Why Nurses Leave their Work from Governmental Hospitals to Primary Health Care Centers in Gaza Governorates

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Abstract

The study aimed to understand the factors motivating nurses to move from government-run hospitals to primary health care (PHC) centers in the Gaza Governorates. A descriptive analytical method approach was used in all 13 hospitals administered by the Ministry of Health in the Gaza Strip. A total of 105 questionnaires were distributed, representing the entire study population. The results of the study showed that the main causes of nurses' intention to leave government hospitals for PHCs in the Gaza Strip are the long work shifts, followed by the complex amount and nature of the work, and the fact that a democratic style is applied in hospitals. A statistically significant relationship exists between the work environments within certain departments. This study recommended the following, in order to reduce the rate of nurses' transitions from government hospitals to PHCs: a review and activation of job descriptions; the provision of nurse managers/supervisors with training programs on the art of management; improving the work environment, in terms of buildings and infrastructure; and improving security and patient care.

Keywords: Nurses, Gaza Governorates, PHC, Intention to Leave, Governmental Hospitals.

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لماذا يترك الممرضون أعمالهم في المستشفيات الحكومية
إلى مراكز الرعاية الصحية الأولية في محافظات غزة

الملخص

هدفت هذه الدراسة إلى فهم العوامل التي تؤدي إلى انتقال الممرضين والممرضات العاملين بالمستشفيات الحكومية إلى مراكز الرعاية الصحية الأولية، ومن أجل تحقيق أهداف الدراسة استخدم الباحث المنهج الوصفي التحليلي، كما أعدّ الباحث أداة الدراسة وهي استبانة. ولقد تم تطبيقها على مجتمع الدراسة كله، وهم الممرضون والممرضات المتقدمون بطلبات نقل من المستشفيات الحكومية – وعددها ثلاثة عشر مستشفى– التابعة لوزارة الصحة إلى مراكز الرعاية الأولية الصحية في محافظات غزة، وقد بلغ عدد المستجيبين على الاستبانة من الجنسين (105). وقد توصلت الدراسة إلى أن السبب الرئيس لرغبة الممرضين والممرضات في الانتقال من المستشفيات الحكومية إلى مراكز الرعاية الصحية الأولية في محافظات غزة يرجع إلى فترات العمل الطويلة يليه حجم وطبيعة العمل ومن ثم النمط الإداري الديمقراطي المطبق بالمستشفيات . كما أشارت النتائج إلى وجود علاقة ارتباط ذات دلالة إحصائية بين بيئة العمل والقسم الذي يعمل فيه الممرض والممرضة وكان لصالح أقسام الولادة يليه أقسام العناية المركزة. وقدمت الدراسة مجموعة من التوصيات من أهمها: مراجعة وتفعيل الوصف الوظيفي، وتوفير برامج تدريبية في فن الادارة ومهارات القيادة والتواصل الفعال لمسؤولي ومديري التمريض، وتحسين بيئة العمل من حيث البنية التحتية والامدادات اللازمة للعناية بالمرضى.

الكلمات المفتاحية: الممرضون، محافظات غزة، الرعاية الصحية الأولية، الرغبة في الترك، المستشفيات الحكومية.

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Introduction:

Health institutions are the most important components in any community. They contain multi-professional teams working together to achieve their objectives. This team includes nurses, who are essential and important professionals for the success of health institutions. Nurses are available in their health institutions 24 hours per a day, seven days a week. Nurses are in continuous direct contact and interactions with their clients. Nursing is providing protection, promotion, and optimization of health and abilities. Also assessing in prevention of illness and injury, alleviation of suffering through the diagnosis, treatment of human response, and advocacy in the care of individuals, families, communities, and populations (ANA, 2010). The nursing profession has grown significantly in recent years in the Gaza Strip. It has become an extremely important component in the health care system, consider that nurses represent the majority group among all health-care providers.

In today's health-care environment, the role of the nurse has become more complicated and linked to multiple responsibilities. Major changes taken place in health care systems globally. These changes include, but are not limited to, a shortage of nurses, shortened lengths of stay in hospitals, an increasing emphasis on cost effectiveness, downsizing of health facilities, and an increase in patients with acute and chronic diseases (Kohles-Baker, Potts, & Moore, 2000). Today, when staffing levels are reduced in hospitals, there are concerns about a decline in the quality of care because of the increased demands of workload and patient acuity (Mrayyan, 2004). Nurses are the team members who implement the healthcare plan. Only nurses possess the education, experiences, and continuous access to the patient to implement the plan of care and monitor the ongoing results of treatment. Without this implementation the plan is simply an idea on paper. Furthermore, nursing occupies a position that enables it to coordinate the services of other team members. Thus, we see the nursing profession controlling hospital bed allocation, scheduling ancillary testing, administering medication, and planning discharge. This study aimed to know the factors affecting nurses leave their work in governmental hospitals for PHC centers in Gaza governorates.

