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Faculty of Graduate Studies

The scope of practice and its relationship with job satisfaction: A comparative study among bachelor's and master's nurses in the Intensive care unit of Northern West Bank Hospitals Palestine

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This thesis was submitted in partial fulfillment of the requirements for the Master's degree in Intensive Care Nursing

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Thesis Approval

The scope of practice and its relationship with job satisfaction: A comparative study among bachelor's and master's nurses in the Intensive care unit of Northern West Bank Hospitals Palestine.

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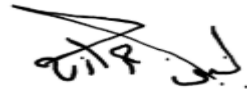
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Declaration

I declare that the work in this study titled " The scope of practice and its relationship with job satisfaction: A comparative study among bachelor's and master's nurses in the Intensive care unit of Northern West Bank Hospitals Palestine" carried out by me under the supervision of Dr. Lubna Farouk Harazneh, in the department of Nursing.

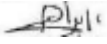
In addition, I understand the nature of plagiarism, and I am aware of the University's policy on this .

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

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Dedication

To my beloved parents, whose unwavering support and endless sacrifices have made this journey possible. Your faith in me has been my greatest source of strength.

To my family, who stood by me through countless late nights and challenging moments, offering their patience, understanding, and encouragement.

To the dedicated nurses working in Intensive Care Units across Palestine, whose commitment to patient care despite challenging circumstances continues to inspire me. Your resilience and dedication to the nursing profession make our healthcare system stronger.

To every person who believed in me and supported my academic journey.

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Abstract

Background: Job satisfaction among nurses is crucial because it affects the quality of healthcare and the safety of patients. Increased work satisfaction among nurses correlates with greater employment retention rates, leading to decreased turnover rates and guaranteeing consistent care provision. This study aimed to assess and compare the nursing practice level and job satisfaction among nurses working in Intensive Care Units at governmental and private hospitals in the North West Bank in Palestine.

Method: The study design was quantitative, cross-sectional, and descriptive research. This research study was conducted at the Intensive Care Units (ICUs) departments in 18 governmental and private hospitals in 6 cities in Northern West Bank, Palestine. A convenience sampling technique was used in this study, and the sample size was calculated using an online sample size calculator. The data instrument of this study included three key parts: socio-demographic data, the Arabic Actual Scope of Nursing Practice (A-ASCOP) questionnaire, and the Job Satisfaction Scale. A statistical analysis was performed on the data using the SPSS software program version 26 of IBM.

Results: The total participants were 162 nurses; the majority were aged between 22-30 years, with a mean of 110 (67.9%), and 92 (56.8%) of the nurses were married. The findings showed that 119 (73.5%) of nurses held a bachelor's degree. The mean job satisfaction score was 47.51 (± 14.71), indicating moderate satisfaction, with scores ranging from 16- 76, showing considerable variability among participants. There is a high level of engagement in nursing practices as the mean nursing practice score was 110.97 (± 29.90), with a range from 26-156. The difference in nursing practice across work shifts was statistically significant ($P = 0.02$). There was a statistically significant difference among the study participants in practice level with work shift. The significance was between those working one shift versus three shifts ($P = 0.005$).

Conclusion: The findings highlighted a complicated relationship between work satisfaction and nursing practices among ICU nurses in public and private institutions. Although overall job satisfaction was moderate, it was undermined by considerable discontent in essential aspects such as advancement possibilities and working environment. This study suggested implementing formal systems to acknowledge and reward outstanding performance, ensuring that nurses feel appreciated and driven in their positions.

Keywords: Job satisfaction; Nursing practices; Intensive Care Unit; Nurses; and Palestine

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List of Abbreviations

Abbreviation/Acronym	Full Form
A-ASCOP	Arabic Actual Scope of Nursing Practice
ANOVA	Analysis of Variance
BSN	Bachelor of Science in Nursing
CI	Confidence Interval
ICU	Intensive Care Unit
IBM	International Business Machines
IOSR-JNHS	International Organization of Scientific Research Journal of Nursing and Health Science
MoH	Ministry of Health
MSN	Master of Science in Nursing
SD	Standard Deviation
Sig.	Significance
SPSS	Statistical Package for Social Sciences
UNRWA	United Nations Relief and Works Agency

CHAPTER ONE

INTRODUCTION

1.1 Background

Job satisfaction pertains to the degree of contentment staff members have about their employment or their attitudes and behaviors regarding their workplace position. Job satisfaction is a crucial indicator of the efficacy and efficiency of human resources (Elsherbeny & El-Masry, 2018). Job satisfaction is essential for the achievement of both an organization and its personnel (Al-Qahtani et al., 2020). Hospitals play a crucial role in society. They apply diverse teams, utilize technological advances, are influenced by multiple factors, and provide activities that need attentiveness and sensitivity due to their interactions with human beings (Düzgün et al., 2020). Therefore, healthcare personnel need to have job satisfaction (Çam & Yıldırım, 2010).

Nurses hold a significant position and comprise the biggest cohort within the healthcare system. Consequently, the job satisfaction of healthcare workers is crucial for their and clients' well-being. Nurses deliver exceptional healthcare services and enhance the health of patients by achieving optimal outcomes for patients (Alharbi et al., 2019; Çelik & Kılıç, 2019; Ibrahim et al., 2016; Semachew et al., 2017). Several scholars have made significant contributions to defining nurse work satisfaction within nursing. The concepts of job satisfaction are derived from Maslow's hierarchy of needs theory and Herzberg's two-factor theory (Liu et al., 2016). (Shah et al., 2019).

The enduring existence of criticism in the work environment leads to nurses experiencing anxiety, depression, burnout, and anxiousness (Dev et al., 2018). This can have detrimental effects on the practices of nurses and can also diminish nurse job

satisfaction. Critical care nurses use a range of treatments to improve the treatment of patients as well as to their primary responsibilities for monitoring and assessing (Morton & Thurman, 2023). Furthermore, they oversee complex life support structures, execute specialized treatments like wound healing and breathing through intubation, and administer drugs. Professionals actively engage in interdisciplinary rounds, contributing their expertise and assisting with decision-making and planning for care (Patricia, 2019).

The nursing practices encompass the ongoing observation of patients' vital signs, the administration of drugs, the provision of advanced life support, and the coordination of care among a diverse team of healthcare professionals (Sole, Klein & Moseley, 2020). The clinical practices of the nurses need a blend of technical expertise, analytical reasoning, and emotional fortitude. Nurses who can fully employ their talents and expertise generally have a heightened sense of professional achievement and contentment (Connor et al., 2023). The increased responsibilities might enhance job satisfaction as nurses have greater empowerment and recognition in their professional endeavors. On the other hand, restrictions on what professionals are allowed to do can result in feelings of annoyance, less job fulfilment, and higher rates of employees leaving their positions (Fan et al., 2016). Overall, this research aims to fill the existing knowledge gap and provide insights into the practice level and job satisfaction with the association among bachelor's and master's degree nurses.

1.2 Problem Statement

The area of nursing is characterized by its dynamic nature, continuously adapting to developments in medical techniques and the growing intricacy of the treatment of patients. Critical care nurses are crucial in providing secure and efficient therapy in this constantly evolving environment. Therefore, it is essential to analyze their responsibilities

and educational qualifications thoroughly. Critical care nursing is vital to medical care, demanding specialized expertise and abilities. (Woo et al., 2017) Moreover, recognizing the significance of job satisfaction is crucial, as it substantially impacts the caliber of patient treatment, the rates at which nurses stay in their positions, and the overall care results.

Critical care nurses monitor and oversee patients' illnesses, provide state-of-the-art therapies, and coordinate interdisciplinary practice care. Critical care nurses play a pivotal role in enhancing patient results, including heightened chances of surviving, reduced challenges, and enhanced job stratification through vigilant surveillance of patients, early detection of deterioration, and prompt intervention (Patricia. 2018). They are responsible for monitoring clients, assessing their conditions, and identifying any issues or signs of deterioration. The ability to effectively manage complex healthcare issues, provide advanced therapies, and coordinate multidisciplinary care significantly influences patient results, including reduced mortality rates, decreased adverse effects, and improved job satisfaction (Henneman, Gawlinski & Giuliano, 2012).

The job satisfaction of nurses is adversely affected by issues such as excessive working hours, an elevated patient-to-nurse ratio, inadequate financial compensation, managerial harassment, and insufficient staffing levels. These factors contribute to nurses' intention to resign (Ruiz-Fernández et al., 2020). Job satisfaction significantly impacts factors such as the incentive to remain employed, the quality of nursing care, and the safety of patients in healthcare institutions (Majima et al., 2019). The combination of ongoing pain and death, complex practice nursing care, and technological technology results in discontent among nursing workers and negatively affects their overall job satisfaction (Teruya et al., 2019).

The fundamental basis of caring for patients in the critical care setting is familiar to both critical care nurse practitioners with a bachelor's degree and those with a master's degree. Both educational levels address fundamental clinical knowledge and skills, including patient evaluation, administering medications, and multidisciplinary team cooperation. Critical-care nurses holding a bachelor's or master's degree are responsible for supervising vital devices, monitoring patients' vital signs, and providing immediate assistance to those who are critically sick (Lakanmaa et al., 2015).

1.3 Significance of the Study

Job satisfaction among nurses is a vital trait that impacts nurse retention rates, overall quality of health care, and patient safety. Increased job satisfaction among nurses is associated with higher job retention rates, which leads to lower turnover rates and consistent care delivery. The results of this study will provide valuable insights into the potential impact of more education and expanded scope of practice on job satisfaction levels. By identifying these associations, research can provide insights for enhancing nursing staff assistance methods, tailoring programs for nurses' professional growth, and ultimately developing a more satisfied and safe nursing workforce in intensive care units in hospitals in the northern West Bank.

Furthermore, this comparative study has broader implications for nursing education and health care policy in Palestine and similar settings. The finding of a significant and relevant association between attainment of advanced education at the master's level and job satisfaction may provide a compelling rationale for supporting investment in advanced nursing education programs. This would not only benefit individual nurses but would also improve the overall efficiency and effectiveness of the health care system. This study supports evidence-based policymaking in critical care settings by contributing

to existing knowledge on the relationship between educational attainment, professional practice, and job satisfaction in health care.

By evaluating the association between clinical scope and job satisfaction, insights may be gained about the important and necessary factors that positively influence nurses' enjoyment and effectiveness in their profession. By comprehensively examining the tasks they perform and their association with job satisfaction among critical care nurses, we aim to demonstrate that there are essential and necessary insights that may benefit nursing education programs, healthcare organizations, policy makers, and health care decision makers. Understanding the similarities, differences, and potential associations between bachelor's and master's degree nurses in the ICU is essential for the purposes of improving nursing resources, improving the quality of nursing care in healthcare settings, and enhancing nurses' job satisfaction and engagement.

1.4 Aim of the Study

This study aims to compare the scope of practice levels and job satisfaction of bachelor's and master's degree nurses currently working in Intensive Care Units (ICUs) at governmental and private hospitals in Northern the West Bank.

1.5 Objectives of the Study

1. To assess the job satisfaction among bachelor's and master's degree nurses in ICUs at governmental and private hospitals in Northern West Bank.
2. To assess the practice level among bachelor's and master's degree nurses in ICUs at governmental and private hospitals in Northern West Bank.

3. To compare between the scope of nursing practice and job satisfaction, depending on the academic degree among nurses in ICUs at governmental and private hospitals in the Northern West Bank.
4. To recommend evidence-based recommendations to enhance ICU nurses' working environment, educational opportunities, and job satisfaction.

1.6 Research Questions

1. What is the level of job satisfaction among bachelor's and master's nurses working in the Intensive Care Units (ICUs) of governmental and private hospitals in the Northern West Bank?
2. What is the level of nursing practice among bachelor's degree nurses and master's nurses working in the ICUs of governmental and private hospitals in the Northern West Bank?
3. What is the relationship between the scope of nursing practice and job satisfaction among bachelor's and master's nurses in the ICUs of governmental and private hospitals in the Northern West Bank?
4. What evidence-based recommendations can be made to enhance the working environment, educational opportunities, and job satisfaction of ICU nurses in governmental and private hospitals in the Northern West Bank?

