

Job satisfaction, non-nursing tasks and nursing tasks left undone among nurses at Zagazig University Hospitals in Egypt

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Abstract

Background: This study adds to the international debate about the relationship between job satisfaction, non-nursing tasks and nursing tasks left undone and by assessing the variables at practical nurses and hospital unit level. **This research aimed** to explore the relationship between job satisfaction, non-nursing tasks and nursing tasks left undone among nurses at Zagazig University hospitals in Egypt. **Subject and methods:** A descriptive methodological design was used. The sample size was (320) staff nurses. A self-administered survey questionnaire was used to collect data used for this research, Three tools were used: **Tool I:** It encompassed two major parts ; part one) Demographic characteristics of the nurses; Part two) Job satisfaction survey; **Tool II:** Non - nursing tasks scale; **Tool III:** Nursing tasks left undone scale. **Results:** more than half of the nurses were neutral meanwhile there was a low level of nurse job satisfaction. five non-nursing tasks were greatest frequently conducted by the studied nurses. There were nursing tasks left undone by the studied nurses. There was no a statistically significant difference between the studied nurses' job satisfaction and their work in non-nursing tasks, along with nurses' job satisfaction, and their tasks left undone. **Conclusions:** nurses were less satisfied with their job; the nurses often perform non-nursing tasks and leave some essential nursing tasks undone. there was a high statistically significant positive correlation between studied nurses' non-nursing tasks, and their nursing tasks left undone. While there were no significant correlations between studied nurses' job satisfaction, and their non-nursing tasks, into the bargain; nurses' job satisfaction, and their nursing tasks were left undone. **Recommendation:** Nurse managers at Zagazig University Hospitals should develop and implement strategies to improve job satisfaction levels for nurses. Work environments should be structured to minimize nurses' performance of non-nursing tasks; this is in the form of allocating adequate and efficient support services to get rid of their workload. This in turn decreases the frequency of nursing tasks left undone by them.

Keyword: Nurses, job satisfaction, Non-nursing tasks, Nursing tasks left undone.

Introduction

Nursing is a key component of the hospital which is the only organization that introducing services night and day (Ball, 2017). Worldwide, medical organizations are changed considerably by reason of rising challenges such like technological innovation, growing population demands, and professional differentiation (Frenk, 2010).

Several theories applied (e.g., nonnursing tasks, organizations labor) to identify the functions given by practical nurse's other latter patients care (Grossoet al., 2019). All duties that don't attach to direct patient care or need professional skills in one shift are considered as non-nursing tasks (NNTs) (Ausserhoferet al.,

2014). Non-nursing tasks (NNTs) involve duties done by a professional nurse (PN) that are under the nursing scope of practices (Bruyneet al., 2012). However, non-nursing tasks defining as duties not need professional nursing training and that must allot to other staff unless in unusual conditions like serve and recollect meals; cleanup; moving patients; issue orders; receiving instruments; discharge referral organizing (Hopkins et al., 2012). Tackling the issue of non-nursing duties is an international phenomenon. Early work measurement studies in the 1960s "identified that nurses were spending significant amounts of time in doing the non-nursing tasks (De Geestet al., 2008).

Otherwise, Nursing tasks left undone (NTLU) are considered as missed care,

incomplete care, or unfinished nursing care (Jones et al., 2015). Nursing tasks left undone means to any nursing tasks needed for patient care but were cannot be completed by a professional nurse during the work time (Al-Kandari, & Thomas, 2009) such as the patient's care, skincare, oral care, educate patients and their families, giving medication, patients discharge, recording and reporting, update and develop the nursing management plan, care planning and change disabled patient positions every two hours (Kalisch and Williams 2009). In reality, missed nursing care, or care that is not done or pass into the next work shift, is mutual besides causes of missed care are complicated and various (Marven, 2016). Especially, causes of increasing the levels of NTLU may usually because of organizational factors, for example, staff shortage, ineffective or absence of teamwork, and weak occupational safety climate (Ball et al., 2014, Schubert et al., 2013 & Castner, 2012).

