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Health care Facilities, Staff Nurses' Well-being and Performance in the Central Qinayate Hospital

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Abstract There is an increase of awareness and application of quality healing environment for better wellbeing and performance. It is proved that staff nurses wellbeing increased, satisfied with their job and the rate of nurses' performance also increased when nurses worked in better environment. **The aim**of the present study was to assess health care facilities, staff nurses' wellbeing and performance in the central elqinayate hospital.**A Descriptive design**was utilized with all available staff nurses working in the central elqinayate hospital .**Tool of data collection**:three tools **1)**patient and staff calibration tool kit **2)** wellbeing tool **3)** performance observation checklist. **Results** there was significance relationship among health care facilities, staff nurses 'wellbeing and performance in the central elqinayate hospital and about more than half of nurses had high level of wellbeing and half of them had competent level of performance. **Conclusion**there was a statistically significant relationship among health care facilities, wellbeing and performance among staff nurses As well, staff nurses were satisfied with health care facilities. In addition, about more than half of nurses had high level of wellbeing and half of them had competent level of performance.**Recommendation** the hospital administration should focus on development of nurses' training schedule in order to increase their technical skills and improve nurse performance , The hospital administration should focus on developing a system of communication between hospital administration and nursing staff to give chance to nurses to share in work problems and put their opinions into consideration to enhance work satisfaction.
Key words: health care facilities, wellbeing, performance and staff nurses**.**

Introduction

It is the natural phenomenon that every human in the world perform well when he/she is satisfied in his or her life and this satisfaction comes through benefits and rewards which they receive from their working environment .Nurses can only render quality services if work environment provides conditions that support nurses. Positive work environments are important in achieving patient and nurse safety, quality care and favorable patient outcomes. So nurses who satisfied with working environment help achieve hospital goals as well as improve the overall productivity of the hospital [(1).]The nursing professional practice environment is defined as the organizational properties that facilitate or constrain the nursing professional practice. To create a positive practice environment appropriate support is needed to attract and retain nurses so that positive consequences can be achieved for patients and a nurse's satisfaction[(2).]Well-being is one of the most important factors in whether nurses decide to remain in the nursing profession so, health promotion is paramount for the well-being and studying its conditioning is part of a process of understanding the evolution of factors that interact with human development[(3).]Wellbeing is fulfillment, positive functioning, satisfaction with life, the presence of positive emotions, and the absence of negative emotions

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[4] Nurses with a healthy lifestyle and healthy work environment reportedly provide quality nursing care. Furthermore, engaging in health-promoting behaviors and maintaining a healthy lifestyle can promote physical and mental health and, in turn, improve functional ability. Consequently, these positive outcomes increase working efficiency, which may have led to improved nursing performance quality[5]. The performance of the nurse is necessary to meet the increasing demands and quality care of the patients to maintain the credibility of health care settings. Nurses‟ performance depends upon their knowledge and skills, which is only possible through good education and quality experience[6]. Job performance is known as important element in determining organization's outcomes Similarly, in hospital setting, job performance of nurses is regard as central topic since nurses' attitudes and behaviors. Job performance defined as actions that can be altered, behavior and product that contributed to organization's objective.[7]Performance defined as the quality and quantity of work done by nurses and groups after performing a task. Performance refers to the outcome of any organizational activity over a specified duration .[8]Performance is the capacity of nurse to perform activities that contribute to the growth of the technical core of the organization. Meanwhile, Performance is a phase where particular work is accomplished. It implies job performance is a phase of achievement as an accomplishment of the organization's job by nurse. Job performance extremely impacted by the three major elements: organizational support, skills or efficiency of leadership and job performance of each employee who works at the organization.[9]Identifying health care facilities related to healthy work environment ,nurse wellbeing , nurse performance and relation among them is required for effective quality ,fewer constrains ,achieving hospital goals , increasing productivity and effective team work among nurses .

