The Role of Quality of Nursing Work Life and Job Embeddedness in Predicting Nurses' Organizational Citizenship Behavior

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Abstract

Background: Nurses with a higher perception of the quality of work life, job embeddedness, and organizational citizenship behavior are motivated, display good performances at work, devote themselves to their work and organization, and importantly report low turnover and personal alienation. **Aim**: The present study aimed to assess quality of nursing work life, job embeddedness, and organization citizenship behavior among nurses and investigate the associations between quality of nursing work life, job embeddedness and organization citizenship behavior among nurses. **Subjects and Methods**: A descriptive correlational design was utilized. The study included a convenient sample of 178 nurses who were responsible for providing nursing care for patients in all inpatient units of El Mansoura international hospital. Data were collected through a self-administered questionnaire including three scales for quality of nursing work life, job embeddedness and organizational citizenship behavior. **Results**: The majority of nurses had a moderate level of quality of work life, whereas half of them had a moderate job embeddedness level and a high organizational citizenship behavior level. There was a statistically significant positive relationship between nurses' quality of work life, job embeddedness, and organizational citizenship behavior. **Conclusion**: Nurses, who had a good quality of work life, will be embedded in their jobs, and having a high organizational citizenship behavior. **Recommendations**: Nursing managers should develop standards for placement nurses in appropriate department/or position based on their competencies, and satisfy the needs of nurses through providing rewards, recognition, and appreciation for their efforts, and contributions.

Keywords: Job embeddedness, Quality of nursing work life, Organizational citizenship behavior, nurses

Introduction

Globalization, competitiveness, and technological developments crucial have arisen in the working place and changed outlook of a good organization for nurses. The nursing working life becomes more ambiguous and multifaceted, health care organizations should have positive working condition to attract and retain qualified nurses for achieving organizational vision and mission. Therefore, organizations of health care have to maintain and operate positive circumstances that are categorized under the term of quality of work life (QWL) **(Kanten et al., 2018)**.

The favorable circumstance and environment that assist employees to achieve their benefit, welfare in addition to positive management attitudes towards them defined as QWL. Quality of nursing work life (QNWL) is the degree to which nurses can fulfill their important needs through their experiences in the organization, at the same time, making significant contributions to achieve organizational goals. There are eight aspects could decide QNWL of nurses; healthy and safe environment, fair and adequate compensation, development of human capacities, growth and security, constitutionalism, social integrative, the total life space and social relevance **(Venkataraman, Anbazhagan, and Anbazhagan, 2018)**. When nurses have a high QNWL, they will also have organizational citizenship behavior, because they have greater possibility to speak positively about their organization, willing to help other individuals, have a performance that exceeds the normal estimation **(Rivera, Sari, and Damayanti, 2019)**.

Organizational citizenship behavior (OCB) refers to behaviors that displayed by employees as commitment, sacrifices and the prosperity of the organization. It also refers to those types of behaviors which are resulting from the sense of belonging and ownership to the organization in which employees try to achieve the benefits more than they receive to support their organization's success and development **(Singh and Kolekar, 2015; Bahrami et al.,2016)**. OCB includes five dimensions; (1) Altruism: voluntary engagements to help another person to solve the work problem (2) Civic virtue: constructive participation in the political procedure of the organization and making contribution by attending meetings, expressing opinions, discussing daily issues with colleagues, and reading organizational communications. (3) Conscientiousness: a pattern of going well beyond the minimum acceptable standard of attendance, punctuality, housekeeping, resource conservation and internal maintenance problems. (4) Courtesy: taking actions that help others to prevent the occurrence of interpersonal problems. (5) Sportsmanship: the willingness of an individual not to worry about the unavoidable inconvenience and harassment caused by professional activity; not to complain excessively and to be constructive and respectful of issues that may be encountered in the workplace **(Gabriel, 2015)**.

Job embeddedness is also an antecedent to organizational citizenship behaviors. When individuals are embedded socially or professionally in their organization, they will have behavior of citizenship, be interdependent and providing helpful actions due to their felling of comfort due to social network. When employees have fit a job, colleagues, and organization,

they will have behaviors of citizen ship behavior (**Cho, & Ryu, 2009; Holtom, & Sekiguchi, 2018**).

