the risk of errors and adverse events (Dunning, Louch, Grange, Spilsbury, & Johnson, 2021). Nurse satisfaction is increasingly recognized as a key factor that can influence patient safety (Ying, Fitzpatrick, Philippou, Huang, & Rafferty, 2021). In china, a synthesis of twenty-three selected articles aligns with the established criteria, leading to their comprehensive retrieval, analysis, and integration. The findings corroborate the connection among the organizational framework, care quality, and the outcomes for both patients and nurses within China's healthcare system. Factors within the organizational context that require consideration consist of the adequacy of nurse staffing, the prevailing scarcity of nursing professionals, the limited involvement of nurses in hospital governance, and the need for enhanced support for nurses' professional growth (Ying et al., 2021). In the same vein, research by Cho et al. (2021) using regression analysis found that higher nurse satisfaction scores were significantly associated with lower rates of patient falls and medication errors. The study pointed to job satisfaction as an influential factor in nursing performance and, by extension, patient safety (H. Cho & Steege, 2021). Similarly, a cross-sectional study by Stimpfe and colleagues concluded that institutions with higher nurse-reported job satisfaction exhibited better patient safety ratings. The study particularly highlighted the role of adequate staffing and administrative support in contributing to both nurse satisfaction and patient safety (Stimpfel, Djukic, Brewer, & Kovner, 2019). Furthermore, a longitudinal study by Becker (2023) showed that improvements in nurse satisfaction over time correlated with enhancements in patient safety indicators, suggesting that initiatives aimed at improving the nursing Practice Environment may have a measurable impact on safety outcomes (Becker, 2023). Furthermore, research by Ding and Wu (2023) examined the mediating role of nurse engagement, finding that satisfied nurses were more engaged, which in turn led to more vigilant and safer patient care practices (Ding & Wu, 2023). The synthesis of recent research highlights a

positive relationship between nurse satisfaction and patient safety. It underscores the importance of creating supportive Practice Environments for nurses as a strategy for promoting patient safety. Future policy efforts and healthcare management practices should consider nurse satisfaction as a key component in the quest to improve patient safety outcomes.

In summary, studying nurse job satisfaction in aged care facilities is vital for ensuring high-quality patient care, maintaining a stable and skilled nursing workforce, and fostering a positive Practice Environment. It has far-reaching implications for the well-being of both nursing staff and patients, contributing to the overall success and effectiveness of aged care services.

2.7 Summary

The intricate relationship between nurse Practice Environment, job satisfaction, workload, and the quality of nursing care in aged care facilities necessitates a comprehensive understanding to optimize patient outcomes and enhance nurse well-being. Employing a mixed-method study in the context of aged care facilities in the Middle East and Israel is particularly significant, as it addresses a substantial gap in the existing literature and caters to the unique socio-cultural and political landscapes of these regions.

A mixed-method study allows for a nuanced exploration of how the Practice Environment, job satisfaction, and workload collectively influence the quality of nursing care. While quantitative data can provide measurable insights into these relationships, qualitative data will delve into the lived experiences of nurses, offering a richer, contextually grounded understanding.

The Middle East and Israel have distinct cultures, traditions, and social norms that significantly impact nurse experiences and patient care. A mixed-method study enables the incorporation of these cultural and social nuances into the research, ensuring that the findings are relevant and applicable to the local context. In some parts of the Middle East, political instability may play a role in shaping the Practice Environment and influencing nurse job satisfaction and workload. Understanding these influences is crucial for developing strategies to mitigate their impact on the quality of nursing care. A mixed-method approach can capture the complexities of these influences in a way that purely quantitative or qualitative methods might not.

The Practice Environment in aged care facilities is a critical determinant of nurse job satisfaction. Studying these aspects in tandem, particularly in the unique contexts of the Middle

East and Israel, is essential for identifying specific factors that contribute to or detract from job satisfaction and developing targeted interventions.

Nurse workload is intrinsically linked to the quality of care provided in aged care facilities. A mixed-method study allows for an examination of how workload impacts care quality and the role that job satisfaction and the Practice Environment play in this relationship.

There is a noticeable scarcity of studies exploring these interrelationships in the Middle East and Israel, creating a knowledge gap that needs to be filled. A mixed-method study is well-suited to address this gap, providing comprehensive, culturally sensitive insights that can inform practice, policy, and future research.

The findings from such a study have the potential to inform local policies and practices, ensuring that they are culturally congruent and address the specific challenges faced by nurses in aged care facilities in the Middle East and Israel. This, in turn, can contribute to improved job satisfaction, a better Practice Environment, and ultimately, enhanced quality of nursing care.

In conclusion, the intricate interplay between nurse Practice Environment, job satisfaction, workload, and the quality of nursing care in aged care facilities is a critical area of study, especially in regions such as the Middle East and Israel, where unique cultural, social, and political factors play a significant role. Employing a mixed-method study to explore these relationships addresses a crucial gap in the literature, offering contextually relevant, comprehensive insights that can inform practice, policy, and future research, ultimately contributing to the enhancement of nursing care and nurse well-being in these regions.

Chapter Three: Methodology

3.1 Introduction

In this section, we outline the research methodologies and the foundational assumptions that form the basis for this mixed methods investigation. The research takes root in the pragmatic paradigm of inquiry and employs a concurrent model that encompasses both QUANTITATIVE and QUALITATIVE Designs (Morgan, 2013). Within this section, we delve into the study's framework by examining the unique contributions of each approach. Additionally, we provide insights into the research hypotheses, the study's environment, the methods for sample selection and recruitment, data collection techniques, survey instruments, data analysis procedures, and steps taken to bolster the study's reliability and validity. We also address ethical considerations that pertain to this study.

3.2 Paradigm of Inquiry

Paradigms can be defined as frameworks of beliefs and practices that govern how research is conducted in a particular field, offering perspectives and methodologies through which inquiries are executed (Davies & Fisher, 2018; Morgan, 2013). They can also be seen as "world views," encompassing ontological (the nature of reality) and epistemological (the nature of knowledge) aspects. Three major worldviews in research, constructivism, pragmatism, and postpositivism were detailed (Davies & Fisher, 2018).

In the context of social science research, postpositivism, the first worldview, strives to uncover general laws and regularities through observation and experimentation (Davies & Fisher, 2018). This orientation is closely associated with quantitative research methods (John Creswell, 2011).

The second paradigm, constructivism, is built on the notion that the social world is not independent of human perception. Instead, individuals collectively construct their social reality through interactions. Consequently, research in this paradigm emphasizes the collaborative construction of meaning between participants and researchers, often employing qualitative methodologies (John Creswell, 2011; Morgan, 2013).

The third paradigm, pragmatism, focuses on actions, situations, and the consequences of events. Researchers in this paradigm select the most appropriate approaches to gain an understanding of phenomena. Pragmatists do not adhere to a single worldview and exhibit flexibility by

employing diverse data collection methods. Consequently, a mixed-methods approach is frequently chosen to address research questions comprehensively (John Creswell, 2011; Morgan, 2013).

Proponents of each paradigm insist that researchers must justify and elucidate their rationale when integrating different approaches in a single study (John Creswell, 2011; Morgan, 2013). In this study, the researcher determined that a quantitative approach alone could ascertain the extent of the relationships between variables (Practice Environment, Workload, Job Satisfaction, and Quality of Nursing Care among Nurses in Aged Care Centers). However, it would not provide insights into how these variables influence the Quality of Nursing Care (John Creswell, 2011; Morgan, 2013). Therefore, a parallel qualitative phase was integrated to gain that comprehensive understanding.

In the present study, a conceptual framework was developed from the existing literature to guide the use of two distinct yet interconnected research approaches. The researcher initiated a quantitative phase to test the hypothesis that Practice Environment, Workload, and Job Satisfaction predict Quality of Nursing Care and to explore the relationships between these variables. In Phase I, data were collected using various scales to measure the variables: Practice Environment, Workload, Job Satisfaction, and Quality of Nursing Care. Statistical procedures were employed to test the hypotheses.

To gain a deeper understanding, a parallel qualitative phase was conducted using a convenience sampling approach for participants. In Phase II, through semi-structured interviews, the researcher aimed to delve into the complexity of the phenomena (Quality of Nursing Care and its hypothesized predictors) and to illuminate participants' perspectives.

3.3 Strategy of Inquiry

There are two primary categories of mixed-method designs in research: concurrent and sequential, as outlined by (John Creswell, 2011; Morgan, 2013). In a sequential design, further categorized as exploratory, embedded, or explanatory, the research process unfolds in a stepwise manner. Exploratory designs initiate the investigation with qualitative methods to delve into the problem or issue and subsequently employ quantitative methods to test and generalize the findings. Embedded designs typically involve collecting qualitative data either before or after an intervention takes place (John Creswell, 2011; Morgan, 2013).

On the other hand, the convergent (also known as parallel or concurrent) mixed-methods design aims to gather both quantitative and qualitative data simultaneously in a single phase. These data are analyzed independently and then compared and/or integrated. For instance, a researcher may concurrently collect survey responses and conduct interviews, with each dataset analyzed separately. Subsequently, the results from these two approaches are compared (refer to Figure 1). This methodology serves the purpose of confirming, cross-validating, or verifying research findings. It is frequently employed to address the limitations of one method by leveraging the strengths of the other. Additionally, it can be valuable in enriching quantitative data through the collection of open-ended qualitative information.

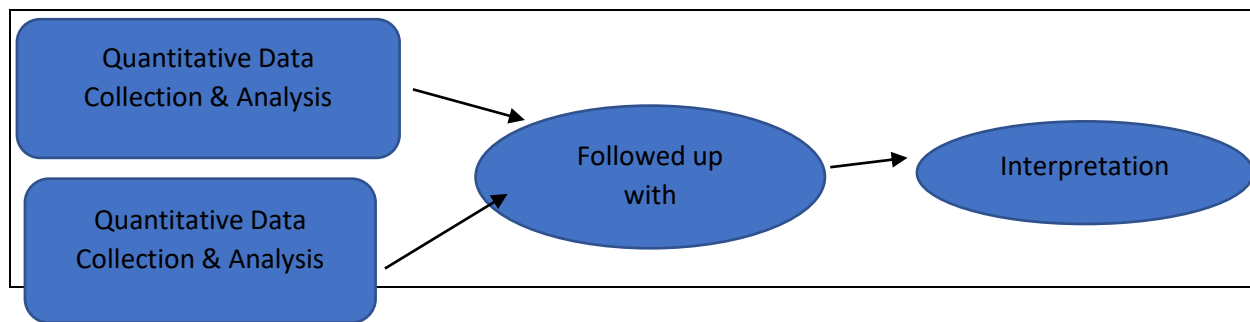


Figure 3.1. Convergent/Parallel Mixed Methods Design (John Creswell, 2013)

In the present research, a mixed-methods design that operates in parallel or concurrently was employed to address the research inquiries at hand. Within this framework, both a quantitative phase and qualitative methods were simultaneously conducted to gain a deeper insight into the phenomena under investigation. This is achieved through two pivotal decisions: the prioritization of one primary method alongside a complementary approach and the determination of the sequence, whether the complementary method precedes or follows the principal one. The subsequent qualitative follow-up phase design encompasses a concise descriptive study aimed at elucidating, enriching, and ultimately providing a more comprehensive understanding of the phenomena under scrutiny (John Creswell, 2013; Morgan, 2013).

In the quantitative phase, specific methods were employed to assess Practice Environment, Workload, Job Satisfaction, and Quality of Nursing Care among nurses employed in aged care facilities, alongside inquiries designed to collect socio-demographic information. A concurrent qualitative phase was conducted to enhance the overall comprehension of the principal outcomes

of the study. The forthcoming section outlines the approaches used for data collection and analysis in both Phase I and Phase II of this investigation.

Phase I: Quantitative Research Method

Phase I was conducted to (1) explain the relationships between Practice Environment and Quality of Nursing Care among nurses employed in aged care facilities; (2) explain the relationships between Workload and Quality of Nursing Care among nurses employed in aged care facilities; and (3) explain the relationships between Job Satisfaction and Quality of Nursing Care among nurses employed in aged care facilities; and (4) identify to what extent Practice Environment, Workload, Job Satisfaction predict the Quality of Nursing Care among nurses employed in aged care facilities. The following section details the research hypotheses, design, setting, sampling, and recruitment of participants, data collection instruments, and data analysis methods.

3.4 Research Hypotheses

In Phase I the following hypotheses were generated from the literature review:

1. There is a relationship between the Practice Environment and Quality of Nursing Care among nurses employed in aged care facilities.
2. There is a relationship between the Workload and Quality of Nursing Care among nurses employed in aged care facilities.
3. There is a relationship between Job Satisfaction and Quality of Nursing Care among nurses employed in aged care facilities.
4. Practice Environment, Workload, and Job Satisfaction predict the Quality of Nursing Care among nurses employed in aged care facilities.

3.5 Design

In Phase I of the study, a predictive correlational design was employed to elucidate the connections between Practice Environment, Workload, Job Satisfaction, and the Quality of Nursing Care among nurses working in aged care facilities. This particular design allowed for the description of associations between multiple variables and aimed to reveal the relationships within naturally occurring phenomena. It's crucial to emphasize that this research is descriptive in nature and does not involve experimental control over independent variables; consequently, it does not establish a cause-and-effect relationship (Polit & Beck, 2020).

Predictive correlational designs are frequently chosen when there's limited existing knowledge about the subject of interest, or, as in the current study, when the goal is to characterize the relationships among Practice Environment, Workload, and Job Satisfaction as predictors of Quality of Nursing Care among nurses in aged care facilities. By adopting this design, the research seeks to enhance our understanding of the intricacies of the phenomena under investigation, as the hypothesized predictors may offer unique insights into the Quality of Nursing Care among nurses working in aged care facilities.

3.6 Setting

Data were collected from the following aged care facilities:

1. Dorot – Medical Center for Rehabilitation and Geriatrics – Netanya
2. Gani Gil Hazahav – Hadera
3. Geriatric Rehabilitation Center "Amal Tiberias" – Tiberia
4. Goldencare Geriatric Medical Center Doshi – Nazareth
5. Tiberias Veterans" Geriatric Medical Center – Tiberia
6. Arbel Nursing and Recovery Medical Center – Petah Tikva

Dorot – Medical Center for Rehabilitation and Geriatrics:-

The Dorot Medical Center is an integrated geriatric medicine system that covers an area of 70 dunams and spans about 19 buildings, most of which are used as inpatient wards and are surrounded by ornamental gardens and sitting areas. Also, there are modern and advanced physiotherapy and occupational therapy institutes with professional and skilled teams, as part of the essential treatment plan for the patients' rehabilitation on the spot and their return to routine as quickly as possible. About 300 patients are hospitalized in the medical center in the various departments and it employs about 500 workers in a multi-professional division that includes: doctors, nurses, nursing workers, workers in the paramedical professions, administrative and farm workers. 200 nurses are working in this center

Gani Gil Hazahav Hadera :

Gani Gil Hazahav Hadera is a geriatric hospital designed for nursing patients and Alzheimer's patients and various dementia diseases, and operates under the license and supervision of the Ministry of Health. Each resident is accompanied by a medical team, alongside qualified and professional therapists who work with dedication and full support. The place was opened in

2019 and was established by a group of founders engaged in the industry since 1987, who established over 9 nursing hospitals. Gani Gil Hazahav Hadera was built based on the experience gained over the years, emphasizing the careful planning of a hotel-level house rather than an 'institution'. There are 5 spacious wards and housing for about 180 tenants, There are about 140 employees.