Significance of the study

In light of the current challenges resulting from rapid changes and developments in various areas. Hospitals of all kinds have sought to achieve the distinction that ensures survival and continuity. Hospitals aspire to the highest levels of performance and improve wellbeing of staff nurses. The poor and unfavorable conditions of the work environment and the psychological pressures on the staff nurses in the work environment have negative effects on the motivation of the nurses towards work, as well as the many psychological and health problems of the staff nurses, tension in relations between staff nurses and frequent absence. There is no scientific research in Egypt that studies the relationship among the three variables (health facilities, staff nurses' wellbeing and performance). In this study the researcher studied the relationship among the health facilities, staff nurses' wellbeing and performance. As staff nurses' wellbeing reflect on performance in the light of providing good working environment.

Aim

The present study aimed to assess health care facilities, staff nurses' wellbeing and performance in the central Qinayate hospital.

Research questions

1-What are the health care facilities in the central Qinayate hospital?
2- What is the level of staff nurses 'wellbeing in the central Qinayate hospital?
3-What is the level of staff nurses' performance in the central Qinayate hospital?
4- Is there relationship among health care facilities, staff nurses 'wellbeing and performance in the central Qinayate hospital?

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Methodology

Design

A Descriptive design was used for the study.

Setting

The study was conducted at El Qinayate Hospital affiliated to Ministry of Health in Egypt.

2.3Subjects:

A convenient sample of staff nurses at time of data collection (150) from El Qinayate Hospital and agreed to participate in the present study.

Instrument

A questionnaire sheet was used to collect data for this study which was consisted of three tools:

Tool 1:A Staff and Patient Environment calibration tool: It was developed by **DH Estates and Facilities**[(10)]To assess the design quality of health facilities in the central Qinayate hospital This tool divided into two parts:

Part one: Composed of personal and job data which includes (name, age, gender, marital status, educational level and year of experience).

Part two*:* It included (46 statements) and which divided into eight categories as follow:

Privacy dimension (5 statements) Views dimension (5 statements) Nature and outdoor dimension (3 statements) Comfort and control dimension (6 statements) Legibility of place dimension (6 statements)

Interior appearance dimension (8 statements) Facilities dimension (7 statements) Staff dimensions (6 statements).The questionnaire scored by six-level Likert scale as: 6: complete agreement, 5: strong agreement, 4: fair agreement, 3: little agreement, 2: hardly any agreement and 1:no agreement. the average Likert score for health care facilities is calculated by summing up all the scores of eight dimensions in the questionnaire and the total sum will subsequently divided by the total number of items(46).**Scoring system of this tool :**Average Likert score for health care facilities divided to the following level:

No agreement range from 1 to 2.67

Fair agreement range from 2.68 to 4.35

Complete agreement range from 4.36 to 6.

***Tool 2*:** well-being tool was developed by **Parker &Hyett**[(11)]which used to assess wellbeing of staff nurses working in the central qinayate hospital. It composed of (31 statements) and which divided into four categories as follow:

Work satisfaction dimension(3statements), Organizational respect for the employee dimension (15 statements), Employer care dimension (6 statement**s)** and Intrusion of work into private life dimension (7 statements). The questionnaire scored by five point Likert scale as : 0:not at all , 1:slightly, 2:moderately, 3:very and 4: extremely true. the average Likert score for staff nurses' well-being is calculated by summing up all the scores of domains in the questionnaire and the total sum will subsequently divided by the total number of items(31).

Scoring system of this tool: Average Likert score for Staff nurses' well-being divided to the following level:

low range from 0 to 1.59

Moderate range from 1.6 to 2.39

High range from 2.4 to 4

Tool 3:Nurses' Performance Evaluation (Observation Checklist) was developed by **Cobb, [(12)]** which used to evaluate nurse performance in the central Qinayate hospital. it consists of 60 statements which divided into four categories as follow : Expected hospital behavior dimension including (Courtesy, Respect, Communication, Comfort , Responsiveness, Team work and Professionalism) consisted of (25 statements),Nursing process dimension including

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(Assessment, Diagnosis, Implementation, Evaluation and documentation) consisted of (18 statements) , Quality of care dimension (13 statements) and Education dimension (4 statements). The score given on a five-point Likert scale as: 5; Outstanding, 4; Exceeds expectations, 3; Competent, 2; Needs improvement and 1; Unacceptable . The average Likert score for nurse' performance is calculated by summing up all the scores of domains in the questionnaire and the total sum will subsequently divided by the total number of items(60).
Scoring system of this tool: Average Likert score for nurse' performance divided to the following level:
Need improvement range from 1 to 2.59
Moderate range from 2.6 to 3.39
Competent range from 3.4 to 5