Job embeddedness is the collective forces that retain a person from parting his or her work. It also refers to the extent to which people are linked with others or to activities, the extent to which their jobs and communities fit with other aspects of their lives, and the ease with which their respective links can be broken-that is, what they would sacrifice if they left. Job embeddedness links the nurses with the firm and their job in a closer manner, and stronger influence of job embeddedness leads to tendencies to stay within the organization instead of escaping the organization (**Khan et al., 2018; Fasbender, Van der Heijden, & Grimshaw, 2019**). Job embeddedness is a stronger indicator of job outcomes such as employee attendance, retention, performance than other accepted psychological reasons as job satisfaction and organizational commitment (**Sun et al., 2012**). QWL considers as a contextual supportive force that accumulates and optimizes resources in the form of organizational embeddedness. Employees will be embedded to their jobs when resources are restocked, their expectations, and emotional results are met. These features of work environment can be achieved through QWL; therefore, QWL has a positive effect on job embeddedness (**Dechawatanapaisal, 2018**).

Significance of the study

QNWL and job embeddedness are important for all organizations to improve job performance, attract and preserve nurses, decreases nurses' turnover intention, and absenteeism. QNWL generates favorable working environment to grow, learn, live and enjoy by optimize utilization of human potentiality that propel employees to exhibit individual as well as voluntary behavior in the form of employee commitment and organization citizenship behavior, and job embeddedness (**Nafei, 2015**). OCB is vital for creating effective communication and collaboration among health providers, managers, and workers to increase work quality and patient satisfaction. It can conclude that maintaining high level of QNWL, job embeddedness, and OCB are important factor for health care organizations as it contributes positive consequences at all different aspects (**Kumari, & Thapliyal, 2017**). During the study, nurses in the chosen hospital demonstrated that they had lost their enthusiasm for productive work and have committed to a critical minimum effort. As a result, it is hoped that the findings may raise awareness of some of the possible reasons for nurses' resignation from their jobs while they continue to work. Therefore, the study aimed to assess QNWL, job embeddedness, and OCB among nurses and investigate the associations between QNWL, job embeddedness, and OCB among nurses.

Aim of the study

The study aimed to assess QNWL, job embeddedness, and OCB among nurses and investigate the associations between QNWL, job embeddedness, and OCB among nurses.

Research questions

1. What is the level of QNWL, job embeddedness, and OCB among nurses?
2. Is there relation between nurses' QNWL, job embeddedness, and OCB and their personal characteristics?
3. Is there relation between nurses' QNWL, job embeddedness, and OCB?

SUBJECTS AND METHODS

The study designs

The design of this study was descriptive correlation.

The study setting

The present study conducted at all inpatient units of El Mansoura international hospital that affiliated to ministry of health. It includes seven floors with capacity 400 beds for providing medical care for patients with different diseases.

Subjects

The study included a convenient sample of 198 nurses (178 actual sample size + 20 nurses for pilot study) who were responsible for providing nursing care to patients in the predetermined setting during the time of data collection.

Data collection tools

Three tools were utilized to collect the data of the current study as follows;

1. QNWL scale

This scale was developed by **Brooks (2001)** for assessing QNWL among nurses. It includes two sections; the first section concerned with personal data of the studied nurses as age, gender, and education. The second section includes 42 items that classified in to 4 dimensions as follows; (1) Work Life/home Life dimension includes 7 items (e.g., I can make balance between the needs of my family, and job). (2) Work design dimension consists of 10 items (e.g., I am satisfied with my job). (3) Work context dimension includes 20 items (e.g., there is adequate patient care supplies and equipment). (4) Work world dimension includes 5 items (e.g., I believe that, society has the correct image of nurses)

2. Job embeddedness scale

This scale was adopted from **Houser (2013)** to assess job embeddedness among nurses. It includes 6 domains and each domain includes three items with total 18 items that namely as follow; (1) Organizational fit (e.g., I feel like I am a good match for my organization), (2) Organizational sacrifice (e.g., I would sacrifice a lot if I left this job), (3) Organizational links (e.g., I am a member of an effective work group),(4) Community fit (e.g., the place where I live is a good match for me), (5) Community sacrifice (e.g., Leaving the community

where I live would be very hard), and (6) Community links (e.g., I am active in one or more community organizations).