Gani Gil Hazahav Hadera contain a 24/7 professional team such as doctors, nursing therapists, brothers and sisters, social workers, physiotherapists, occupational therapy specialists, speech therapists and more. 80 nurses are working in this center

Geriatric Rehabilitation Center "Amal Tiberias":-

Amal Tiberias is the largest and leading geriatric rehabilitation medical center in the north, located in front of the magical scenery of the Sea of Galilee in Tiberias. There are about 250 hospital beds and about 200 employees in the various sectors. Senior staff and a doctor on duty are on site 24 hours a day to respond to every need. The Amal Tiberias Geriatric Rehabilitation Center operates under the license and supervision of the Ministry of Health. All rooms are spacious and comfortable, equipped according to the needs of the patient and his functional condition. The house includes the following departments: 4 nursing wards, mental exhaustion ward, complex nursing ward, rehabilitation ward. The professional medical teams provide an advanced medical response 24 hours a day: doctors and nurses, occupational therapy, dietitians, speech therapists and physiotherapists. Also, the Amal Tiberias center includes a physiotherapy institute, one of the leading in the north. 100 nurses are working in this center

Goldencare Geriatric Medical Center Doshi Nazareth:-

The Goldencare Geriatric Rehabilitation Center – Doshi is one of the most advanced of its kind in Israel under the medical management of the geriatric physician Dr. Ran Michalak and the administrative management of Ms. Shadia Hamis, which fulfills the network's vision that places the dignity of the patient at the center. The renovated medical center has about 300 inpatient beds, including chronic geriatric and active geriatric wards, respiratory rehabilitation and complex nursing. In addition to the inpatient departments, there is an ambulatory center with a dialysis center, a day rehabilitation center, a hydrotherapy center and an oncology center. About 400 staff members are employed at the Geldankir Doshi Nazareth Geriatric Rehabilitation Medical Center, including specialist doctors, paramedical staff with diverse training and

extensive experience, and experienced nursing staff with basic training in geriatrics. The Goldencare Geriatric Rehabilitation Medical Center Doshi Nazareth benefits from continuous online support and training in the fields of medicine, nursing, paramedical professions and quality assurance under the management of the network's medical director Dr. Shmuel Levy. The medical center, Geldancare Geriatric Rehabilitation Doshi Nazareth has signed agreements with the Ministry of Health and all health funds. 110 nurses are working in this center

"Tiberias Veterans" Geriatric Medical Center:-

The geriatric center "Tiberias Veterans" was established in 2023 by a group of entrepreneurs with many years of experience in the field, in order to cater to the elderly population. The center is located in Tiberias and has 6 departments: 3 nursing wards, 2 complex nursing wards and a department for mental exhaustion. There are about 220 hospitalization beds and about 160 employees. The center operates under full supervision and with a license from the Ministry of Health. 60 nurses are working in this center

Arbel Nursing and Recovery Medical Center – Petah Tikva :-

Arbel Nursing Hospital was founded in 1973, part of the Moriah Group, a network of nursing hospitals nationwide. Arbel works under the license and supervision of the Ministry of Health and operates about 200 beds, 6 nursing wards. Arbel is a leading nursing hospital in the quality of care for the elderly population, experts in nursing care. The main goal of Arbel and all the teams is to maintain and improve the level of functioning of the patients and provide a normal quality of life. The Arbel Geriatric Center has a professional team consisting of experts in a variety of fields, among other things, the on-site staff includes a geriatrician, a specialist, a general/internal medicine/family doctor and a doctor on duty in the evenings and on weekends. The therapeutic envelope also includes pharmacists, social workers, a nutritionist, an occupational therapist, physical therapy instructors, a team of therapists and certified nurses.

Wards and housing at Arbel Petah Tikva nursing home. At the Arbel nursing home, there are 5 nursing wards (intended for patients with poor health and functional status, according to the definition of the Ministry of Health). 70 nurses are working in this center

3.7 Sample Selection and Recruitment

The process of enlisting nurses to take part in this study comprised two key undertakings: the identification of suitable candidates and securing the willingness of those who met the eligibility criteria (Polit & Beck, 2020). In this research, the following strategies were employed for nurses recruitment. Initially, the researcher conducted informative presentations for the nursing staff in each healthcare facility, delivering an overview of the study's objectives, methodologies, and significance.

To pinpoint eligible participants, comprehensive instructions were provided to clinical nurse specialists (CNS) and charge nurses at each facility. They were tasked with identifying nurses who met the eligibility criteria and were willing to participate. Subsequently, the researcher personally approached potential participants, seeking their consent to be part of the study. Each eligible nurse received a package containing an information sheet, a consent form, and the survey instrument. Participants who agreed to take part in the study were then requested to complete the questionnaire, which was appropriately coded to facilitate data entry and analysis.

3.8 Study population

The target population for this study included all nurses who are working in aged care facilities for at least 6 months

Study participants

The participants for this study were nurses, who are working in for aged care facilities at least 6 months

Inclusion and Exclusion criteria

Inclusion criteria

The following inclusion criteria were set for the proposed sample:

- Agree to participate
- Working in aged care facilities for at least 6 months (being familiar with the reporting Practice Environment, full workload, job satisfaction, and quality of nursing care).
- Full-time nurse

Exclusion criteria

The following exclusion criteria were set:

- Refused to participate

- New hired staff with less than 6 months experience in aged care facilities
- Part-time nurse

3.9 Sample Size Calculation

Slovin's Formula was used to estimate the sample size in the current study. A confidence interval 95% was used (Tejada & Punzalan, 2012). The equation as follows:

$$n = N / (1 + Ne^2)$$

n= sample size

e = margin of error

N= population (approximately 500 Aged care nurses in Aged car facilities).

E= 0.05

$$n = 400 / (1 + 400 * 0.05^2)$$

$$n = 400 / (1 + 1) = 200$$

Attrition rate 20 % = 40 (Dumville, Torgerson, & Hewitt, 2006)

Estimated Total Sample size: 240 participants

3.10 Sample Limitations:

Convenience sampling involves selecting readily accessible participants for a study. This approach offers several advantages, including research feasibility, access to larger samples, cost-efficiency, and time savings (Polit & Beck, 2020). However, it carries a higher risk of selection bias compared to other quantitative sampling methods (Polit & Beck, 2020). Because convenience sampling may not accurately represent the entire population, the study's findings are constrained to the specific group of individuals included in the sample and may not be applicable beyond this group, resulting in limited external validity.

To mitigate these limitations, the researcher adopted a multi-faceted approach. Firstly, the sample was recruited from many distinct facilities to ensure a diverse cross-section of participants. Additionally, the utilization of well-defined and transparent inclusion and exclusion criteria contributed to the uniformity of the sample, addressing potential sources of bias.

3.11 Data Collection Methods

Participants in this study were recruited from various aged healthcare facilities using a non-probability convenience sampling method. The initial step involved obtaining ethical approval from both the College of Nursing at Arab American University (AAUP) and the Ministry of Health to initiate data collection, during which the purpose and objectives of the research were

explained. Subsequently, the nursing department director issued a memorandum to the facilities' units, clarifying the study's objectives and confirming management's approval to proceed.

Data collection was conducted through a self-report questionnaire that encompassed demographic inquiries, such as age, gender, educational level, nationality, monthly income, working unit, years of experience in the unit, and weekly working hours. Additionally, previously validated instruments were included in the questionnaire.

To engage with potential participants, the researcher provided an overview of the study's objectives, methodologies, and significance to the unit managers at each facility. Following this, eligible participants who met the predefined criteria and expressed their willingness to participate were approached in person. Each eligible participant received a package containing an information sheet, a consent form, and the survey instruments. It's worth noting that the survey was administered in the English language, aligning with the participants' spoken and written language.

Participants who consented to take part were requested to complete the questionnaire, which was later coded to facilitate the data collection process. After completing the survey, participants were instructed to place it in a designated locked box located at the nursing station. Participants were given one week to return the surveys. The researcher conducted subsequent visits to each unit to retrieve the completed questionnaires. The data collection timeframe spanned from January 2024 to February 2024.

In this study, various scales were employed to measure the primary variables, and these instruments were chosen based on their established validity, reliability, and scoring systems.

1. Caring Behaviors Inventory-24 (CBI-24)

The tool comprises four interconnected subcomponents: (I) the Assurance dimension, which evaluates the availability and safeguarding of nurses through 8 items; (II) the Knowledge and Skill dimension, assessing conscientiousness and proficiency with 5 items; (III) the Respectful dimension, which addresses the honoring of individual dignity using 6 items; and (IV) the Connectedness dimension, measuring consistent support and attentiveness to nurses with 5 items. Participants are required to assign a score to each statement, utilizing a six-point Likert scale that ranges from 1 (never) to 6 (always). The average score of caring behaviors, both within each dimension and across the entire instrument, is determined by calculating the mean score for each respective category [11]. Cronbach's Alpha coefficients for the subscales ranging

from 0.88 to 0.95. Permission to use the scale was granted (Wolf, Dillon, Townsend, & Glasofer, 2017). The scale score is ranged between 24 and 144, based on the this range, it is classified as high caring behaviors when the scores range between 100 and 144, moderate level of care (72 an 100) and low level of care (below 72).

2. Nursing practice environment (PES-NWI)

The nursing practice environment was assessed using the Practice Environment Scale of the Nursing Work Index (PES-NWI), developed by Lake in 2002 (Lake & health, 2002). This tool consists of 31 items with 4 points Likert scale (Strongly agree, Agree, Disagree, and Strongly Disagree) and prominently recognized and extensively utilized for evaluating the nursing practice setting, making it highly relevant to the current research, which aims to explore the connection between the nursing practice environment and nurse-related outcomes (Swiger et al., 2017). The PES-NWI has demonstrated its applicability across diverse nursing specialties and cultural contexts (Swiger et al., 2017). High scores on the PES-NWI are associated with positive outcomes for nurses, including increased job satisfaction, empowerment, and commitment to the organization (Swiger et al., 2017). On the other hand, low scores have been linked to negative outcomes such as nurse burnout and intentions to leave the job (Swiger et al., 2017). The scale score is ranged between 31 and 124, based on this range, it is classified as a high positive working environment when the scores range between 100 and 124, moderate level (70 and 100), and low level (below 70). The reliability and validity of the PES-NWI were established by Lake in 2002 through a survey of 1,610 hospital nurses, yielding Cronbach's Alpha coefficients for the subscales ranging from .71 to .84. Permission to use the scale was granted.

3. Workload

The NASA Task Load Index (NASA TLX) is a widely used subjective workload assessment tool developed in 1988 by the Human Performance Group at NASA's Ames Research Center. The primary aim of this tool is to provide a reliable measure of perceived workload in order to evaluate the performance of individuals in various task environments. The NASA TLX assesses workload through six different dimensions, each capturing a unique aspect of the individual's subjective experience. These dimensions include: Mental Demand: The degree of mental effort, concentration, and cognitive activity required by the task. Physical Demand: The level of physical exertion, strength, and stamina necessitated by the task. Temporal Demand: The

perceived time pressure and the pace at which the tasks must be completed. Performance: The individual's perception of their own success or efficacy in accomplishing the goals of the task. Effort: The overall amount of mental and physical energy expended to accomplish the task. Frustration: The level of stress, annoyance, and discouragement experienced during the task. Participants rate their perceived workload on each of these dimensions using a 20-point scale. The scores from each dimension are then combined to produce an overall workload score. This composite score provides a holistic view of the individual's workload, taking into account both the external demands of the task and the internal states of the performer. Based on this range, it is classified as high workload when the scores range between 80 and 100, moderate level of workload (60 and below 80) and low level of workload (below 60).

One of the significant strengths of the NASA TLX is its versatility; it can be applied to a wide range of activities and occupations, from aviation and healthcare to manufacturing and office work. It is particularly popular in research settings where understanding the impact of workload on performance and well-being is critical. The tool has been validated in numerous studies across different domains, demonstrating its reliability and validity in assessing subjective workload with a Cronbach's alpha of .77 (Hoonakker et al., 2011). Permission to use the scale was granted. It is often praised for its ease of use, as participants typically require only a brief introduction before being able to complete the assessment.

In summary, the NASA Task Load Index stands out as a robust tool for measuring perceived workload, providing valuable insights that can be used to improve task design, training, and Practice Environments to enhance performance and reduce the risk of errors and burnout (Hoonakker et al., 2011).

4. Job Satisfaction

Employee contentment at work was gauged through the abbreviated form of the Minnesota Satisfaction Questionnaire (MSQ), developed by Weiss, Davis, England, & Lofquist in 1967 (Weiss, 1967), with a score of 5 denoting a high level of satisfaction. This condensed MSQ, encompassing 20 items with 5-points Likert scale, the scores is range between 20 and 100, is widely utilized in research exploring job satisfaction. Based on this range, it is classified as high satisfaction rate when the scores range between 80 and 100, moderate level of satisfaction (60 and below 80) and low level of satisfaction (below 60). It demonstrates a high level of internal

consistency, with a Cronbach's alpha value of .9169. A singular, comprehensive item within this scale effectively encapsulates the overall job sentiment of the employees. The scale is in the public domain, no permission to use is required (Bello, Adewole, Afolabi, & Epidemiology, 2020).

5. Demographic Information

This research incorporated various demographic factors such as the participant's age, sex, educational background, the hospital of employment, department of work, years of experience in the current department, monthly earnings, and average weekly working hours.

3.12 Data Analysis

In this study, the quantitative data analysis process encompassed several key steps, including data cleaning and verification, as well as descriptive and inferential analyses. Below, we provide a detailed explanation of these procedures.

Data Cleaning and Verification

Data entry is a meticulous task prone to errors, necessitating thorough verification and correction processes. Multiple verification methods were employed in this study. Initially, a visual comparison was made between the numbers printed on a data file printout and the codes on the original data sources. Furthermore, all data were entered twice, and these two sets of records were visually and computationally compared.

Data cleaning involved two essential checks: (1) Outlier Detection: Outliers, or extreme values, were scrutinized through the examination of frequency distributions, with particular attention to the highest and lowest values. In this study, both univariate and bivariate outliers were assessed. The distribution of observations was examined, and cases falling at the outer edges of the distribution were identified as outliers. Scatter plots were also used to evaluate pairs of variables for potential outliers, and (2) Consistency Checks: Internal data consistency was assessed by verifying whether data across different variables were logically compatible. Multivariate outliers were identified using Mahalanobis Distances (MD). In the present study, the critical MD score at a significance level of 0.001 was set at 29.59, and any score exceeding this threshold was considered an outlier (Polit & Beck, 2020).

Descriptive Analyses

To depict the characteristics of the sample in terms of demographics, descriptive statistics, including frequencies and percentages, were employed. Means and standard deviations were also used to describe the scales and sub-scales of the hypothesized predictors.

Inferential Analyses

Inferential statistics, grounded in probability theory, serve as a means to extract information about a population from a sample (Polit & Beck, 2020). These statistics aid researchers in estimating or predicting population parameters from sample statistics, generalizing findings to the larger population, and conducting hypothesis testing (Bishop & Talbot, 2001).

Bivariate Analysis

To identify correlations between independent variables (Practice Environment, Workload, Job Satisfaction) and the dependent variable (QONC), Pearson's product-moment correlation coefficient (Pearson's r) was employed.

Multivariate Analysis:

Multiple regression analysis (R^2) was employed using a model-building approach, as detailed by Hair et al. (2006) (Backhaus, Erichson, Gensler, Weiber, & Weiber, 2021), to discern the predictors of QONC. The dependent variable, QONC, was treated as a continuous variable, and the independent variables (Practice Environment, Workload, Job Satisfaction) were also considered as continuous variables. The primary objectives of multiple regression analyses were to predict changes in the dependent variable based on changes in the independent variables, determine which independent variables served as valuable predictors, and ascertain the proportion of variance in the dependent variable attributed to each independent variable (Backhaus et al., 2021).

The model-building approach included the following steps:

1. Preliminary checks were conducted to assess normality, linearity, and the presence of heteroscedasticity in residuals.
2. Bivariate analysis was performed to explore relationships between independent variables and the dependent variable.

3. Variables that exhibited significant correlations with QONC were included in the initial regression model, while those with no significant correlations were excluded.

4. The regression model was then re-evaluated, including only the variables that displayed correlations with the dependent variable in the initial analysis (Backhaus et al., 2021).

Multicollinearity among the hypothesized predictors was examined through a series of steps. Initially, a correlation matrix was examined to assess correlations among independent variables. Variables with high correlations (0.90 or higher) were considered problematic for the regression model. Tolerance and variance inflation factor (VIF) were subsequently analyzed to assess multicollinearity. A tolerance value close to zero suggests multicollinearity, with a standard threshold set at 0.10, and for VIF, values exceeding 10 were considered problematic. In this study, all tolerance values for independent variables exceeded the 0.10 threshold, and VIF results were less than 10. Throughout the inferential statistics analysis, a significance level of $p < 0.05$ was employed to determine statistical significance, and confidence intervals (CI) were set at 95%.

Phase II: Research Methods

This Section Details The Qualitative Research Method Including Sample Selection, Recruitment Of Nurses, Data Collection Methods

3.13 Sample Selection

Qualitative Research Approaches Often Focus On Small Samples And Prioritize Depth Over Breadth, Aiming To Gain A Thorough And Detailed Understanding Of A Phenomenon, Group, Or Individual (Gill, 2020). In This Study, We Anticipate The Participation Of 10 Individuals. The Selection Of Participants For Individual Interviews Was Driven By The Necessity To Gain A Comprehensive Insight Into How Key Variables (Practice Environment, Workload, And Job Satisfaction) Influence Quality Of Nursing Care (QONC), And To Uncover Participants' Perspectives On These Influences.

In The Mixed Methods Research Process, Seven Distinct Steps Are Involved: (A) Defining The Study's Goal, (B) Formulating Research Objectives, (C) Establishing The Research Purpose, (D) Crafting Research Questions, (E) Selecting The Research Design, (F) Determining The Sampling Design, And (G) Specifying The Sampling Scheme. Once The Mixed Methods Purpose And Design Type (E.G., Concurrent Or Sequential) Are Determined, The Next Step Is To Choose An

Appropriate Mixed-Method Sampling Design. Two Key Criteria Come Into Play: Time Orientation (Concurrent Vs. Sequential) And The Relationship Between The Qualitative And Quantitative Samples. These Relationships Can Be Categorized As Identical, Parallel, Nested, Or Multilevel (Gill, 2020).

In The Present Study, We Adopted An Identical Relationship Approach, Where The Same Sample Members Participated In Both The Qualitative And Quantitative Phases. This Approach Was Chosen To Enhance Understanding And Mitigate Sampling Bias. By Collecting Both Quantitative And Qualitative Data Concurrently From The Same Sample Members, We Utilized A Concurrent, Identical Sampling Design. The Identical Samples Were Selected Through Simple Random Sampling To Ensure A More Comprehensive And Unbiased Representation(Guest, Namey, & Chen, 2020).