Field Work

Field work of this study was executed in four months, from December 2019 to march 2020 .Researcher met the respondents during three shifts to distribute the questionnaires. During these meetings, Researcher explained the purpose of the study and how to complete the questionnaires, and assured the respondents of the anonymity of their answers, that the information would be used for scientific research only, and would be kept entirely confidential. The respondents filled out the questionnaires sheets individually and took 20–30 minutes to complete it. In relation to job performance, an observational method was utilized to determine staff nurses 'performance level. Researcher observed every nurse to ensure their level of performance. The researcher made three observations for each skill of performance and calculated the average score of each item in the observational checklist to assess the level of performance.

Pilot study

The pilot study was carried out on 15 nurses to test the clarity of the questions, and determine the time needed to fill in the questions .they selected randomly, and they were later excluded from the main sample of research work to assure stability of the answers. The necessary modifications were done according to the answers and comments made by the nurses.

Content validity

The questionnaire was translated into Arabic; and then content and face validity were established by a panel of three experts: two professor of nursing administration and professor of medical surgical nursing at faculty of nursing at Zagazig university. They were requested to express their opinions and comments on the tools and provided any suggestions for any additional or omissions of items. The necessary modifications were done by the researcher.

Administrative and ethical considerations

An official letter was sent from the Faculty of Nursing to hospital medical and nursing directors requesting their formal agreement to the study being carried out. The study was approved by the medical director of the central Qinayate Hospital after checking the study proposal and tools. Also individual oral consent was obtained from each participant in the study after explaining the purpose of the study and they were assured about the confidentiality of the information gathered and assured that it will be used only for the purpose of the study. They were informed about their right to refuse or to withdraw at any time.

Statistical analysis

All data were collected, tabulated and statistically analyzed using SPSS 20.0 for windows (SPSS Inc., Chicago, IL, USA 2011). Quantitative data were expressed as the mean ± SD &

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median (range), and qualitative data& relative frequencies were expressed as absolute frequency) number percentage). Percent of categorical variables were compared using Chi-square test. Pearson correlation coefficient was calculated to assess association between various study variables, (+) sign indicate direct correlation & (-) sign indicate inverse correlation, also values near to 1 indicate strong correlation & values near 0 indicate weak correlation. All tests were two sided. P-value < 0.05 was considered statistically significant (S), and p-value ≥ 0.05 was considered statisticallyinsignificant (NS).

Results

Table (1)Shows personal and job characteristics of staff nurses. According to the table,70.7% of studied nurses were females. Regarding age, 47.3% of staff nurses aged more than 30 years. As well, (88.7%) were married, 46.7% of studied nurses had diploma degree, in addition, 43.3% of nurses experience period more than ten years.Table (2), Illustrates the ranking of the assessment health care facilities dimensions according to their mean score. The assessment dimension “Legibility of place” is ranked with highest mean score of 4.5 while Least means score for interior appearance 3.5. Figure (1):This figure shows the staff nurses' well-being level in the central QinayateHospital.Illustratesthat about 39.33% of nurses had high level of wellbeing while44.67% of nurses had moderate level of wellbeing and 16.00% of nurses had low level of wellbeing. Figure (2):Shows the level of nurses' performance in the central Qinayate hospital illustrates that 50% of nurses had competent level of performance while 28.67% of nurses had moderate level of performance and 21.33% need improvement from performance.Table (3): Clarifies relation between socio-demographic characteristics of studied nurses and health care facilities in the Central Qinayate Hospital. Table shows there was statistical insignificant relation between socio-demographic characteristics of studied nurses and health care facilities p>0.05.Table (4): Clarifies relation between socio-demographic characteristics of studied nurses and staff nurses' well-being in the Central Qinayate Hospital.Table shows there was statistical insignificant relation between socio-demographic characteristics of studied nurses and staff nurses' well-being p>0.05.Table (5): Clarifies relation between socio-demographic characteristics of studied nurses and their performance in the Central QinayateHospital .Table shows that there was statistical significant relation between nurses age,sex and experience per year among studied nurses and their performance p=0.0001. p=0.008 p=0.0001 in that order. Table (6): Clarifies relationamong health care facilities, staff nurses' well-being of studied nurses and nurses 'performance. Table indicates that there was a statistically significant relation between staff nurses' well-being and nurses 'performance p=0.016. It evidences that high value of staff nurses' well-being related with competent nurses 'performance.Table (7): Clarifies that the current study shows that there was statistically significant positive correlation among total health facilities score, wellbeing score, nurses 'performance of studied nurses p<0.05.