Job satisfaction comes to be a key concept within nursing workforce studies in the latest period. Job satisfaction is an employee's achievement and productivity in the job (BinShmailan, 2016). Its commonly recognized to be linked to productivity along with personal welfare. Job satisfaction involves enjoying doing a job, performing it well, and rewarded for their work efforts. Job satisfaction further implies engagement and happiness with employee's work. Job satisfaction is a key element that causes awareness, income, promotion, and the advancement of other goals that cause achievement. Moreover, Job satisfaction is influenced by many factors as work nature, monthly Salary, promotion opportunities, administration support, Work culture, and Work conditions (Kalkavan, & Katrinli, 2014).

The American Organization of Nurse Executives & Aramark Healthcare (2008) has defined factors that affecting the nurse's job satisfaction through building cooperative labor with support services. When doing so, nurses will be satisfied with tasks done by support services and focusing on their nursing duties. In this way, preserve good psychological status, improving a moral societal working environment, and founding respectable administrative support can improve or sustain job satisfaction amongst practical nurses.

The performance of non-nursing tasks takes up valuable time in nurses' days and is considered

as a great reason of not done some nursing duties (Chenet al., 2009). AONE identified that non-nursing tasks, among others, form some of the actions and behaviors that hurt professional nurses' job satisfaction (American Organization of Nurse Executives & Aramark Healthcare, 2008). On top of that, the professional nurses reported that greater job satisfaction when there fewer nursing duties left unfinished and doing fewer non-nursing duties (Kalisch, Tschannen, & Lee, H. (2011b). Moreover, higher levels of non-nursing tasks and nursing care left undone are closely associated with bad nursing outcomes, involving low job satisfaction, increased intention to leave, and turnover (Kalisch, Tschannen, & Lee, 2011b & Papastavrou, Andreou & Efstathiou, 2013).

Significance of the study:

Internationally it has become evident that nurse's job satisfaction level may be affected by the non-nursing tasks and tasks left undone. Nowadays, financial difficulties in healthcare and nursing have caused significant nursing shortage at Zagazig University hospitals in Egypt, these met the truth that they can't give all the necessary nursing care to their patients, which in turn lead to decrease nurses' job dissatisfaction. So, the current research aimed to explore the relationship between job satisfaction, Non-nursing tasks and Nursing tasks left undone among nurses at Zagazig University hospitals in Egypt.

Aim of the study:

The present study aimed to investigate the relationship between job satisfaction, non-nursing tasks and nursing tasks left undone among nurses at Zagazig University hospitals in Egypt.

Research questions:

- 1- What is the level of job satisfaction among nurses?
- 2- What is the frequency of non-nursing tasks performed by nurses?
- 3- What is the frequency of nursing tasks left undone among nurses?
- 4- Is there the relationship between job satisfaction, non-nursing tasks, and nursing tasks left undone among nurses?

Subjects and Methods

The researchers used A descriptive correlation approach. The respondents in this study were

nurses working at Zagazig University Hospitals (academic hospitals), Egypt, which include two sectors separated in eight teaching hospitals. With a complete bed capability of 1954 beds. Inpatient and outpatient services are provided in these hospitals with a total number of 2446 staff nurses.

Participants were identified via A stratified random sampling, 320 nurses having at least one year of experience and were accepted to join in the study. The ideal sample size was estimated at a confidence interval of 95%, the margin of errors 5.0%, a total population size of 2446 nurses, and by using the following formula: $[X^2 NP (1 - P) / d^2 (N - 1) + X^2 P (1 - P)]$ (Krejcie, & Morgan, 1970).

Tools of data collection:

This research used A self-administered survey questionnaire sheet to collect data for this study .

Three tools were translated into Arabic language and used to conduct the study.