Significance of the study:

This study can provide feedback and recommendations for policy makers in the MOH to decrease this phenomenon and improve the productivity of nurses in the hospitals. On the other hand, this study is the first to address the issue of nurses leaving governmental hospitals in Palestine and advise scientific students for advanced research studies and the research experience and findings can enrich the researcher's knowledge of the nursing field and add new areas of exploration that can contribute to his career development.

The Conceptual Framework:

The conceptual framework consists of eight categories, with each contributing to nurses intentions to leave their work. The first category includes socio-demographic characteristics which will be measured by the nurses feedback on questionnaire. This domain could discuss many variables that affect nurses intention to leave, such as age, gender, income level, qualifications, position, health status, marital status, overtime, private work, and others. The second category includes the nature and quantity of work to assess the effect of job description, job satisfaction, autonomy, and the availability of enough staff with the intention to leave governmental hospitals. The third category assesses the effect of the work environment on ITL, such as lighting, ventilation, furniture, and the availability of protective equipment. The fourth category focuses on work periods and shifts and their effect on nurses intention to leave, such as working three shifts, work during vacations, and the ability to change schedules as needed. The fifth category discusses the effect of stress during work hours on the nurses desire of to leave their work such as headache, illness, communication defects, and others. The last three domains, discuss the effects of direct supervision and managerial styles on nurses intentions to leave their governmental hospital employments, according to the characteristics of the style adopted by the direct

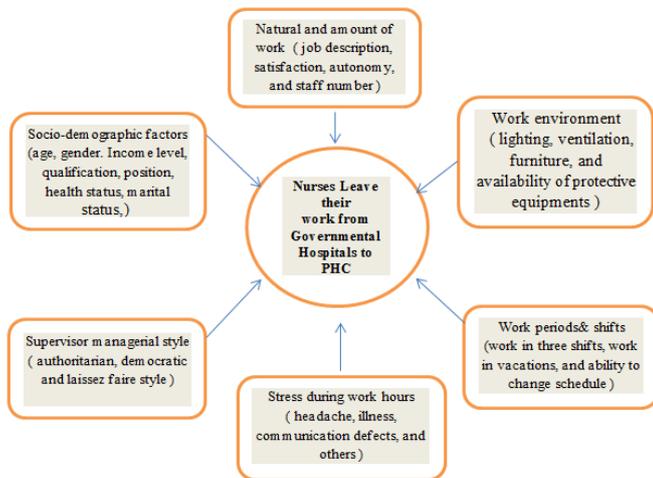manager, mainly authoritarian, democratic or laissez-faire.

Figure (1): *The conceptual framework (Self developed model)*

Literature Review:

The MOH has many nurses with different qualifications (bachelor, master & doctorate degrees, staff nurses, practical nurses, operation technicians, dental health technicians among others). The researcher works in the nursing unit (nursing directorate in the MOH), and has observed an increase in the applications from many nurses particularly females, requesting transfers from hospitals to PHC clinics. The MOH has 13 hospitals (seven general and six specialized) and 56 PHC centers distributed in all Gaza Governorates. The total number of nurses in the public hospitals is 2096, while the total number of nurses working in the PHC centers is 345. According to the civil employment law no differences exist between the nurses working in both sectors (hospitals & PHC) regarding salaries, vacations, incentives and other privileges. According to the management hierarchy of the MOH, public hospitals are administrated by General Directorate of Hospitals while PHC clinics are administrated by the General Directorate of PHC. The public hospitals are the main provider for secondary and tertiary care 24 hours services divided into unequal shifts (morning shift 7.30-14.30, evening shift 14.30-19.30 and night shift 19.30-7.30). The number of hospital inpatient beds is 1,672. In contrast the PHC centers provide primary

and secondary care in the morning and evening shifts in some areas (MOH report, 2014). The severe shortage of nursing resources affect workplace experiences, client health care, professional development, and retention. Nurses leave their jobs due to moderate to high dissatisfaction in the workplace (Liu et al., 2012), according to (Durant-Law, 2005) stated that many nurses focused on organizational and professional issues, which are major factors leading them to leave hospital work. Nurses with a high level of job satisfaction tend to stay in their job, with subsequently a better retention level (Wang, Tao, Ellenbecker, & Liu, 2012).