1.7 Definition of the variables

1.7.1 Theoretical Definitions

1. **Practice:** The responsibilities and duties are educated and authorized to perform as part of their professional role. This encompasses clinical tasks and decision-making authority (Howie, Heaney & Maxwell, 2004).

2. **Job Satisfaction:** A measure of how content an individual is with their job. It encompasses various factors, including work environment, professional relationships, compensation, job security, and personal fulfilment (Naz & Sharma, 2017).
3. **Nurse:** A nurse is a healthcare practitioner with the necessary training to deliver care and assist patients, foster wellness, prevent disease, and mitigate distress by diagnosing and treating human reactions (Currie & Carr-Hill, 2013).
4. **Intensive Care Units (ICUs):** Specialized hospital units designed to provide intensive treatment and monitoring for critically ill or injured patients. Nurses in these units are trained to handle complex and high-acuity cases. (Marshall et al., 2017).

1.7.2 Operational Definitions

1. **Practice: In this study,** the scope of practice will be measured using a validated questionnaire that assesses the range of clinical tasks, decision-making responsibilities, and autonomy experienced by nurses in the ICU. Scores will be compared between bachelor's and master's degree nurses.
2. **Job Satisfaction:** Job satisfaction will be measured using a standardized job satisfaction survey. This survey will include questions related to the work environment, professional relationships, compensation, job security, and personal fulfilment. Scores will be compared between bachelor's and master's degree nurses.
3. **Nurses:** A nurse is a licensed worker engaged in a healthcare context, primarily in the intensive care units (ICUs) of governmental and private hospitals in the

Northern West Bank. The nursing profession has a Bachelor of Science in Nursing (BSN) or a Master of Science in Nursing (MSN).

4. **Intensive Care Units (ICUs):** The study will focus on nurses working in the ICUs of governmental and private hospitals in the Northern West Bank. Hospital administration records confirm that ICU nurses will be identified based on their job titles and work assignments.

1.8 Conceptual Framework

Conceptual Framework: Relationship Between Nursing Practice and Job Satisfaction

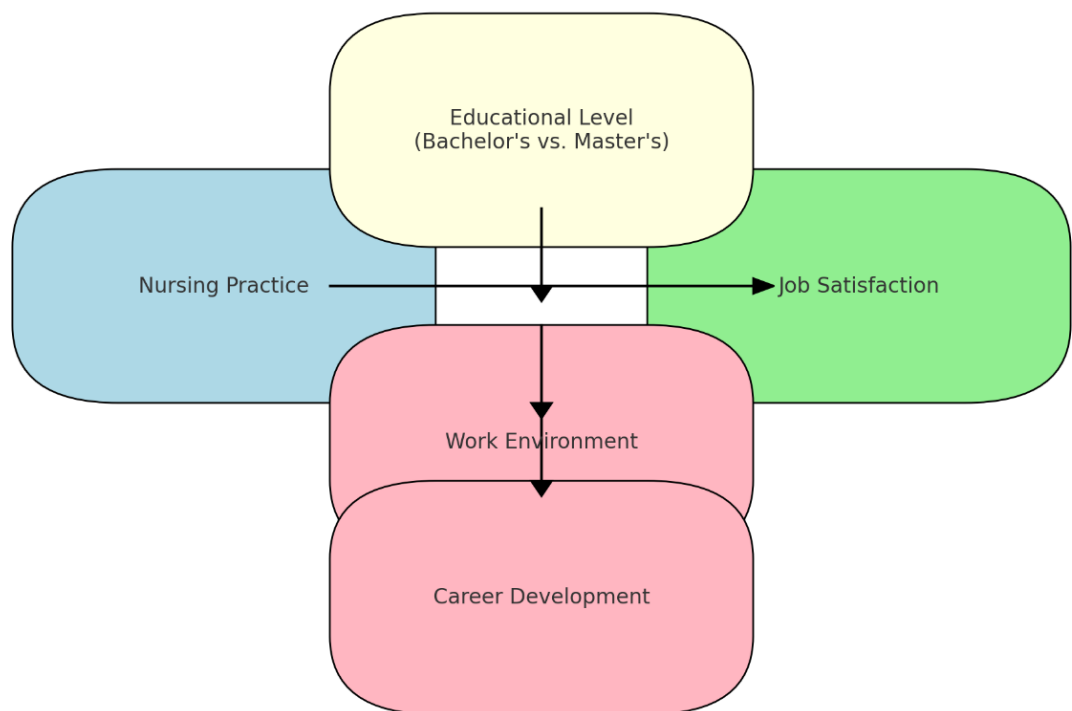


Figure 1.1: Conceptual framework diagram "self-developed"

The researcher has developed the conceptual framework to address the significant concepts, variables, and factors included in this study after reviewing the variable literature about the correlation between nursing practice and job satisfaction

among nurses in intensive care units while contrasting individuals with bachelor's and master's degrees in nursing. These factors include:

Independent Variable: Nursing Practice refers to the range of tasks and duties carried out by nurses in the intensive care unit. It comprises providing patient care, administering medications, monitoring patient conditions, educating patients, working together, and demonstrating leadership skills. Employee contentment with their work.

Dependent Variable: Job Satisfaction refers to the degree of contentment and fulfilment nurses experience in their duties and work environment. Satisfaction with workload, autonomy, colleague relationships, opportunities for professional advancement, and recognition

Moderating Variable: Educational Level pertains to the comparison of Bachelor's and Master's degrees in Nursing. This examines the influence of educational qualifications on the relationship between nursing practice and job satisfaction.

Work Environment: The physical and psychological factors in the work nature that influence the nurses' job satisfaction.

Career Advancement: The capacity for professional growth and elevation that influences an individual's job satisfaction.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Given the highly specialized nature of the nursing profession in intensive care units, it is essential to possess a specific set of talents, such as the ability to think critically and be flexible. Given the complex nature of patient care, intensive care nurses are required to demonstrate strong technical abilities as well as the ability to make judgments quickly and with adequate information when under pressure. To maintain exceptional levels of service, the development of healthcare systems has highlighted the critical role that nurses' educational preparation plays in maintaining these standards. The level of satisfaction nurses have with their work is a key factor that has a significant impact on their productivity, their ability to continue working in the nursing profession, and their overall well-being. Increased levels of job satisfaction are associated with improved patient outcomes, lower rates of staff turnover, and improved job performance. On the other hand, job dissatisfaction can lead to burnout, reduced quality of care, and increased absenteeism.

Palestine's healthcare system has several unique obstacles, such as a lack of resources, a high level of patient severity, and socio-political limitations. The work environment for intensive care unit nurses is made more difficult by the presence of these qualities. Creating targeted interventions that can assist nurses and enhance the quality of patient care requires an understanding of the effect that educational preparation has on nursing practice and work satisfaction. This understanding is critical for creating these treatments. There is a paucity of studies that concentrate on the West Bank, even though previous research has explored nursing practice and work

satisfaction in a variety of locales. To address the dearth of research in this field, this study will be conducted.

This literature study gives an in-depth analysis of the elements that influence nursing practice and the level of work satisfaction that nurses experience. The research will make use of the most recent findings to place itself within the context of more complete nursing education and intensive care unit practice. Within the scope of this study, we will investigate the essential competencies that are necessary for intensive care unit nursing, the factors that influence job satisfaction, and the relative effects of bachelor's degree and master's degree education on nursing practice. This study will also analyze the unique problems that nurses confront in the Northern West Bank. The results of this analysis will provide considerable insight into how these factors influence the professional experiences of intensive care unit nurses in this location.

2.2 Scope of Nursing Practice in Intensive Care Units

ICU nursing needs a unique mixture of scientific services, rational reasoning, and the ability to handle compound patient care circumstances (Solberg et al., 2023). ICU nurses are tasked with accurately specialist care censoriously ill patients, managing compound behaviors, and accomplishment life-saving medical actions. These tasks necessitate a high degree of capability and the skill to variety quick, precise selections under prodigious compression. ICU nurses involve particular knowledge in hemodynamic monitoring, mechanical ventilation, and progressive pharmacological medicine to deliver suitable care to disparagingly ill patients (Stellabotte & Pinto, 2023; Solberg et al., 2023).

ICU nurses are responsible for the continuous monitoring and assessment of patients with life-threatening conditions. This requires them to have expertise in

utilizing advanced medical technology and equipment. These nurses must exhibit a substantial level of proficiency in analyzing intricate data from monitors and equipment, giving critical drugs, and executing life-saving actions (Guerrero-Menéndez et al., 2024). Moreover, the position necessitates significant expertise in analytical reasoning and sufficient decision-making to promptly respond to fluctuations in a patient's health. A new research in the American Journal of Critical Care underscores the necessity for efficient communication and collaboration among the varied personnel in the ICU. Enhancing patient outcomes and sustaining high-quality treatment is essential (Whittam, Torning & Patching, 2021).

Moreover, serving as an ICU nurse entails considerable emotional and psychological challenges. Nurses frequently collaborate with patients exhibiting acute and unexpected symptoms, which can be physically and psychologically demanding (Aiken et al., 2014). Another study indicates that sustenance systems, together with noble provision plans and psychological well-being facilities, are important for decreasing burnout and increasing job satisfaction among ICU nurses. Moreover, incessant specialized expansion and particular training are key for ICU nurses to stay present with the latest approaches and knowledge, hence promising their capability to distribute the best patient healthcare (Wallander Karlsen et al., 2023 & Solberg et al., 2023).

The work environment in intensive care units (ICUs) meaningfully effects how nurses achieve their tasks. Recruitment proportions, obtainability of capitals, and structural provision knowingly influence nurses' skill to deliver high-quality health care for patients in the hospitals (Alharbi et al., 2019). A landmark study found that adequately staffed and resourced work environments allow ICU nurses to excel,

thereby dropping the risk of burnout and improving job satisfaction. The statement highlights the need to assess specific educational circumstances and general administrative subjects when evaluating nursing practice in ICUs (Ulrich et al., 2019).

2.3 Factors Influencing Nursing Practice Levels in ICUs

The construction of nursing practice in hospital ICUs is formed by manifold variables, with educational qualifications portion as a key constituent. Nurses with bachelor's degrees often obtain extensive training that comprises elementary clinical skills, patient care protocols, and theoretic knowledge (Price et al., 2023). Contrariwise, master's degrees deliver supplementary teaching that emphasizes on particular clinical skills, leadership, and research capability. Another research study proposes that nurses with higher education have greater scientific decision-making skills and a deeper understanding of complex patient care requirements (Aiken et al., 2014). Continuing education is critical to maintaining capability in nursing practice in ICUs (Vincelette et al., 2018).

Nurses who participate in continuing education and training are more adept at staying up-to-date on evidence-based practices and technological innovations. This is particularly important for ICU nurses, who must continually enhance their knowledge and skills to skillfully manage rapidly evolving patient conditions (Khan et al., 2019). The provision of organizational support and resources profoundly impacts the quality of nursing practice in ICUs. An excellent work environment requires competent personnel, advanced medical technology, and supportive leadership (Vencelet et al., 2018). Another research investigation has shown that ICU nurses equipped with adequate support and resources may provide superior care and be less likely to experience burnout (Ulrich et al., 2019; Gobarinejad et al., 2020). However, limited

resources and inadequate support may hinder nurses' ability to perform their responsibilities adequately, leading to suboptimal patient outcomes (Stellabot and Pinto, 2023).

High stages of pressure and the need to make decisions quickly are characteristics of the work environment in intensive care units. For this reason, excellent collaboration and communication are essential to provide the highest possible level of patient care. This source is referred to by reference (Alruwaili & Abuadas, 2023). An additional study has demonstrated that implementing efficient multidisciplinary cooperation and well-defined communication channels among healthcare professionals dramatically enhances the quality of nursing care in ICUs. Timely and accurate dissemination of information is essential in high-stress situations since it might be a matter of life or death (Danielis et al., 2022).