Tool I: It encompassed two major parts; part one)

It was developed by the researchers to elicit information about a demographic characteristics of the studied subjects which consisted of age, educational qualification, years of experience. Part two) a Job satisfaction survey, developed by Fairbrother, Jones, & Rivas,(2009), this part consists of 17 items categorized into three categories namely: job enjoyment, responsibilities at work, and relationships with colleagues. Rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Scoring system: The total score ranged between 17-85 accordingly the total job satisfaction level was classified to: Dissatisfied ≤ 28 , neutral $28 < 57$ and satisfied > 57

Tool II: a Non - nursing tasks scale developed by (Sermeus et al., Sermeus, Aiken, Van den Heede et al., 2011) composed of 9 items (delivering and retrieving food trays, performing non-nursing care, transporting of patients within hospital.....ets.) to assess nurse performance regarding non-nursing tasks rated on a 3-point Likert scale ranging from; never 1, sometimes 2, and often 3. The total score ranged between 9-27.

Tool III: Nursing tasks left undone scale developed by Sermeus et al., (2011) composed of fourteen items (Adequate patient surveillance, Skin care, Oral hygiene,.....ets.) to assess nursing tasks which are frequently left undone with 1 "No" or "Yes" tick boxes.

Field work:

Before starting this study, official permission were obtained from the Dean of the Faculty of Nursing, Zagazig University and the administrators of both medical and nursing of the Zagazig University Hospitals. This study was implemented in two months ongoing from the beginning of April 2019. The data were collected after explaining the purpose of the study to participants. The researcher collected the data during the morning and afternoon shifts.

Validity and Reliability:

A higher score means greater job satisfaction, non-nursing tasks, and Nursing tasks left undone. A high internal consistency was observed by the researchers, through Cronbach's alpha to compute a correlation between the items on the first and second time of applied tools. This was done with four weeks' interval on the same nurse. (The researchers adopted the Cronbach's alpha coefficient for the entire PSS to be 0.951, 0.638, and 0.701 regarding Job satisfaction, non-nursing tasks scale, and Nursing tasks left undone scale respectively, thus reflecting high reliability of internal consistency (0.951) correspond.

A pilot study with 32 nurses (10% of the sample size) was performed to ensure the clarity, feasibility, and applicability of the instruments. Around 20-30 minutes were needed by nurses to complete the questionnaire. Essential modifications were made and respondents in the pilot study were excluded from the main study sample. The nurses' participation in this study was voluntary and they could withdraw from the study at any time.

Statistical design

The Statistical Package for Social Sciences (SPSS) version 20 was used for data analysis. Descriptive statistics and correlation coefficients were used to answer the research questions. Descriptive statistics (frequency, percentage, arithmetic mean and standard deviation) were

used to describe characteristics of the subjects, including demographic data, levels of job satisfaction, performance of non-nursing tasks, and nursing tasks left undone among the participants. One sample T-test was used to examine the differences between the nurses. A

statistically significant difference was considered at p-value $p \leq 0.05$ and a highly statistically significant difference was considered at p-value $p \leq 0.001$. while the p-value >0.05 indicates non-significant results.

Results

Table 1: Distribution of the study nurses according to their demographic characteristics. (n= 320).

demographic characteristics	No	%
Age interval		
- <25 years	82	25.6
- 25- <45 years	211	65.9
- ≥ 45 years	27	8.4
Mean \pm SD	33.81 \pm 9.70 years	
Educational qualification		
- Nursing diploma	105	32.8
- Technical nursing Institute	70	21.9
- Bachelor's degree or postgraduate qualification	145	45.3
Years of experience		
- <10	172	53.8
- 10 <15	100	31.3
- >15	48	15.0
Mean \pm SD	10.43 \pm 5.08 years	

Table 1 shows that the highest percent (65.9%) of the studied nurses were aged from 25-<45 years with a mean age of 33.81 \pm 9.70 years. Regarding nurses' educational qualifications 45.3% of them were had bachelor's degree or postgraduate qualification. Moreover, as regards years of experience, 53.8% of nurses had less than 10 years of experience, with a mean of 10.43 \pm 5.08 years.