(Sharma et al., 2014): Occupational stress among staff nurses: Controlling the risk to health:

The aim of the study was to find the degree of work-related stress among staff nurses and the various determinants that have an impact on it. The study location was the Swami Medical Hospital, a tertiary institutions, attached to the Subharti Medical College, Meerut in India. The study, which was conducted in 2013-2014, used a cross-sectional methodology conducted with qualified nurses working in the hospital. A predesigned and pre-tested questionnaire was designed covering their socio-demographic variables in part I and their professional life stress scale in part II. All qualified nurses working in the day or night shift were covered by a consequential sampling technique; and all those who were on leave or not available at the time of data collection twice were excluded from the study. Thus, the total sample size of the study comprised of 100 staff nurses. The main nurses' occupational stressors were poor doctor's attitude, posting in busy departments (emergency/ICU), inadequate pay, too much work, and so on. Thus, hospital managers should initiate strategies to reduce the amount of occupational stress and provide more support to the nurses to deal with the stress.

(Ito, Eisen, Sederer, Yamada, & Tachimori, 2014): Factors Affecting Psychiatric Nurses' Intention to Leave Their Current Job:

The researchers aimed to examine the psychiatric nurses' ITL in relation to their perceived risk of assault, their job satisfaction, and their supervisory support. The study Focused on 27 psychiatric hospitals in Japan, consisting of 1,494 nurses, and

with a response rate of 76.5%. Of the respondents, 44.3% intended to leave their job for another one, and 41.3% had experienced an assault in the past year. The results of this study indicated a significant positive correlation with ITL and nurses who perceived high risks in their work conditions, such as the probability of assault, while nurses with a high level of job satisfaction, and who felt supported by their supervisors had a low ITL and an increased retention level. In addition, organizational efforts are necessary to improve working conditions for staff and, consequently, improve the quality of patient care.

(Z. C. Chan, Tam, Lung, Wong, & Chau, 2013): On nurses moving from public to private hospitals in Hong Kong:

The researchers aimed to explore the factors affecting nurses intention to leave general hospitals for the private sector. They used a qualitative analytical design and semi-structured interviews with nurses who left public hospitals to private agencies. After the interviews, the researchers divided the resulting factors into five issues, according to the nurses' responses: life in a public hospital, life in private hospitals, future plan, decision making, values and attitudes. The study concluded that the major significant factors influencing nurses to leave general hospitals for private sector are job satisfaction and demographics. The results have relevance for hospital management with regard to strategies to consider when addressing the issues of staff retention and recruitment.

(Mosadeghrad, 2013): Occupational stress and turnover intention: implications for nursing management:

The aim of the study was to determine the level of occupational stress among nursing personnel in Isfahan (Iran), identify the factors that influence nurses' occupational stress, and examine the relationship between occupational stress and nurses' turnover intention. The study used a cross-sectional, descriptive, and correlational design for six hospitals in Isfahan: three hospitals for the MOH, one social security organization, and two private hospitals. Thirty questions were included in the occupational stress questionnaire. Respondents were asked to rate the intensity of the 30 common occupational stresses

using a five-point scale (very low, low, medium, high, very high). Data collection was undertaken in September 2008, a 316 nurses were involved in this study with an 85% response rate. Of the participants, 75% were female and married, 61.9% held a bachelor degree, 34.9% perceived their job as extremely stressful, and the age of the participants ranged between 21-65 years old. All data were analyzed using the SPSS-11, and the results indicated that one third of Iranian hospital nurses have high levels of occupational stress. The major sources of occupational stress cited were inadequate pay, inequality at work, too much work, staff shortages, lack of promotions, job insecurity, and lack of management support. More than 35% of the nurses stated that they would consider leaving the hospital, if they could find another job opportunity. Occupational stress was positively associated with nurses' turnover intentions. Thus, hospital managers should initiate strategies to reduce the amount of occupational stress among the nurses, including providing more support to the nurses to deal with the stress.

(Hariri, Yaghmaei & Shakeri, 2012): Assessment of some factors related to leave in nurses and their demographic charater in educational hospitals of Shahid Behesthi University of Medical Sciences:

The researchers aimed to assess some factors related to leave nurses leaving their jobs and their demographic information in educational hospitals in the Shahid Behesthi University of Medical Sciences. The researchers used a descriptive correlative study and distributed a questionnaire to 350 randomly selected nurses in 12 teaching hospitals during their rest times on various shifts. After collecting data from the questionnaires, researchers analyzed the data using SPSS-16. The results showed that 88% of the participants were female, 92% held a bachelor degree in nursing science, the age range was between 23-57 years old, and 48.3% worked in the medical surgical ward. The study found a significant negative correlation between age and ITL, and a significant correlation between organization level and shifts. This study recommended that nurse turnover be given more attention to eliminate the ITL of nurses.

(Simon, Müller, & Hasselhorn, 2010): Leaving the organization or the profession–a multilevel analysis of nurses' intentions:

This paper examined the intention of nurses to leave the profession as well as the organization. A secondary data analysis was applied to data from 2,119 RNs from 71 departments in 16 German hospitals. Intention to leave the profession were strongly associated with personal background and the work/home interface, whereas for the organization ITL was related to leadership style. The findings suggested that the quality of leadership style specially influenced respondents decisions to leave their organizations.