The leadership and management styles inside the ICU have a significant impact on the levels of nursing practice. Another study has shown that supportive and transformational leadership styles positively influence nurses' performance, job satisfaction, and the outcomes of patients (Alnajjar et al., 2021). Leaders who provide a conducive work environment, facilitate the advancement of their nursing staff through chances for professional development, and provide constructive criticism have the potential to enhance their team's performance considerably. On the other hand, dictatorial or unsupportive leadership might reduce nurses' motivation and negatively affect their performance (Wong et al., 2013).

2.4 Job Satisfaction among ICU Nurses

The level of nurses' job satisfaction is a serious factor that affects not only their well-being but also patient outcomes and general competence of health care

distribution. Progressive levels of job satisfaction are associated with better-quality burnout and better nursing performance in healthcare clinics (Zahaj et al., 2016). According to the results of another study by Lu, Zhao, and Whale (2019), nurses' job satisfaction is single-minded by a combination of internal factors, such as career advancement, as well as external factors, such as salary, working conditions. A comprehensive thoughtful of these features is necessary to design active explanations that will enhance nurses' job satisfaction in ICUs (Lu, Zhao, & While, 2019).

The work situation and administrative nation meaningfully influence nurses' satisfaction in intensive care units. Creating conducive work environments that include adequate staffing, availability of resources, and supportive leadership is critical to maintaining high levels of job satisfaction (Zahaj et al., 2016). Another research investigation found that nurses who receive adequate assistance in their work environment are more likely to have high levels of job satisfaction than those in environments with scarce resources (Aiken et al., 2014). Furthermore, implementing supportive management strategies, such as recognizing nurses' efforts and providing specialized development prospects, significantly advances job satisfaction (Ulrich et al., 2019).

The core features of ICU work, which are characterized by high levels of stress and emotional demands, meaningfully effect job satisfaction. ICU nurses often care for patients in serious disorder, which can principal to emotional tiredness and work-related anxiety if not sufficiently addressed (Akinwale & George, 2020). Van van Heijden et al. (2019) underscore the need to provide psychological support and anxiety management plans for nurses in ICUs to alleviate the harmful properties of job-related anxiety. Applying these categories of enterprises can recover job satisfaction by

helping nurses manage the emotional tasks of their characters (Van van Heijden et al., 2019).

Inside the ICU, work happiness is greatly partial to interpersonal connections and collaboration. In order to produce a content work environment, it is indispensable to promote strong cooperative relationships with colleagues and inspire real communication among healthcare team members (Akbari et al., 2020). According to the results of a later study, nurses who have robust teamwork and mutual support within their work environment are more likely more job satisfaction. Tagoe and Quarshie (2017) argue that the statement emphasizes the need to promote teamwork and exposed communiqué in ICUs to raise job satisfaction.

Opportunities for higher education are most important factors that suggestively impact nurses' job satisfaction. Nurses with advanced degrees, such as master's degrees, may assume more complex practice responsibilities and leadership positions, resulting in higher job satisfaction (Semachew et al., 2017). A recent study showed that persons with higher education had better job satisfaction. Higher education provides students with extensive abilities and information, allowing them to address many difficult occupations (Mousazadeh et al., 2018). Besides, higher education delivers a wide range of opportunities for development of the nursing profession. Therefore, supporting added education and specialized expansion for ICU nurses may be a key method to attracting job satisfaction (Suprpto et al., 2023).

2.5 Importance of Job Satisfaction in the Nursing Profession

According to Strömngren et al. (2016), job satisfaction in the nursing profession is a significant influence on the general quality of patient care and healthcare outcomes because it affects nurses' well-being. According to the results of one study, there is a

positive association between nurses reporting higher levels of job satisfaction and better patient outcomes, lower error rates, and increased patient satisfaction. Nurses reporting higher levels of job satisfaction are more likely to demonstrate increased levels of enthusiasm, engagement, and dedication in their efforts to provide excellent medical care. This highlights the essential of reporting the fundamentals that subsidize job satisfaction in nursing, especially in difficult situations in ICUs (Woldekiros, Getye, & Abdo, 2022).

Nurses' job satisfaction has a significant impact on nurse turnover and retention rates. According to research by Al Sabi et al. (2020), high turnover rates can cause inconsistencies in care delivery, increase the workload of staff who are still on the job, and lead to increased costs associated with recruiting and training new staff. According to the results of another study, the main factor contributing to nurse turnover is dissatisfaction with their job. This highlights how important it is for healthcare organizations to provide their employees with supportive working conditions that lead to increased levels of job satisfaction. To confirm that knowledgeable nurses endure to be active, healthcare clinics necessary an effort to improve work satisfaction. This is especially significant in ICUs, where particular facts and capabilities are of paramount importance (Borges, Bezerra, & Tobias, 2016).

Nursing frequently experiences burnout, defined by emotional weariness, depersonalization, and diminished feelings of personal achievement. The principal factor is the elevated demand for employment (Fountouki & Theofanidis, 2022). Research indicates that job satisfaction may mitigate the detrimental consequences of burnout, resulting in improved mental health and overall well-being among nurses. Employing strategies to augment job satisfaction, including ensuring sufficient

staffing, fostering a balanced work-life integration, and offering avenues for professional advancement, can significantly mitigate burnout while improving the general health of the staff of nurses (Nabizadeh-Gharghozar, Adib-Hajbaghery & Bolandianbafghi, 2020).

The degree of job satisfaction in the nursing profession has significant repercussions on the general efficiency of the organization as well as the quality of care that is provided to patients. It is more probable that nurses who are content with their jobs will demonstrate greater levels of work performance, such as enhanced patient relations, superior clinical judgment, and increased attention to detail. According to Abdullah et al. (2021), this results in higher levels of patient care as well as enhanced safety measures. Companies in the healthcare business that place a high priority on employee satisfaction are more likely to achieve excellence in patient care and to successfully retain a strong reputation within the industry. In light of this, increasing job satisfaction among nurses is beneficial not just to the individual nurse but also to the larger healthcare system as a whole (Al Maqbali, 2015).

2.6 Determinants of Job Satisfaction among ICU Nurses

Job satisfaction is one of the most vital features that influence the health outcomes of ICU nurses, as well as the quality of care they offer to patients and the overall efficiency of healthcare delivery (Alrobai, 2020). Research has shown that advanced job satisfaction is connected with lesser employee turnover rates, lower burnout, and better-quality job performance. According to the results of another research study, nurses' job satisfaction is predisposed by numerous essentials, including internal aspects such as individual performance and career growth, as well as external factors such as employee salary, and organizational support. According to

Helen et al. (2022), it is crucial to have a complete understanding of these features to formulate effective behaviors to improve ICU nurses' job satisfaction.

According to Alrobai (2020), the work environment and organizational culture have a significant impact on the level of job satisfaction experienced by ICU nurses. In order to maintain high levels of job satisfaction, it is essential to create work-friendly environments. These environments should include adequate staffing, availability of resources, and supportive leadership positions. According to the results of a recent research study (Akinwale & George, 2020), nurses who work in environments that deliver satisfactory support are likely to have advanced job satisfaction than those who work in environments that offer fewer resources. Additionally, according to Ulrich et al. (2019), the implementation of management strategies that offer support, such as acknowledging the contributions of nurses and providing chances for professional growth, significantly boosts the level of job satisfaction experienced by employees.

An important factor contributing to job satisfaction is the inherent nature of work in the ICU, which is characterized by high levels of stress and emotional demands. According to Asegid, Belachew, and Yimam (2014), ICU nurses recurrently interrelate with patients who are in critical illness. This can lead to emotional fatigue as well as occupational stress if the state is not touched suitably. The results of research by Van der Heijden et al. (2019) show the need to provide ICU nurses with mental provision and stress managing plans in order to reduce the undesirable possessions of stress caused by their professions. Executing such plans has the possible to increase job satisfaction among nurses by serving them accomplish the expressive stress linked with their profession (Van van Heijden et al., 2019).

According to Helen et al. (2022), job satisfaction is important predisposed by the interaction and collaboration between people in the ICU. To develop a good work environment, it is indispensable to nurture durable cooperative associations with associates and encourage effective announcements among healthcare team members (Hudgens, 2016). According to subsequent research findings, nurses who have a strong sense of teamwork and mutual support in their professional environment are more likely to have higher levels of job satisfaction. According to Tran et al. (2018), the statement underscores the need to ensure exposed collaboration within ICUs.

Qualifications and career advancement opportunities significantly influence job satisfaction among critical care nurses (Dilig-Ruiz et al., 2018). Nurses with advanced degrees often have opportunities to assume more compound training tasks and leadership positions, leading to greater job satisfaction (Alharbi et al., 2016). A recent study suggested that people with higher education typically had greater job satisfaction. Higher education provides individuals with enhanced abilities and knowledge, allowing them to engage in more diverse and challenging tasks (Atefi, Abdullah & Wong, 2016). Engaging in advanced education offers individuals enhanced prospects for professional success and development. Consequently, promoting and supporting advanced education and career progression for ICU nurses may enhance job satisfaction (Muntazeri & Indrayanto, 2018).

2.7 Impact of Educational Level and Qualifications on Scope of Nursing Practice and Job Satisfaction

The educational achievement of nurses has an important influence on those who have accomplished a bachelor's gradation. These nurses keep a comprehensive

diversity of information and vital scientific services that allow them to achieve numerous patient care situations successfully. Nevertheless, individuals with a master's graduation frequently improve in-depth information to certain extents, leadership capacities, and research assistance, which can meaningfully improve their efficiency in ICUs (Fukada, 2018). The findings of a further research study, which was conducted by Young, Bakewell-Sachs, and Sarna (2017), showed that nurses who have completed higher levels of education had better patient outcomes. This finding highlights the crucial relevance of advanced education in the nursing profession.

The ability to make clinical decisions and a greater grasp of complicated medical concerns are both essential in intensive care unit settings (Razieh, Somayeh, & Fariba, 2018). Nurses who have received advanced education have improved clinical decision-making abilities. According to Sole, Klein, and Moseley (2020), most masters programs have focused courses in critical care nursing, pathophysiology, and advanced pharmacology. With such training, critical care patients can receive care in a more efficient manner through enhanced skill in nursing. According to observations in a recently completed study conducted by Waleed Mushahhin, (2023) that revealed a high level of educational qualification in nursing enables them to manage care complexity in an ICU and make effective sound clinical judgments with positive patient outcomes.

According to Qalawa, Keshk, and Ibrahim (2018), graduate nurses can undertake senior nursing practice roles because, in their career, they have acquired relevant expertise and awareness in administration, leadership, and competency in a clinic. Nurses with a qualification at a master's level have expert competencies in such an area as administration in a medical environment, leadership, and evidence practice,

and all these contribute towards enhancing care delivery in intensive care departments. Another study has proven that developing competencies in leadership and management through graduate studies can enhance a group's overall effectiveness, and even an individual's, and effectiveness in communications and collaborations (Abuejheisheh et al., 2020). According to Barton, Bruce, and Schreiber (2018), Wong et al., (2016), and Morrow (2015), it positively impacts individual capabilities and positively impacts a general medical care group.

As stated by Javanmardnejad et al. (2021), a positive strong correlation between the level of work satisfaction experienced and the level of received education can be seen. As discussed by Arian, Soleimani, and Oghazian (2018), high-degree nurses have high job satisfaction. Higher job satisfaction can be a result of a range of factors, such as increased opportunities for career development and an increased range of jobs to work satisfaction. After a critical analysis, it can be seen that a strong correlation between the level of work satisfaction and the level of nursing education can be seen. With a high level of received education, increased independence in work and an increased range of career development can be seen. As discussed by Mageda, Hanan, and Mirfat (2018), improvement in one's skills could be a significant source for developing a high level of job satisfaction in intensive care unit nurses.