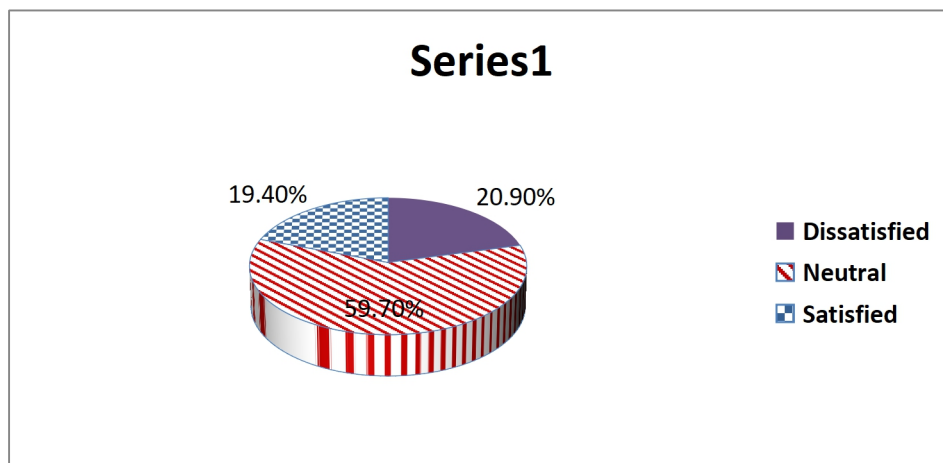


Fig 1: Distribution of the study nurse's level of job satisfaction (n=320)

Fig (1) illustrates the distribution of the studied nurse's job satisfaction level. It was clear that more than half (59.70%) of them were neutral. Only 19.40% of the nurses were satisfied and 20.90% were dissatisfied with their job.

Table 2: Distribution of the study nurses according to their performance of Non- nursing tasks (n=320)

Non – nursing tasks	Never		Sometimes		Often		Mean ± SD
	No	%	No	%	No	%	
1. Delivering and retrieving food trays	163	50.9	79	24.7	78	24.4	1.73±0.82
2. Performing non-nursing care	81	25.3	154	48.1	85	26.6	2.01±0.72
3. Arranging discharge referral and transportation (including long term care)	89	27.8	124	38.8	107	33.4	2.05±0.78
4. Routine phlebotomy/ blood draw for tests	36	11.3	82	25.6	202	63.1	2.51±0.69
5. Transporting of patients within hospital	63	19.7	89	27.8	168	52.5	2.32±0.78
6. Cleaning patient's room and equipment	21	6.6	79	24.7	220	68.8	2.62±0.60
7. Filling in for non- nursing services not available on off-hours.	92	28.8	81	25.3	147	45.9	2.17±0.84
8. Obtaining supplies or equipment	20	6.3	41	12.8	259	80.9	2.74±0.56
9. Answering phone/ clerical duties.	18	5.6	114	35.6	188	58.8	2.53±0.60
Total non-nursing tasks	Maximum score=27						20.76±3.38

Table 2 clarifies the distribution of the studied nurses according to their performance of non-nursing tasks. It's evident from the table that the five non-nursing tasks most commonly conducted by the studied nurses were obtaining supplies or equipment (2.74±0.56), cleaning patient's room and equipment (2.62±0.60), answering phone/ clerical duties (2.53±0.60), routine phlebotomy/ blood draw for tests (2.51±0.69) and transporting of patients within the hospital (2.32±0.78). As regard to total non-nursing tasks were 20.76±3.38.

Table 3: Distribution of the study nurses according to their nursing tasks left undone (n=320)

Nursing tasks left undone	No	%
1. Adequate patient surveillance	178	55.6
2. Skin care	201	62.8
3. Oral hygiene	199	62.2
4. Patient management	183	57.2
5. Comfort/ talk with patients	186	58.1
6. Educating patients and family	189	59.1
7. Treatments and procedures	177	55.3
8. Prepare patients and family for discharge	221	69.1
9. Adequate document nursing care	212	66.3
10. Administer medication on time	183	57.2
11. Develop or update nursing care plan	172	53.8
12. Planning care	198	61.9
13. Frequent changing of patient position	166	51.9
14. Pain management	158	49.4