(Ma, Lee, Yang, & Chang, 2009): Predicting Factors Related to Nurses' Intention to Leave, Job Satisfaction, And Perception of Quality of Care In Acute Care Hospitals:

The aim of this paper was to determine the main factors affecting nurses' intentions to leave Taiwan hospitals. More than one-third of the nurses participating in this study considered leaving their current job. Approximately 71.5% of the respondents who expressed their ITL were single with no children. The study also found that nurses who worked the evening shift (33.7%) and night shift (21.6%) were more likely to indicate their ITL. The results showed that age, working evening shifts, and the level of job satisfaction were significant in predicting whether or not nurses intend to leave their current job. The findings can help hospital administrators and nursing leaders to develop strategies that minimize nurses' ITL.

(M. F. Chan, Luk, Leong, Yeung, & Van, 2009): Factors influencing Macao nurses' intention to leave current employment:

The aim of the study was to investigate factors associated with nurses ITL their current employment in Macao. The study used a descriptive survey design and data were collected using a self-reported structured questionnaire. Nurses were recruited from the Health Bureau and one private hospital in Macao. The status of nurses' ITL their current employment (yes or no) was the dependent variable, and nurses' predisposing characteristics, organizational environments and five components on job satisfaction outcomes were independent

variables. The results showed that age, work experience, workplace, job satisfaction, pay and benefits were significant risk factors to predict nurses' ITL their current employment. More than one-third of the nurses in Macao indicated an ITL. This phenomenon may be a cause of concern for hospital management and highlights the need to implement strategies to improve the communication between nurses and the organization, to enhance nurse retention in current employment.

(El-Jardali, Dimassi, Dumit, Jamal, & Mouro, 2009): A national cross-sectional study on nurses' intent to leave and job satisfaction in Lebanon: implications for policy and practice:

The aim of this study was to determine the extent of nurses' ITL, and to examine the impact that job satisfaction has on influencing nurses to leave their current hospital and their country. A cross-sectional design was used to survey nurses currently practicing in Lebanese hospitals. A total of 1,793 nurses employed in 69 hospitals was surveyed, descriptive statistics were conducted on the sample's demographic characteristics including gender, age, marital status and educational level. Working hours and shifts have a significant influence on the turnover intention of nurses. A common predictor of intent to leave the hospital and the country was dissatisfaction with extrinsic rewards. Other predictors included age, gender, marital status, degree type, and dissatisfaction with scheduling, interaction opportunities, and control and responsibility. The findings suggest the importance of developing nurses scheduling conditions to improve their retention, as nurses need flexible schedules and appropriate working hours.

(Iipinge et al., 2009): policies and incentives for health worker retention in east and southern Africa: Learning from country research:

This research aimed to investigate the causes of migration among health professionals in Swaziland, Zimbabwe, Tanzania, Kenya, as well as the strategies used to retain health professionals, and how they are being implemented, monitored, and evaluated. The researchers employed a cross-sectional survey using focus group discussions at the different health sector levels in those countries. The researchers concluded that non-financial incentives

were an appropriate response to enhance the push factors for the health workers' movement, including the improvement of poor work environments and conditions, poor communication, inadequate supportive management, heavy workloads, and inadequate recognition. Nonfinancial incentives are comparative to financial incentives to some degree.

(McCarthy, Tyrrell, & Lehane, 2007): Intention to 'leave' or 'stay' in nursing:

The aim of this study was to investigate registered nurses' intentions to stay or leave employment. A cross-sectional quantitative design was used. A questionnaire was randomly distributed to 352 RNs at 10 hospitals in the Republic of Ireland. Among the nurses with the ITL, 92% were female, which formed 97% of the study sample. In addition, 23% of the study participants expressed an ITL. Of these, 77% were aged between 21 and 35 years old. Almost 60% of the nurses who expressed turnover intention were single, and 22% of the 352 participants who held a bachelor degree indicated an intention to leave their current employment. Intent to leave has serious implications for workforce planning. Investigating the impact of focused interventions in relation to current responsibilities may be key retention strategies for nurse managers.

(Lynn & Redman, 2005): Faces of the Nursing Shortage: Influences on Staff Nurses' Intentions to Leave Their Positions or Nursing:

The research aimed at examining the relationship between organizational commitment, job satisfaction, and nurses ITL their current position or profession. Nursing satisfaction with the quantity of their work was considered the second line of defense in organizations that adopt employee retention strategies. A heavy workload may influence the productivity of RNs, and in turn, affect the service quality. It is important for health organizations to manage and reduce workloads if they wish to retain their nurses.