3. OCB scale

It was adopted from **Kumar and Shah (2015)** to assess OCB among nurses. It includes five domains and each domain includes three items with total 15 items that namely as follow; (1) Altruism (e.g., I am always ready for helping others around me), (2) courtesy (e.g., I always avoid generating problems for my peers), (3) civic virtue (e.g., I keep myself updated with organizational announcements and memos), (4) sportsmanship (e.g., I always need motivation to doing the work), and (5) conscientiousness (e.g., When on duty, I do not take extra or long breaks).

Scoring system of three scales

These 75 items of three scales were reported on a 5-point likert scale ranging from strongly disagree (1) to strongly agree (5). The total scores of QNWL, job embeddedness, and OCB were divided into three levels based on cutoff point as shown in table 1;

Table (1): Levels of the study variables

The study variables	Variables levels		
	Low (<50%)	Moderate (50-75%)	High (>75%)
1.QNWL	42-104	105-157	158-210
2.Job embeddedness	18-44	45-67	68-90
3.OCB	15-37	38-56	57-75

Pilot study

Pilot study was included 20 nurses that represents (10%) from total study sample (n=198), it was carried out to assess the applicability and clarity of the tools prior to data collection. It also helps the researchers to recognize potential hinders and problems that may be during data collection process, estimate time needed to complete the questionnaire. Nurses of pilot study were omitted from the main study sample. Data obtained from pilot study were analyzed.

Validity and reliability

The data collection tools were revised by five professors of nursing administration to test face and content validity of these tools. The tools were tested for its reliability by using Cronbach alpha test; it was 0.90, 0.82, and 0.85 for three scales; QNWL, job embeddedness, and OCB respectively.

Ethical considerations

The purpose of this study was explained to hospital director, head nurses and nurses. Written permission was obtained from the faculty of nursing-Mansoura University to the hospital director to carry out this study. Ethical approval was obtained from ethical research committee - faculty of nursing, Mansoura University. All subjects were informed that participation in the study is voluntary and oral consent was obtained from each participant in the study. Confidentiality of the collected data maintained. Subjects were informed that the content of the tools will be used for the research purpose only. Participants had right to withdraw from the study at any time was ascertained.

Field work

Prior to data collection, the researchers conducted the predetermined ethical considerations and obtained official permission for carrying out the study. Data were collected through a self-administered questionnaire during different days and working shift of nurses from the beginning of February 2019 to the end of April 2019. The time needed to fill the questionnaire was 20-25 minute. The questionnaires were checked after receiving it from the nurses to ensure its completeness.

Statistical analysis

Applying statistical analysis for the collected data was through SPSS software version 22. Descriptive statistics in form of frequencies and percentages was for qualitative data, whereas mean and standard deviation for quantitative data. ANOVA test was applied for comparing between more than two means of parametric variables. Pearson correlation coefficient analysis was conducted to test correlations between continuous parametric variables. Multiple regression analysis was used to identify predictors of OCB. P-Value was statistically significant at ≤ 0.05 and 0.01.

Results

Table (2): Personal characteristics of the studied nurses and its relation with their QNWL, job embeddedness and OCB

Variables	Overall		QNWL	Job embeddedness	OCB
Age years	No	%	Mean±SD	Mean±SD	Mean±SD
▪ 20-30years	160	89.9	151.02±22.23	66.72±11.09	56.39±7.70
▪ 31-40years	11	6.2	124.18±19.57	51.36±8.80	52.72±5.58
▪ >40years	7	3.9	118.57±7.43	55.42±11.99	49.71±9.84
F-value / p-value			14.55 /**0.000****	12.96 /**0.000****	3.54 /0.03*
Marital status					
▪ Single	25	14.0	151.32±22.73	67.55±11.07	56.51±7.85
▪ Married	146	82.0	131.64±19.24	54.92±9.21	52.90±6.74
▪ Divorced	7	3.9	139.28±25.42	56.14±9.20	53.85±8.17
F-value / p-value			8.81 / **0.000***	17.31 /**0.000****	2.56 / 0.08
Level of education					
▪ Diploma degree	12	6.7	148.41±34.73	62.50±16.76	53.08±13.41
▪ Technical degree	144	80.9	150.52±21.77	67.11±10.48	56.52±7.23
▪ Bachelor degree	22	12.4	132.00±20.57	55.22±11.45	53.40±6.87
F-value / p-value			6.36 / **0.002***	11.35 /**0.000****	2.40 / 0.09
Working shift					
▪ Morning shift	119	66.9	147.91±22.23	65.40±10.85	55.52±7.32
▪ Evening shift	11	6.2	161.18±26.25	69.36±14.97	58.36±9.73
▪ Day shift (12hrs)	28	15.7	144.07±25.42	63.60±13.97	56.00±9.00
▪ Night shift	20	11.2	147.55±24.58	65.10±11.84	56.70±7.84
F-value / p-value			1.44 / 0.23	0.63 / 0.59	0.52 /0.66
Experience					
▪ 1-5 years	152	85.4	150.50±22.84	66.86±11.27	56.50±7.66
▪ 6-10 years	16	9.0	132.56±21.58	54.81±10.04	51.87±8.60
▪ >10 years	10	5.6	136.30±22.61	58.90±11.01	53.20±6.35
F-value / p-value			5.93 / **0.003***	10.18 / **0.000****	3.28 / **0.04***