According to a study conducted by Van Bogaert et al. (2013), career development opportunity is one of the most significant factors in contributing towards job satisfaction for nurses with different educational qualifications. According to Javanmardnejad et al. (2021), a qualification at a master's level for a nurse will have a high chance for ongoing studies and taking part in career development programs. With an opportunity to become updated with most current trends in nursing practice, it helps

them in developing nursing skills, nursing knowledge, and career alternatives. With continuous career development, a key role in high job satisfaction for nursing professionals is played. It is an expression of a need for providing opportunity for continuous studies for all nursing professionals, regardless of academic qualifications (Van van Heijden et al., 2019).

2.8 Scope of Nursing Practice and Job Satisfaction among ICU Nurses

Many factors affect nursing practice and job satisfaction, including cultural factors, resource constraints, and sociopolitical factors. Various barriers within the healthcare system affect the work environment as well as the satisfaction levels that nurses attain (Chang et al., 2020). Another study also presumed that the current political instability and economic uncertainty in Palestine provide a difficult environment for healthcare workers, which results in higher levels of stress and lower work satisfaction. In this specific context, nursing work and job satisfaction need to be analyzed with these external factors being considered (Diab et al., 2023). The low resources present in such situations pose humongous challenges to ICU nurses.

The lack of advanced medical technology, medicines, and equipment, as per Rhagnanan-Kramer's study in 2020, may render it challenging for the nurses to provide excellent care to their patients. The acknowledged shortcomings in the results of another research study have a negative impact on the quality of nursing care and create discontent among the profession of nursing. According to Babapour, Gahassab-Mozaffari, and Fathnezhad-Kazemi (2022), nurses would most probably be required to work with outdated equipment and experience a lack of necessary supplies, both of which could contribute to the establishment of a sense of dissatisfaction and a reduction in morale.

Another essential determinant of how nurses practice and how content they are with their job in general is their educational level. Alshammari and Alenezi (2023) say that the nurses who possess higher educational levels, including a bachelor's or master's degree, are better equipped to handle the complexity of intensive care unit (ICU) therapy. Findings from research carried out by Al-Dweik et al. (2016) reveal that nurses holding postgraduate qualifications reported higher levels of job satisfaction and saw themselves as better able to execute their professional roles. Al-Dweik et al.'s (2016) study suggests that the increase in the scope of professional development and education activities for nurses in Palestine can result in a better knowledge base as well as in enhanced overall job satisfaction (Al-Dweik et al., 2016).

There exists a close link between the quality level of organizational support and management style employed and the level of job satisfaction expressed by nurses. Li et al. (2020) believe that a supportive management style promotes a good working environment, respects the positive contributions of nurses, and provides opportunities for professional growth, which can be an important factor in job satisfaction. The findings of a study reveal that job satisfaction and professional opportunities for development were higher among nurses who were supported by supervisors. This necessitates the application of proper leadership and management strategies to maximize the satisfaction levels of nurses (Atefi et al., 2014).

The degree of job satisfaction is greatly influenced by culture, which can significantly impact nursing practice. A study conducted by Akinwale and George in 2020 shows that the culture in which nurses work can influence how they perceive their responsibility, workplace relationships, and career goals. Results of another study reveal that professional experiences of nurses in the region under investigation were

influenced to a large degree by the social norms and cultural expectations of the region. These cultural issues are relevant to comprehend for devising strategies to enhance job satisfaction and enable career advancement among nurses (Kuadzi, 2022).

As noted by Han, Kang, and Kwon in their 2020 study, the organizational structure of the health system is an extremely significant determinant of how nurses practice and how content they are in their professional lives. The health system of the area is plagued with various problems, ranging from inadequate finances, limited facilities, and inadequate numbers of health professionals. Albahri et al. (2018) hold that such systemic problems can contribute to increased workloads, increased levels of stress, and decreased job satisfaction levels for nursing professionals. The study's implication is the establishment of wide-reaching healthcare reforms in order to alleviate these problems and enhance the workplace environment for nurses. Health administrators can address underlying structural barriers in an attempt to promote nursing practice and increase levels of job satisfaction experienced by nurses working in the field (Flaubert et al., 2021).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Overview

The research strategy used in this quantitative study is explained in detail in the respective master's thesis section. The chapter provides a complete explanation of how a quantitative design is applied to investigate research questions. Additionally, the section gives a summary of the study's intentions, which form the basis of the subsequent research and findings. This chapter defines the quantitative research design and distills it to implement and gather the needed data for satisfying the goals of the study. Further discussion of the study's methodological design is made. The design uses statistical procedures to recognize variables, measuring instruments, and analysis of the data.

This chapter addresses the study design, and then delves into the sample plan and the phase of gathering the data. Following a thorough review of the methods used to find the target population, we identified a sample that best described the population size within the provided hospitals. The chapter also identifies the need to perform validity and reliability tests in an attempt to increase the level of quality of quantitative data. The chapter outlined the method used for survey instrument validation and development. The thorough discussion of ethical concerns and the removal of prejudice show a dedication to integrity. The chapter concludes with a summary of the proposed data analysis techniques, followed by considerations to determine their appropriateness in terms of the study questions and goals. The intricate introduction sets the stage for the research's methodology and key findings through an extensive overview of the systematic approach to the quantitative analysis.

3.2 Research Design

The quantitative, cross-sectional, descriptive design was used in the study. The research design selection provides a precise direction to the study. It facilitates the use of control measures over additional variables that could have an impact on the validity of the findings (Mohajan, 2020). Therefore, the selection of the research design constitutes a significant first step. Quantitative descriptive design was determined to be the most appropriate method to facilitate objective comparison of the variables in question. A cross-sectional study design was utilized in conjunction with analyzing and comparing other demographic variables (Setia, 2016).

3.3 Study Setting

The current study was performed in the Intensive Care Units (ICUs) of 18 public and privately owned hospitals across six major cities in the Northern West Bank, Palestine. The cities comprised Tulkarm, Jenin, Nablus, Qalqilya, Salfit, and Tubas. The hospitals that were involved included Ibn Sina Hospital, Al-Amal Hospital, Al-Razi Hospital, Al-Shifa Hospital, Jenin Governmental Hospital, Tubas Governmental Hospital, Al-Israa Specialty Hospital, Tulkarm Governmental Hospital, Qalqilya Governmental Hospital, UNRWA Hospital, Alainjil Arab Hospital, Specialty Arab Hospital, Al-Ittihad Hospital, University National Najah-Al Hospital, Al-Watani Governmental Hospital, Rafidia Governmental Hospital, Salfit Governmental Hospital, and Specialty Nablus Hospital.

These hospitals are chosen by very diligent inquiry of the different unlike geographic locations of Northern West Bank in Palestine with the aim of full

representation. In this manner, the approach adopted by this strategy attempts to sample information related to a diverse variety of clinical practices, patient subgroups, and geographic subtle subtlety in its various elements that will, or have, influenced any differences in study outcome. The combination of facilities from different locations will offer this research the necessary insights required in the complex dynamics within the area's critical care environment.

3.4 Population and Sampling Method and Related Procedures

The research target population was comprised of all registered nurses employed in intensive care units (ICUs) in both private and governmental hospitals in the Northern West Bank of Palestine. A method of convenience sampling was employed to choose individuals from both private and governmental hospitals in this investigation. The sample size was calculated using an online sample size calculator (Raosoft, 2004) and using the parameters of 0.05 significance level, 95% confidence level, and 50% response distribution (which gives the largest sample size). According to the statistical annual report in 2024 through the Palestinian Ministry of Health, the number of all nurses who are working in the ICUs in Northern West Bank was around 200 nurses. Therefore, the sample size for this study is 162 nurses.

- **Eligibility Criteria**

The inclusion criteria were as follows:

- 1) nurses who work in the ICU with experience above 1 year,
- 2) nurses had a (all)registered nursing license from the Palestinian Ministry of Health,

- 3) nurses who work in the ICU full-time,
- 4) the nurses who sign the consent form and agree to participate in the study.
- 5) Nurses work in private or governmental hospitals in the Northern West Bank.

The exclusion criteria included:

- 1) the nurses who work in the ICU within a time period of fewer than 1 year,
- 2) the nurses who work in other departments in the hospitals,
- 3) the nurses who work as volunteers or part-time,
- 4) incompletely filled-out surveys were not included in the study.

3.5 Instrumentation (Including Validity and Reliability)

The data instrument of this study included three key parts: socio-demographic data, the Arabic Actual Scope of Nursing Practice (A-ASCOP) questionnaire, and the Job Satisfaction Scale. **The first section** consisted of social-demographic data, which also included several questions, including those about gender, age, years of experience working in the intensive care unit (ICU), marital status, educational level, working shifts, and the name of the institution.

The second part is the Arabic Actual Scope of Nursing Practice (A-ASCOP) questionnaire by Fares, Clinton & Younan, 2018. This instrument contains 26 Likert-scale items designed to measure the scope of your practice for six domains related to nursing activities. It assesses six critical dimensions: assessment and care planning, patient and family education, communication and care coordination, staff integration and supervision, quality of care and patient safety, and knowledge enhancement and

application. Answers were recorded on a 6-point scale (1 = never; 2 = very seldom; 3 = occasionally; 4 = frequently; 5 = very usually; 6 = constantly). This will be a questionnaire designed to correspond to different levels of complexity related to nursing practice tasks.

These were divided into three degrees of complexity: level 1 was considered low in terms of the degree of complexity, level 2 described moderate, and level 3 meant high in the degree of complexity. Research studies by Aljohani et al., 2022; Fares, Clinton, and Younan, 2018; and D'Amour et al., 2012, among many others, have helped to formulate this standardized and validated scale. As reviewed by Fares, Clinton and Younan 2018 the instrument had good internal consistency supported by the following overall alpha value of 0.93 while that for the six dimensions also had an alpha value of 0.86. The said instrument, therefore proved reliable in the population speaking Arabic.

The third part is the data instrument entitled Job Satisfaction Scale, which is used to provide the degree of satisfaction job nurses working in healthcare clinics or hospitals have. This scale has fifteen components and is a five-point Likert-type scale, ranging from 1 being highly unhappy and 5 being very satisfied. The acceptable level of internal consistency was determined to be 0.88 for the overall Cronbach's alpha with a Cronbach's alpha of 0.89 in this particular study. Lu, While, and Barriball (2007) and Warr, Cook, and Wall (1979) are the two research investigations that served as the basis for the development of this standard and validated scale.

A combination of the Brislin (1970) model for translating and back-translating instruments and the committee technique was utilized in this research project in order to circumvent the difficulties that are inherently associated with instrument translation. In order to translate the instruments from English to Arabic, one bilingual expert did the

translation, while another bilingual expert did the blind translation behind them. An evaluation of the translated questionnaire's face validity was carried out by a group consisting of three professionals who are specialists in the field of healthcare workforce management.

3.6 Data Collection Procedure

Data collection commenced upon approval from the Arab American University ethical committee and approval from the respective institution's administration. Two methods were adopted to collect data in this study. The first method was after preparing the questionnaire on Google Form; the researcher contacted nursing directors and supervisors in hospitals in the areas targeted for the study in order to obtain a list of WhatsApp numbers for nurses working in ICUs without knowing the names. The questionnaire was sent via an online link to the WhatsApp number, and the responses were followed up. The second method was where the researcher went to some selected hospitals that were easy to reach and met nurses working in ICUs. The investigator provided the study's goal as well as instructions on distributing and gathering the questionnaires while maintaining confidentiality. The questionnaire link was sent online via WhatsApp. Reminder messages were sent to the WhatsApp numbers of nurses who did not fill out the questionnaire after waiting 3 days from sending the questionnaire link. The average time required to complete the survey was 20 minutes.

3.7 Data Analysis Procedures

A statistical analysis was performed on the data using the Statistical Package for Social Sciences (SPSS) software program version 26 of IBM. The continuous descriptive variables were described by mean and standard deviations, while frequencies and

percentages described the categorical variables. The Kolmogorov–Smirnov test was utilized to determine whether or not the data normality. In addition, parametric analyses were utilized for the advanced-level inquiry; independent sample t-tests were carried out in order to investigate independent elements that were split into two groups. A one-way analysis of variance (ANOVA) was determined to investigate the independent components that were separated into many groups. The correlation coefficients developed by Pearson were utilized in order to assess the relationships that existed between the variables. In order to determine the factors that had a role in the connection between the variables, multivariate linear regression was utilized to assess the predictors of association variables. The significance values were significantly less than 0.05.