3.14 Recruitment Of Participants

To Fulfil The Objectives Of Phase II, Which Aimed To Provide A Comprehensive And Deeper Understanding Of The Phenomena Under Investigation, A List Of Eligible Nurses Was Generated Based On Their ID Numbers. Subsequently, A Straightforward Random Sampling Technique Was Applied To Select Participants. After Selection, The Researcher Contacted Each Chosen Participant To Schedule Interviews, Taking Into Consideration Their Availability And Preferences. In Total, Ten Participants Were Contacted And Interviewed, With Data From These Ten Interviews Being The Focus Of Our Analysis.

3.15 Data Collection Methods

Semi-Structured Interviews, Recorded In Audio Format, Were Conducted To Capture Participants' Perspectives And Experiences Related To The Quality Of Care And Its Influencing Factors, Namely The Practice Environment, Workload, And Job Satisfaction. These Interviews Took Place In The Privacy Of The Participants' Rooms Within The Aged Care Facilities To Ensure Comfort And Confidentiality. Each Interview Had A Duration Of Approximately 30 To 45 Minutes And Was Conducted In The English Language. Prior To Commencing Each Interview, The Purpose Of This Phase Was Explained To Participants. The Semi-Structured Interview Format Was Chosen As It Ensured Consistent Coverage Of Key Topics With All Participants While Allowing For Free Discussion On Various Aspects Of Their Quality Of Nursing Care (QONC) Experiences. Participants Were Encouraged To Express Themselves In

Their Own Words, Providing As Much Or As Little Detail As They Wished (Polit & Beck, 2004). Throughout The Interviews, The Researcher-Maintained Sensitivity, Empathy, And Attentiveness To The Participants' Vocal Tone, Facial Expressions, Gestures, And Reactions, Adjusting The Process As Needed, Including Short Breaks If Required. Interviews Concluded When No Additional Novel Information Emerged (Adeoye-Olatunde & Olenik, 2021).

Given The Concurrent Qualitative Data Collection And Analysis, The Researcher Considered Re-Interviewing Select Participants To Delve Further Into Their Thoughts, Obtain Clarification, And Gain A Deeper Understanding Of Their Ideas, As Initially Expressed In The First Interview (Adeoye-Olatunde & Olenik, 2021).

3.16 Data Analysis

Upon The Conclusion Of Each Audio-Taped Interview, The Data Were Transferred To Computer Cds To Enhance Sound Quality And Volume. Subsequently, A Directed Content Analysis Approach Was Employed To Identify Subcategories, Categories, And Domains Within The Contextual Data.

Content Analysis Approach

Content Analysis Has Gained Prominence As A Research Method Widely Utilized In Health Science Research (Vaismoradi & Snelgrove, 2019). It Is Defined As A Research Method For The Subjective Interpretation Of Text Data By Systematically Classifying, Coding, And Identifying Themes Or Patterns (Lindgren, Lundman, & Graneheim, 2020). For The Analysis Of Textual Data, Researchers Can Opt For One Of Three Primary Approaches To Qualitative Content Analysis: Conventional, Directed, Or Summative. These Approaches Differ Primarily In Terms Of Coding, The Origins Of Codes, Challenges Related To Data Trustworthiness, And Alignment With The Study's Purpose And Questions (Lindgren Et Al., 2020). The Table Below Summarizes The Distinctions Among These Three Approaches.

In This Study, The Directed Approach Was Selected, With The Semi-Structured Interview Questions Developed Based On A Review Of The Literature And Intended To Elucidate And Elaborate Upon The Findings From The Quantitative Phase. Consequently, The Use Of A Directed Approach Facilitated A Deeper Exploration Of The Impact Of The Practice Environment, Workload, And Job Satisfaction On QONC Among Nurses In Aged Care

Facilities. The Interview Guide And Questions Were Designed To Specifically Address The Recognized Dimensions Of QONC And The Hypothesized Predictors, Including The Practice Environment, Workload, And Job Satisfaction (Lindgren Et Al., 2020; Riffe, Lacy, Fico, & Watson, 2019). The Following Provides Examples Of The Interview Questions:

- ❖ Can You Describe Your Experience Working In The Current Practice Environment Within The Aged Care Facility, Highlighting Any Notable Aspects?
- ❖ How Would You Characterize The Workload You Typically Face As A Nurse In This Facility? Are There Any Specific Challenges Or Demands That Stand Out To You?
- ❖ In Your Opinion, How Does The Practice Environment, Including Factors Such As Facility Resources And Support, Influence The Quality Of Nursing Care Provided To Residents?
- ❖ What Are Some Key Indicators Or Observations That Suggest A Positive Or Negative Impact Of The Practice Environment On The Quality Of Care Delivered?
- ❖ How Do You Perceive The Relationship Between Workload And The Ability To Provide High-Quality Nursing Care? Are There Specific Workload-Related Challenges That Affect Care Quality?
- ❖ Can You Share Your Thoughts On Job Satisfaction As It Relates To Your Role As A Nurse In An Aged Care Facility? What Aspects Of Your Job Contribute To Or Detract From Your Satisfaction?
- ❖ From Your Perspective, How Might Job Satisfaction Among Nursing Staff Influence The Overall Quality Of Care Residents Receive?
- ❖ Have You Noticed Any Specific Strategies Or Initiatives Implemented Within The Facility To Address Workload Or Improve Job Satisfaction Among Nursing Staff? If So, Can You Discuss Their Effectiveness?
- ❖ In Your Experience, Are There Any Particular Aspects Of The Practice Environment, Workload, Or Job Satisfaction That Residents Or Their Families Have Raised Concerns About?
- ❖ Based On Your Insights, What Recommendations Or Changes Do You Believe Could Enhance The Practice Environment, Workload Management, Or Job Satisfaction Among Nursing Staff To Ultimately Improve The Quality Of Nursing Care In Aged Care Facilities?

Standardized Guidelines For Conducting Content Analysis Are Limited In Their Availability. Developing A Robust Categorization Scheme Involves A Meticulous Examination Of The Data, With The Aim Of Identifying Fundamental Concepts And Clusters Of Related Concepts. Nevertheless, Researchers Typically Follow Three Key Steps During Content Analysis To Transform The Data Into More Manageable Units For Review And Retrieval. The Following Steps Delineate How This Process Was Enacted In The Present Study.

Step One: Identifying a Meaning Unit

A Meaning Unit Encompasses Content Units, Ideas, Thoughts, Words, Textual Units, Phrases, Sentences, Or Paragraphs That Convey Specific Meaning Within The Context Of The Data (Riffe Et Al., 2019). In This Study, Interviews Underwent Multiple Readings To Extract Meaning, Identify Shared Experiences, And Discern Different Perspectives Among Participants. Subsequently, Textual Data Pertaining To Participants' Experiences Of Quality Of Nursing Care (QONC) Were Extracted And Compiled Into A Table, Serving As A Basis For Coding Or Verbatim Analysis. These Meaning Units (Verbatim) Were Abstracted And Condensed Into Sub-Categories.

Step Two: Generating Sub-Categories And Categories

A Category Is Defined As A Grouping Of Ideas, Thoughts, Or Content That Shares A Common Experience Or Meaning And Represents A Single Point Within The Textual Data (Lindgren Et Al., 2020; Riffe Et Al., 2019). Thus, Data Were Further Abstracted And Condensed Into Sub-Categories, Which Were Then Aggregated Into Various Sub-Categories, 65Abelled, And Synthesized Into Larger Units Termed Categories. This Process Of Abstraction Continued As Sub-Categories Were Grouped Together To Form Categories That Collectively Conveyed The Meaning Of These Sub-Categories. Interpretation And Discussion Were Conducted With Experts To Extract These Categories.

Step Three: Emerging Domains

The Categories Were Interconnected And Deliberated In Terms Of Shared Experiences And Commonalities, Aiming To Capture These Categories As Meaningful Wholes—A Process Known As Domain Analysis (Lindgren Et Al., 2020; Riffe Et Al., 2019).

3.17 Enhancing Study Trustworthiness

Qualitative Researchers Have Traditionally Employed Concepts Such As Establishing Truth Value, Fittingness, Consistency, And Neutrality To Describe The Methods Used To Bolster The

Rigor And Trustworthiness Of Their Studies (Cloutier & Ravasi, 2021; Lemon & Hayes, 2020). These Concepts Are Expounded Upon In Their Application To This Study.

Truth Value

Truth Value In Qualitative Research Refers To The Degree To Which The Findings Accurately Represent The Data And Are Reliable Across Time And Context. To Achieve This, Researchers Can Employ Several Strategies. First, They Should Maintain A Rigorous And Systematic Approach To Data Collection And Analysis, Ensuring That Procedures Are Followed Consistently. Second, Researchers Can Use Member Checking, Which Involves Sharing Findings With Participants To Validate Interpretations And Conclusions. This Process Helps To Ensure That The Researcher's Interpretations Align With The Participants' Experiences. Third, Triangulation Of Data Sources, Methods, Or Investigators Can Be Used To Cross-Check Findings And Strengthen The Truth Value. Finally, Providing Rich, Thick Descriptions Of The Context, Participants, And The Researcher's Reflections Enhances Transparency And Allows Others To Assess The Consistency And Applicability Of The Findings To Other Contexts. Together, These Strategies Contribute To Establishing The Consistency And Truth Value Of Qualitative Research Findings. In This Study, The Researcher Played Back The Audio Recording To Participants After Each Interview To Ensure A Faithful Representation Of Their Narratives. To Ensure The Credibility Of The Qualitative Component Of The Study, Careful Attention Was Paid To Interacting With The Participants, Considering Their Health Circumstances And Conditions. The Interviews Were Constrained To Roughly 30 Minutes, Acknowledging The Fragile Health Of The Participants. Despite This Restriction Presenting A Challenge To The Depth Of The Study, It Was Crucial To Gather Insights From The Participants. Due To The Time Constraints, Multiple Interviews Were Conducted With Several Participants. This Approach Aimed To Delve Deeper Into Their Experiences, Confirm Their Views, And Guarantee That The Data Collected Was Both Thorough And Meaningful (Cloutier & Ravasi, 2021; Lemon & Hayes, 2020).

Fittingness

Fittingness In Qualitative Research Aligns With External Validity In Quantitative Research (Cloutier & Ravasi, 2021; Lemon & Hayes, 2020). Qualitative Researchers Acknowledge That General Principles May Be Found In Specific Cases But Argue That Generalizability Is

Somewhat Illusory Since Each Research Situation Involves A Particular Researcher's Interaction With Specific Subjects In A Specific Context (Cloutier & Ravasi, 2021; Lemon & Hayes, 2020) . In This Context, Fittingness Was Considered A More Suitable Term Than Generalizability For Evaluating Qualitative Research. While The Data May Not Represent All Nurses Working In Aged Care Facilities, Generalizability Can Be Attained Through The Replication Of The Study Across Various Population Groups Using The Same Methods. The Procedures For Achieving This Were Comprehensively Explained, Including Details On Sampling, Recruitment, And The Analysis Process. Furthermore, The Characteristics Of The Participants, The Selection Process, And The Purpose Behind These Decisions Were Clarified To Facilitate Transferability. In Phase II Of The Qualitative Study, Fittingness Was Ensured By Randomly Selecting Participants From The Target Population. The Researcher Meticulously Elucidated Each Step Undertaken, Beginning With Sampling Strategies And Extending To The Analysis Process, Providing An Audit Trail For Potential Adaptation In Different Settings Or Replication In Various Countries (Cloutier & Ravasi, 2021; Lemon & Hayes, 2020). To Instil Confidence, The Analysis Process Was Conducted Under The Supervision Of The Researcher's Advisors To Enable Comparison, Discussion, And Guidance, Thereby Reinforcing Fittingness.

Consistency

Consistency In Qualitative Research, Also Referred To As Dependability, Is Crucial For Ensuring That The Research Findings Are Reliable And Can Be Trusted. Achieving Consistency Involves Implementing Various Strategies Throughout The Research Process. In This Study, The Researcher Conducted Two Pilot Interviews To Enhance Interviewing Skills. A Standardized Interview Guide Was Employed To Promote Consistency In Data Collection. All Interviews Were Recorded On Audio Tape For Later Transcription, Enhancing The Accuracy And Trustworthiness Of Data Interpretation. Moreover, In Certain Instances, Participants Were Re-Interviewed To Achieve Further Clarification And Deeper Insight Into Points Raised During The Initial Interviews (Cloutier & Ravasi, 2021; Lemon & Hayes, 2020).

Neutrality

Neutrality In Qualitative Research Refers To The Researcher's Ability To Remain Unbiased And Refrain From Influencing The Research Outcomes With Their Personal Beliefs, Values, Or Attitudes. Achieving Neutrality Requires A Conscious Effort By The Researcher To Maintain A Balanced And Impartial Perspective Throughout The Research Process. This Can Be

Accomplished Through Reflexive Practices, Where The Researcher Continually Examines And Reflects On Their Own Role, Potential Biases, And The Impact They May Have On The Research. Additionally, Employing Strategies Such As Triangulation, Peer Debriefing, And Maintaining A Transparent And Comprehensive Audit Trail Can Further Contribute To Achieving Neutrality. These Practices Help In Validating The Research Findings And Ensuring That They Are A True Representation Of The Participants' Perspectives Rather Than A Reflection Of The Researcher's Biases (Cloutier & Ravasi, 2021; Lemon & Hayes, 2020).

3.18 Ethical Considerations

Permissions Were Granted For This Study By The AARU Human Research Ethics Committee And The Ministry Of Health. Once Participants Were Identified, We Obtained Written Consent After Explaining The Study's Purpose (See Appendix). Furthermore, Participants Were Assured That Any Information Collected Would Be Handled Confidentially And Used Solely For Research Purposes. During Data Collection, We Treated Patients' Identification Details With Strict Confidentiality, And Only The Researcher Had Access To This Information To Ensure Privacy And Data Security. Questionnaires Were Coded, And Access To The Data Was Restricted To The Researcher.

During The Qualitative Phase, Interviews Were Conducted In Private Rooms, With A Thorough Explanation Of The Study's Purpose And Methods Provided To Participants. Throughout Audio-Taped Interviews, No Participant Names Or Identifying Details Were Disclosed. To Accommodate Participants' Schedules And Workloads, We Emphasized That Interviews Could Be Conducted At Their Convenience And Based On Their Availability. Participants Were Also Informed Of Their Right To Withdraw From The Study At Any Time Without Facing Any Consequences, And Participation Remained Entirely Voluntary. This Study Adhered To Fundamental Ethical Principles, Including:

Beneficence: Ensuring That The Study Does Not Cause Harm And Promotes Benefits For Participants (Organization, 2019). Risks, As Categorized As Physical, Psychological, Social, Or Economic Harm, Were Not Present In This Study (Pietilä, Nurmi, Halkoaho, & Kyngäs, 2020). Participants Were Provided With An Information Sheet Detailing The Study's Background, Research Objectives, Potential Benefits Of Participation, And Results (See Appendix).

Respect For Human Dignity Through Self-Determination: Participants Had The Autonomy To Decide Whether To Participate Based On Accurate And Truthful Information. The Researcher

Provided A Comprehensive Description Of The Study, Their Right To Decline Participation, The Researcher's Responsibilities, And Potential Risks And Benefits (Pietilä Et Al., 2020). Participants Were Asked To Sign A Consent Form Following An Overview Of The Study's Purposes And Methods. They Were Assured That Participation Was Voluntary And That They Could Withdraw At Any Point Without Facing Any Adverse Consequences. While Direct Personal Benefits Were Not Guaranteed, Participants Were Informed That The Study's Results Could Contribute To Improving Patient Care By Identifying Factors That Predict Quality Of Nursing Care (QONC).

Justice: Ensuring Fair Treatment Of Participants, Non-Discriminatory Selection, And Respect For Diversity, As Well As Maintaining Confidentiality And Respecting Participants' Rights To Decline Or Withdraw Without Prejudice. To Uphold Confidentiality, We Implemented Several Measures, Including Assigning Identification Numbers To Participants, Storing All Data In A Locked File Accessible Only To The Researcher (Protected By A Password Known Solely To The Researcher), Restricting Computer And File Access, And Securely Storing Surveys In A Locked Cupboard Within A Controlled-Access Room At The AARU For A Period Of Two Years.

3.19 Summary

The Application of A Mixed-Method Research Design Is Becoming Increasingly Prevalent In Nursing Research. In This Particular Study, We Employed A Parallel Mixed-Method Approach To Shed Light On The Phenomena Under Investigation, Which Encompassed Quality Of Nursing Care (QONC) And Its Suggested Determinants, Namely, The Practice Environment, Workload, And Job Satisfaction. This Approach Aimed To Offer A Deeper And More Comprehensive Comprehension Of The Subject Matter.