* Statistically significant (p ≤0.05) / ** Highly statistically significant (P ≤0.01)

Table (3): QNWL, job embeddedness, and OCB as reported by the studied nurses (n=178)

Study variables	No of items	Min - Max	Mean±SD	Mean percentages	Rank
A. QWL	42	88.0-210.0	148.08±23.35	70.51 %	
1. Work life/ home life	7	7.0-35.0	24.34±4.14	69.54 %	3
2. Work design	10	20.0-50.0	35.74±5.03	71.48 %	2
3. Work context	20	33.0-100.0	72.06±13.68	72.06 %	1
4. Work world	5	7.0-25.0	15.93±3.83	63.72 %	4
B. Job embeddedness	18	36.0-90.0	65.33±11.73	72.59 %	
1. Organizational fit	3	3.0-15.0	10.82±2.58	72.13 %	4
2. Organizational Sacrifice	3	5.0-15.0	10.95±2.30	73.0 %	3
3. Organizational links	3	6.0-15.0	11.24±2.01	74.93 %	1
4. Community fit	3	3.0-15.0	10.47±2.78	69.8 %	6
5. Community sacrifice	3	6.0-15.0	11.18±2.21	74.53 %	2
6. Community links	3	5.0-15.0	10.64±2.40	70.93 %	5
C. OCB	15	34.0-75.0	55.90±7.78	74.53 %	
1. Altruism	3	6.0-15.0	12.17±2.09	81.13 %	1
2. Courtesy	3	4.0-15.0	11.92±2.19	79.47 %	2
3. Sportsmanship	3	4.0-15.0	10.94±2.39	72.93 %	3
4. Civic virtue	3	4.0-15.0	10.34±2.00	68.93 %	5
5. Conscientiousness	3	4.0-15.0	10.50±2.15	70.0 %	4

Table (4): Levels of QNWL, job embeddedness, and OCB of the studied nurses (n=178)

Levels of variables	QNWL		Job embeddedness		OCB	
	No	%	No	%	No	%
▪ Low (<50%)	5	2.8	9	5.1	3	1.7
▪ Moderate (50%-75%)	109	61.2	86	48.3	86	48.3
▪ High (>75%)	64	36.0	83	46.6	89	50.0

Table (5): Correlation between QNWL, job embeddedness, and OCB as reported by the studied nurses (n=178)

Variables	OCB		Job embeddedness	
	r	P	r	p
QNWL	0.61	**0.000****	0.81	**0.000****
Job embeddedness	0.66	**0.000****		

** Highly statistically significant (p ≤0.01)

Table (6): QNWL, job embeddedness as a predictor of OCB among the studied nurses (n=178)

Independent variable	Dependent variable: OCB			T	P value
	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta		
QNWL	0.078	.032	0.231	2.416	**0.017****
Job embeddedness	0.317	.063	0.478	5.000	**0.000****

** Highly statistically significant (p ≤0.01)

Table (2) illustrates that the majority of the studied nurses aged 20-30 years, married, having technical nursing degree, worked morning shift and their experience ranged between 1-5 years. QNWL and job embeddedness had significant relationship with nurses' age, marital status, educational level, and experience years. OCB of the studied nurses was significantly relation with their age, marital status, and experience years.

Table (3) shows that mean scores of QNWL, job embeddedness and OCB were 148.08±23.35, 65.33±11.73, and 55.90±7.78 respectively. Regarding QNWL domains, work context domain has the highest perception with mean score (72.06±13.68), while work world domain has the lowest agreement with mean score (15.93±3.83). Regarding job embeddedness domains, organizational links has the highest agreement with mean score (11.24±2.01), while community fit has the lowest agreement with mean score (10.47±2.78). Regarding OCB domains, altruism domain has the highest agreement with mean score (12.17±2.09), while civic virtue domain has the lowest agreement with mean score (10.34±2.00).