3.8 Ethical Considerations

A formal request letter was acquired from the Palestinian Ministry of Health and the Arab American University prior to the commencement of the study. This letter is being prepared to seek authorization to conduct the research inquiry. The receivers of this letter were the individuals responsible for the management of governmental and private hospitals situated in the Northern West Bank region. Every individual who took part in the activity was obligated to give informed permission in order to maintain ethical principles. An online permission form accompanied each survey provided to the participants. This sheet was used to clearly indicate to the nurses who were working in the ICUs that their involvement in the research undertaking was solely their choice and not mandatory. Full precautions were taken to maintain confidentiality and security regarding the information of the identity of the respondents in the overall study activity. The purpose was to ensure full protection and secrecy regarding sensitive information.

CHAPTER FOUR

RESULT

4.1 Introduction

The research approach and its methodology, which are to be used in this quantitative study, are comprehensively presented in this chapter. This is how it will deliver a clear description of how a quantitative paradigm will be utilized in measuring practice level and job satisfaction among bachelor's and master's degree nurses working in the ICU settings across governmental and private hospitals in the Northern West Bank. This chapter outlines the objectives of the study that act as the basis for the design and findings. It describes the quantitative research methodology and assists its conduct in retrieving the data to meet the goals of the research. The design of the study encompasses the methods that include: research design, setting of study, population, and sampling methodology, data collection tools, assessment of validity and reliability, collection of data, and statistical analysis approaches. The chapter begins with the research design, followed by the sampling technique and the data collection phase of the process. After a careful study of the process adopted to determine the target population, a sample that could best represent the population in the chosen hospitals was selected. Furthermore, the chapter enumerates any processes adopted to ensure the validity and reliability of data collection instruments. Deep discussion on ethics and attempts at making sure the results are as unbiased as possible also attest to rigor and scientific integrity. Finally, this chapter assesses methods of data analysis and appropriateness thereof concerning research aims/questions.

4.2 Socio-demographic information

Table (4.1) shows the socio-demographic data of the study participants. The majority of participants, 110 (67.9%), were aged between 22 and 30 years, followed by 42 (25.9%) in the 31-40 age groups, and only 10 (6.2%) were aged 41 years or older. Regarding gender, most participants were male 110 (67.9%), while females accounted for 52 (32.1%). Regarding marital status, 92 (56.8%) were married, and 70 (43.2%) were single. Educational qualifications showed that 119 (73.5%) of participants held a bachelor's degree, while 43 (26.5%) had a master's degree.

Table (4.1): Socio-demographic data among the study participants

Demographic data		Study participants (n =162)	
		N	%
Age/year	22-30	110	67.9
	31-40	42	25.9
	41 or more	10	6.2
Total		162	100
Gender	Female	52	32.1
	Male	110	67.9
Total		162	100
Marital status	Married	92	56.8
	Single	70	43.2
Total		162	100
Educational level	Bachelor's degree	119	73.5
	Master's degree	43	26.5
Total		162	100

Table (4.2) shows the work-related data among the study participants. Most participants, 105 (64.8%), worked all day, while (22.2%) worked one shift, and 21 (13.0%) worked two shifts. Regarding years of experience in the ICU department, the majority, 95 (58.6%), had 1-5 years of experience, followed by 39 (24.1%) with 6-10 years and 28 (17.3%) with more than 11 years of experience.

Table (4.2): Work-related data among the study participants

Work-related data		Study participants (n =162)	
		No.	%
Work shifts	One shift	36	22.2
	Two shift	21	13.0
	All the day	105	64.8
Total		162	100
Years of experience in the ICU department	1- 5	95	58.6
	6-10	39	24.1
	11 or more	28	17.3
Total		162	100

4.3 Data Analysis

Study aim 1: To assess the job satisfaction among bachelor's and master's degree nurses in ICUs at governmental and private hospitals in Northern West Bank.

Table (4.3) shows the job satisfaction data among bachelor's and master's degree nurses working in ICUs at governmental hospitals in the Southern West Bank. The overall average satisfaction score was 2.96 (SD = 1.19). Regarding physical work conditions, A substantial proportion of participants (30.2%) were dissatisfied, and 19.1% were highly dissatisfied, with only 1.9% reporting extreme satisfaction. Satisfaction levels of freedom to choose methods of working were higher, with 36.4% satisfied, though 25.3% were dissatisfied. The fellow workers had the highest satisfaction, with 49.4% satisfied and 14.8% extremely satisfied. A majority (43.9%) were neutral to dissatisfied about recognition for good work, and only 7.4% were extremely satisfied. Regarding the immediate boss, Satisfaction was relatively high, with 46.9% satisfied, though 18.5% were dissatisfied.

Regarding responsibility, 43.2% of the study participants were satisfied, and dissatisfaction levels were notable at 27.2%. The rate of pay showed the highest dissatisfaction levels, with 28.4% dissatisfied and 22.8% extremely dissatisfied. A

significant number (45.1%) were satisfied with the opportunity to use abilities, though 21.6% were dissatisfied. Dissatisfaction was prevalent, with 22.2% extremely dissatisfied about industrial relations. Regarding the chance of promotion, Satisfaction was low, with only 4.3% extremely satisfied and 22.2% extremely dissatisfied. While 38.9% were satisfied with attention to suggestions, 27.8% expressed dissatisfaction. Satisfaction levels were moderate about work hours, with 38.3% satisfied, though 23.5% were dissatisfied. A considerable percentage (38.9%) were satisfied with the job variety. Additionally, Job security showed moderate satisfaction, with 33.3% satisfied and 19.8% extremely dissatisfied.

Table (4.3): Distribution of job satisfaction among bachelor and master's degree nurses in ICUs at governmental hospitals in Southern West Bank

Job satisfaction	Study participants										Mean	SD
	Extremely Dissatisfied		Dissatisfied		Neutral		Satisfied		Extremely satisfied			
	N.	%	N.	%	N.	%	N.	%	N.	%		
1. The physical work conditions	31	19.1	49	30.2	23	14.2	56	34.6	3	1.9	2.70	1.18
2. The freedom to choose your method of working	17	10.5	41	25.3	39	24.1	59	36.4	6	3.7	2.98	1.09
3. Your fellow workers	13	8	16	9.9	29	17.9	80	49.4	24	14.8	3.53	1.11
4. The recognition you get for good work	27	16.7	44	27.2	31	19.1	48	29.6	12	7.4	2.84	1.23
5. Your immediate boss	13	8.0	30	18.5	28	17.3	76	46.9	15	9.3	3.31	1.12
6. The amount of responsibility you are given	18	11.1	44	27.2	23	14.2	70	43.2	7	4.3	3.02	1.15
7. Your rate of pay	37	22.8	46	28.4	28	17.3	46	28.4	5	3.1	2.60	1.20
8. Your opportunity to use your abilities	14	8.6	35	21.6	32	19.8	73	45.1	8	4.9	3.16	1.09
9. Industrial relations between management and workers in your firm	25	15.4	36	22.2	30	18.5	64	39.5	7	4.3	2.95	1.18

10. Your chance of promotion	36	22.2	37	22.8	31	19.1	51	31.5	7	4.3	2.73	1.24
11. The way your firm is managed	32	19.8	41	35.3	21	13.0	60	37.0	8	4.9	2.82	1.26
12. The attention paid to suggestions you make	26	16.0	45	27.8	22	13.6	63	38.9	6	3.7	2.86	1.20
13. Your hours of work	24	14.8	38	23.5	28	17.3	62	38.3	10	6.2	2.98	1.21
14. The amount of variety in your job	17	10.5	36	22.2	39	24.1	63	38.9	7	4.3	3.04	1.10
15. Your job security	32	19.8	37	22.8	26	16.0	54	33.3	13	8.0	2.87	1.29
16. Now, considering everything, how do you feel about your job as a whole?	18	11.1	35	21.6	26	16.0	75	46.3	8	4.9	3.12	1.14
Total score average											2.96	1.19

Study aim 2: To assess the practice level among bachelor's and master's degree nurses in ICUs at governmental and private hospitals in Southern West Bank.

Table (4.4) shows the data of the practice levels of bachelor's and master's degree nurses in ICUs at governmental hospitals in the Southern West Bank, highlighting strong engagement in nursing practices. The overall average score was 4.26 (SD = 1.39), indicating that nurses "frequently" adhered to the described practices. Nurses demonstrated the highest levels of practice, which was **almost always practised, in** keeping their knowledge up-to-date (Mean = 4.57, SD = 1.36), improving practice based on best practices and research (Mean = 4.48, SD = 1.41), verifying patient and family understanding of teaching (Mean = 4.42, SD = 1.35), and regularly updating patient information in writing (Mean = 4.40, SD = 1.43).

Most practices, such as involving patients and families in care planning, using assessment tools, coordinating care, and mentoring or training staff, were frequently performed with means ranging from 4.01 to 4.36. Nurses also frequently reported clinical deficiencies (Mean = 4.35, SD = 1.42), and suggested improvements to enhance care

quality and safety (Mean = 4.29, SD = 1.31) were **frequently practiced**. The lowest-scoring item involved participating in interprofessional team meetings or activities (Mean = 3.98, SD = 1.51), though this still fell within the "frequently" range.

Table (4.4): Distribution of the practice level among bachelor's and master's degree nurses in ICUs at governmental hospitals in Southern West Bank.

#	Question Description	Mean	SD	Degree
1	I assess the patient's physical and mental condition, considering biopsychosocial aspects.	4.22	1.25	Frequently
2	I regularly update, in writing, information about the patient's condition and the care provided (therapeutic nursing plan, nurses' notes, etc).	4.40	1.43	Almost always
3	To plan my interventions, I use healthcare problem assessment tools (pain scale, wound assessment tool).	4.25	1.39	Frequently
4	I involve the patient and/or the patient's family in care planning.	4.22	1.44	Frequently
5	I am involved in designing, applying, and updating patient care programs.	4.01	1.45	Frequently
6	I assess the specific information and education needs of each patient and/or his/her family.	4.16	1.40	Frequently
7	I verify that the patient and/or family have understood the teaching provided.	4.42	1.35	Almost always
8	I use teaching strategies that are adapted to each patient and/or family in accordance with the patient's level of autonomy.	4.32	1.35	Frequently
9	I check the quality of patient education provided on the unit.	4.17	1.35	Frequently
10	I communicate all information that could affect the coordination of care to members of the team.	4.36	1.33	Almost always
11	I coordinate the work of the nursing team to meet the needs of the patient and family.	4.28	1.28	Frequently
12	I convey all relevant information to healthcare professionals in other institutions in order to ensure continuity of care.	4.25	1.44	Frequently
13	I am involved in interprofessional team meetings or activities.	3.98	1.51	Frequently
14	To ensure continuity of care, I make sure all the healthcare team members work together effectively.	4.33	1.37	Frequently
15	I am involved in identifying the educational and training needs	4.16	1.37	Frequently
16	I am involved in the orientation and training of nursing students or newly hired staff.	4.36	1.45	Frequently
17	I act as a mentor or educator for newly hired staff.	4.20	1.44	Frequently

18	I am involved in developing and conducting training activities for the care team in accordance with my skills.	4.14	1.37	Frequently
19	I report clinical situations in which I see deficiencies in quality and safety of care.	4.35	1.42	Frequently
20	I get involved in updating practices to improve the quality and safety of care.	4.25	1.35	Frequently
21	When I have identified deficiencies, I suggest approaches or strategies to improve the quality and safety of care.	4.29	1.31	Frequently
22	I am involved in evaluating the quality and safety of care.	4.22	1.35	Frequently
23	I am involved in developing nursing practice.	4.29	1.35	Frequently
24	I keep my knowledge up-to-date.	4.57	1.36	Almost always
25	I improve my practice based on new knowledge derived from best practices and research in nursing science or health.	4.48	1.41	Almost always
26	I share with the nursing team the knowledge that has emerged from the research.	4.29	1.31	Frequently
Total average score		4.26	1.39	Frequently

Table (4.5) shows the total levels of job satisfaction and nursing practice among the participants, which revealed distinct trends. The **mean job satisfaction score** was 47.51 (SD = 14.71), indicating a moderate level of satisfaction, with scores ranging from 16.00 to 76.00, showing considerable variability among participants. In contrast, a high level of engagement in nursing practices as the **mean nursing practice score** was 110.97 (SD = 29.90), with a broader range of scores from 26.00 to 156.00.