Discussion

The nursing work environment has been considered an important factor influencing the quality of nursing care and wellbeing. The American Nurses Credentialing Center [(13)] grants hospitals that have a favorable nursing work environment for retaining well-performing nurses and providing high quality nursing services. Compared to nurses working in non-favorable nursing work environment, reported that nursing care is of a higher quality Stampfer, et al [(14).]As nurses interact with individuals in their social and work contexts, a positive nursing work environment may be important to motivate them to perform better Christiansen, et al[(15)].So the present study aimed to assess health care facilities, staff nurses' wellbeing and performance in the central Qinayate hospital. Regarding health care facilities, the highest mean percentage of health care facilities are Interior appearance, Legibility of

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place and Facilities the present study findings showed that nurses satisfied with their work environment this might be due to good working environment in the hospital could make comfort to the staff, thus increase their motivation to work and provide a better quality healthcare environment to nurses and hospital design isn't complicated. Healthcare building layouts lie out orderly and logically and offer with alternative map and signage, particularly for hospitals involved with a large number of users and facilities for emergency activities. Thus, signage within a hospitals design should have a clear identity and be able to differentiate from others universal public facilities. This result is supported by Lesley &mcintyre ,[16] who studied the effects of built environment design on opportunities for wellbeing in care homes at United Kingdom reported that a view outside health care facilities provided a focus for attention and in some examples impetus to physical activity where residents are drawn to walk up to and look out of windows . Views also provided background setting to a group sitting around a window. Openings to outside also contributed connections which were not views; such as natural light ,fresh air, a sound of rain and sunshine. Combinations of seating and circulation areas within the same space, or readily connected spaces, contributed appropriate rest stops, opportunities for people watching and increased social activity ,In additionThis result is supported by Medeiros, Enders, & Lira[17] who studied the Florence nightingale's environmental theory and indicated that specific design elements, such as good ventilation, cleanliness, light and noise, were crucial for health outcomes. Nightingale also emphasized the importance of always considering the individual in the interaction with the environment to design environments that support the best possible conditions for healing to occur. This view corresponds with today's person-centered approaches for healthcare service .This result is contraindicated with Zhenet al [18] who studied quality of healing environment in healthcare facilities in Malaysia and mentioned that this results has low mean score.Concerning well-being, the present study finding revealed that the majority of nurses had high level of wellbeing .This is because committed and satisfied nurses are normally high performers who contribute toward hospital productivity. and also positive emotions might help nurses promote their job performance potentially leading a higher level of job satisfaction by broadening their physical, mental, psychological and social wellbeing.As well systems, procedures, salaries, material and moral incentives, type of leadership, decision-making methods, supervision and control, relationships between staff nurses and the relationship of all of this to the environment, conditions and type of work. and also financial income if it is appropriate for the staff may achieve a high degree of satisfaction, as well as the staff nurses' hospital position. It has growth and opportunities for advancement, in addition to the prevailing pattern of supervision and the degree of control imposed on aspects of the activity practiced by the staff nurse .This result is supported by Salem et al [19] who studied relationship between nurses job satisfaction and organizational commitment and mentioned that job satisfaction is important when its absence often leads to reduced organizational commitment. In the healthcare environment where nurse’s satisfied is expected to provide quality care and commitment, maintaining a committed staff is a strong advantage and critical to hospital success.The staff nurses feel capable and effective in work on a day-to-day basis and sense of their self-worth increase .This might be due to that nurse profession is a profession that serve patients and healthy people and protect community from disease and upgrade the healthy level so that nurses have sense of worth and effective element in the community. The nurses who do not feel they are respected within hospital will be significantly less likely to treat patients with respect, negatively affection the reputation of patients' service within hospital. However, respect influences much more than simply nurse performance and patients' satisfaction. This result is supported by many researcher as follow: Wright et al,[20] who studied nurses’ views on workplace wellbeing programs and mentioned that nurses expressed opinions about work that