Table (4) shows that nearly half of the nurses (48.3%) had moderate job embeddedness level, more than half of them (61.2 %) had a moderate level of QNWL, and half of them (50.0%) had a high level of OCB

Table (5) there was statistically significant positive relationship between nurses' QNWL, job embeddedness, and OCB.

Table (6): illustrates that QWL and job embeddedness predict OCB among the studied nurses.

Discussion

The present study aimed to assess QNWL, job embeddedness, and OCB among nurses and investigate the associations between QNWL, job embeddedness, and OCB among nurses. Therefore, the findings of the present study will be present through two sections to achieve the aim of the study and answer the research questions.

I: QNWL, job embeddedness, and OCB among nurses and its relationship with their personal characteristics

Regarding QNWL, the finding of the present study clarified that more than half of the studied nurses had moderate level of QNWL. This may be due to inadequate management support, job insecurity, job stress, and inadequate involvement in the decision-making. The highest perception was related work context domain, followed work design domain, whereas the lowest perception was related workload domain, followed by work life/ home life domain. These findings in the same line with **Moradi, Maghaminejad, and Azizi-Fini (2014)** reported that nurses in hospitals of Kashan had moderate level of quality of working life. **Alharbi et al, (2019)** also showed that the nurses working in the Madinah region hospitals had moderate level of quality of nursing work life; the highest nurses' perception was for work context, whereas the lowest perception was for work, and home life. It also agreed with Suleiman et al, (2019) study conducted to assess Quality of nursing work life and related factors among emergency nurses in Jordan and who found that the participants scored had moderate levels on all QNWL subscales. These results disagreed with **Raeissi et al, (2019)** found that nurses had a low level of QNWL, and dissatisfied with their work life. It also disagreed with **Mohamed et al., (2018)** who reported the majority of the studied nurses had a low QNWL.

Regarding relationship personal characteristics of nurse and their QNWL, the present study revealed that there was statistically significant relation between QWL, and nurses' age, marital status, education, and experience. This study agreed with **Moradi, Maghaminejad, and Azizi-Fini (2014)** reported that a significant relation was found between nurses' education, work experience, and quality of working life. It also supported by the study of **Alharbi et al (2019)** that found nurses' age,

experience, and marital status correlated with a high quality of nursing work level. The study of **Raeissi et al, (2019)** showed lower QWL were associated with male gender, being single, older age, and having lower educational levels. While, this result disagrees with **Suleiman et al, (2019)** who revealed that There were no additional statistically significant differences in QNWL scores in terms of demographics.

These results disagreed with **Moradi, Maghaminejad, and Azizi-Fini (2014)** reported that there was no significant differences related nurses' quality of working life with their age, gender and marital status. It also disagreed with **Kelbiso, Belay, and Woldie (2017)** indicated that age, sex, marital status, and experience years had no significant relation with QWL.

Regarding job embeddedness of nurse, the findings of the present study showed that nearly half of the studied nurse had moderate level of job embeddedness. The findings of the present study agreed with **Kim et al, (2014)** found clinical nurses working in general hospitals had medium level of job embeddedness. Also, in the same line with **Choi, Lee & Kim (2019)** who found that nurses of regional trauma health centers in Korea had moderate level of job embeddedness. These results disagreed with the study of **Dechawatanapaisal (2018)** that included 1,966 nurses from sixteen private general hospitals in Thailand during February–June 2016, and who found that higher levels of job embeddedness.

Regarding personal characteristics of nurse and their job embeddedness, the present study clarified that job embeddedness correlated with nurses' age, marital status, education, and experience years. These findings supported by **Kim et al, (2014)** reported job embeddedness correlated with nurses' age, marital status, education, and experience. These findings disagreed with the study that conducted in the city center of Bolu-Turkey by **Yildiz (2018)** found that there were no significant differences were found between job embeddedness and age, marital status and years of experience of the studied sample. Also, the study of **Choi, Lee & Kim (2019)** found that nurses' job embeddedness was not significant correlated with their age, gender, marital status, and experience.