(Reeves, West, & Barron, 2005): The impact of barriers to providing high-quality care on nurses' intentions to leave London hospitals:

This study aimed to examine the impact of nurses' perceived barriers to delivering high-quality patient care on their intentions to leave their current employers. The questionnaire, which was distributed

to 6,160 nurses directly employed by 20 London hospitals, asked nurses to report on experiences in their working lives and to state their intentions to leave or stay with their current employer. After approximately three years, mainly due to inadequate resources, nurses report more problems in both nurse-centered and patient-centered dimensions, and are more likely to intend to leave their current employers. Satisfaction with pay and the cleanliness of work areas are also important factors. The findings suggested that employers who want to keep their nurses from moving to other hospitals need to find ways to provide them with a high quality work environment.

(Al-Aameri, 2003): Source of job stress for nurses in public hospitals:

The research aimed to assess the different sources of job stress for nurses in a number of public hospitals in Riyadh city, Saudi Arabia. The researcher used a questionnaire distributed to 424 nurses working in different public hospitals in 2002. Validity and reliability were examined and the score of Cronbach's alpha score was found to be .92. Six possible sources of job stress for nurses were identified, including organizational structure and climate, the job itself, managerial role, interpersonal relationships, career and achievement, and homework interface. The major sources of stress were the first three factors, but views were mixed on the last three. Public hospital managers must deal with these and other stresses and manage them more constructively in a way that positive consequences will be maintained, and negative ones will be eliminated. There are many strategies for coping with job stress that managers should adopt.

(Rambur, Palumbo, McIntosh, & Mongeon, 2003): A statewide analysis of RNs' intention to leave their position:

The aim of the study was to examine the effect of demographic factors on the intentions of 4,418 nurses to leave their positions in an American hospital. A secondary analysis of RN relic ensure surveys was done (response rate = 85%). The turnover intention among RNs who worked 30 hours or less per week was less than nurses who worked full time (36-40 hours). RNs who worked 30 hours or less per week may have had more free time for

rest and for their personal lives, so they could care for themselves, their families, relatives, and friends. Tackling nurse dissatisfaction in order to improve retention will require increased attention to compensation, education, and career development and flexibility.

(Tzeng, 2002): The influence of nurses' working motivation:

The research aimed to find links between nurses job satisfaction and outcomes and their work environment with the work characteristics known for nursing executives. The study was focused on nurses working in three hospitals located in southern Taiwan. The overall response rate was 82% (648 completed questionnaires). Data were entered and processed by using the SPSS. All participants were female, 26 years old, with more than 2.5 years of tenure on average. About 29.3% were married, divorced, or separated. Only about 4.6% of the participants had a bachelor, master or higher education degree. The result of this study proved that significant predicators of nurses ITL were general job satisfaction, job happiness, satisfaction with salary, promotion, and the institution, educational background, and the age of the nurses youngest child. Suggestions for future studies and administrative strategies to decrease nurses ITL were discussed.

(Shader, Broome, Broome, West, & Nash, 2001): Factors Influencing Satisfaction and Anticipated Turnover for Nurses in an Academic Medical Center:

The researchers aimed to examine the relationships between work satisfaction, stress, age, cohesion, work schedule and anticipated turnover in an academic medical center in the US. The researcher followed a cross-sectional survey design using a self-administered questionnaire, with 241 RNs and nursing managers from 12 units in an academic medical center. This study concluded that weekend overtime was the second most significant predictor of turnover intention, after work satisfaction. The model included the following variables: work satisfaction, weekend overtime, job stress and group cohesion.

(E. Y. Chan & Morrison, 2000): Factors influencing the retention and turnover intentions of registered nurses in a Singapore hospital:

The aim of this study was to explore the main factors influencing nurses to leave or stay in Singapore hospitals. A descriptive study explored some demographic and work related factors which influenced the retention and turnover intentions of RNs in a major hospital in Singapore. Using convenience sampling, 120 respondents were selected, and a self-reported questionnaire was used. The results showed that a significantly higher proportion of RNs with 2–4 years of experience are likely to leave compared to novice nurses (2 years or less) or those with 6–10 years of experience. Nurses with 2–4 years of experience as RNs are expected to carry out more tasks and handle greater workloads than novice nurses; thus, the reward may be misaligned with the tasks, responsibilities, and workloads. This experience may create a sense of disappointment for nurses with their working life, resulting in burnout and turnover. Many leavers mentioned reasons such as inadequate staffing, poor salary and welfare as primary influences on their ITL. Recommendations for management were made to assist in the retention of these RNs in the future.