Table 3 illustrated that the skincare (62.8%), oral hygiene (62.2%) skincare (62.8%), oral hygiene (62.2%) the most common nursing tasks left undone were preparing patients and family for discharge and adequate document nursing care 69.1% and 66.3%, skincare (62.8%), oral hygiene (62.2%), respectively. In addition, more than half of them were reported that adequate patient surveillance (55.65%), Patient management (57.2%), comfort/ talk with patients (58.1%), educating patients and family (59.1%), treatments and procedures (55.3%), administer medication on time (57.2%), frequent changing of patient position (51.9%) and develop or update nursing care plan (53.85) were nursing tasks left undone.

Table 4: Correlation coefficient between studied nurses' job satisfaction, their performance of non-nursing tasks, and nursing tasks left undone (n= 320)

Variables	Nurses' job satisfaction		performance of non-nursing tasks	
	<i>r</i>	<i>P</i>	<i>r</i>	<i>P</i>
- Performance of non-nursing tasks	-0.015	> 0.05	-	-
- Nursing tasks left undone	0.010	> 0.05	-0.216	< 0.01**

**A highly statistically significant correlation ($p \leq 0.01$)

Table 4 portrays that there was no significant correlation between studied nurses' job satisfaction, and their performance of non-nursing tasks ($r = 0.015$, $p = > 0.05$). As well as between nurses' job satisfaction, and their nursing tasks left undone ($r = 0.010$, $p = > 0.05$). While, there was a positive highly statistically significant correlation between studied nurses' performance of non-nursing tasks, and their nursing tasks left undone ($r = -0.216$, $p < 0.01$).

Discussion

In health care settings with more favorable work environments, there was a low patient-nurse ratio, few numbers of nurses performing non-nursing tasks, and left fewer undone duties **Ausserhofer et al., (2014)**. Many studies of nursing practices have clarified a relationship between non-nursing tasks (NNTs), nursing tasks left undone (NTLU), and globally it was mentioned that these factors have an effect on job satisfaction (**Bekker, et al., 2015**). So, our study aimed to investigate the relation between job satisfaction, non-nursing tasks and nursing tasks left undone among nurses at Zagazig University hospitals in Egypt.

Regarding the level of nurse job satisfaction, the result of this study also mentioned that the majority of the nurses were neutral meanwhile there was a low level of nurse job satisfaction. These findings may be due to potential stress from the workload for the studied nurses. However, the nursing career is a stressful job, this stress will duplicate if there are working in sequence, evening and night shifts (**Fallahnejad, et al., 2016**). Additionally, bodily discomfort and emotional consumption reduce employee's energy, altering performance, causing bad mood, distress, and bad feelings, and decreasing job satisfaction (**Schwendimann et al., 2016**). On the other hand, these results should be taken into consideration, because nurses almost the most significant manpower department of the health system in all countries (**Fallahnejad, et al., 2016**). Accordingly, it should be taken into consideration during the attempt to

improve job satisfaction levels among professional nurses. Respectively, **Moreover, Silva, et al (2017)** observed that was a distance between current satisfaction, the workers' expectations, and real satisfaction.

These findings agreed with **Helal (2008)**, who reported that the majority of staff nurses at Zagazig University Hospitals reported low job satisfaction in their workplace, on the other hand, this finding disagreed with **Hassona (2013)**, who reported that nearly half of the nurses have satisfactory scores concerning overall job satisfaction. Similar research by **Mehrdad et al., (2013)**, found more than half of the nurses were dissatisfied with their work. Also, they urged that improving payments and offering opportunities for advancement are the prioritized factors in improving their job satisfaction. It may be due to that the lack of job satisfaction is of the effective factors in the quilt of the nursing profession (**Fallahnejad, et al., 2013**). Furthermore, a study by **Bacha et al., (2015)**, about Job satisfaction of nursing staff in a university hospital", conducted that graduated workers who perform high school functions are more unsatisfied than those who have high school function and qualification.