The Utilization Of A Mixed-Method Design In This Study With Nurses Working In Aged Care Facilities Presented A Versatile Framework For Gaining Profound Insights And Elucidating The Intricacies Of The Concept Of QONC And Its Associated Predictors. Moreover, It Allowed Us To Capture The Multifaceted Nature Of Nurses' Values, Perspectives, And Experiences Throughout Their Professional Journey. In The Subsequent Chapter, We Will Present The Outcomes Of Phase I, Which Involved The Quantitative Survey.

Chapter Four: Results

4.1 Introduction

This chapter details sample characteristics, reliability of the study scales, descriptive analysis for each scale including mean, standard deviation, frequency, and percentage, correlational analysis, and regression analysis results will be presented. Data analysis was done using Statistical Package for the Social Sciences (SPSS- version 23). The current phase was conducted to (1) explain the relationships between Practice Environment and Quality of Nursing Care among nurses employed in aged care facilities; (2) explain the relationships between Workload and Quality of Nursing Care among nurses employed in aged care facilities; and (3) explain the relationships between Job Satisfaction and Quality of Nursing Care among nurses employed in aged care facilities; and (4) identify to what extent Practice Environment, Workload, Job Satisfaction predict the Quality of Nursing Care among nurses employed in aged care facilities.

4.1 Characteristics of Study Participants

A total of 276 participants completed the study's survey and participated in the current study, the participants from six different aged care facilities. 52.2 % (N=144) of the participants were female and the remaining were male, the majority of the participants have bachelor's degrees in nursing (N=174 (63%)) with a minimum of 5 years of experience and a maximum of 30 years (M= 8.10, SD= 6.87). The rest of the results are presented in Table 4.1

Table 4.1 Characteristics of Study Participants (N=276)

Characteristic Category	Number of Participants F (%)	Mean (SD)
Gender		
• Male	132 (47.80)	
• Female	144 (52.20)	
Aged Care Facilities		
1. Dorot Netanya	135 (48.9)	
2. Gani Gil hzhav-hadera	35 (12.7)	
3. Amal teberlas	65(23.6)	
4. Doshi nezerah	23 (8.3)	
5. Vateke teberlas	12 (4.3)	
6. Arbel	6 (2.2)	

Working unit		
1. Complex unit	164 (59.4)	
2. Rehabilitation unit	44 (15.9)	
3. Prolonged respiratory	12 (4.3)	
4. Palliative unit	49 (17.8)	
5. Subacute care or internal unit	7 (2.5)	
Level of Education		
• Diploma Degree	89 (32.2)	
• Bachelor Degree	174 (63.0)	
• Postgraduate Degree	13 (4.8)	
Working hours per week (in hours)		41.68 (9.01)
Age in year		33.67 (7.08)
Experience in your unit in years		8.10 (6.87)
Monthly income in USA\$		3144(1100.0)

4.2 Response Rate

A total of 300 questionnaires were distributed, out of these, 276 questionnaires were completed, returned, and included in the current study, the response rate was 92%. The remaining questionnaires were declined with no explanation.

4.3 Reliability of the Study Scales

In the current study, the researcher used the original instruments to measure the study's variables, no changes were made in terms of language, items' structure, or construction. However, reliability was checked and compared with the previous literature. The results that were summarized in the following table (Table 4.2) indicated that the tools were reliable.

Table 4.2 Reliability of study scales (N=276)

Scales	Dimension	No of items	Cronbach's alpha of the current study	Compare the result with the previous study
Caring Behaviors Inventory-24 (CBI-24)	Total	24	96.0	0.88 to 0.95
Nursing practice environment (PES-NWI)	Total	31	88.0	0.71 to 0.84
NASA workload	Total	6	81.0	0.72
Minnesota Satisfaction Questionnaire (MSQ)	Total	10	83.0	0.71

4.4 Scales' Descriptive Results

The following section details the descriptive results, including absolute (n) and relative (%) frequencies for each of the scales.

4.4.1 Descriptive Analysis of Caring Behaviors Inventory-24 (CBI-24)

Results from the current study indicated in general that the participants had positive caring behaviors and a moderate level of caring behaviors (M= 97.34, SD=6.71) while caring for the elderly people in the aged care facilities. For example, more than half of the participants (N=162 (58.7%) attentively listened to the patient, 190 (68.8 %) Supported the patient, and 189 (68.5 %) Knowing how to give shots, Ivs, etc. For more details please see Table 4.3.

Table 4. 3: Descriptive Analysis of Caring Behaviors Inventory-24 (CBI-24) (N=276)

	Item	Never N (%)	almost never N (%)	Occasionally N (%)	Usually N (%)	almost always N (%)	Always N (%)
1	Attentively listening to the patient	3 (1.1)	6 (2.2)	12 (4.3)	36 (13)	57 (20.7)	162 (58.7)
2	Giving instructions or teaching the patient.	3 (1.1)	3 (1.1)	12 (4.3)	37 (13.4)	66 (23.9)	154 (55.8)
3	Treating the patient as an individual	6 (2.15)	6 (2.15)	12 (4.3)	30 (10.9)	86 (31.2)	135 (48.9)
4	Spending time with the patient.						
5	Supporting the patient	3 (1.1)	3 (1.1)	6 (2.15)	19 (6.9)	48 (17.4)	190 (68.8)
6	Being empathetic or identifying with the patient	9 (3.2)	0	9 (3.2)	18 (6.5)	97 (35.1)	142 (51.4)
7	Helping the patient grow	3 (1.1)	3 (1.1)	12 (4.3)	55 (19.9)	36 (13.0)	160 (58.0)
8	Being patient or tireless with the patient	6 (2.2)	6 (2.2)	18 (6.5)	55 (19.9)	61 (22.1)	129 (46.7)
9	Knowing how to give shots, Ivs, etc	6 (2.2)	6 (2.2)	12 (4.3)	8 (2.8)	55 (19.9)	189 (68.5)
10	Being confident with the patient	3 (1.1)	0	4 (2.2)	18 (6.5)	79 (28.8)	172 (62.2)
11	Demonstrating professional knowledge and skill.	1 (0.3)	6 (2.2)	6 (2.2)	18 (6.5)	91 (33.0)	154 (55.8)
12	Managing equipment skillfully.	6 (2.2)	1 (0.3)	0	42 (15.2)	79 (28.6)	148 (53.6)
13	Allowing the patient to express feelings about his or her disease and treatment	0	3 (1.15)	3 (1.15)	18 (8.5)	104 (37.3)	135 (48.9)
14	Including the patient in planning his or her care	6 (2.2)	6 (2.2)	7 (2.5)	30 (10.9)	90 (32.6)	136 (49.3)
15	Treating patient information confidentially	6 (2.2)	0	6 (2.2)	24 (8.7)	62 (22.5)	177 (64.1)
16	Returning to the patient voluntarily	6 (2.2)	18 (6.5)	1 (0.3)	42 (15.2)	78 (28.3)	130 (47.1)
17	Talking with the patient	6 (2.2)	6 (2.2)	6 (2.2)	24 (8.7)	61 (22.1)	172 (62.3)
18	Encouraging the patient to call if there are problems	6 (2.2)	6 (2.2)	6 (2.2)	30 (10.9)	79 (28.6)	148 (53.6)

19	Meeting the patient's stated and unstated needs	6 (2.2)	6 (2.2)	18 (6.5)	37 (13.4)	84 (30.4)	124 (44.9)
20	Responding quickly to the patient's call	12 (4.3)	6 (2.2)	12 (4.3)	48 (17.4)	97 (35.1)	100 (36.2)
21	Helping to reduce the patient's pain	1 (0.3)	6 (2.2)	6 (2.2)	36 (13.0)	49 (17.8)	178 (64.5)
22	Showing concern for the patient	6 (2.2)	12 (4.3)	12 (4.3)	36 (13.0)	61 (22.1)	148 (53.6)
23	Giving the patient's treatments and medications on time	31 (11.2)	6 (2.2)	6 (2.2)	30 (10.9)	79 (28.6)	154 (55.8)
24	Relieving the patient's symptoms	6 (2.2)	7 (2.5)	6 (2.2)	36 (13.0)	85 (30.8)	136 (49.3)
Total CBI-24 Mean and Standard deviation: M= 97.34, SD=6.71							

4.4.2 Descriptive of Practice Environment Scale of the Nursing Work Index: Frequency

In the current study, the practice environment scale of the nursing work index was used to evaluate the nursing working environment in aged care facilities. A moderate level of positive Practice Environment was reported by the participants in the current study (M= 93.3, SD= 8.6). Around 60 % of the participants agreed that adequate support services allow them to spend time with their patients (N= 164 (59.4%). Significantly, more than half of the participants (N= 147 (53.3%) agreed that physicians and nurses have good working relationships in the aged care facilities. Moreover, 159 (75.6%) participants agreed that active staff development or continuing education programs for nurses are essential in the working environment. The remaining significant results are presented in Table 4.7.

Table 4.4 Practice Environment Scale of the Nursing Work Index: Frequency (N=276)

Subscale		Strongly agree N (%)	Agree N (%)	Disagree N (%)	Strongly Disagree N (%)
Nurse Participation in Hospital Affairs					
Item					
5	Career development/clinical ladder opportunity.(R)	85 (30.8)	169 (57.6)	31 (11.2)	1 (0.3)
6	Opportunity for staff nurses to participate in policy decisions. I	73 (26.4)	128 (46.4)	62 (22.5)	13 (4.7)
11	A chief nursing officer who is highly visible and accessible to staff. I	97 (35.1)	147 (53.3)	35 (9.1)	6 (2.2)

15	A chief nursing officer is equal in power and authority to other top-level hospital executives. I	97 (35.1)	134 (48.6)	44 (15.9)	1 (0.3)
17	Opportunities for advancement. I	79 (28.8)	135 (48.9)	61 (22.1)	1 (0.3)
21	Administration that listens and responds to employee concerns. I	73 (26.4)	159 (57.6)	31 (11.3)	12 (4.3)
23	Staff nurses are involved in the internal governance of the hospital (e.g., practice and policy committees). I	69 (25.0)	146 (52.9)	51 (18.5)	6 (2.2)
27	Staff nurses have the opportunity to serve on hospital and nursing committees. I	80 (29.0)	177 (64.1)	18 (6.5)	1 (0.3)
28	Nursing administrators consult with staff on daily problems and procedures. I	79 (28.6)	141 (51.1)	49 (17.8)	6 (2.2)
Nursing Foundations for Quality of Care					
4	Active staff development or continuing education programs for nurses. I	72 (26.1)	159 (75.6)	38 (13.8)	7 (2.3)
14	High standards of nursing care are expected by the administration. I	115 (41.7)	129 (46.7)	31 (11.2)	1 (0.3)
18	A clear philosophy of nursing that pervades the patient care environment. I	87 (31.5)	164 (59.4)	1 (0.3)	24 (8.7)
19	Working with nurses who are clinically competent. I	86 (31.2)	150 (54.3)	39 (14.1)	1 (0.3)
22	An active quality assurance program. I	90 (32.6)	136 (49.5)	49 (17.8)	1 (0.3)
25	A preceptor program for newly hired RNs. I	74 (26.8)	164 (59.4)	37 (13.4)	1 (0.3)
26	Nursing care is based on a nursing, rather than a medical, model. I	76 (27.5)	134 (48.6)	62 (22.5)	4 (1.4)
29	Written, up-to-date nursing care plans for all patients. I	80 (29.0)	126 (45.7)	63 (22.8)	6 (2.2)
30	Patient care assignments that foster continuity of care, i.e., the same nurse cares for the patient from one day to the next. I	86 (31.2)	165 (59.8)	24 (8.7)	1 (0.3)
31	Use of nursing diagnoses. I	104 (37.7)	0.7)	31(11.2)	1(0.3)
Nurse Manager Ability, Leadership, and Support of Nurses					
3	A supervisory staff that is supportive of the nurses. I	97 (35.1)	135 (48.9)	37 (13.4)	7 (2.3)
7	Supervisors use mistakes as learning opportunities, not criticism. I	50 (18.1)	159 (57.6)	60 (21.7)	7 (2.3)

10	A nurse manager who is a good manager and leader. I	134 (48.6)	97 (35.1)	44 (15.9)	1 (0.3)
13	Praise and recognition for a job well done. I	74 (26.8)	148 (53.6)	17 (6.1)	12 (4.3)
20	A nurse manager who backs up the nursing staff in decision making, even if the conflict is with a physician. I	86 (31.2)	125 (45.3)	56 (20.3)	6 (2.2)
Staffing and Resource Adequacy					
1	Adequate support services allow me to spend time with my patients. I	85 (30.8)	164 (59.4)	20 (7.20)	7 (2.3)
8	Enough time and opportunity to discuss patient care problems with other nurses. I	68 (24.6)	157 (56.9)	50 (18.1)	1 (0.3)
9	Enough registered nurses to provide quality patient care. I	80 (29.0)	152 (55.1)	37 (13.4)	7 (2.3)
12	Enough staff to get the work done. I	7 (2.3)	68 (24.6)	121 (43.8)	80 (29.0)
Collegial Nurse-Physician Relations					
2	Physicians and nurses have good working relationships. I	91 (33.0)	147 (53.3)	37 (13.4)	1 (0.3)
16	A lot of team work between nurses and physicians. I	116 (42.0)	116 (42.0)	43 (15.6)	1 (0.3)
24	Collaboration (joint practice) between nurses and physicians. I	81 (29.3)	157 (56.9)	31 (11.2)	6 (2.2)
<i>*R indicated reversed item</i>					

4.4.3 Nasa Task Load Index scale

In the current study, The NASA task load scale was used to measure the workload assessment among nurses working in aged care facilities. The results showed that the participants had a moderate workload with the mean (70.2 (SD = 15.5)). The results indicated that the participants had a moderate workload.

4.4.4 Job Satisfaction

The Minnesota Satisfaction Questionnaire (MSQ) was used to measure job satisfaction among nurses working in aged care facilities. A moderate level of job satisfaction was reported by the participants in the current study **M= 76.5, SD= 4.9**). Moreover, the majority of the participants were dissatisfied or very dissatisfied regarding the working environment, for example around 40 % of the participants (N= 63 (22.8%) and 51 (18.5%) were dissatisfied with being busy all the time in the workplace. Moreover, more than half of the participants (N=67 (24.3%) and 88

(31.9%) were dissatisfied with the way their boss handled his/her workers. In general, the participants' satisfaction rate was low. Detailed results are presented in the following Table (4.8).

Table 4.5 Job Satisfaction: Frequency (N=276)

	Item	Very dissatisfied.	Dissatisfied	Neutral	Satisfied	Very Satisfied
1	Being able to keep busy all the time	63 (22.8)	51 (18.5)	94 (34.1)	55 (19.9)	12 (4.3)
2	The chance to work alone on the job	56 (20.3)	77 (27.9)	93 (33.7)	37 (13.4)	13 (4.6)
3	The chance to do different things from time to time.	49 (17.8)	74 (26.8)	91 (32.9)	50 (18.1)	12 (4.3)
4	The chance to be "somebody" in the community	61 (22.1)	49 (17.8)	79 (28.6)	62 (22.5)	25 (9.1)
5	The way my boss handles his/her workers	67 (24.3)	88 (31.9)	54 (19.6)	43 (15.5)	24 (8.7)
6	The competence of my supervisor in making decisions	67 (24.3)	62 (22.5)	89 (32.2)	39 (14.1)	19 (6.8)
7	Being able to do things that don't go against my conscience	62 (22.5)	56 (20.3)	98 (35.5)	41 (14.9)	19 (6.8)
8	The way my job provides for steady employment	47 (17.0)	87 (31.5)	97 (35.1)	37 (13.4)	8 (2.8)
9	The chance to do things for other people	44 (15.9)	74 (26.8)	54 (19.6)	75 (27.2)	29 (10.4)
10	The chance to tell people what to do	51 (18.5)	75 (27.2)	70 (25.4)	59 (21.4)	21 (7.5)
11	The chance to do something that makes use of my abilities	39 (14.1)	71 (25.7)	88 (31.9)	64 (23.2)	14 (4.1)
12	The way company policies are put into practice	61 (22.1)	55 (19.9)	95 (34.4)	55 (19.9)	10 (3.7)
13	My pay and the amount of work I do	76 (27.5)	75 (27.5)	102 (73.0)	14 (5.1)	8 (2.9)
14	The chances for advancement in this job	61 (22.1)	45 (16.3)	103 (37.3)	60 (21.7)	7 (2.6)
15	The freedom to use my own judgment	50 (18.1)	74 (26.8)	110 (39.9)	21 (7.6)	21 (7.6)
16	The chance to try my own methods of doing the job	43 (15.6)	72 (26.1)	97 (35.1)	50 (18.1)	14 (4.1)
17	The working conditions	45 (16.3)	70 (25.4)	127 (46.0)	21 (7.6)	13 (4.7)
18	The way my co-workers get along with each other	54 (19.6)	76 (27.5)	64 (23.2)	72 (26.1)	10 (3.7)

19	The praise I get for doing a good job	70 (25.4)	56 (20.3)	89 (32.2)	33 (12.0)	28 (10.1)
20	The feeling of accomplishment I get from the job	62 (22.5)	64 (23.6)	90 (32.6)	48 (17.4)	12(4.3)
Total Minnesota Satisfaction Questionnaire (MSQ) Mean and Standard deviation M= 76.5, SD= 4.9)						

4.5 Bivariate Analysis

in the current study, the relationships between practice environment, workload, job satisfaction, and quality of nursing care among nurses employed in aged care facilities were assessed by using the Pearson Product-moment correlation coefficient (Pearson's r).