According to OCB, the findings of the study showed that the half of studied nurses had a high OCB level. The highest perception was for altruism domain, followed by courtesy, whereas the lowest perception was for sportsmanship, followed by conscientiousness. These finding congruent with **Altuntaş, and Baykal (2014)** found nurses had high levels of OCB. In the same line the study of **Safan, Diab, & Rashad (2018)** study was to assess the relationship between OCB and organizational climate among nursing staff at Menoufia and Benha University Hospitals and who indicated that in the study environment, approximately half of the subjects demonstrated the highest level of organizational citizenship behavior. The findings of the present study disagreed with **Mohamed et al., (2018)** reported that nearly to half of the studied nurses had a low OCB, and **Metwally, Ata1, and Ahmed (2018)** found the studied nurses had a moderate OCB.

Regarding personal characteristics of nurse and their OCB, the finding of the present study showed that there was statistically significant relationship between OCB and nurses' age, marital status, and experience years. These findings supported by the study of **Lim, and Jung (2015)** found OCB of nurses serving at general hospitals located in Metropolitan City associated with their age, marital status, experience, and education. This study disagreed with **O'Driscoll, and Roche (2015)** and **Metwally, Ata1, and Ahmed (2018)** demonstrates that there was no significant relation between OCB and nurses' age, marital status, education and experience years.

II: Relationships between QWL, job embeddedness, and OCB

Regarding the relationship between QWL, and job embeddedness, the findings of the present study revealed that there was a statistically significant positive relation between QWL, and job embeddedness. This result may be related to good QWL improves nurses' satisfaction, physical and psychological health, create positive feelings, strengthening learning in the workplace, and building the organization's image as the best in recruitment, and nurses' motivation therefore encourages nurses to be embedded in their jobs. These findings supported by the study of **Zhao et al, (2013)** concluded that quality of nursing work life has positive effect on job embeddedness among nurses from five large-scale government-owned hospitals in Heilongjiang Province, Northeast China. It also agreed with the study of **Nafei (2015)** revealed that QWL correlated with job embeddedness among health care providers at Menoufia University Hospitals. **Kanten et al, (2018)** also reported that QWL has positive and significant effect on job embeddedness.

Regarding the relationship between job embeddedness, and OCB, the present study found that there was statistically significant positive relation between nurses' job embeddedness, and OCB. This result may be related to job embeddedness generates forces that would foster individuals to become attached to his/her environment and in turn will foster individual to remain with his/her employing organization, and enhance behavior of citizenship. These results congruence with the study of **Nafei (2015)** also revealed that job embeddedness correlated with OCB. Also in the same line **Kapil, and Rastogi, (2018)** reported there was a significant relationship between job embeddedness, and OCB. The study of **Kapil, & Rastogi, (2018)** found also

that there was a positive relationship between job embeddedness and OCB.

Regarding the relationship between QWL, and OCB, the finding of the study reported that there was statistically significant positive relationship between QWL, and OCB. This may be due to nurses with high QWL will be satisfied with their salary, working environment, learning opportunities, relationships with work colleagues, in addition to recognition and appreciation of nursing activists. All of these factors can develop OCB among nurses. These results agreed with the study of **Nafei (2015)** found that QWL of health care provides at Menoufia University Hospitals associated positively with their OCB. Also, it congruent by the study that was conducted at El-Mansoura Health Insurance Hospital by **Mohamed et al (2018)** that found nurses' QWL of nurses had a positive relation with their OCB. **Suyantiningsih, Haryono, & Zami, (2018)** found that Quality of work life had statistically significant positive influence on Organizational citizenship behavior among employees in the northeast, Thailand.

Conclusion

The nurses had moderate level of job embeddedness, QNWL, but they had a high level of OCB. There were positive relationships between QWL, job embeddedness, and OCB among nurses, and this indicates nurses who had good QWL, will be embedded in their job, and having high OCB.

Recommendations

- To maintain organizational fit, nursing managers should develop standards for placement nurses in appropriate department/or position based on their competencies.
- Nursing managers should satisfy needs of nurses through providing rewards, recognition, and appreciation for their efforts and contributions.
- Training programs should be developed to satisfy learning needs of nurses
- Nurses should be encouraged for active engagement in the decision-making that affect the nature of their work, and their job security.
- Routine non-nursing activities as food delivery for patients, and answering telephones, theses tasks must be redirected to reduce nurse fatigue and job stress .

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