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organization valued nurses and that active steps were being taken to support nurse wellbeing. In addition,Mayordomo et al ,[21] who studied resilience and coping as predictors of well-being as given the great importance of monitoring and ensuring nurse well-being, which is associated with many positive outcomes for the individual , for the organization and for the patient. So the basic condition for the successful management of nurses in an organization is reflected in support of high motivation and the satisfaction of employees at different ages.Regarding nurses' performance, the current study indicated that the performance level among the staff nurses were relatively high. This might be due to that nurses perform better when they are happy with their job and ensuring all documentation is up to date and complete. Nurses are able to manage their distressing feelings,as well, the nature of nursing profession which needs self-control, trustworthiness, conscientiousness and adaptability. This result is supported with Rujnan Tuna [22] who studied the relationships between organizational identification, job performance, and job crafting among nurses and mentioned that performance levels of the nurses were above the median. These findings were contracted with that of Kamal,[23] who revealed that the level of performance among the staff nurses was relatively low.In addition Al-Banna,[24] who studied impact of nurse's satisfaction on work performance and mentioned that there are no nurses meet the expectations in their work performance of providing health care. This is because of that most of the nurses were fairly or not satisfied with their job. And also with Gadallah,[25] who studied the relationship between organizational climate and nurses' performanceat Mansoura University Hospital and mentioned that the majority of nurses had incompetent level of performance . Concerning relation between health care facilities, staff nurses' well-being of studied nurses and nurses 'performance, the present study proved that there is statistically significant relation between health care facilities, staff nurses' well-being and nurses 'performance. This might be due to the moral appreciation has a great effect on raising the morale of nurses in the hospital, and motivating nurses to give more, and to work hard, including working to improve self-development.These result was supported by many researchers as follow : Peter Warr, [26] who studied wellbeing and work performance at University of Sheffield and reported that there was stronger associations between wellbeing and performance were found when jobs impose fewer constraints .In addition , Nojehdehi et al, [27] who compared organizational climate and nurses' intention to leave among different hospitals, and reported that organizational climate is a critical issue in increasing the quality of performance and achieving the hospitals goals. So positive work climate motivates staff and pushes them to use their capabilities to perform extra effort, consequently, job performance becomes more competent. Moreover, Langtonet al, [28] who studied organizational behavior: concept, controversies, and applications and mentioned that environment is also one of the factors that affect performance.As well ,Wei et al,[29] who studied the state of the science of nurse work environments in the United States and indicated that healthy work environments are advantageous in maintaining a stable and sufficient nursing workforce, encouraging nurse performance and productivity. These results is also supported byMohamed,[30]who studied the relationship between organizational climate and nurses' performance that confirmed that organizational climate reflected staff behavior and performance. Finally this result is supported by Al horr et al,[31] who studied impact of indoor environmental quality on occupant well-being and comfort reported that built environment comfort factors (heating and cooling, acoustics, lighting and ventilation), are fundamental to wellbeing.Regarding Relation between socio-demographic characteristics of studied nurses and health care facilities, wellbeing and performance in the Central Qinayate Hospital, the findings of the present study proved that there is statistical insignificant relation between socio-demographic characteristics of studied nurses and health care facilities and wellbeing while there is significance between nurses' age, sex, experienceand their level of

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performance. This might be due to nurses' become more aware of their mood, can call their feelings and handle performance better with time, which lead to more job performance. Moreover, older nurses face more complication situations through frequent interactions with others This result is supported by Elsayed,[32]who studied relationship between head Nurses' Job Performance and Staff Nurses' Commitment at Port-Said University which aimed to investigate the relationship between head nurses' performance and staff nurses' commitment.