4.5.1 The relationship between Practice Environment and Quality of Nursing Care among nurses employed in aged care facilities

The current study aimed to explore the relationship between the practice environment and the quality of nursing care among nurses employed in aged care facilities. The results showed that there was a positive relationship between the practice environment and QONC among nurses employed in aged care facilities ($r = 0.72$. $P = 0.000$) (Table 4.9).

4.5.2 The relationship between workload and quality of nursing care among nurses employed in aged care facilities.

The current study aimed to explore the relationship between the workload and the quality of nursing care among nurses employed in aged care facilities. The results showed that there was a negative relationship between the workload and QONC among nurses employed in aged care facilities ($r = -0.68$. $P = 0.000$) (Table 4.9)

4.5.3 The relationship between job satisfaction, and quality of nursing care among nurses employed in aged care facilities.

The current study aimed to explore the relationship between Job satisfaction and the quality of nursing care among nurses employed in aged care facilities. The results showed that there was a positive relationship between the workload and QONC among nurses employed in aged care facilities ($r = 0.76$. $P = 0.000$) (Table 4.9)

Table 4.6 Pearson’s product-moment correlation coefficient between practice environment, workload, job satisfaction, and quality of nursing care (N=276)

Variable	Quality of Nursing Care (QONC) (Pearson’s r)	P value
Practice Environment	0.72	0.000*
NASA workload index	-0.68	0.000*
Job Satisfaction	0.76	0.000*

* Correlation is significant at the 0.05 level (2-tailed).

4.6 Multivariate analysis

In the current study, one of the research questions was “To what extent do Practice Environment, Workload, and Job Satisfaction predict the Quality of Nursing Care among nurses employed in aged care facilities?”. A standard multiple regression (R^2) analysis was used to answer this research question. Additionally, a model-building approach was utilized to predict the relationship between the independent variables (Practice Environment, Workload, and Job Satisfaction) and the dependent variable (QONC).

Three steps were used to identify the parsimonious regression model. First, normality, linearity, heteroscedasticity, and independence of residuals were evaluated. Second, bivariate analysis was undertaken, and significant correlations with QONC were entered into the initial regression model. Third, independent variables with significant correlation in the initial model were only entered into the parsimonious regression model.

In the current study, the results from the first step showed that all independent variables including practice environment, workload, and job satisfaction were significantly correlated with the dependent variable (QONC) as shown in Table 4.9, therefore, all independent variables were entered in the initial regression model. The standardized regression coefficient (β), and standard error (SE) were evaluated. The initial model for QONC accounted for 62.0% of the

variance, with $R^2 = 0.62$, adjusted $R^2 = 0.61$, $F (4.13, p = 0.000)$, results are presented in the following Table (4.10).

Table 4.7

Initial Regression Model of Independent Variables that Predicting Quality of Nursing Care (N=276)

Predictor	β	SE	B	t	95% Confidence Interval B	
					Lower	Upper
Practice Environment	0.156	0.012	0.031	2.144	.050	0.102
Workload (NASA)	-.071	0.077	0.061	-.616	.060	0.192
Job Satisfaction	0.131	0.041	0.140	1.612	.020	0.329
Total R^2 0.62						

Note: Dependent Variable – QONC

Finally, all variables from the initial model were entered into the parsimonious regression model, the results from the parsimonious regression model indicated that the practice environment, workload, and job satisfaction predicted the QONC among nurses employed in aged care facilities with 62.0% of the variance.

Check on Multicollinearity

In the current study, multicollinearity was checked, and two steps were undertaken for this purpose, first, the correlation matrix for all variables was evaluated. All correlations ranged between -0.68 and 0.76, this means there were no highly correlated variables with each other (Table 4.11).

Table 4.8 Correlation Matrix Between Practice Environment, Workload, Job Satisfaction, and Quality of Nursing Care (N=276).

	Practice Environment	Workload	Job Satisfaction	QONC
Practice Environment		-0.71	0.63	0.72
workload			-0.75	-0.68
job satisfaction				0.76

Significantly, if there is no high correlation does not mean a lack of collinearity, therefore, the second step was undertaken to guarantee a lack of collinearity. Tolerance and variance inflation factor (VIF) were evaluated and assessed. Tolerance refers to the assumption that the variability in one independent variable is not explained by the other independent variables. The Variance Inflation Factor (VIF) provides similar information as the tolerance factor, indicating the degree to which multicollinearity is present among the predictors. Multicollinearity would be indicated in a tolerance level of less than .10 or a VIF value of above 10 (Hair, et al., 2006). The result indicated that the study does not have any multicollinearity problem. Table 4.12 displays the results of the collinearity diagnostic matrix for QONC.

Table 4.9
Collinearity Diagnostics Matrix for QONC (N=276)

Independent variables	Correlations		Collinearity Statistics	
	Partial	Part	Tolerance	VIF
Practice Environment	0.055	0.063	0.329	1.61
NASA	-0.224	-0.167	0.455	2.41
Job Satisfaction	0.038	0.040	0.556	2.39

4.7 Model Evaluation for Quality of Nursing Care Predictors

Standard criteria were used to evaluate the fitness of the hypothesized model including (1) adequate sample size (the sample size was adequate and calculated properly as discussed early in chapter three), (2) analysis was undertaken within the margin of the statistical significance of the p-value (<0.05), and (3) the difference between R squared and adjusted R squared was evaluated and it was within the acceptable range ($R^2 = 0.62$, adjusted $R^2 = 0.61$). Figure 4.1 summarizes the final regression model generated from the current study. The model showed that practice environment, workload, and job satisfaction were significantly correlated and predicted the quality of nursing care among nurses employed in aged care facilities

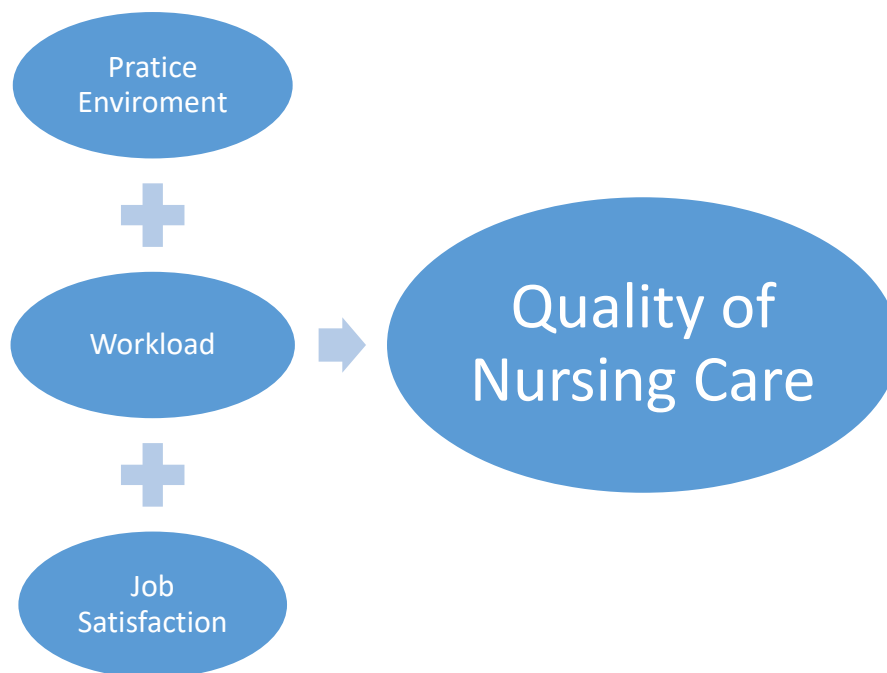


Figure 4.1: Predictors of Quality of Nursing Care Model

Summary

A total of 276 participants completed the study's questionnaires from different aged care facilities. The results indicated that:

In general, the participants had positive caring behaviors while caring for the elderly people in the aged care facilities

A moderate level of positive Practice Environment was reported by the participants in the current study $M= 93.3$, $SD= 8.6$).

The results showed that the participants had a moderate workload with the mean (70.2 ($SD = 15.5$)).

A moderate level of job satisfaction was reported by the participants in the current study $M= 76.5$, $SD= 4.9$).

The results showed that there was a positive relationship between the practice environment and QONC among nurses employed in aged care facilities ($r = 0.72$. $P= 0.000$).

The results showed that there was a negative relationship between the workload and QONC among nurses employed in aged care facilities ($r = -0.68$. $P= 0.000$)

. The results showed that there was a positive relationship between the workload and QONC among nurses employed in aged care facilities ($r = 0.76$. $P= 0.000$)

The results from the parsimonious regression model indicated that the practice environment, workload, and job satisfaction predicted the QONC among nurses employed in aged care facilities with a 62.0% of variance

Phase II – Qualitative Findings

Introduction

In this section, the results from the qualitative phase will be presented. This phase was conducted to gain an in-depth understanding of the nurses' perceptions of the Quality of Nursing care, Practice Environment, workload, and job satisfaction in aged care facilities. Eleven semi-structured interviews were conducted to reach the saturation level. Thematical \content analysis approach was used to analyse the data as discussed earlier in chapter three. Three themes with categories and sub-categories were emerged from the qualitative data. Qualitative results are presented in the Table 4.10.

Table 4.10: Themes, Categories, and Sub-Categories from Content Analysis.

Theme	Category	Sub-category
Emotional Dynamics of Geriatric Nursing	Emotional Resilience and Challenges	Empathy and Compassion Requirements
		Complex Patient Needs
		Behavioural Challenges
	Interpersonal Relationships	Interactions with Families
		Patient-Caregiver Bond
Workload Management and Job Satisfaction	Challenges and Impacts	Workload Management
		Physical and Mental Stress
	Satisfaction Contributors	Personal Fulfillment
		Job Fulfillment
Systemic Issues and Strategic Improvements	Institutional Barriers and Opportunities	Resource Limitations
		Recommendations for Enhancement and Quality of care

Sample Characteristics

Eleven participants were interviewed in the current study, Males and Female, Muslims N= 5, Christians (N=3), and Jews (N=3), monthly salary ranged between 3880 \$ to 4000 \$, and the average age was 39 year.

Emotional Dynamics of Geriatric Nursing

In the current study, there was a universal agreement between the participants regarding the emotional status of geriatric nursing. Two main categories with five related sub-categories were emerged in the current study. Emotional resilience and challenges and interpersonal relationships. Working with elderly people in highly emotional and generates a wide range of emotions such as empathy and compassion. Moreover, the participants highlighted the complexity of care and different and complex needs, as the elderly people have complex needs and condition. Interaction with the patients' families is a dynamic process that can create a lot of emotions and required specialized competencies from the nurses. The following section discusses the categories and sub-categories identified by the participants.

Emotional Resilience and Challenges

Geriatric nursing is considered very demandable type of job, nurses working with elderly should have not only clinical competencies but also high level of emotional resilience. In the aged care facilities, the nurses are facing many challenges such as complex medical conditions, cognitive impairments, end of life issue while caring for elderly. Three sub-categories were emerged including *Empathy and Compassion Requirements*, *Complex Patient Needs*, and *Behavioural Challenges*.

Empathy and Compassion Requirements

Most of the participants exhibited a high level of empathy and compassion to effectively care for elderly patients. They are often facing multiple and wide range of health-related issues such as complex chronic conditions, emotional distress, and sense of vulnerability. For example, A male nurse said:

“You must have a lot of compassion and empathy, it's a special character for everything. Working with so emotional, many feelings, you feel attached to them, in their sickness, in daily chat with them” (Male # 6)

Another female participant shared the same feelings and said:

Working with elderly is emotionally difficult, many feeling, they need our support, not only in the daily basic needs, but also, providing them with emotional support” (Female #3).

Complex Patient Needs

Elderly patients typically present with a wide range of medical condition and chronic illness such as diabetes mellites, hypertension, cardiovascular disorders, mobility issues, neurological problems, and cognitive impairments. The nature of these needs requires complex and comprehensive knowledge and skills to provide them with the optimal care. Nurse ability to coordinate with other disciplines or health professionals is essential to provide integrated care. The participants highlighted this challenge and exhibited their feelings regarding this critical point. For example, a male participant said:

“Every hospitalized elderly come with a set of physical and medical problems, this create a lot of challenges, complex work, workload, you have to organize everything, working with pharmacists, physiotherapies, Drs, nutritionist and others to give them everything and best care. There are many things to do, it keeps you busy all the time “(Male # 2).

Another male participant agreed on this critical point and shared his concern and said:

It is not easy at all, working with them is demandable, many things to do, their basic needs, medications, follow-up with them, all of us are busy all day. Nurse, Drs, the whole team is working together to support them, it is a big challenge (Male # 9).

Behavioural Challenges

Elderly patients experiencing many behavioural challenges related to predisposing medical conditions such as dementia, depression, anxiety which are common in geriatric patients. These changes can complicate their care and make it more difficult for the health professionals. Managing such behaviours requires special attention, patience, training, and tailored approach to everyone’s circumstances. For example, a female participants expressed her concern and said:

Not to forget that most of them reach a state of cognitive decline and behavioural problems. It is more than their physical needs, their attitude, behaviours, everything should be managed. We must control our feelings, be patient to work properly with them. (Female # 7).

A male participant also highlighted this point and said:

It is about having good training to work with them. Nurse working with geriatric should have special skills. It is different from hospital unit. Here they have different behaviours, you must know how to work with these things. (Male # 5).

Interpersonal Relationships

The second category that emerged from the qualitative data was interpersonal relationships. In geriatric nursing, the quality of care relies on the strength and quality of interpersonal relationships between the nurses and their patients, as well as between the nurses and the patients' families. Effective therapeutic relationship will promote the patient comfort and improve the health outcomes. Two sub-categories were identified including *Interactions with Families and Patient-Caregiver Bond*.

Interactions with Families

Nurse-families communication is considered as an essential element of nursing care for elderly patients in the aged care facilities. Effective communication will help in coordinating care, understanding patient history and background, and addressing any concerns related to his condition. The participants in this study clearly acknowledged this interaction and highlighted the benefits of effective interaction with families. For example, a male participant said:

In our job, working closely with the Family is important, they provided us with a lot of information about the patient, his disease, medication, allergies.... Etc. some of our patient they have memory problem, so their families helped us a lot. I feel like we are one team. (Male # 4).

In the same vein, another male participant valued the interaction with the families and said:

I do agree, family is important part of our job. Many time I spoke with them to know more about my patient, his condition, history, food ,,,,etc. For this reason, having good relationship with them is a must. Showing them the respect and talk to them will help us a lot. (Male # 6).

Patient-Caregiver Bond.

In geriatric nursing, nurse-patient relationship (Bond) is crucial. Developing therapeutic strong bond is fundamental and helping the nurses understand their patients' needs and provide them with the best and needed care. Nurse should have deep emotional connections with their patients with maintaining the professional boundaries while providing care is crucial. A male participant emphasized on this and said:

When excellent human treatment is given and a good relationship is built, the patient feels better and safer. (Male #8).

Another participant concurrent with this and said:

Building good relationship with my patients is important, they trust me and share their thoughts, feelings with me. I can help them more. Our relation is perfect and professional also. As a nurse, you must be relaxed, know how to approach them, and build the good relationships with them (Male # 11).

Workload Management and Job Satisfaction

Working environment and workload in geriatric nursing is considered difficult and multi-tasked environment that might affect and contribute to the staff's satisfaction. Therefore, workload management is a significant element contributing job satisfaction. The intensity of the workload, complexity of workload, and the pressure of workload impact the satisfaction and quality of care provided. Two main sub-categories and four sub-categories were emerged including Challenges and Impacts (workload management, physical and mental stress) and Satisfaction Contributors (Personal Fulfillment and job fulfillment). The following section discusses these elements.

Challenges and Impacts

Challenges and impacts are the first category of the second them "Workload Management and Job Satisfaction". Many subcategories were emerged and identified including workload management, physical and mental stress) and Satisfaction Contributors (Personal Fulfillment and job fulfillment).

Workload management

Workload management is a critical strategy in aged care facilities. Where nurses often face high demands due to the complex needs of the elderly residents. Having this essential competency is

considered as key element in managing the workload stress and demands and being able to deliver high quality of care. For example, a male participants said:

“It depends on your ability to manage your work, being organized, you have to learn how to manage the multiple tasks and duties, if you know how to do this, everything will be easy and manageable, and you can help your patients to the MAX”. (Male # 5).

Another male participant shared the same thought and said:

“We have many things to do, workload is high, but the point is depending on yourself, how to organize yourself and manage your time, then, you can do the best for the patients” (Male # 10).

Physical and Mental Stress

Nurses working in the aged care facilities faced many physical and mental demands that can led to significant stress among them. Daily tasks such as positioning, lifting, moving patients\residents, standing for long period are considered as physical stressors. Moreover, caring for elderly residents\patients, particularly those with end-of-life or sever cognitive impairments can cause a significant mental stress and emotionally draining. A male participant said”.