Table (4.5): Total level of Job Satisfaction Scale and level of nursing practice

Variables	Minimum	Maximum	Mean	Std. Deviation
Level of Job Satisfaction	16.00	76.00	47.51	14.71
level of nursing practice	26.00	156.00	110.97	29.90

Aim 3: To determine if there was a relationship between the scope of nursing practice and job satisfaction, depending on the academic degree among nurses in ICUs at governmental and private hospitals in the Northern West Bank.

Table (4.6) shows the differences in job satisfaction and nursing practice among nurses in ICUs based on gender. It was revealed that male nurses had a mean score of 2.898 (SD = 0.966), while female nurses had a slightly higher mean score of 3.121 (SD = 0.799) regarding **Job Satisfaction**. The difference in job satisfaction between genders was not statistically significant (**P = 0.14**). Male nurses had a mean score of 4.1549 (SD = 1.265), whereas female nurses scored slightly higher, with a mean of 4.5081 (SD = 0.818) regarding **Nursing Practice**. The difference in nursing practice levels between genders was also not statistically significant (**P = 0.15**).

Table (4.6): Distribution of differences between the scope of nursing practice and job satisfaction among nurses in Intensive care units in the Northern West bank hospitals based on their gender.

Gender		Study participants				
		No.	Mean	SD	Test of sig	P value
Job satisfaction	Male	110	2.898	0.966	1.44	0.14
	Female	52	3.121	0.799		
Nursing Practice	Male	110	4.154	1.265	1.82	0.15
	Female	52	4.508	0.818		

Table (4.7) shows the relationship between the scope of nursing practice and job satisfaction based on educational level among ICU nurses. It was revealed that nurses with a bachelor's degree had a mean job satisfaction score of 2.992 (SD = 0.938), slightly higher than those with a master's degree, who had a mean score of 2.909 (SD = 0.877) about **Job Satisfaction and** the difference in job satisfaction based on the educational level was not statistically significant (**P = 0.51**). Additionally, nurses with a bachelor's degree had a mean nursing practice score of 4.2246 (SD = 1.223), while those with a

master's degree had a slightly higher mean score of 4.3855 (SD = 0.927) in **Nursing Practice**. The difference in nursing practice based on educational level was also not statistically significant (**P = 0.52**).

Table (4.7): Distribution of the relationship between the scope of nursing practice and job satisfaction according to educational level among nurses in ICUs at governmental and private hospitals in the Northern West Bank.

Educational level		Study participants				
		N	Mean	SD	Test of sig	P value
Job satisfaction	Bachelor's degree	119	2.992	0.938	0.61	0.51
	Master's degree	43	2.909	0.877		
Nursing practice	Bachelor's degree	119	4.224	1.223	0.63	0.52
	Master's degree	43	4.385	0.927		

Table (4.8) revealed that nurses working one shift had the highest mean job satisfaction score 3.046 (SD = 0.967), followed by those working all day 2.961 (SD = 0.908), and two-shift nurses 2.8618 (SD = 0.92270) about Job Satisfaction and the difference was not statistically significant (**P = 0.76**). Regarding **Nursing Practice**, Nurses working all day had the highest mean nursing practice score of 4.4619 (SD = 1.08619), followed by those working two shifts at 4.0243 (SD=0.88510), and one-shift nurses at 3.8553 (SD = 1.32248). The difference in nursing practice across work shifts was statistically significant (**P = 0.02**).

Table (4.8): distribution of the relationship between the scope of nursing practice and job satisfaction according to work shifts among nurses in ICUs at governmental and private hospitals in the Northern West Bank.

Variables	work-related data	Study participants				
		(n =162)				
		No.	Mean	SD	Test of sig	p-value
Job satisfaction	One shift	36	3.0461	0.96734	0.26	0.76
	Two shift	21	2.8618	0.92270		
	All the day	105	2.9619	0.90863		
Nursing practice	One shift	36	3.8553	1.32248	4.55	0.02*

	Two shift	21	4.0243	0.88510		
	All the day	105	4.4619	1.08619		

Table (4.9) revealed that there was a statistically significant difference among the study participants in practice level with work shift. The significance was between those working one shift versus three shifts ($P = 0.005^*$).

Table (4.9): Comparison between groups of work shifts among nurses in ICUs at governmental and private hospitals in the Northern West Bank.

Work shift	Work shift	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
One	Two	-0.16903	0.316	0.594	-0.7938	0.4557
	Three	-0.60664*	0.213	0.005*	-1.0276	-0.1857
Two	One	0.16903	0.316	0.594	-0.4557	0.7938
	Three	-0.43761	0.280	0.121	-0.9919	0.1167

Table (4.10) shows the relationship between years of experience and both job satisfaction and nursing practice among ICU nurses. It revealed that Nurses with 1–5 years of experience had a mean job satisfaction score of **2.912** ($SD = 0.913$), followed by those with 6–10 years **3.044** ($SD = 1.004$), and those with 11 or more years **3.125** ($SD = 0.770$) about **Job Satisfaction**. The differences in job satisfaction across the experience groups were not statistically significant ($P = 0.57$). Regarding nursing **practice**, nurses with 6–10 years of experience had the highest mean nursing practice score of **4.512** ($SD = 1.062$), followed by those with 1–5 years **4.253** ($SD = 1.181$), and those with 11 or more years **3.733** ($SD = 1.162$). The differences in nursing practice scores were not statistically significant.

Table (4.10): distribution of the relationship between the scope of nursing practice and job satisfaction according to years of experience among nurses in ICUs at governmental hospitals in the Northern West Bank.

Variables	Years of experience	Study participants (n =162)				
		No.	Mean	SD	Test of sig	P value
Job satisfaction	1- 5	95	2.912	0.913	0.55	0.57
	6-10	39	3.044	1.004		
	11 or more	28	3.125	0.770		
Nursing practice	1- 5	95	4.253	1.181	2.21	0.06
	6-10	39	4.512	1.062		
	11 or more	28	3.733	1.162		

Multiple linear regression analysis to predict factors affecting the scope of nursing practice and job satisfaction among nurses in ICUs at governmental hospitals in the Northern West Bank

Table (4.11) illustrates the multiple linear regression analysis of factors influencing the scope of nursing practice among ICU nurses at governmental hospitals in the Southern West Bank. There was a weak positive correlation between the predictors and the scope of nursing practice ($R = 0.304$). It was found that the mean effect of these factors equals 9.3%, which is 9.3% of the variability in nursing practice, as explained by the model. The mentioned variables had statistically significant predictor factors affecting the mean scores of nursing practice ($P = 0.028$). It was also in this model that work shift is the only significant predictor of the scope of nursing practice ($P = 0.008$). Other factors, such as gender, age, marital status, educational level, and years of ICU experience, did not show a statistically significant effect.

Table (4.11): multiple linear regression analysis to predict factors of the scope of nursing practice among nurses in ICUs at governmental and private hospitals in the Northern West Bank – Model Summary

Model	R	R Square	Adjusted R Square	F	p
Practice	.304	.093	.055	2.446	0.028

Coefficient

Model	Unstandardized Coefficients		Standardized Coefficients	t	P-value
	B	Std. Error	Beta		
Gender	.261	.202	.105	1.290	.199
Age	-.312	.206	-.161	-1.514	.132
Marital status	.127	.216	.054	.587	.558
Educational level	.223	.222	.083	1.002	.318
Work shift	.294	.110	.215	2.682	.008*
Years of experience in the ICU department	.105	.183	.063	.574	.567

Table (4.12) illustrates the multiple linear regression analysis of factors influencing the scope of job satisfaction among ICU nurses at governmental hospitals in the Southern West Bank. There was a weak positive correlation between the predictors and the job satisfaction level ($R = 0.211$). It was found that the mean effect of these factors equals 4.5%, as 4.5% of the variability in nursing practice is explained by the model. The mentioned variables had no statistically significant predictor factor affecting the mean scores of job satisfaction ($P = 0.354$).

Table (4.12): multiple linear regression analysis to predict factors of job satisfaction among nurses in ICUs at governmental hospitals in the Southern West Bank – Model summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	f	P value
Job satisfaction	0.211	0.045	0.005	0.91911	1.119	0.354

Coefficient

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Gender	0.293	0.164	0.149	1.782	.077
Age	-0.001	0.167	0.000	-.004	.997
Marital status)	0.234	0.175	0.126	1.334	.184
Educational level	-0.146	0.181	-0.069	-.808	.420
Work shift	-0.016	0.089	-0.015	-.180	.858
Years of experience in the ICU department	0.241	0.149	0.181	1.618	.108

CHAPTER FIVE

DISCUSSION, CONCLUSION & RECOMMENDATION

5.1 Introduction

This chapter presents a comprehensive discussion of the research findings, synthesizing the results with existing literature and theoretical frameworks in the field of nursing practice and job satisfaction. The discussion examines the significant findings regarding ICU nurses' job satisfaction and practice levels in Palestinian governmental and private hospitals, interpreting these results within the context of current healthcare challenges and opportunities in Palestine. The chapter is structured into three main sections. First, the discussion section analyzes the key findings in relation to the research objectives, comparing them with previous studies and exploring their implications for nursing practice. It presents an overview of major findings, followed by conclusions with regard to implications for nursing, particularly within the Palestinian setting. Lastly, there is the section on recommendations for improving evidence-based nursing practices and job satisfaction within ICUs and giving future directions. Results are interpreted in light of unique challenges faced by Palestinian healthcare institutions, such as resource constraints, political circumstances, and specific organizational factors that influence nursing practice and job satisfaction. This study will contribute significantly to the literature while providing practical recommendations to healthcare administrators, policymakers, and nursing professionals.

5.2 Discussion

This study aimed to compare the level of practice and job satisfaction among bachelor's degree nurses and master's degree nurses in governmental and private hospitals working in Intensive Care Units, in the Northern West Bank. The type of research design for this paper is quantitative and cross-sectional. The research study took place in 18 governmental and private hospitals located in 6 cities in the Northern West Bank, Palestine. In addition, this instrument of the study consisted of three major parts: socio-demographic data, the Arabic Actual Scope of Nursing Practice-A-ASCOP questionnaires, and the Job Satisfaction Scale. The online link to the questionnaire was forwarded to the WhatsApp number, followed by follow-ups of the responses. Data obtained were analyzed using the Statistical Package for Social Sciences version 26 software program.

Major findings revealed a moderate score for the current level of job satisfaction. This reflected satisfaction with some but not all aspects of the job. Satisfaction levels reached the highest scores in areas of relations with colleagues. Nearly half were satisfied with their fellow workers. They showed the same satisfaction with the opportunity to put skills to use and demonstrated enthusiastic involvement in the work. However, this was accompanied by dissatisfaction with other important areas. Compensation was the most contentious issue; opportunities for promotion created significant dissatisfaction, and recognition for good performance was an additional challenge. Physical work environment was a key concern, and fifty percent of respondents reported dissatisfaction or extreme dissatisfaction. Other categories displayed mild delight with significant dissatisfaction, including autonomy in the choice of work methods, job security, working hours, constraints in industrial relations, and responsiveness to suggestions.