Conclusion

In the light of the main study findings, it can be concluded that, there was a statistically significant relationship among health care facilities, wellbeing and performance among staff nurses, As well, staff nurses were satisfied with health care facilities. In addition, about half of nurses had high level of wellbeing and half of them had competent level of performance.

Recommendations

According to the study finding it is recommended that:

The nurse manager should

1) Focus on development of nurses' training schedule in order to increase their technical skills and improve nurse performance.
2) Focus on developing a system of communication between hospital administration and nursing staff to give chance to nurses to share in work problems and put their opinions into consideration to enhance work satisfaction.
3) Give a high degree of consideration for nurses through appropriate rewards systems as incentives to motivate nursing staff to improve performance.
4) Providing work-related care facilities such as bathrooms and dining areas for staff nurses for every area in the hospital.
5) Give chance for nursing staff in Participation of nurses in the identification of workplace health, safety and wellness requirements.
6) Make Continuous development for staff nurses relating to patient safety, incident reporting, ethics, nursing processes, documentation principles and updated skills is necessary. It would also be important to implement an effective sanction system in hospitals.

Table (1): Personal Characteristics of the Staff Nurses (N = 150)

Variables	No.	%
Age per years		
≤30	79	52.7
>30	71	47.3
Sex		
Male	44	29.3
Female	106	70.7
Social status		
Married	133	88.7
Single	17	11.3
Education		
Diploma	70	46.7
Technical institute	41	27.3
Bachelors	39	26.0
Experience per year		
<5 years	48	32

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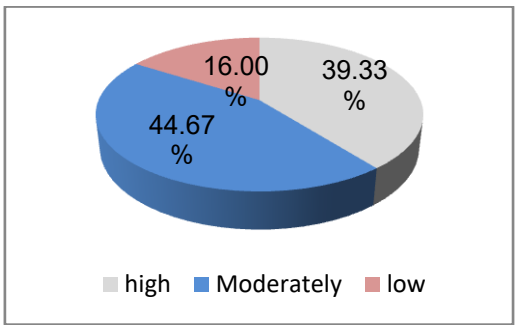
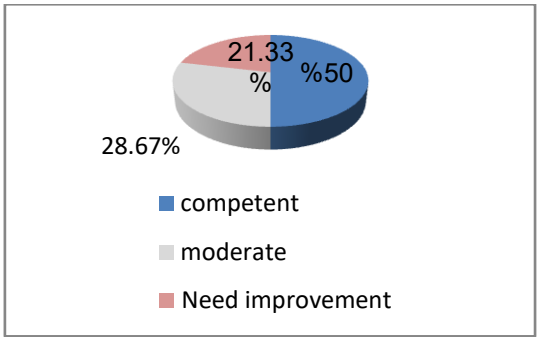
5 -10 years	37	24.7
>10 years	65	43.3



Figure(1): Pie chart shows percent of staff nurses' well-being level in the central Qinayate hospital



Figure(2): Bar chart shows percent of nurses' performance in the central Qinayate hospital

Table(2): Ranking of Health Care Facilities Dimensions in The Central Qinayate Hospital According their Mean Value

Health care facilities dimensions	Mean	Rank
Privacy	4.2	3
Views	4.1	4
Nature and outdoor	3.72	6
Comfort and control	4.3	2
Legibility of place	4.5	1
Interior appearance	3.5	8
Facilities	3.8	5
Staff	3.67	7

Table (3): Relation between Socio-Demographic Characteristics of Studied Nurses and Health Care Facilities in the Central Qinayate Hospital (N = 150)

socio-demographic items	Health care facilities						No	χ^2	p-value
	complete agreement		Fair agreement		No agreement				
	No	%	No	%	No	%			
Age per years									
≤30	24	30.38	50	63.29	5	6.33	79	0.93	0.63
>30	18	25.35	50	70.42	3	4.23	71		
Sex		.		.		.			
Male	15	34.09	27	61.36	2	4.55	44	1.16	0.65
Female	27	25.47	73	68.87	6	5.66	106		
Social status		.		.		.			