“Our work is not easy, heavy job, many duties need physical abilities and fitness, we are moving patients\residents, helping them using toilets, positioning them.... Etc. Some time I feel pain” (Male # 7).

A male participants agreed on this and shared his thoughts and said:

“The load is heavy, am going back home exhausted. Too many things to be completed at work, sometime, I don’t find time for rest or break. It is physically loaded” (Male# 5).

Satisfaction Contributors

In this category, the participants shared their thoughts and expressed their feelings regarding the satisfaction at the Practice Environment, two sub-categories were emerged and identified as personal fulfilment and job fulfilment, these two factors were considered as contributing factors that enhance the participants’ satisfaction while caring for elderly residents\patients in the aged care facilities.

Personal Fulfilment

Personal fulfilment is an important factor in enhancing job satisfaction among the participants in the current study working in aged care facilities. The nurses' feelings can positively impact their emotional-wellbeing, job performance, and overall quality of care. The participants had a strong sense of purpose and meaning of their care and work. They believed that their care has a significant impact on the resident\patients' lives, and this is an important reward for them. For example, one male participant said:

“When I care for my resident, am feeling happy. Loves, loves to help in a difficult situation for people with difficult health condition, I feel great satisfaction in my work” (Male # 8)

Another one said:

“It is great feeling to help other, especially those with special needs, this feeling that I've done my duty in a perfect way give me a feeling of happiness and satisfaction” (Female # 3).

Job Fulfilment

Job fulfilment refers to the internal rewards that nurses experience when they feel their work is helpful and their objectives are met. It has a sense of purpose, goals achievements, and satisfaction of being supportive for others and fulfill the assigned duties and responsibilities. Nurses working in aged care facilities find job fulfilment in knowing they are making a significant contribution and difference in the lives of elderly residents. Providing support, compassionate care improves their quality of lives and helping them achieve daily activities. These feelings increase the satisfaction level among the nurses. For example, a male participant said:

I am very satisfied with working in a geriatric institution... identifying complex situations and needs, ability to help them in their daily needs gives me a feeling that I am very helpful and supportive to them. When I finish all my duties in good way and complete my tasks in the shift, this making me feel happy and satisfied” (Male #7)

Supporting this idea, another participant said:

Having the feeling that you are helpful for them, able to serve them, and doing the job in a perfect shape, give me feeling that I am helpful, and my job have a meaning. This increases my satisfaction and decrease the feeling of work-pressure” (Male # 8).

Systemic Issues and Strategic Improvements

In the current study, the third theme highlighted by the participants was systematic issue and strategic improvements. It discusses issue related to resources and staffing, training and development, and recommendations for improvements and the impact on the quality of care provided was discussed by the participants.

Resources limitations

Resources limitation is considered as significant contributor that impact the quality of care negatively. Participants identified many constraints including shortage of qualified staff, patient \nurse ratio, and limited training opportunities. They claimed that these constraints limited their abilities to provide the optimal care and considered as significant challenges for them. For example, one male participant said:

“First of all, the number of employees and standards must be increased, not only the nurses but also in the various sectors” (Male # 7).

Another participant agreed on this and said:

“The way I see it, there has always been a problem that there is a problem with the number of nurses, and everything has to do with the Ministry of Health and the Director of Nursing” (Male # 11).

One participant shared his concern regarding this and said:

“The resources around you are of great importance, and with each of them you will not be able to provide comprehensive and high-quality care” (Male # 4).

One more participant supported these points and said:

"The care environment, relevant resources, financial support can all affect the quality of care for the geriatric patient." (Female # 3).

Recommendation for Enhancement

In this sub-category, the participants identified many recommendations for enhance the Practice Environment, which later it has a positive impact on the quality of care provided in aged care facilities. Increasing staff and resources, improving compensation and communication, and staff training are the main shared recommendations identified by the participants. They believed that quality of care will be improved with these changes. The following quotes are examples of the participants' recommendations:

“ When the staff is sent for training and personal development courses, further training and appropriate seminars and workshops, there will be an improvement in the quality of care." (Male # 1).

“Raising an hourly value per employee can also improve satisfaction... management-level observation coordination conversation with the families. Increasing salaries, more compensation, rewards will be good" (Male # 9).

“Increase staff number, more nurses are required. We are facing an issue with the shortage of nurses. Increase nurses and decrease number of patients per nurse will enable the nurse to do more and provide good care” (Male # 10).

Summary Of Qual And Quant Results

The results from the study, involving 276 participants from various aged care facilities in phase I and eleven participants in phase II, provide valuable insights into the relationship between caring behaviours, practice environment, workload, job satisfaction, and the quality of nursing care (QONC).

The participants generally displayed positive caring behaviours while attending to elderly patients, which were influenced by a moderately positive practice environment ($M=93.3$, $SD=8.6$). This environment was essential in fostering emotional resilience and maintaining high levels of empathy and compassion, despite the complexities of geriatric care, such as managing complex patient needs and behavioural challenges.

The participants experienced a moderate workload ($M=70.2$, $SD=15.5$) and reported moderate job satisfaction ($M=76.5$, $SD=4.9$). Workload management was crucial in determining their physical and mental stress levels. Despite these challenges, many found personal and job fulfilment in their work. However, the moderate workload still posed a potential barrier to maximizing their overall satisfaction.

The study highlighted significant relationships between various factors. A positive practice environment strongly correlated with higher QONC ($r=0.72$, $p=0.000$), indicating that better workplace conditions improved the quality of care. Conversely, a negative relationship between workload and QONC was found ($r=-0.68$, $p=0.000$), suggesting that increased workload hindered the ability to provide optimal care. Intriguingly, a positive relationship was also identified between workload and QONC ($r=0.76$, $p=0.000$), which may indicate that certain aspects of workload, such as emotional engagement or responsibility, can enhance care quality under the right conditions.

A parsimonious regression model revealed that practice environment, workload, and job satisfaction collectively predicted 62% of the variance in QONC among aged care nurses. These findings underscore the importance of addressing systemic issues, such as institutional barriers, resource limitations, and workload management, to improve both nurse satisfaction and care quality.

Eleven interviews were conducted in the current study to gain an in-depth understanding of the nurses' perceptions of the Quality of Nursing care, Practice Environment, workload, and job satisfaction in aged care facilities. Three main themes with many categories and sub-categories emerged from the qualitative data. The participants emphasised on the emotional dynamics of geriatric nursing, workload management and job satisfaction, and systemic issues and strategic improvements. Clearly, these results increased our understanding regarding the interaction between the main variables under study including quality of Nursing care, Practice Environment, workload, and job satisfaction in aged care facilities.

In summary, the study demonstrates that a supportive practice environment and well-managed workload are crucial for enhancing QONC, while job satisfaction plays a key role in mitigating the physical and mental stress associated with geriatric nursing. Systemic improvements are necessary to optimize these factors and improve overall care in aged care facilities

Chapter Five: Discussion

5.1 Introduction

The purposes of these two-phased studies were to:

Phase I was conducted to (1) explain the relationships between Practice Environment and Quality of Nursing Care among nurses employed in aged care facilities; (2) explain the relationships between Workload and Quality of Nursing Care among nurses employed in aged care facilities; and (3) explain the relationships between Job Satisfaction and Quality of Nursing Care among nurses employed in aged care facilities; and (4) identify to what extent Practice Environment, Workload, Job Satisfaction predict the Quality of Nursing Care among nurses employed in aged care facilities. The following section details the research hypotheses, design, setting, sampling, and recruitment of participants, data collection instruments, and data analysis methods.

Phase II: Describe Nurses who work in aged care facilities' experiences and perceptions of the Quality of Nursing care, Practice Environment, workload, and job satisfaction.

5.2 Key Findings

In this study, undertaking a mixed method approach facilitated the breadth and depth of understanding about the quality of care among nurses in aged care facilities, significantly, in correlation with the hypothesized predictors including practice environment, workload, job satisfaction. The following seven points present a summary of the key findings of the study.

A total of 276 participants completed the study's questionnaires from different aged care facilities. The results indicated that:

1. In general, the participants had positive caring behaviors while caring for the elderly people in the aged care facilities.
2. A moderate level of positive Practice Environment was reported by the participants in the current study $M= 93.3$, $SD= 8.6$).
3. The results showed that the participants had a moderate workload with the mean (70.2 ($SD = 15.5$)).

4. A moderate level of job satisfaction was reported by the participants in the current study (M= 76.5, SD= 4.9).
5. The results showed that there was a positive relationship between the practice environment and QONC among nurses employed in aged care facilities ($r = 0.72$, $P= 0.000$).
6. The results showed that there was a negative relationship between the workload and QONC among nurses employed in aged care facilities ($r = -0.68$, $P= 0.000$).
7. The results showed that there was a positive relationship between the job satisfaction and QONC among nurses employed in aged care facilities ($r = 0.76$, $P= 0.000$).
8. The results from the parsimonious regression model indicated that the practice environment, workload, and job satisfaction predicted the QONC among nurses employed in aged care facilities with a 62.0% variance.
9. Three main themes with many categories and sub-categories were emerged from the qualitative data. The participants emphasised on the emotional dynamics of geriatric nursing, workload management and job satisfaction, and systemic issues and strategic improvements.

The next sections discuss the integrated findings from quantitative and qualitative phases.

Discussion

5.3 The relationships between Practice Environment and Quality of Nursing Care among nurses employed in aged care facilities.

A moderate level of positive Practice Environment was reported by the participants in the current study. Significantly, the results showed that there was a positive relationship between the practice environment and QONC among nurses employed in aged care facilities. The results from the current study support the previous results by White et al. (2020). His study investigated the relationship between nurse Practice Environments and patient outcomes. Utilizing survey data from nurses and patients across multiple hospitals, the study found that better nurse Practice Environments were associated with higher nurse satisfaction and better quality of care. The study underscored the significance of supportive managerial practices and adequate staffing in enhancing Practice Environments (White, Aiken, Sloane, & McHugh, 2020). Moreover, the results from the current study are consistent with previous work Castle et al. (2020). Both studies

were conducted to evaluate the relationship between Practice Environments and quality of nursing care. Both studies utilized survey data from nursing staff and administrators, finding that better Practice Environments associated with higher quality of care (N. G. Castle, Hyer, Harris, & Engberg, 2020). Additionally, our results supported the previous research by Vogus and McClelland (2018) which was to explore the role of leadership in shaping the Practice Environment and quality of nursing care in aged care settings. Through interviews and observational data, the study found that transformational leadership practices were linked to more positive Practice Environments and higher quality of care.

The results from the quantitative phase supported by the results from the qualitative phase, improve the Practice Environment through systemic issues and strategic improvements such as increase staff number, managerial support, resources availability, and compensation will have positive impact on the quality of care provided by the nurses in aged care facilities. These findings expand our understanding regarding significant association between Practice Environment and quality of care. Utilizing a mixed-method study adding a unique contribution to bulk of knowledge existed. Most of the previous literature utilized either qualitative or quantitative approach only. Therefore, to fill the gap and provide full picture, a mixed-method approach was implemented in the current study.

The results from both phases in the current study supported the previous study by Jeong et al. (2019), he examined how organizational culture influences the Practice Environment and quality of nursing care in aged care facilities. The study utilized a mixed-methods approach, finding that a positive organizational culture, characterized by teamwork and mutual respect, was associated with better Practice Environments and higher quality of care. The findings highlight the need for interventions to foster positive organizational cultures in aged care facilities (Jeong, Kim, Kim, & Zhang, 2019).

Furthermore, results from quantitative and qualitative phase revealed the importance of enhancing the Practice Environment to improve the quality of care, these findings congruent with the previous work by Chirico et al. (2021). In that study, the impact on the workplace on the burnout among nursing staff was the focus of a study by Chirico et al. (2021). Through surveys and interviews, the research explored the link between Practice Environment factors such as workload, emotional demands, and the prevalence of burnout. The study found that improving

nurse-to-patient ratios and providing adequate resources can mitigate burnout and enhance the overall Practice Environment (Chirico et al., 2021). Furthermore, the effect of Leadership on Practice Environment has been studied. In a study conducted by Cummings et al. (2018), the impact of leadership styles on nurse Practice Environments was explored. The study utilized questionnaires and interviews to gather data, concluding that transformational leadership positively influences Practice Environments, leading to higher job satisfaction and better patient care (Cummings et al., 2018). In addition, supportive Practice Environments, inclusive of adequate staffing and managerial support, play a crucial role in retaining nursing staff, particularly in high-stress healthcare settings (Hasselhorn, 2020).

3.4 The relationships between Workload and Quality of Nursing Care among nurses employed in aged care facilities.

The results showed that the participants had a moderate workload, significantly, the results also showed that there was a negative relationship between the workload and QONC among nurses employed in aged care facilities. The primary aim of aged care facilities is to provide high-quality, personalized care to residents. Nurse workload is a key determinant of care quality, influencing the time and attention nurses can dedicate to each resident (N. Castle, Engberg, & Men, 2018). Studies have consistently demonstrated a positive correlation between lower nurse-to-patient ratios and better care outcomes (McHugh et al., 2021). Excessive workloads contribute to stress, burnout, and job dissatisfaction among nursing staff (Kowalczyk, Krajewska-Kulak, & Sobolewski, 2020). Importantly, overburdened nurses are more prone to errors, potentially compromising patient safety. Examining nurse workload is essential to understand its impact on adverse events and develop interventions to mitigate risks (Fagerström, Kinnunen, & Saarela, 2018).

The result from quantitative phase is explained in-depth by the results from the qualitative phase, in the qualitative phase, the findings revealed that geriatric nursing is considered very demandable type of job, nurses working with elderly should have not only clinical competencies but also high level of emotional resilience. In the aged care facilities, the nurses are facing many challenges such as complex medical conditions, cognitive impairments, end of life issue while caring for elderly. Moreover, the participants highlighted the complexity of care and different and complex needs, as the elderly people have complex needs and condition. Interaction with the

patients' families is a Dynamic process that can create a lot of emotions and required specialized competencies from the nurses. Elderly patients typically present with a wide range of medical condition and chronic illness such as diabetes mellites, hypertension, cardiovascular disorders, mobility issues, neurological problems, and cognitive impairments. The nature of these needs requires complex and comprehensive knowledge and skills to provide them with the optimal care. Elderly patients experiencing many behavioural challenges related to predisposing medical conditions such as dementia, depression, anxiety which are common in geriatric patients. These changes can complicate their care and make it more difficult for the health professionals. Nurses working in the aged care facilities faced many physical and mental demands that can led to significant stress among them. Daily tasks such as positioning, lifting, moving patients\residents, standing for long period are considered as physical stressors. Moreover, caring for elderly residents\patients, particularly those with end-of-life or sever cognitive impairments can cause a significant mental stress and emotionally draining. For all previous scientific explanation, geriatric nursing is considered as heavy and demandable job, therefore, increasing in the workload can lead to decrease in the quality of care provided by the nurses.

These findings supported and congruent with the previous literature, The relationship between nurse workload and the quality of nursing care in aged care facilities has been a subject of ongoing research. A systematic review of recent studies reveals a variety of findings and perspectives on how these two crucial elements interact in the context of healthcare for the elderly. Several recent studies have employed quantitative methods to assess the impact of nurse workload on the quality of care in aged care facilities. A study conducted by Jones et al. (2021) utilized standardized nursing workload measurement tools and correlated the results with patient outcomes and satisfaction measures. The findings suggested that an increased workload was inversely related to the quality of care and patient satisfaction, highlighting the need for adequate staffing in aged care facilities (Jones, Heckenberg, Wright, Hodgkin, & Community, 2021). Additionally, the impact of workload on the health care professionals specially the nurses was examined also. When nurses are not overworked, they have more opportunities for professional development, enhancing their skills and improving resident care (Goodare, 2017; Kane, Shamliyan, Mueller, Duval, & Wilt, 2007). Therefore, appropriate staffing levels foster a positive Practice Environment, promoting effective collaboration and communication among healthcare professionals (Leitão, Pereira, Gonçalves, & health, 2019). In a study conducted by

Lee and Kim (2021), the impact of nurse education and training on workload management and care quality was explored. The researchers found that ongoing education and training programs helped nurses in aged care facilities to manage their workloads more effectively and deliver higher quality care, emphasizing the importance of continuous professional development in this sector (Lee, Kim, Jung, & Kang, 2019). Additionally, availability of regulation related to the Practice Environment and staffing, many regions have staffing regulations for aged care facilities, and studying nurse workload is essential for compliance and demonstrating a commitment to quality care ((Harrington, Dellefield, Halifax, Fleming, & Bakerjian, 2020; Yoon, 2020). As the population ages, demand for aged care services is increasing. Research on nurse workload is vital for future planning and ensuring facilities are equipped to meet this demand while maintaining high care standards (World Health Organization, 2021).