The results describe problems that are experienced by the nurses in Palestine, arising out of systemic conditions in the health sector. Binding financial resources and budgetary limits reinforce just relatively low salary opportunities for growth restricted, and incentives for meritorious performance are also insufficient. Inadequate physical infrastructure and resources may bring on unfavorable working conditions, hence dissatisfaction. Despite these limits, satisfaction around areas like colleague relationships and skill utilization would hint at a supportive team environment and some professional engagement. On the whole, however, the strained healthcare system, economic challenges, and lack of opportunity for career advancement have major impacts on ratings of job satisfaction.

These findings are also in complete agreement with a similar study that showed salary and career prospects as the most valuable factors contributing to the dissatisfaction of nurses. According to the results, the nurses appreciated friendship relations with colleagues but financial strain and lack of recognition suppressed them from achieving higher degrees of job satisfaction (Akinwale & George, 2020). A further survey showed that nurses reported high levels of satisfaction with their working conditions and career development opportunities, while dissatisfaction was mainly associated with long working hours and understaffing rather than financial or structural issues (Dall'Ora et al., 2015). An investigation conducted in Egypt revealed moderate job satisfaction among nurses, with significant dissatisfaction linked to physical workplace conditions and limited opportunities for professional progress, mirroring this study's findings in Palestine (Karem et al., 2019).

Our study showed there is a strong engagement in nursing practices among ICUs nurses at governmental and private hospitals. Nurses demonstrated the highest levels of

nursing practice in keeping their knowledge up-to-date, improving practice based on best practices and research, verifying patient and family understanding of teaching, and regularly updating patient information in writing. Most practices, such as involving patients and families in care planning, using assessment tools, coordinating care, and mentoring or training staff, were frequently performed. Nurses also frequently reported clinical deficiencies and suggested improvements to enhance care quality and safety, which were frequently practiced.

Extensive involvement in nursing practices among the ICU nurses in Palestinian State Hospitals testifies to the seriousness of good care provision against adversarial conditions. The commitment is made for a duty that improves patient outcomes by ensuring safety in constrained resource environments. In addition, their flexibility and skill are manifested in the consistent adoption of the best practices, increase of knowledge, techniques with the involvement of a patient-centered approach. However, structural barriers like lack of training on more advanced levels, lack of resources, and workload will probably continue to spur nurses to do the best they can with what they have and with patients and families as allies in the provision of care.

The result of this study agreed with the findings of other related studies in resource-limited settings. Studies revealed that nurses were continually updating themselves with knowledge and putting evidence into practice amidst the scarcity of resources due to intrinsic motivation towards rendering good care, committed to the safety of the patients which agrees with the study done in Palestine by Dereje, Hailu & Beharu, 2019. A further research revealed that ICU nurses demonstrated increased engagement in patient-centered care and clinical coordination, supported by structured mentorship programs and standardized evaluation techniques (Chang & Hsiu-Hui, 2019). Previous research showed

similarities with the Palestinian findings where nurses often played crucial nursing roles, including patient and family education and care coordination, in spite of resource constraints. The study showed that lack of effective feedback mechanisms and appreciation of such efforts restricted the effectiveness of these efforts (Sheta & Mohamed Tantaewy, 2022).

We found that the levels of work satisfaction and nursing practice among the participants displayed significant tendencies. Our findings demonstrated that these trends were present. There was a significant amount of variation among the participants, but the mean score for work satisfaction suggested a moderate degree of satisfaction. On the other hand, there is a significant amount of participation seen in nursing practices. The Palestinian ICU nurses are committed to providing high-quality care; however, they often face major obstacles, including, but not limited to, insufficient resources, very poor salaries, and lack of professional advancement. These systemic problems are likely to lead to decreased job satisfaction in terms of salary, opportunities for growth, and working conditions.

With these constraints, the nurses in Palestine prove to be very much involved in their job, which they say is out of professional obligation and a real sense of purpose. Generally, they are motivated by the passion of making a big difference in a setting characterized by limited health resources, enabling them to be committed to patient care and have the capacity to adopt best practices. Apart from this, support received from professional companions and professional satisfaction they receive as an end result of practicing their nursing skills successfully in a difficult situation develops their commitment toward nursing practices, although they develop a moderate level of overall job satisfaction.

The findings of this study demonstrate moderate job satisfaction and active engagement in nursing practices among ICU nurses in Palestine, consistent with research indicating that nurses exhibit a strong commitment to delivering quality care despite facing considerable challenges such as understaffing, inadequate compensation, and limited resources (Sommer, Wilhelm & Wahl, 2024). Despite this, the nurses demonstrated a remarkable commitment to clinical processes, especially regarding patient education and care planning, just as has been seen in the Palestinian ICU nurses who have continued to provide quality care despite the adversity. Another study showed that ICU nurses were more satisfied with their jobs; most were related to supportive leadership, continuing education opportunities, and competitive remuneration (Chen et al., 2019). Additional studies showed that even as violence was persistent, coupled with the shortage of supplies, nurses were still devoted to their patients and provided quality professional care (Bou-Karroum et al., 2020). This means that findings from one study in Palestine can support the current study since even at political turmoil and economic decline, nurses are tenacious and stand up for their tasks.

Indeed, our findings showed that the female nurses had slightly higher mean scores compared to the male nurses with respect to satisfaction at work and nursing practices, but the difference was not statistically significant. Such may be due to cultural and social reasons in Palestine, whereby nursing is associated with traditional caregiving roles, which are usually attributed to women, thus increasing their perceived meaning and fulfillment. Nursing is considered a prestigious and secure occupation for women in the region, which increases their participation and satisfaction despite professional challenges. On the contrary, male nurses may be exposed to social bias or professional insecurity within the predominantly female occupation, thus affecting their relatively

poorer performance. Such dynamics signal an interaction of cultural expectations and professional settings with regard to determining levels of job satisfaction and performance.

This result consistent with previous research that outlines gender-based disparities in nursing responsibilities. Various studies have indicated that female nurses show higher job satisfaction, which could suggest that women may derive more intrinsic satisfaction from caregiving roles traditionally associated with cultural norms of femininity (Ozdoba, Jurek & Dobrowolska, 2024). Further research in Jordan revealed equivocal results, with male nurses reporting comparable or even greater satisfaction in several domains, particularly regarding professional development and autonomy (Al-Obiedat, Allari & Gharaibeh, 2024). Research emphasizes the necessity of addressing gender equity in nursing, recognizing the distinct challenges faced by male and female nurses. For example, while female nurses receive social support, they also face increased workloads or restricted career advancement opportunities. On the other hand, male nurses experience societal biases that belittle their contributions to a predominantly female profession (Piervisani et al., 2024). Our findings support this broad narrative by pointing out that policies and interventions sensitive to culture will better raise job satisfaction and practice engagement for all nurses, irrespective of gender.

Our study showed that nurses with a bachelor's degree were slightly more satisfied with their jobs than those with a master's degree, but this was not statistically significant. The nursing practice rate for those with a master's degree was slightly higher compared to those with a bachelor's degree, though this too was not statistically significant. The better work satisfaction of the bachelor's degree holder compared with the master's degree holder in Palestine may reflect a difference in expectations and career pathways. The roles

of those with a bachelor's degree may be more clearly demarcated and, therefore, professional complications are fewer. Those with master's degrees may have expectations about elevated roles and responsibilities, leadership opportunities, or professional recognition that are not met, leading to being more dissatisfied.

In any case, findings from another work support that such nurses who receive higher academic qualifications are prone to frustration stemming from their expectations pertaining to leadership and professional growth because these translate to lower levels of satisfaction (Asegid, Belachew & Yimam, 2014). Conversely, their bachelor's degree level qualifications find better-defined work roles with minimum frustration of unmatched desires, which is indicative that they are relatively more satisfied. A further study revealed that nurses holding master's degrees demonstrate superior adherence to evidence-based procedures and possess enhanced clinical competencies compared to their bachelor's degree counterparts (Kjellaas, Fredheim & Moen, 2020). This shows that their greater training and skills enable them to take on more demanding clinical duties, boosting their professional practice rates. Additionally, another study has revealed no significant disparities in job satisfaction or nursing practices across educational levels, indicating that organizational factors, workplace support, and job opportunities may exert a more significant influence than education alone (Arian, Soleimani & Oghazian, 2018).

Our study showed that nurses working one shift had the highest job satisfaction, followed by those working all day and two-shift nurses about job satisfaction. However, the difference was not statistically significant. The Palestinian nurses working all day had the highest mean nursing practice, followed by those working two shifts and one shift nurses. This study revealed that there was a statistically significant difference among the study participants at the nursing practice level with work shifts. Our study revealed that

nurses on a single shift reported the highest job satisfaction, a finding corroborated by prior studies emphasizing the advantages of single-shift systems in mitigating tiredness and improving work-life balance. Research indicated that nurses on regular shifts reported higher job satisfaction than those on prolonged shifts, presumably due to less physical and emotional fatigue. The absence of statistical significance in our study may be ascribed to additional moderating factors, such as working environment, support systems, or individual coping techniques, which were not thoroughly investigated (Kida & Takemura, 2022).

Another observed that extended continuous shifts enable nurses to participate in thorough care planning and execution. Nonetheless, our findings differ somewhat from research highlighting the burnout concerns linked to prolonged working hours, indicating that sufficient rest intervals and organizational support might alleviate these effects and improve nursing practice outcomes (Mlambo, Silén & McGrath, 2021). The statistically substantial disparities seen in nursing practice across various shift patterns in our study underscore the necessity of optimizing work schedules to enhance practice quality and staff welfare. An additional research study observed the same findings, emphasizing that shift duration and schedule configuration significantly influence nurse performance and patient outcomes (Schoenfelder et al., 2020). Our research contributes to this field by highlighting the necessity for customized shift structures that enhance both work satisfaction and the efficiency of nursing practice.

Our results revealed that Nurses with 1–5 years of experience had the lowest job satisfaction, followed by those with 6–10 years and those with 11 or more years of job satisfaction. The differences in job satisfaction across the experience groups were not statistically significant. Regarding nursing practice, nurses with 6–10 years of experience

had the highest mean nursing practice, followed by those with 1–5 years and those with 11 or more years. The differences in nursing practice scores were not statistically significant. Our findings are consistent with another research observed that novice nurses frequently encounter elevated stress levels stemming from restricted professional autonomy, position ambiguity, and inadequate supervisory support, which leads to diminished job satisfaction. Likewise, nurses with more experience (6–10 years and 11 or more years) may have improved abilities, confidence, and coping strategies, perhaps enhancing satisfaction, despite the lack of statistical significance in our study (Lu, Zhao & While, 2019).

Our study aligns primarily with Dall'Ora et al. (2015) transition hypothesis, which posits that mid-career nurses often attain a "competence" phase characterized by optimal clinical abilities, critical thinking, and practice efficiency. The decrease in nursing practice ratings within the most seasoned cohort (11 or more years) may indicate the possible effects of burnout, disengagement, or diminished physical endurance, as posited by Wang et al. (2012). Notwithstanding these discoveries, the absence of statistical significance in our findings indicates that individual and organizational elements, such as ongoing education or professional development opportunities, may be pivotal. Our results align with another study that indicates the implementation of mentorship programs for rookie nurses and the encouragement of engagement activities for experienced nurses may help bridge current gaps. Moreover, fostering lifelong learning and tackling possible mid- and late-career issues can improve practice quality along the continuum of nursing experience (Reebals, Wood & Markaki, 2022).

5.3 Conclusion

The findings shed light on a complex link between the level of job satisfaction experienced by intensive care unit nurses working in public and private institutions and clinical nursing practices. Even though overall job satisfaction was modest, it was hampered by significant dissatisfaction in critical factors such as salary, promotion opportunities, and the working environment. On the other hand, the increased engagement in nursing practices demonstrates the nurses' commitment to maintaining quality care despite the difficulties that are imposed by the medical system. Despite limited resources and limited opportunities for career progress, intensive care unit nurses in Palestine continue to place a high priority on patient care and professional growth. This contradiction highlights the perseverance of these nurses.