Methodology:

The descriptive analytical approach was followed to conduct the research. There are 2,096 nurses working full time in 13 governmental hospitals in Gaza Governorates of the Palestinian MOH. Of this group, 108 nurses have transfers to governmental PHC centers between January 2013 and December 2014. The researchers checked all nurses who working in hospitals with different manager line, qualification, gender, age and other are requested to move to governmental primary health care centers in Gaza Governorates with at least one year experience in governmental hospitals. The study was conducted during the period from February 2015 to June 2015, including questionnaire design, experts opinion, pilot study, data collection and analysis. The research considered and adopted the self-reporting structured questionnaires for data collection, questionnaire included seven domains: socio-demographic data, health status, workload,

nature of work, work environment, work shifts, and managerial styles of direct supervisor, and consisted of closed-ended questions on a 10-option decimal scale from 10, strongly agree, to 1, strongly disagree. When the participant chooses a number nearer to 1, this implies disagreement, while choosing a number nearer to 10 implies agreement.

The pilot study was conducted by the researchers prior to data collection by using a sample of 25 participants selected randomly (17 female and 8 male) from different hospitals. It was conducted to examine the response rate and clarity of the questionnaire. The response rate was 100% and the questionnaire was finalized, and included in the study. The accepted number of the questionnaire was 105. This step was followed by designing an entry model using the statistical package for social science (SPSS).

Validity & Reliability:

For the purpose of ensuring validity, the researchers submitted the questionnaire to experts in the field to judge face and content validity. Their suggestions were considered. To check internal consistency, the researchers calculated the correlation between each statement and the corresponding field. The p-values (Sig.) are less than 0.05, so the correlation coefficients of all paragraphs are significant at $\alpha = 0.05$, so it can be said that all paragraphs of each field are consistent and valid to be measure what it was set for. Table (1) shows, the values of Cronbach's Alpha for each field of the questionnaire and the entire questionnaire. For the fields, values of Cronbach's Alpha were in the range from 0.537 and 0.928. Cronbach's alpha equals 0.8 for the entire questionnaire, which indicates good reliability of the entire questionnaire.

Table 1	Cronbach's Alpha for each field of the questionnaire	
No.	**Field**	**Cronbach's Alpha**
1.	Amount and nature of work	0.728
2.	Work environment	0.663
3.	Work shifts	0.537
4.	Work pressure	0.810
5.	Autocratic style	0.909

No.	Field	Cronbach's Alpha
6.	Democratic style	0.928
7.	Laissez-faire style	0.705
ALL independent variables together		0.800

Results and Discussion:

As shown in Table (2), the majority of the study population were female, 77.1% of the study population, while males represented 22.9%.

Table 2	Distribution of gender	
Gender	**N**	**%**
Male	24	22.9
Female	81	77.1
Total	105	100.0

The majority of the study population, were less than 35 years old, representing 57.2%, followed by 29.5% between 35–44 years old, and 13.3% were 45 years old or more. The majority of the study population, were married, representing 89.5%, while 5.7% were divorced or widowed. RNs with a bachelor degree, representing 40.0%, followed by practical nurses representing 37.1%. The bachelor or master's degree has majority of population representing 48.5%, followed by those who have a two-year diploma representing 41.0%. Table (3) shows, the majority of respondents lived in the Mid-zone campus, representing 33.3%, followed by Gaza City, Khanyounis, and North Gaza, respectively, at 24.8%, 20%, and 16.2%. The fewest participants, 5.7%, lived in Rafah.

Table 3	Distribution of residency	
Residency	**N**	**%**
North Governorate	17	16.2
Gaza Governorate	26	24.8
Mid Governorate	35	33.3
Khanyounis Governorate	21	20.0
Rafah Governorate	6	5.7
Total	105	100.0

As shown in Table (4), the majority of the study population worked in the pediatric ward representing 29.5% followed by surgical and maternity/gynecology wards were represented by 23.8% and 21%, respectively.

Table 4 *Distribution of department*		
Department	**N**	**%**
Pediatrics	31	29.5
Surgical	25	23.8
Maternity/ gynecology	22	21.0
Medical	11	10.5
ICU / CCU	10	9.5
Emergency room	6	5.7
Total	105	100.0

The income level of most of the respondents was more than 2,293 NIS, representing 45.7% of the study population. The majority of the study population, representing 96.2%, had not practiced private work.

Table (5) shows, the strongest domain is the third domain, which shows a relationship between work shifts and nurses leaving their work. This result was highly consistent with previous studies which revealed a strong positive relationship between work shifts and the level of ITL. Stimpfel, Sloane, and Aiken (2012) revealed that nurses working shifts of 10 hours or longer were up to two and a half times more likely than nurses working shorter shifts to experience burnout and job dissatisfaction and to intend leaving the job. This result also concurs with Almalki (2012), who showed that increased working hours without rest time, nursing staff shortages, and increased non-nursing duties may lead to an increase in ITL among registered nurses. Also, this result is consistent with Mosadeghrad (2013), who showed that nurses with too many work periods were influenced to leave

their jobs in Iranian hospitals if another job became available. This result could be explained by the fact that most families in the Gaza Strip have six sons or more, and the wife is overloaded with family activities after their workload. In the Palestinian culture, the wife is seldom helped with household duties, especially washing, cooking, cleaning, and there is an unfair distribution of shifts. The social culture conforms to the nuclear family, and a barrier exists for female nurses to adapt to family activities, childcare and husband. Female nurses try to leave for PHC centers to maintain morning shifts, which adapt well with family activities. If they do not make the transition, divorce is possible.