Regarding the frequency of non-nursing tasks performed, the present study revealed that the five non-nursing tasks greatest frequently conducted by the studied nurses were obtaining supplies or equipment, patient's room and equipment sanitation, answering phone/ clerical duties, routine samples draw for tests, and moving patients within the hospital. These results may be due to poorly functioning

support services (Gagnon. et al., 2006). At the same, nurses completing non-nursing tasks marked a role overlap (Bekker, et al., 2015). Also, nurses play various non-nursing roles both inside and outside other healthcare provider's roles, especially as a result of their felt moral commitment to offering the best to their patients, the organization's demand to nurses, and the effect of nursing education (Grosso et al., (2019). Added to that, in a survey of managers regarding nurses' performance of non-nursing tasks, Anne, et al., (2016), found that nurses and managers expressed the need for administrative support to realign non-nursing tasks to more appropriate personnel. Poor et al.,(2016) suggested that the employment of nurses to perform non-nursing duties are issues that need more assessment and need to be adjusted. Also, Bekker et al., (2015) mentioned that explanation of nursing and supporting staff scope of practice was proposed for permitting excellent use of resources, improving a better practice environment and rising nurses' time giving to their patients.

Our finding confirms the result of another study conducted at South African Hospitals which founded that the three most commonly performed non-nursing tasks by professional nurses are answering telephones/clerical duties followed by arranging discharge referrals and transportation, then, obtaining supplies and equipment Bekker et al., (2015). These results consist of Pillay (2009), Bruyneel et al.,(2015), Scott et al.,(2012) who stated that the most frequently performed non-nursing task were the answering phones/clerical duties were reported. these results demonstrated considerable similarity with findings reported by Marven, (2016) stated that the most commonly performed non-nursing duties reported among studied nurses were answering phones, clerical duties, delivering and retrieving food trays, and take a long time for obtaining supplies and equipment including medications.

Regarding the frequency of nursing tasks left undone, the present study revealed that the most common nursing tasks left undone by the studied nurse's prepared patients and family for discharge, adequate document nursing care, skincare, and oral hygiene,

respectively. These results seemed logical because nurses tend to leave tasks more consuming their time in providing patient care. This explanation was supported by Ausserhofer et al., (2014) who emphasized that nurses prioritized patients' care immediate needs omitting time-wasting activities as psychological support. In the same respect, Bruyneel et al., (2015) found that bachelor nurses were more likely to demonstrate critical thinking skills in prioritizing patient care.

Also, our results revealed that more than half of them were reported that adequate patient surveillance, Patient management, comfort/ talk with patients, educating patients and family, treatments and procedures, administer medication on time, frequent changing of patient position and develop or update nursing care plan were nursing tasks left undone. Our finding may be due to facing a common challenge among studied nurses as a result of their workload of them. This explanation was supported by a study that found that, as workload increases, less time is available to complete nursing care or perform care in full. Hence, these results are so risky, because when care is not done or "missed", the quality and safety of patient care may be compromised workloads (Ball,et al., 2014). Especially, nurses deal with several activities within their shift in the unit such as patient treatment, registration, training, and management. While many studies in the world literature discuss problems caused by deficient nurse care due to extreme workloads of nurses and lack of nurses in turn (Schubert et al., 2012 & Ausserhofer et al., 2014)]. However, nurses stated that they lack staffs to give adequate nursing care and grieve exhaustion as a result of excessive workloads (Ball,et al., 2014) .Hence, nurses should work inhumane environments and have appropriate resting periods (Aslan et al.,2016).

Thus, our findings agreed with the results of Ball, et al. (2014) who found that nurses reported leaving four care items undone on their most recent shift. A frequently missed care item was patient surveillance, or the capacity to monitor patients for status changes. At the same line Bekker et al. (2015) found that the most common nursing tasks left undone were comfort/talk with patients, educating patients

and family, and develop or update nursing care plans/pathways. These same nursing tasks were most commonly left undone in Europe **Ausserhofer et al., (2014)**. Our results also confirm the results of **Winsett et al., (2016)** who found that the most frequently reported missed care was ambulation as ordered, medications given within a 30-minute window, and mouth care.