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Married	35	26.32	91	68.42	7	5.26	133	1.7	0.42
Single	7	41.18	9	52.94	1	5.88	17		
Education		.		.		.			
Diploma	21	30.00	45	64.29	4	5.71	70	4.5	0.34
Technical institute	11	26.83	30	73.17	0	.00	41		
Bachelors	10	25.64	25	64.10	4	10.26	39		
Experience per year		.		.		.			
<5 years	14	29.17	30	62.50	4	8.33	48	3.2	0.52
5 -10 years	10	27.03	27	72.97	0	.00	37		
>10 years	18	27.69	43	66.15	4	6.15	65		

$\chi 2$ chi square test p>0.05 non significant

Table (4): Relation between Socio-Demographic Characteristics of Studied Nurses and Staff Nurses' Well-being in the Central Qinayate Hospital (N = 150)

socio-demographic items	wellbeing						no	χ^2	p-value
	Extremely true		Moderately		Not at all				
	no	%	no	%	no	%			
Age per years									
≤30	35	44.30	35	44.30	9	11.4	79	3.3	0.19
>30	24	33.80	32	45.07	15	21.13	71		
Sex		.		.		.			
Male	18	40.91	19	43.18	7	15.91	44	0.07	0.96
Female	41	38.68	48	45.28	17	16.04	106		
Social status		.		.		.			
Married	54	40.60	58	43.61	21	15.79	133	0.81	0.67
Single	5	29.41	9	52.94	3	17.65	17		
Education		.		.		.			
Diploma	24	34.29	35	50.00	11	15.71	70		
Technical institute	21	51.22	17	41.46	3	7.32	41	7.1	0.13
Bachelors	14	35.90	15	38.46	10	25.64	39		
Experience per year		.		.		.			
<5 years	23	47.9	20	41.7	5	10.4	48	5.5	0.23
5 -10 years	15	40.54	18	48.65	4	10.81	37		
>10 years	21	32.30	29	44.62	15	23.08	65		

$\chi 2$ chi square test p>0.05 non significant

Table (5): Relation between Socio-Demographic Characteristics of Studied Nurses and Their Performance in the Central Qinayate Hospital (N = 150)

socio-demographic items	Nurses 'performance						no	χ^2	p-value
	Competent		Moderate		Need improvement				
	no	%	no	%	no	%			
Age per years									
≤30	27	34.18	22	27.85	30	37.97	79	30.1	.0001(S)
>30	48	67.61	21	29.58	2	2.82	71		
Sex		.		.		.			

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Male	15	34.09	13	29.55	16	36.36	44	9.7	0.008(S)
Female	60	56.60	30	28.30	16	15.09	106		
Social status		.		.		.			
Married	69	51.88	39	29.32	25	18.80	133	4.5	0.13
Single	6	35.29	4	23.53	7	41.18	17		
Education		.		.		.			
Diploma	34	48.57	21	30.00	15	21.43	70		
Technical institute	19	46.34	13	31.71	9	21.95	41	1.08	0.89
Bachelors	22	56.41	9	23.08	8	20.51	39		
Experience per year		.		.		.			
<5 years	14	29.17	12	25.00	22	45.83	48		
5 -10 years	16	43.24	13	35.14	8	21.62	37	33.7	0.0001(S)
>10 years	45	69.23	18	27.69	2	3.08	65		

χ^2 chi square test p<0.05 significant

Table (6): Relation between Health Care Facilities, Staff Nurses' Well-being of Studied Nurses and Nurses'Performance in the Central Qinayate Hospital (N = 150)

	Nurses 'performance			f	P
	Competent	Moderate	Needs improvement		
Health care Facilities					
Mean ±SD	188.2±35.3	174.6±31.7	178.6±39.2	2.27	0.107
staff Nurses' well-being					
Mean ±SD	74.3±21.8	65.8±16	64.4±16.5	4.2	0.016(S)

F=Anova test (S)= significant p<0.05

Table (7): Association between Total Health Facilities Score, Wellbeing Score, Nurses 'Performance of Studied Nurses (N=150)

Parameters	Total health Facilities score		Wellbeing score	
	(r)	P	(r)	P
Wellbeing	0.53	0.0001(S)		
Assess nurses 'performance	0.25	0.002(S)	0.28	0.0001(S)

(r) correlation coefficient s= significant p<0.05

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