5.5 The relationships between Job Satisfaction and Quality of Nursing Care among nurses employed in aged care facilities

In the current study, the results showed that there was a positive relationship between the job satisfaction and QONC among nurses employed in aged care facilities and the participants had a moderate level of job satisfaction. These findings supported the previous research by W. Liu et al (2018). Importance of studying nurse job satisfaction in aged care facilities cannot be overstated, as it holds significant implications for the quality of patient care, the well-being of the nursing workforce, and the overall efficiency of healthcare delivery in these settings (W. Liu et al., 2018). Nurses play a crucial role in providing care to the elderly, and their job satisfaction is directly linked to the quality of patient care. Satisfied nurses are more likely to be engaged in their work, leading to better patient outcomes, reduced incidents of neglect, and improved overall patient satisfaction (Gordon, 2017; Reader & Gillespie, 2013; Van Bogaert et al., 2017). Moreover, the aged care sector often faces challenges in retaining skilled nursing staff. Higher job satisfaction levels are associated with lower turnover rates, contributing to a more stable and experienced workforce (Savy, Warburton, Hodgkin, & Health, 2017). The sector of aged care in residential settings grapples with the twin challenges of a workforce shortage and high attrition rates among direct care staff.

Qualitative results supporting the quantitative findings and expand our understanding of the job satisfaction and quality of care. Personal fulfillment, job Fulfillment and recommendations for

enhancement and quality of care were highlighted by the participants as main factors in increasing job satisfaction in the workplace. Increasing job satisfaction will contribute positively on the quality of care provided by the nurses in aged care facilities. Significantly, the previous literature examined the evidence linking nurse satisfaction to patient safety outcomes. Recent A Mixed-Method Study studies underscore the hypothesis that higher nurse job satisfaction is associated with improved patient safety, indicating the value of investment in nursing Practice Environments. Importantly, satisfied nurses are more likely to be attentive and committed to providing safe care, reducing the risk of errors and adverse events (Dunning, Louch, Grange, Spilsbury, & Johnson, 2021). Nurse satisfaction is increasingly recognized as a key factor that can influence patient safety (Ying, Fitzpatrick, Philippou, Huang, & Rafferty, 2021). In china, a synthesis of twenty-three selected articles aligns with the established criteria, leading to their comprehensive retrieval, analysis, and integration. The findings corroborate the connection among the organizational framework, care quality, and the outcomes for both patients and nurses within China's healthcare system. Factors within the organizational context that require consideration consist of the adequacy of nurse staffing, the prevailing scarcity of nursing professionals, the limited involvement of nurses in hospital governance, and the need for enhanced support for nurses' professional growth (Ying et al., 2021). In the same vein, research by Cho et al. (2021) using regression analysis found that higher nurse satisfaction scores were significantly associated with lower rates of patient falls and medication errors. The study pointed to job satisfaction as an influential factor in nursing performance and, by extension, patient safety (H. Cho & Steege, 2021). Similarly, a cross-sectional study by Stimpfel and colleagues concluded that institutions with higher nurse-reported job satisfaction exhibited better patient safety ratings. The study particularly highlighted the role of adequate staffing and administrative support in contributing to both nurse satisfaction and patient safety (Stimpfel, Djukic, Brewer, & Kovner, 2019). Furthermore, a longitudinal study by Becker (2023) showed that improvements in nurse satisfaction over time correlated with enhancements in patient safety indicators, suggesting that initiatives aimed at improving the nursing Practice Environment may have a measurable impact on safety outcomes (Becker, 2023). Furthermore, the results from the current study aligned with the previous research by Ding and Wu (2023). He examined the mediating role of nurse engagement, finding that satisfied nurses were more engaged, which in turn led to more vigilant and safer patient care practices (Ding & Wu, 2023). The synthesis of recent

research highlights a positive relationship between nurse satisfaction and patient safety. It underscores the importance of creating supportive Practice Environments for nurses as a strategy for promoting patient safety. Future policy efforts and healthcare management practices should consider nurse satisfaction as a key component in the quest to improve patient safety outcomes.

5.7 Recommendations:

The following sections highlight the implications of the current study in relation to recommendation for future nursing research, practice, education, and the administrative.

Recommendations for nursing research

Future nursing research in relation to Practice Environment, workload, job satisfaction, and quality of care is recommended particularly:

1. Longitudinal studies to explore how job satisfaction, workload and Practice Environment factors such as (staffing levels, management support, and teamwork), and quality of care outcomes evolve over time in aged care facilities.
2. Comparative studies to compare job satisfaction, Practice Environment perceptions, workload, and quality of care outcomes across different types of aged care facilities such as (small vs. large facilities, nonprofit vs, for -profit facilities, urban vs. rural settings).
3. Interventional studies to evaluate the effectiveness of organizational interventions aimed at improving job satisfaction, enhancing Practice Environment conditions, and quality of care outcomes.
4. More research to explore the role of technology and innovative practice (digital record, telehealth, robotics) in influencing job satisfaction, Practice Environment, workload, and quality of care.
5. Research to explore the impact of policy changes and managerial impact on the job satisfaction, Practice Environment, workload, and quality of care.

Recommendations for nursing practice

Recommendation for nursing practice in aged care facilities focusing job satisfaction, Practice Environment, workload and quality of care in aged care facilities include:

1. Enhancing communication and team collaboration: foster a collaborative Practice Environment by promoting effective communication among interdisciplinary teams

- (nurses, caregivers, physicians.... Etc). And implement regular team meetings to discuss practice-related issues such as treatment plans.
2. Staffing and workload management: advocate for adequate staffing levels based on the resident acuity and care needs
 3. Utilize workload management tools and strategies (shift scheduling optimization) to distribute workload equitably among the team members.
 4. Promoting professional development by providing opportunities for ongoing education and professional development.
 5. Offer training on geriatric nursing practice, dementia care, palliative care...etc.
 6. Implement evidence-based practice and support nurses in staying updated with the latest research findings to improve their practice.
 7. Continuous support for the staff through counselling support and peer support.
 8. Emphasize a patient-centered approach that respects the residents' preferences and ensures dignity in care delivery.
 9. Establish mechanisms for gathering regular feedback from nurses regarding job satisfaction, Practice Environment perceptions, workload concerns, and suggestions for improvement
 10. Ensure adequate training and support for staff to effectively utilize technology tools in their daily practice.

Recommendations for nursing education

Recommendations for nursing education in relation to job satisfaction, Practice Environment, workload, and quality of care in aged care facilities focus on preparing nurses to excel in these settings.

1. Curriculum enhancement: integrate coursework and clinical experience that addresses challenges and complexities of aged care settings.
2. Develop modules on geriatric nursing practice and care to cover theoretical and practical aspects of care.
3. Enrich clinical practicum experience in aged care facilities, ensuring exposure to diverse patient populations and care environments.

4. Incorporate interprofessional education (IPE) opportunities where nursing students collaborate with other health professionals.
5. Enhance simulation-based training to replicate scenarios commonly encountered in aged care facilities such as chronic illness and end-of-life care.

Recommendations for nursing administrative

Improving job satisfaction, Practice Environment, workload and quality of care in aged care facilities involves a multi-faceted approach. The following are recommendations for nursing administrative.

1. Professional development: provide opportunities for continuous education and career development. This includes workshops, seminars, and support for further education.
2. Recognition and rewards: implement systems for recognizing and rewarding outstanding performance.
3. Feedback mechanisms: create open channels for staff to provide feedback and voice concerns. Regular surveys and suggestions boxes can help gauge job satisfaction
4. Safety and health workplace: ensure that the workplace adheres to safety and standards.
5. Create a supportive management and leaderships, team building and supportive workplace.
6. Adequate resources: ensure that staff have access to the necessary resources and supplies.

Limitations

In the current study, using a mixed methods approach with multicentred is strengthened and enriched our understanding of the variables understudy including job satisfaction, workload, Practice Environment, and quality of care provided in aged care facilities. However, there are some limitations attached to the current study including:

1. Heterogeneity across the study setting: difference in practice and variation in clinical practice, protocol, and resources. These differences in the perception and background is considered a limitations in the current study.
2. Coordination issue: coordinating data collection from different centers was a limitation to the current study.
3. Time consuming: collecting data and obtaining ethical approval from multiple institutional review boards (IRBs) can be time-consuming.

4. Cross-sectional studies capture data at a single point in time, making it difficult to establish causal relationships between variables.

Conclusion

The aging of populations is a global phenomenon, and healthcare systems around the world face the challenge of providing comprehensive, effective, and compassionate care to their elderly citizens. An aging population places a significant burden on healthcare systems worldwide. Older adults often require more medical care, including treatment for chronic conditions, leading to higher healthcare costs. This study was conducted to examine the relationship between practice environment, workload, job satisfaction, and nursing care to enhance the quality of care provided in aged care facilities. High-quality nursing care ensures that elderly residents live in comfort, dignity, and respect, with their physical, emotional, and social needs adequately met. It also contributes to the overall reputation and success of the facility, as families are more likely to choose and recommend facilities known for their excellent care and positive environment.

A mixed methods approach was used. In phase I, a sample of 276 participants completed the study's questionnaires including Caring Behaviors Inventory-24 (CBI), Practice Environment Scale of the Nursing Work Index (PES-NWI), NASA Task Load Index, and Minnesota Satisfaction Questionnaire (MSQ) (short version). The results indicated that in general, the participants had positive caring behaviors while caring for the elderly people in the aged care facilities, a moderate level of positive Practice Environment was reported by the participants in the current study, the participants had a moderate workload, a moderate level of job satisfaction, there was a positive relationship between the practice environment and QONC among nurses employed in aged care facilities, there was a negative relationship between the workload and QONC among nurses employed in aged care facilities, there was a positive relationship between the workload and QONC among nurses employed in aged care facilities, and The results from the parsimonious regression model indicated that the practice environment, workload, and job satisfaction predicted the QONC among nurses employed in aged care facilities with a 62.0% of variance

The results from phase II (qualitative phase) showed that three main themes with many categories and sub-categories emerged from the qualitative data. The participants emphasised

on the emotional dynamics of geriatric nursing, workload management and job satisfaction, and systemic issues and strategic improvements. Clearly, these results increased our understanding regarding the interaction between the main variables under study including quality of Nursing care, Practice Environment, workload, and job satisfaction in aged care facilities.

The results of the current study might be utilized by the researchers, policy makers, educators, and clinical practitioners to develop systematic, strategic and supportive modules to improve the Practice Environment, job satisfaction, and workload management to improve the quality of care provided in the aged care facilities. Recommendations for nursing research, education, practice, and administrative provide a humble point of view for future directions.

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Appendices

Appendix 1: Informed Consent for Research Study

Study Title: Nurses Practice Environment, Job Satisfaction, Workload and Quality of Nursing Care in Aged Care Facilities: A Mixed-Method Study

Investigator

I am -----, a graduate student in a PhD program in nursing at ----- University. I would like to invite you to participate in a research study that I will conduct under the supervision of faculty members from the College of Nursing.

The study is about The Relationship between Nurses Practice Environment, Job Satisfaction, Workload and Quality of Nursing Care in Aged Care Facilities: A Mixed-Method Study. I will explain the study for you. Please do not hesitate to let me know if you have questions or concerns about the study. I will be happy to provide you with more details about the study.

Participating in this study is voluntary. You have the right to accept or refuse to participate. In case you choose to participate, you will have the right to withdraw from the study at any time. There is no penalty for refusing to participate or for withdrawing from the study at any time.

Your participation in this study will include completion of questionnaires attached. All provided information will be kept confidential; your name or identifying characteristics will not appear at any time; and no one, except the investigator, will have access to your information or responses.

You will receive no direct benefits or incentives for participating in this study; however, your participation will lead to better and deeper understanding of predictors that affect patient safety culture in critical care units.

There are no anticipated risks for participating in this study.

If you have questions later, you may contact ----- at email -----
-----and telephone

Participant

The investigator has explained the research study to me and explained the nature of my participation as well as my rights as a participant in the study. All my questions and concerns have been addressed. By providing my initials and signing below, I hereby choose to voluntarily participate in this study. I certify that I'm at least 18 years of age.

Initials of Participant Signature of Participant Date

Name of Investigator Signature of Investigator Date

Appendix 2: Participation Information Sheet

Study Title: Nurses Practice Environment, Job Satisfaction, Workload and Quality of Nursing Care in Aged Care Facilities: A Mixed-Method Study

Investigator

I am -----, a graduate student in a PhD program in nursing at ----
----- University. I would like to invite you to participate in a research study that I will conduct under the supervision of faculty members from the College of Nursing .

The study is about the Nurses Practice Environment, Job Satisfaction, Workload and Quality of Nursing Care in Aged Care Facilities: A Mixed-Method Study

Appendix 3 Demographics items

S.No.	Demographic Items	
1.	Age in years
2.	Gender	1- Male 2- Female
3.	Aged Care Facilities	1. Dorot – Medical Center for Rehabilitation and Geriatrics – Netanya 2. Gani Gil Hazahav – Hadera 3. Geriatric Rehabilitation Center "Amal Tiberias" – Tiberia 4. Goldencare Geriatric Medical Center Doshi – Nazareth 5. Tiberias Veterans" Geriatric Medical Center – Tiberia 6. Arbel Nursing and Recovery Medical Center – Petah Tikva
	Units	1. Complex unit 2. Rehabilitation unit 3. Prolonged respiratory 4. Palliative unit 5. Subacute care or internal unit
	Education Level	1- Diploma Degree 2- Bachelor degree 3- Postgraduate degree
	Experience in your unit in years Years
	Monthly income in US\$US\$
	How many working hours per week (in hours)hrs.

Appendix 4 Caring Behaviors Inventory-24

Directions:

Please read the list of items that describe nurse caring. For each item, please *circle* the answer that stands for the extent that a nurse or nurses made caring visible during your last hospitalization.

Remember, *you* are the patient.

215. *Attentively listening to the patient.*
Never almost never occasionally usually almost always always

2. *Giving instructions or teaching the patient.*
Never almost never occasionally usually almost always always

215. *Treating the patient as an individual.*
Never almost never occasionally usually almost always always

215. *Spending time with the patient.*
Never almost never occasionally usually almost always always

215. *Supporting the patient.*
Never almost never occasionally usually almost always always

6.. *Being empathetic or identifying with the patient.*
Never almost never occasionally usually almost always always

215. *Helping the patient grow.*
Never almost never occasionally usually almost always always

215. *Being patient or tireless with the patient.*
Never almost never occasionally usually almost always always

215. *Knowing how to give shots, Ivs, etc.*
never almost never occasionally usually almost always always

215. *Being confident with the patient.*
Never almost never occasionally usually almost always always

215. *Demonstrating professional knowledge and skill.*
Never almost never occasionally usually almost always always

215. *Managing equipment skillfully.*
Never almost never occasionally usually almost always always

13. *Allowing the patient to express feelings about his or her disease and treatment.*
Never almost never occasionally usually almost always always

14. Including the patient in planning his or her care.

Never almost never occasionally usually almost always always

15. Treating patient information confidentially.

Never almost never occasionally usually almost always always

16. Returning to the patient voluntarily.

Never almost never occasionally usually almost always always

215. **Talking with the patient.**

Never almost never occasionally usually almost always always

215. **Encouraging the patient to call if there are problems.**

never almost never occasionally usually almost always always

19. Meeting the patient's stated and unstated needs.

never almost never occasionally usually almost always always

20. Responding quickly to the patient's call.

never almost never occasionally usually almost always always

21. Helping to reduce the patient's pain.

never almost never occasionally usually almost always always

22. Showing concern for the patient.

never almost never occasionally usually almost always always

23. Giving the patient's treatments and medications on time.

never almost never occasionally usually almost always always

24. Relieving the patient's symptoms.

never almost never occasionally usually almost always always

Appendix 5 The Practice Environment Scale of the Nursing Work Index

For each item, please indicate the extent to which you agree that the item is present in your current job. Indicate your degree of agreement by circling the appropriate number.