The present study is supported by, **(Aslan et al., 2016)** who reported that it was determined that patients who need care are not given adequate nursing care. Especially, the rate of care left undone was 1.13 times higher for nurses working ≥ 12 h **(Ball, 2017)**. In this respect, hospitals need to observe qualified health care practices during the care duration of nurses to provide advanced health service **(Aiken et al., 2013)**. The data demonstrated considerable similarity with findings reported by **Marven, (2016)**. He stated that the most common areas of missed care included comforting and talking with patients, developing and updating nursing care plans, educating patients and family, and preparing patients and families for discharge. At the same time, the present study consist of **Marven, (2016)** who found also that the care minimum likely to be left undone include attending to pain management, skincare and assessment, planning care, and performing frequent changes of patient position

Regarding the relationship between job satisfaction, non-nursing tasks and nursing tasks left undone among nurses, our findings showed a highly statistically significant positive correlation between studied nurses' performance of non-nursing tasks, and their nursing tasks left undone. These results highlight the important role of nurses' performance of non-nursing tasks on their nursing tasks left undone. This explanation was supported by **Ausserhofer et al. (2014)** who suggested that improving the work environment to reduce the amount of time spent on non-nursing tasks has the potential to reduce missed care. Our finding added to the results of **Bekker et al., (2015)** who found that only three non-nursing tasks correlated positively with nursing tasks left undone: delivering and retrieving food trays, routine phlebotomy/blood drawing for tests, and cleaning patients' rooms and equipment. Adversely, decreases in time

spent on non-nursing tasks can increase the time spent on patient monitoring and thereby avoid preventable patient decline. Thus, work efficiency is important.

At the same time, these findings also revealed that there was no significant correlation between studied nurses' job satisfaction and their performance of non-nursing tasks. As well as between nurses' job satisfaction, and their nursing tasks left undone. These findings may be pointed to a less favorable work environment of the studied nurses. Accordingly, it should be taken into consideration if we want to enhance job satisfaction levels among nurses. This explanation was supported by **Bruyneel et al., (2015)** who reported that clinical care was left undone less often in hospitals with better staffing (those who were more experienced and who worked less overtime) and with a more favorable work environment. Respectively, the Quality of work environment (nurse manager ability, leadership, good nurse-physician relationships) existed independently of peculiarities of a country's national health care system **Ausserhofer et al., (2014)**. At the same time, **Purdy, (2011)** emphasized that creating empowering work environments for nurses may effect in higher levels of quality care and less hazards for patients while at the same time improve nurses' job satisfaction.

These findings in contrast with **Kalisch et al, (2011b) & Papastavrou et al. (2013)** who reported that a decrease in job satisfaction, increase of turnover level, and intention of leaving the job may lead to neglect in nursing care. At the same line **Bekker et al. (2015)** found that job satisfaction correlated mostly and negatively with NTLU. These findings also disagree with **Bruyneel et al. (2015)** found that clinical care left undone was a mediator of the relationship between patient and nurse satisfaction.

Conclusion

Based on the results of the present study, it can be concluded that nurses were less satisfied with their job; the nurses often perform non-nursing tasks and leave some essential nursing tasks undone; there was a highly statistically significant positive correlation between studied nurses' performance of non-nursing tasks, and

their nursing tasks left undone. While there were no significant correlations between studied nurses' job satisfaction, and their performance of non-nursing tasks, as well as between nurses' job satisfaction, and their nursing tasks left undone.

Recommendation

In the light the results of the present study the nurse managers should:

- Develop and implement strategies to improve job satisfaction levels for nurses.
- Build a work environment structured to minimize nurses' performance of non-nursing tasks; this is in the form of allocating adequate and efficient support services to get rid of their workload, this, in turn, decreases the frequency of nursing tasks left undone by them.
- Clarify nurses' scope of practice to avoid role overlapping between nurses and enrolled nurses is recommended.
- Encourage the nurses to use resources effectively and manage their time to offer comprehensive care.
- Further research, can be conducted to examine other factors that affect professional nurses' job satisfaction.

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