Following the third domain, the amount and nature of the work mainly affect nurses deciding to transition. The workload in secondary care is much greater than the workload in primary care. Shortages of manpower in MOH hospitals and unclear job description lead to increased nursing duties. Consequently, the majority of nurses who request leave are female where these factors play a role in ITL in hospitals. The third domain that affects nurses deciding to leave is the lack of a democratic style. By the nature of nursing work, centralization is needed and assertiveness is required to maintain punctuality and control nurses' behaviors. Nearly half of the study population have a bachelor degree or higher, with expectations in this group of becoming a senior or head nurse. However, unclear criteria to select nurses in managerial positions and biases in the distribution of nursing duties and shifts may appear.

Table 5 *Comparison between domains (N=105)*					
#	**Domain**	**Rank**	**Mean**	**SD**	**Percentage**
1	Amount and nature of work	2	6.164	1.398	61.64
2	Work environment	5	5.796	1.887	57.96
3	Work shifts	1	6.703	1.746	67.03
4	Work pressure	4	6.119	1.903	61.19
5	Autocratic style	6	5.795	2.331	57.95
6	Democratic style	3	6.134	2.580	61.34
7	Laissez-faire style	7	4.683	1.675	46.83
Overall average			5.908	0.875	59.08

Table (6) showed, there are statistically significant differences at 0.01 in the amount and nature of work between males (M = 53.583) and females (M = 64.024) in the intentions of female

subjects, P value = 0.001. There are statistically significant differences at 0.01 in the work shifts between males (M = 28.833) and females (M= 34.901) in the intentions of female subjects, P value

=0.002. There are statistically significant differences at 0.01 in the democratic leadership style between males (M = 35.750) and females (M = 53.024) in the intentions of female subjects, P value = 0.000. The significance of these results, which are compatible with the main domains that affect intentions to leave, could be explained by the Arabic culture in which females are highly responsible for family activities, much more than males, in all life aspects, and in general, females favor assertiveness and decision making by others. The other four domains have non-significant results, which could be explained by both genders are working in the same environment and are under the same pressure, while autocratic and laissez-faire styles have no direct effect in relation to gender. In the Arabic culture, there is more of a need for more power to demand punctuality and control people's behaviors, regardless of gender.

Table 6 *T test of the fields and their p-values for gender*						
Domains	**Gender**	**N**	**Mean**	**S. deviation**	**T**	**P value**
Amount and nature of work	Male	24	53.583	15.511	- 3.369	0.001*
	Female	81	64.024	12.639		
Work environment	Male	24	31.791	11.624	- 1.480	0.142
	Female	81	35.666	11.155		
Work shifts	Male	24	28.833	8.957	- 3.111	0.002*
	Female	81	34.901	8.221		
Work pressure	Male	24	50.166	13.998	0.443	0.659
	Female	81	48.592	15.642		
Autocratic	Male	24	43.666	18.331	1.058	0.292
	Female	81	39.654	15.684		
Democratic	Male	24	35.750	19.911	- 3.830	0.000*
	Female	81	53.024	19.258		
Laissez-faire	Male	24	33.916	14.919	0.538	0.592
	Female	81	32.444	10.695		

* Correlation is significant at the 0.05 level

Table 7 shows, there is a statistically significant difference between the second domain (the relationship between work environment and nurses leave) and different departments at F = 2.580 and P value = 0.031. This result is consistent with Sharma et al. (2014); this agreement is explained by the nursing work environment differing from one department to another, the availability of supplies, productive equipment, crowded, closed areas, ventilation, and the hazard of nosocomial infection. Maternity and obstetric departments, which are female dominant, mainly affect nurses' ITL, followed by ICU/CCU. These wards have high blood contamination, are mainly closed areas, need more attention and frequent follow ups, and are overloaded, while males are dominant in the emergency room (ER).