		Strongly Agree	Agree	Disagree	Strongly Disagree
1	Adequate support services allow me to spend time with my patients.	1	2	3	4
2	Physicians and nurses have good working relationships	1	2	3	4
3	A supervisory staff that is supportive of the nurses.	1	2	3	4
4	Active staff development or continuing education programs for nurses.	1	2	3	4
5	Career development/clinical ladder opportunity.	1	2	3	4
6	Opportunity for staff nurses to participate in policy decisions.	1	2	3	4
7	Supervisors use mistakes as learning opportunities, not criticism.	1	2	3	4
8	Enough time and opportunity to discuss patient care problems with other nurses	1	2	3	4
9	Enough registered nurses to provide quality patient care.	1	2	3	4
10	A nurse manager who is a good manager and leader.	1	2	3	4
11	A chief nursing officer who is highly visible and accessible to staff	1	2	3	4
12	Enough staff to get the work done	1	2	3	4

13	Praise and recognition for a job well done	1	2	3	4
14	High standards of nursing care are expected by the administration	1	2	3	4
15	A chief nursing officer equal in power and authority to other top-level hospital executives	1	2	3	4
16	A lot of team work between nurses and physicians.	1	2	3	4
17	Opportunities for advancement.	1	2	3	4
18	A clear philosophy of nursing that pervades the patient care environment.	1	2	3	4
19	Working with nurses who are clinically competent.	1	2	3	4
20	A nurse manager who backs up the nursing staff in decision making, even if the conflict is with a physician.	1	2	3	4
21	Administration that listens and responds to employee concerns.	1	2	3	4
22	An active quality assurance program.	1	2	3	4
23	Staff nurses are involved in the internal governance of the hospital (e.g., practice and policy committees).	1	2	3	4
24	Collaboration (joint practice) between nurses and physicians.	1	2	3	4
25	A preceptor program for newly hired RNs	1	2	3	4
26	Nursing care is based on a nursing, rather than a medical, model.	1	2	3	4
27	Staff nurses have the opportunity to serve on hospital and nursing committees.	1	2	3	4
28	Nursing administrators consult with staff on	1	2	3	4

	daily problems and procedures				
29	Written, up-to-date nursing care plans for all patients.	1	2	3	4
30	Patient care assignments that foster continuity of care, i.e., the same nurse cares for the patient from one day to the next.	1	2	3	4
31	Use of nursing diagnoses.	1	2	3	4

Appendix 6 Nasa Task Load Index

This scale is to assess workload, please indicate the score about the workload. Please note that each category on your left hand, it indicates the score is very low and as you go to right score increases until it reaches very high workload .Please choose the number from 0-20

Mental Demand How mentally demanding was the task?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |

Very Low Very High

Physical Demand How physically demanding was the task?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |

Very Low Very High

Temporal Demand How hurried or rushed was the pace of the task?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |

Very Low Very High

Performance How successful were you in accomplishing what you were asked to do?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |

Perfect Failure

Effort How hard did you have to work to accomplish your level of performance?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |

Very Low Very High

Frustration How insecure, discouraged, irritated, stressed, and annoyed were you?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |

Very Low Very High

Appendix 7 Minnesota satisfaction questionnaire

Ask yourself: How satisfied am I with this aspect of my job?

5 = Very Satisfied, 4 = Satisfied , 3= I can't decide " Neutral", 2 = Dissatisfied , 1 = Very dissatisfied .

	Item	1	2	3	4	5
1	Being able to keep busy all the time					
2	The chance to work alone on the job					
3	The chance to do different things from time to time .					
4	The chance to be "somebody" in the community					
5	The way my boss handles his/her workers					
6	The competence of my supervisor in making decisions					
7	Being able to do things that don't go against my conscience					
8	The way my job provides for steady employment					
9	The chance to do things for other people					
10	The chance to tell people what to do					
11	The chance to do something that makes use of my abilities					
12	The way company policies are put into practice					
13	My pay and the amount of work I do					
14	The chances for advancement on this job					
15	The freedom to use my own judgment					
16	The chance to try my own methods of doing the job					
17	The working conditions					
18	The way my co-workers get along with each other					
19	The praise I get for doing a good job					
20	The feeling of accomplishment I get from the job					

Appendix 8 Release Form Caring Behaviors Inventory: CBI 42, 24, 16, and 6

Zane Robinson Wolf

A

You have my permission to use a version of the Caring Behaviors Inventory in your research or project. Completing, signing, scanning, and returning this form grants permission.

Please complete the items on the form and return by email. I am also asking your permission to share your name and email address with future colleagues interested in using a translated version of the instrument.

Name: Firas	Degrees and Certifications: PhD student
Address: ARAB AMERICAN UNIVERSITY	
Employer:	
University: ARAB AMERICAN UNIVERSITY	
Phone-Cell:	Phone-Work:
Phone-Home, Land:	Other Phone:
Email Address:	Second Email Address:

Version of the CBI that you are interested in administering:

Version	✓ Please check
CBI 42	
CBI 24	X
CBI 16	
CBI 6	

1. Very briefly describe your use of the CBI:
2. Estimate how many subjects/participants/students, etc. will be involved in your use of the CBI. 230
3. If you translate the instrument, please identify the language of the translation: _____. If you translate the instrument, you own the copyright and will cite the CBI research literature.
4. If your research study involves a thesis or dissertation, identify the major advisor's name and address:
- 5.

Name: Professor . Loai AbuSharour	Degrees and Certifications: Professor , Phd
Address ARAB AMERICAN UNIVERSITY	
Email: luay_shahrour@yahoo.com	

6. I plan to modify the instrument; please circle: Yes **No**

7. I will translate and reverse translate the instrument; please circle: Yes **No**

I will email the version that I administer to Dr. Wolf and will notify Zane Robinson Wolf when a publication results from administration of the CBI. I will send current postal and email addresses.

_____ Firas _____ 26-10-24 _____
Signature Date

Print

Please retain one copy of this form for your records and send the original back as a scanned pdf.

Thank you for your interest in the Caring Behaviors Inventory. I own the copyright for the instrument.

Zane Robinson Wolf

Zane Robinson Wolf, PhD, RN, FAAN
27 Haverford Road
Ardmore, PA 19003 USA

Appendix 9 Permission To use NASA “ Workload “ Scale

Hi Professor Loai

The NASA TLX is in the public domain, which means that everyone can use it, free of use.

Good luck with your study!

Peter Hoonakker

Sent from [Outlook for iOS](#)

From: Loai AbuSharour <labusharour@hct.ac.ae>

Sent: Monday, October 30, 2023 7:10:40 AM

To: PETER L T HOONAKKER <peter.hoonakker@wisc.edu>

Subject: Permission to use NASA task load index scale (NASA TLX)

Dear Dr. Peter

I hope this message finds you in good health and high spirits.

I am writing to you today on behalf of my esteemed postgraduate students [Firas], who are embarking on a PhD study. His research aims to explore the intricate relationship between the Practice Environment, workload, and the quality of care in the healthcare sectors. Given the relevance and potential applicability of your NASA TLX scale and its scoring system to his research, we kindly request your permission to access and utilize these instruments in his study.

We would greatly appreciate your consent and cooperation in this matter. Your invaluable contribution would significantly enhance the quality and comprehensiveness of our research.

Thank you in advance for your time and consideration. We eagerly await your response and are ready to comply with any requirements or conditions you may have regarding the use of your scale.

Regards

Appendix 10 Permission to use the Practice Environment Scale of the Nursing Work Index scale

Dear Professor Loai

Yes your student may use the PES-NWI with appropriate citation to our research. See attached materials.

Linda H Aiken, PhD, FAAN, FRCN

Professor of Nursing and Sociology

Founding Director, Center for Health Outcomes and Policy Research

University of Pennsylvania

418 Curie Blvd

Philadelphia PA 19104

215-898-9759

From: Loai AbuSharour <labusharour@hct.ac.ae>

Sent: Monday, October 30, 2023 7:14 AM

To: Aiken, Linda H <laiken@nursing.upenn.edu>

Subject: Permission to use the Practice Environment Scale of the Nursing Work Index scale

Importance: High

Dear Professor Linda

I am writing to you today on behalf of my esteemed postgraduate students [Firas], who are embarking on a PhD study. His research aims to explore the intricate relationship between the Practice Environment, workload, and the quality of care in the healthcare sectors. Given the relevance and potential applicability of your scale and its scoring system to his research, we kindly request your permission to access and utilize these instruments in his study.

We would greatly appreciate your consent and cooperation in this matter. Your invaluable contribution would significantly enhance the quality and comprehensiveness of our research.

Thank you in advance for your time and consideration. We eagerly await your response and are ready to comply with any requirements or conditions you may have regarding the use of your scale.

Regards

Appendix 11 Confirmation of the Age Care Facilliter

Arab American University
Institutional Review Board - Ramallah



الجامعة العربية الأمريكية
مجلس أخلاقيات البحث العلمي - رام الله

IRB Approval Letter

Study Title: “Nurses Practice Environment, Job Satisfaction, Workload and Quality of Care in Aged Care Facilities: A Mixed-Method Study.”

Submitted by: Firas Atef Abu Hussein

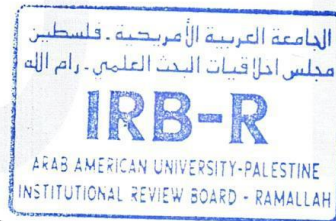
Date received: 7th January 2024

Date reviewed: 4th February 2024

Date approved: 4th February 2024

Your Study titled “Nurses Practice Environment, Job Satisfaction, Workload and Quality of Care in Aged Care Facilities: A Mixed-Method Study.” with the code number “R-2024/A/21/N” was reviewed by the Arab American University Institutional Review Board - Ramallah and it was approved on the 4th of February 2024.

Sajed Ghawadra, PhD
IRB-R Chairman
Arab American University of Palestine



General Conditions:

1. Valid for 8 months from the date of approval.
2. It is important to inform the IRB-R with any modification of the approved study protocol.
3. The Bord appreciates a copy of the research when accomplished.

14/2/24

לכל מאן דבעי

המזון: אישור התחלת מחקר עבור דוקטורנט פיראס אבו חוסיין

שמחר והשתכנעתי כי המחקר הנ"ל אינו עוסק בשום אופן במסופלים בבית החולים, אלא בהעברת שאלונים למסופלים ללא איסוף נתונים על חולים, ולאחר קבלת אישור מועדת אתיקה מהאוניברסיטה הערבית האמריקאית, ניתן להתחיל את המחקר.

שם המחקר (the research title)

Nurses practice environment, job satisfaction, workload and quality of care in aged care facilities: a mixed method study

To whom it may concern

Approval for research Of phd candidate –Firas Abu Hussein

After I was convinced that the above research is not conducted on patients but rather on nurses without collecting data on patients and after receiving the approval from the ethics committee from the Arab American University, hereby I approve beginning with the research

חתימה של י"ר ועדת הליסינג-דורות

Signature of head of Helsenkl committee in Dorot hospital

משרד הבריאות
מרכז רפואי "דורות" נתניה
י"ר מאור שרון מ"ג
מועצת המסופלים והגריאטריה
מ.ר.מ. 15771 מ.ר.מ. 18061
מ.ר. 23285

10.3.2024

Approval To Conduct A Study As Apart Of A PhD. Thesis In Nursing

In honor of:
Firas Abu Hussein
PhD. Nursing Student
AAUP University

We hereby declare our approval for you to carry out your study entitled " **Nurses' Practice Environment, Job Satisfaction, Workload, and Quality of nursing Care in Aged Care Facilities; A Mixed -Method Study** " in Gane Gil Hazhav Geriatric Center in Hadera, with preserving the safety and confidentiality policies of the target audience of the staff.

Best Wishes
Reli Vafner
Director of Gane Gil Hazhav Geriatric center in Hadera



עמל ומעבר

Approval to conduct a study as part of A PhD thesis in Nursing

In honor of :

Firas Abu Hussein

Ph.D Nursing Student

AAUP UNIVERSITY

We hereby declare our approval for you carry out your study entitled "nursing practice environment , job satisfaction , workload and quality of nursing care in aged care facilities : a mixed – method study " in AMAL GERIATRIC CENTER IN TVERIA ' with preserving the safety and confidentiality policies of the target audience of staff .

BEST WISHES

Rahma Hussein

Deputy administrative/nursing manager

רחמה חוסיין
מנהל מרכז
233476
מס' חברה
516178449

מול כמנת
מרכז גריאטרי בע"מ (חל"צ)
מס' חברה 516178449

20.3.24

Approval To Conduct A Study As Apart Of A PhD. Thesis In Nursing

In honor of:
Firas Abu Hussein
PhD. Nursing Student
AAUP University

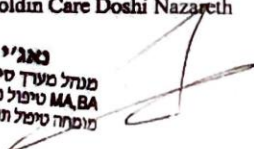
We hereby declare our approval for you to carry out your study entitled " **Nurses' Practice Environment, Job Satisfaction, Workload, and Quality of nursing Care in Aged Care Facilities; A Mixed -Method Study** " in Goldin Care Doshi Geriatric Center in Nazareth , with preserving the safety and confidentiality policies of the target audience of the staff.

Best Wishes

Nagi Sgir

Hed Nurse of Goldin Care Doshi Nazareth

נאג'י סג'יר
מנהל מערך סיעוד גרונטולוגיה
MA,BA טיפול מוגבר גריאטריה
מוסדה טיפול תוסך מ"ר : 91-0066



Approval To Conduct A Study As Apart Of A PhD. Thesis In Nursing

In honor of:
Firas Abu Hussein
PhD. Nursing Student
AAUP University

We hereby declare our approval for you to carry out your study entitled " **Nurses' Practice Environment, Job Satisfaction, Workload, and Quality of nursing Care in Aged Care Facilities; A Mixed -Method Study** " in vteke tveria Geriatric Center in tveria , with preserving the safety and confidentiality policies of the target audience of the staff.

Best Wishes

■

Director of vteke tveria Geriatric center in tyeria

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מס' רישום 216302
מנהל המעוד הסיעודי
במרכז רפואי ותחילי טבריה

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19/02/2024

Approval to Conduct A Study as Part of A PhD Thesis in Nursing

In honor of:
Firas Abu Hussein
Ph.D Nursing Student
AAUP UNIVERSITY

We hereby declare our approval for you to carry out your study entitled "Nurses Practice Environment, Job Satisfaction, Workload and Quality of Nursing Care in Aged Care Facilities: A Mixed-Method Study" in Arbel Geriatric Center in Petah Tikva, with preserving the safety and confidentiality policies of the target audience of staff.

Best wishes,
Falah Dakka
Director of Arbel Geriatric Center in Petah Tikva

ארבל מרכז נריאטרי בע"מ
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بيئة عمل الممرضات ،الرضا الوظيفي ،عبء العمل وجودة الرعاية التمريضية في مرافق

رعاية المسنين: دراسة مختلطة الأساليب

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ملخص

الخلفية: شيخوخة السكان ظاهرة عالمية، وتواجه أنظمة الرعاية الصحية في جميع أنحاء العالم تحدي توفير رعاية شاملة وفعالة ورحيمة لمواطنيها المسنين. التحقيق في بيئة العمل. أصبحت رضا الوظيفة وحجم العمل وجودة الرعاية مجالات اهتمام للباحث وصناع السياسات والمعلمين والمهنيين السريريين.

الغرض: أجريت هذه الدراسة لفحص العلاقة بين بيئة الممارسة وحجم العمل ورضا الوظيفة ورعاية التمريض لتعزيز جودة الرعاية المقدمة في مرافق رعاية المسنين.

الطرق: تم استخدام نهج مختلط. في المرحلة الأولى، تم استخدام تصميم تنبؤي ارتباطي مقطعي. أكملت عينة من 276 مشاركاً من العديد من مرافق رعاية المسنين استبيان الدراسة بما في ذلك جرد سلوكيات الرعاية 24(CBI) ، ومقياس بيئة الممارسة لمؤشر عمل التمريض(PES-NWI) ، ومؤشر عبء العمل لوكالة ناسا، واستبيان رضا مينيسوتا (MSQ) (النسخة المختصرة). في المرحلة الثانية. تم إجراء المقابلات مع أحد عشر مشاركاً، وتم استخدام تحليل المحتوى.

النتائج: أشارت النتائج إلى أنه بشكل عام، كان لدى المشاركين سلوكيات رعاية إيجابية أثناء رعاية كبار السن في مرافق رعاية المسنين، وأفاد المشاركون في الدراسة الحالية بمستوى متوسط من بيئة العمل الإيجابية (م = 93.3، انحراف معياري = 8.6)، وكان لدى المشاركين عبء عمل معتدل، ومستوى متوسط من الرضا الوظيفي، وكانت هناك علاقة إيجابية بين بيئة الممارسة و QONC بين الممرضات العاملات في مرافق رعاية المسنين، وكانت هناك علاقة سلبية بين عبء العمل و QONC بين الممرضات العاملات في مرافق رعاية المسنين، وكانت هناك علاقة إيجابية بين عبء العمل و QONC بين الممرضات العاملات في مرافق رعاية المسنين، وأشارت النتائج من نموذج الانحدار المقتصد إلى أن بيئة الممارسة وعبء العمل والرضا الوظيفي تتبأت ب QONC بين الممرضات العاملات في مرافق رعاية المسنين بنسبة تباين 62.0%.

كشفت النتائج عن ظهور ثلاثة موضوعات رئيسية مع العديد من الفئات والفئات الفرعية من البيانات النوعية. أكد المشاركون على الديناميكيات العاطفية للتمريض الجريزي، وإدارة عبء العمل والرضا الوظيفي، والقضايا النظامية والتحسينات الاستراتيجية.

الخلاصة: زادت هذه النتائج من فهمنا فيما يتعلق بالتفاعل بين المتغيرات الرئيسية قيد الدراسة بما في ذلك جودة الرعاية التمريضية وبيئة العمل وعبء العمل والرضا الوظيفي في مرافق رعاية المسنين. يمكن للباحثين وصناع السياسات والمعلمين والممارسين السريريين الاستفادة من نتائج الدراسة الحالية لتطوير وحدات منهجية واستراتيجية وداعمة لتحسين بيئة العمل والرضا الوظيفي وإدارة عبء العمل لتحسين جودة الرعاية المقدمة في مرافق رعاية المسنين.

الكلمات الرئيسية: بيئة العمل، الرضا الوظيفي، عبء العمل، جودة الرعاية المقدمة، مرافق رعاية المسنين.