In addition, the research reveals modest differences between the experiences of men and women in terms of educational attainment. Female nurses reported a slightly higher level of job satisfaction and rating of nursing practice compared to their male counterparts. This may reflect cultural and socioeconomic factors that associate nursing with caring responsibilities handed down by tradition. On advanced nursing practices, although there was a slightly greater engagement by those with master's degrees, holders of bachelor's degrees reported a slightly better level of happiness at work. Although neither of these outcomes was statistically significant, the former showed a slightly higher level of job satisfaction. It was indicated that expectations, which are generated by education and society standards, affect the level of satisfaction and success in the professional world. These two factors, reducing institutional barriers and matching career opportunities with educational credentials, are considered the most influential factors that ensure continuity of quality care in nursing practice and job happiness.

5.4 Recommendations

1. Reduce feelings of discontent regarding remuneration by offering competitive salaries and full benefit packages to all intensive care unit nurses in appreciation of their immense value to the organization.
2. Expanding professional development opportunities, like leadership training or educational incentives will help to bring the goals for those nurses obtaining postgraduate degrees into reality as well as promote a higher sense of job satisfaction.
3. Provide adequate support to the nurses so that they can give better care and also provide resources to improve the physical working conditions of the nurses.
4. Develop formal mechanisms of recognizing and rewarding exemplary performance to ensure that nurses feel motivated and valued at work.
5. Develop strategic efforts to address gender-specific problems, such as reducing the societal stigma that is associated with male nurses and providing assistance to female nurses in balancing their personal and professional responsibilities.
6. It is recommended that precise career trajectories and job requirements be established, which match with the qualifications of nurses throughout many school tiers. This will help to minimize discrepancies in professional expectations and experiences.
7. In order to ensure that nurses continue to actively participate in quality improvement initiatives and best practices, it is important to encourage continued professional development and provide them with access to the most recent clinical guidelines and research.

5.5 Limitations

The study included self-reported surveys, which may be prone to response bias, including social desirability bias, where individuals may provide responses, they see as favorable rather than accurate. The research employed a cross-sectional approach, gathering data at a single point in time, hence limiting the ability to ascertain causation between job satisfaction, nursing practices, and the identified influencing factors. Although the sample provided substantial insights, the study was restricted to ICU nurses in governmental and private hospitals in Palestine, perhaps constraining the generalizability of the findings to nurses in different settings or regions.

Specific possible determinants of work satisfaction and nursing practices, including organizational culture, individual resilience, and leadership quality, were not examined in this study. The analysis of gender and educational achievement revealed that the low diversity among these categories may have constrained the statistical power to identify significant differences. The results may be affected by regional systemic challenges, like inadequate healthcare budget and resource deficiencies, which may not accurately represent the broader global nursing landscape. The study predominantly concentrated on assessing satisfaction levels and behaviours, neglecting to evaluate the efficacy of particular treatments aimed at enhancing work satisfaction or nursing practices.

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Appendix: Questionnaire

Dear participant

Thank you for your interest in our research project titled "**The scope of practice and its relationship with job satisfaction: A comparative study among bachelor's and master's nurses in the Intensive care unit of Northern West Bank Hospitals Palestine.**" Our goal is to provide a clear understanding of the responsibilities and duties that nurses at different educational levels are engaged in, as well as to measure the levels of job satisfaction among nurses in the ICU. It seeks to explore the relationship between the scope of nursing practice and job satisfaction, with consideration given to academic degree."

Your participation in this study is voluntary. If you choose not to participate or change your mind at any time during the study, you may withdraw without penalty. Your responses will be kept confidential, and we will not collect any personal such as your name or email address. Completing the questionnaire should take, information no more than 20-30 minutes. We value your time and appreciate your willingness to assist us in our research. If you have any questions or concerns, please do not hesitate to contact our research team at 0595880209.

Thank you for your cooperation and support.

Part 1: Demographic Information, please put a tick mark (✓) next to your chosen answer.		
#	Question	Response
1	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
2	Age years
3	Years of experience in the ICU department years
4	Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other
5	Educational level	<input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree
6	select the shifts you work	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
7	Which hospital do you work ?	<input type="checkbox"/> Ibn Sina Hospital <input type="checkbox"/> Al-Amal Hospital <input type="checkbox"/> Al-Razi Hospital <input type="checkbox"/> Al-Shifa Hospital <input type="checkbox"/> Jenin Governmental Hospital <input type="checkbox"/> Tubas Governmental Hospital <input type="checkbox"/> Al-Israa Specialty Hospital <input type="checkbox"/> Tulkarm Governmental Hospital <input type="checkbox"/> Qalqilya Governmental Hospital <input type="checkbox"/> UNRWA Hospital <input type="checkbox"/> Alainjil Arab Hospital

		<input type="checkbox"/> Specialty Arab Hospital <input type="checkbox"/> Al-Ittihad Hospital <input type="checkbox"/> University National Najah-Al Hospital <input type="checkbox"/> Al-Watani Governmental Hospital <input type="checkbox"/> Rafidia Governmental Hospital <input type="checkbox"/> Salfit Governmental Hospital <input type="checkbox"/> Specialty Nablus Hospital"
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Aspect	1 (Extremely Dissatisfied)	2 (Dissatisfied)	3 (Neutral)	4 (Satisfied)	5 (Extremely Satisfied)
1. The physical work conditions					
2. The freedom to choose your own method of working					
3. Your fellow workers					
4. The recognition you get for good work					
5. Your immediate boss					
6. The amount of responsibility you are given					
7. Your rate of pay					
8. Your opportunity to use your abilities					
9. Industrial relations between management and workers in your firm					
10. Your chance of promotion					
11. The way your firm is managed					
12. The attention paid to suggestions you make					
13. Your hours of work					

14. The amount of variety in your job					
15. Your job security					
16. Now, taking everything into consideration, how do you feel about your job as a whole?					

#	Question Description	Never	Very rarely	Sometimes	Frequently	Almost always	Always
1	I assess the patient's physical and mental condition, taking biopsychosocial aspects into consideration.						
2	I regularly update, in writing, information about the patient's condition and the care provided (therapeutic nursing plan, nurses' notes, etc).						
3	To plan my interventions, I use healthcare problem assessment tools (pain scale, wound assessment tool).						
4	I involve the patient and/or the patient's family in care planning.						
5	I am involved in designing, applying, and updating patient care programs.						
6	I assess the specific information and education needs of each patient and/or his/her family.						
7	I verify that the patient and/or family have understood the teaching provided.						
8	I use teaching strategies that are adapted to each patient and/or family in accordance with the patient's level of autonomy.						
9	I check the quality of patient education provided on the unit.						
10	I communicate to members of the team all information that could affect the coordination of care.						
11	I coordinate the work of the nursing team to meet the needs of the patient and family.						

12	I convey all relevant information to healthcare professionals in other institutions in order to ensure continuity of care.						
13	I am involved in interprofessional team meetings or activities.						
14	To ensure continuity of care, I make sure all the healthcare team members work together effectively.						
15	I am involved in identifying the educational and training needs						
16	I am involved in the orientation and training of nursing students or of newly hired staff.						
17	I act as a mentor or educator for newly hired staff.						
18	I am involved in developing and conducting training activities for the care team, in accordance with my skills.						
19	I report clinical situations in which I see deficiencies in quality and safety of care.						
20	I get involved in updating practices to improve the quality and safety of care.						
21	When I have identified deficiencies, I suggest approaches or strategies to improve the quality and safety of care.						
22	I am involved in evaluating the quality and safety of care.						
23	I am involved in developing nursing practice.						
24	I keep my knowledge up-to-date.						
25	I improve my practice based on new knowledge derived from best practices and research in nursing science or in health.						
26	I share with the nursing team knowledge emerging from research.						

Arab American University
Institutional Review Board - Ramallah



الجامعة العربية الأمريكية
مجلس أخلاقيات البحث العلمي - رام الله

IRB Approval Letter

Study Title: "The Scope of Practice and its Relationship with Job Satisfaction: A Comparative Study among Bachelor's and Master's Nurses in the Intensive Care Unit of Northern West Bank Hospitals Palestine".

Submitted by: Ibrahim Jafar Sari Morshed

Date received: 2nd April 2024

Date reviewed: 6th May 2024

Date approved: 6th May 2024

Your Study titled "The Scope of Practice and its Relationship with Job Satisfaction: A Comparative Study among Bachelor's and Master's Nurses in the Intensive Care Unit of Northern West Bank Hospitals Palestine" with the code number "R-2024/A/53/N" was reviewed by the Arab American University Institutional Review Board - Ramallah and it was approved on the 6th of May 2024.

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



General Conditions:

1. Valid for 6 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 Board appreciates a copy of the research when accomplished.

ملخص الدراسة

الخلفية: يعد الرضا الوظيفي بين الممرضين أمراً حاسماً لأنه يؤثر على جودة الرعاية الصحية وسلامة المرضى. يرتبط زيادة الرضا الوظيفي بين الممرضين بمعدلات أعلى للاحتفاظ بالوظائف، مما يؤدي إلى انخفاض معدلات دوران الموظفين وضمان تقديم رعاية متنسقة. هدفت هذه الدراسة إلى تقييم ومقارنة مستوى الممارسة التمريضية والرضا الوظيفي بين الممرضين العاملين في وحدات العناية المركزة في المستشفيات الحكومية في جنوب الضفة الغربية في فلسطين.

المنهجية: كان تصميم الدراسة بحثاً كمياً ومقطعياً ووصفياً. أجريت هذه الدراسة البحثية في أقسام وحدات العناية المركزة في 18 مستشفى حكومي في 6 مدن في شمال الضفة الغربية، فلسطين. تم استخدام تقنية أخذ العينات الملائمة في هذه الدراسة، وتم حساب حجم العينة باستخدام حاسبة حجم العينة عبر الإنترنت. تضمنت أداة جمع البيانات ثلاثة أجزاء رئيسية: البيانات الاجتماعية والديموغرافية، واستبيان النطاق الفعلي للممارسة التمريضية باللغة العربية، ومقياس الرضا الوظيفي. تم إجراء التحليل الإحصائي للبيانات باستخدام برنامج SPSS الإصدار 26 من IBM.

النتائج: بلغ إجمالي المشاركين 162 ممرضاً؛ كانت الغالبية تتراوح أعمارهم بين 22-30 عاماً، بمتوسط 110 (67.9%)، وكان 92 (56.8%) من الممرضين متزوجين. أظهرت النتائج أن 119 (73.5%) من الممرضين يحملون درجة البكالوريوس. كان متوسط درجة الرضا الوظيفي 47.51 (±14.71)، مما يشير إلى رضا متوسط، مع درجات تتراوح بين 16-76، مظهراً تبايناً كبيراً بين المشاركين. هناك مستوى عالٍ من المشاركة في الممارسات التمريضية حيث كان متوسط درجة الممارسة التمريضية 110.97 (±29.90)، بنطاق من 26-156. كان الفرق في الممارسة التمريضية عبر نوبات العمل ذا دلالة إحصائية (P = 0.02). كان هناك فرق ذو دلالة إحصائية بين المشاركين في الدراسة في مستوى الممارسة مع نوبة العمل. وكانت الدلالة بين العاملين في نوبة واحدة مقابل ثلاث نوبات (P = 0.005).

الخلاصة: سلطت النتائج الضوء على العلاقة المعقدة بين الرضا الوظيفي والممارسات التمريضية بين ممرضي وحدات العناية المركزة في المؤسسات العامة. على الرغم من أن الرضا الوظيفي العام كان متوسطاً، إلا أنه تأثر سلباً بعدم الرضا الكبير في جوانب أساسية مثل إمكانيات التقدم وبيئة العمل. اقترحت هذه الدراسة تنفيذ أنظمة رسمية للاعتراف بالأداء المتميز ومكافأته، مما يضمن شعور الممرضين بالتقدير والتحفيز في مناصبهم.

الكلمات المفتاحية: الرضا الوظيفي؛ الممارسات التمريضية؛ وحدة العناية المركزة؛ الممرضون؛ فلسطين.