Table 7 *ANOVA test of the fields and their p-values for department*					
Domains	**Department**	**N**	**Mean**	**F**	**P value**
Amount and nature of work	Surgical	25	56.920	2.134	0.068
	ICU/CCU	10	62.000		
	Medical	11	65.090		
	ER	6	49.833		
	Pediatric	31	63.645		
	Maternity	22	65.500		
Work environment	Surgical	25	34.120	2.580	0.031*
	ICU/CCU	10	40.000		
	Medical	11	33.272		

	ER	6	27.833		
	Pediatric	31	31.677		
	Maternity	22	40.181		
Work shifts	Surgical	25	34.240	1.417	0.225
	ICU/CCU	10	32.300		
	Medical	11	34.727		
	ER	6	29.500		
	Pediatric	31	31.322		
	Maternity	22	36.818		
Work pressure	Surgical	25	44.280	0.818	0.540
	ICU/CCU	10	52.400		
	Medical	11	52.636		
	ER	6	52.333		
	Pediatric	31	48.419		
	Maternity	22	50.681		
Autocratic	Surgical	25	42.960	0.501	0.775
	ICU/CCU	10	45.600		
	Medical	11	40.909		
	ER	6	41.833		
	Pediatric	31	38.290		
	Maternity	22	38.272		
Democratic	Surgical	25	47.080	0.400	0.848
	ICU/CCU	10	44.000		
	Medical	11	48.272		
	ER	6	44.666		
	Pediatric	31	50.838		
	Maternity	22	52.772		
Laissez-faire	Surgical	25	31.320	0.248	0.248
	ICU/CCU	10	33.400		
	Medical	11	34.545		
	ER	6	36.500		
	Pediatric	31	32.216		
	Maternity	22	32.636		

* Correlation is significant at the 0.05 level

In order to investigate nurses' perceptions regarding the leave concept, the participants were given 10 causes that may affect what is going on in their minds about the intention to leave governmental hospitals. The researchers instructed them to rank these causes according to their conceptions and feelings; thus, what makes them feel a high intention to leave level should be given grade one, while the cause that is less important should be given grade two, and so on until grade 10 (they could chose only one statement). Also, the researchers gave them a space to formulate a new cause that reflected their opinion, and which was not presented in the questionnaire The final rankings of the participant's choices are shown in Table 8.

By a mathematical operation of the different choices among the 10 causes (as different participants would each rank the individual causes differently), the researchers calculated the mean score of each cause, using grades from 1 to 10 throughout all the questionnaires, and then calculated the percentage result, before making the final ranking as illustrated in Table 8.

Clarification of the results is as follows: 82.38% of the participants gave a grade of one to "Family-related causes"; this result may reflect, in the same way as the study population, that the respondents are

mainly female nurses who have a high workload in the home, difficulty adapting to irregular shifts, and the pressure of nature nursing field.

The cause, "working hours," was given the grade of two with a percentage of 60.09%; thus, you can see that the participating nurses ranked working hours as a second cause for nurses leaving. This grade is consistent with the work shift domain that mainly affects nurses ITL in relation to gender, and the study population of mainly female nurses.

Cause	Rank	Mean	Percentage
Family related causes	1	2.761	82.38
Working hours	2	4.990	60.09
Work environment	3	5.295	57.04
Work overload	4	5.352	56.47
Nature of work	5	5.438	55.61
Level of job satisfaction	6	5.523	54.76
Job security	7	5.790	52.09
Distance between home and workplace	8	6.057	49.42
Social and cultural environment	9	6.857	41.42
Supervision and administration	10	6.885	41.14

Table 8 *Ranking of causes of intention to leave hospital work*

Conclusion:

This research concludes the following for the Palestinian MOH in the Gaza Strip and can be studies for all nursing colleges:

1. There are statistically significant differences in the amount and nature of work related to gender, mainly female.
2. There are statistically significant differences in the work shift/period related to gender, mainly female.
3. There are statistically significant differences in the democratic leadership style related to gender in the intentions of female subjects.
4. There is no statistical relationship between age of the study population and any domain of nurses' intentions.
5. There is a statistical relationship between the work environment related to department, mainly the maternity and obstetrics department, followed by the ICU/CCU.
6. There are no statistical differences between marital status, number of children, job title, qualification, hospital, health status, availability of private work, monthly income level, and all domains.

Recommendations:

In light of the study results, the researchers suggested the following:
- Review and activate job descriptions to reduce workloads and any non-nursing duties.
- Reduce daily working hours especially night shifts to allow nurses to look after their families, convert work shifts to seven hours mornings, seven hours evenings and ten hours nights.
- Provide 24-hours care service for the children of nurses during work shifts.
- Improve the compensation system of basic salary, incentives, bonuses, annual vacations and family leave for nurses especially in closed departments.
- Provide an adequate number of nurses, ensuring an equitable distribution of the current nursing workforce.
- Provide nurse managers/supervisors with training programs on the art of management, leadership and communication skills.
- Improve the working environment in terms of buildings and infrastructures, security and supplies for patient care.

Suggested further studies:

- Conduct more studies about the assessment of nurses leave and turnover as this a play a fundamental role in job satisfaction, retention, performance and quality of care.
- Conduct further studies about other relative factors affecting nurses leaving their work in governmental hospitals.

- Conduct studies about how to promote nurse retention in the current profession, organization, and department.

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