

The Relation between Work Involvement and the Quality of Nursing Care among Staff Nurses

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Abstract

Background: Workaholism, which is an intense drive to work that can result in decreased levels of job satisfaction and may influence the quality of nursing care. **Aim of the study:** The study aimed to assess the relation between work involvement and the quality of nursing care among staff nurses. **Design:** A descriptive correlational design was utilized. **Setting:** The study was conducted in all inpatient units at Sohag University Hospitals. **Subjects:** A simple random sample of 274 out of 860 staff nurses. **Tools:** Two tools were used for data collection; (I) Nurses' work involvement questionnaire, and (II) Quality of nursing care questionnaire. **Results:** more than two-thirds (70.1%) of staff nurses had a high level of work involvement and less than half (44.5%) of staff nurses reported a moderate level of quality of nursing care. **Conclusion:** there was a highly statistically significant negative correlation between total work involvement and quality of nursing care among staff nurses. **Recommendations:** conducting training programs to raise staff nurses' awareness regarding of work involvement. Also, developing standards for nursing care procedures to help staff nurses provide high-quality nursing care.

Key words; Quality of nursing care, Staff nurses, Work involvement.

Introduction

Work is an important part of nurses' lives because it meets their basic needs, such as survival, connectedness to others, and self-determination. The impact of employment on nurses' lives and health, however, can be both beneficial and harmful (Clark et al., 2018). Without employment, such as when they lose their jobs, nurses frequently battle with mental health issues. As a result, some nurses put in more hours than is reasonable and are frequently labelled "workaholics" (Taylor, Huml, & Dixon, 2019).

Workaholism involves excessive working that exceeds what is required and expected, being highly work-involved, having intense work drives, working long hours, spending discretionary or personal time in work activities, and working beyond what is reasonably expected based on the job. Work-involvement is one dimension of workaholism. Work-involvement is also known as a behavioral dimension; excessive work behaviors (Aziz et al., 2018).

Workaholism was first recognized and defined in 1971 as the compulsive or uncontrollable urge to work nonstop. It should be noted that nurses who are workaholics frequently devote all available time to their jobs (Lin, 2018). Thus, workaholism includes two distinct elements: compulsively working, which has a cognitive element (i.e., being obsessed with work, thinking compulsively about work), and working excessively, which has a behavioral element (i.e., being hardworking, spending a lot of time in work activities,

neglecting other facets of life). (Hakanen, Peeters & Schaufeli, 2018).

Workaholism (a negative trait) and work engagement (a positive trait) have both been evaluated and categorized as the nature of the nurse's work involvement. Workaholic nurses have been defined as putting in much more effort than is expected of them by the other nurses they work with and working harder than their job prescriptions require (Atroszko, Demetrovics & Griffiths, 2020).

Nurses who are workaholics have varying degrees of dedication to their jobs. They are physically committed due to their long hours of labour and willingness to take on more responsibilities without compensation from their organization. They experience a strong emotional urge to work even after finishing time or the end of hours of duties when they are not employed (Taylor, Huml, & Dixon, 2019).

Salience, which refers to their work as the single most important activity in their lives, is one of the traits of workaholic nurses. Work is done to reduce emotional tension and/or to elicit euphoric or stimulating sensations, which is referred to as mood modification. In order to achieve the same mood-altering effects, tolerance requires working harder or for longer periods of time (Dordoni, 2019). When unable to work, withdrawal refers to experiencing emotional and/or bodily anguish. A conflict includes intrapsychic conflict and relapse, which refers to returning to earlier patterns of excessive working after periods of control. Interpersonal conflicts with family members and

other nurses are also included (Banerjee et al., 2018).

Personal characteristics (such as personality, self-esteem, and work values) and workaholic nurses' drive to demonstrate their abilities to accomplish duties better than others are the elements that influence job involvement (Zsoy, 2019). Workaholic nurses are content with their status, as well as approval or appraisal by a supervisor or even peer adulation, as well as sociocultural and work-family issues (such as learning experiences in childhood, problems at home, economic circumstances, and job). Additionally, there are organizational elements that can contribute to workaholism, such as workplace competition, career systems, and stressors (Spurk, Hirschi, & Kauffeld, 2019).

Evaluating the quality of the care being provided and looking into the variables that influence it is the first step towards raising the standard of nursing care. Workaholism is one factor that can lower the standard of nursing care, among others. The quality of nursing care may suffer as a result of nurses' inability to deliver comprehensive and complementary care in accordance with professional standards (Edvardsson et al., 2019). Nurses may be forced to neglect necessary treatment, provide it just partially or slowly due to a variety of factors, including a heavy workload. Workaholism can result in implicit nursing care rationing, which can have an impact on the standard of care provided, work satisfaction, and emotional tiredness. Therefore, nurses must recognize the significance of nursing care quality and the elements that affect it (Galan et al., 2019).

The quality of nursing care is associated with the presence of a high level of performance, efficient use of resources, reducing the risk for the patient, patient satisfaction, a positive influence on the patient's state of health, competency of the nurse, continuity of care and timeliness of care. In the health care quality is being demanded and providers are judged by the quality of services and hence there is a need to sensitize and train nursing personal to provide quality care (Hines et al., 2020).

The standard of excellence in nursing care delivered to patients is referred to as the quality of nursing care. In addition, great nursing care involves attending to patients' needs without endangering them and helping them achieve their objectives for illness recovery and health promotion. It offers high-quality care that is available to everyone at a reasonable price and is dependent upon a solid educational foundation and administrative support (Kelly et al., 2018).

Significance of the Study

Engagement at work is a dynamic phenomenon that has developed over time. The nurse initially

increases the amount of working hours, the volume of work, and the importance placed on job-related duties. In popular culture, the phrase "workaholic" is frequently used to describe nurses who are obsessive about their careers. Workaholics must work continually and produce more busy work, which makes simple activities more difficult and negatively impacts nursing care quality, productivity, and job performance (Abdollahzadeh et al., 2017).

In the study context, while supervising nursing students at Sohag University Hospitals, the investigator noticed that many nurses in the hospital do a lot of tasks without saying no or thinking about the type of quality of care delivered to the patient, and this affects the quality of nursing care because the quality of nursing care requires an organized work environment and nursing staff to be psychologically prepared as it is an important global priority not only for the patient but also for the nursing staff. So, this study was conducted to assess the relation between work involvement and the quality of nursing care among nurses.

Aim of the study

- Assess the relation between work involvement and the quality of nursing care among staff nurses.

Specific objectives

- 1- Assessing the levels of work involvement among staff nurses.
- 2- Assessing the levels of quality of nursing care among staff nurses.
- 3- Determining the relation between work involvement and quality of nursing care among staff nurses.

Research question

- 1-What are the levels of work involvement among staff nurses.
- 2- What are the levels of quality of nursing care among staff nurses?
- 3- Is there relation between work involvement and quality of nursing care among staff nurses?

Subject and Methods

Research Design

A descriptive correlational design was utilized to conduct this study .

Setting

The study was conducted in all inpatient units at Sohag University Hospital; it is a multi-specialty governmental hospital that consists of 6 buildings, each building is composed of five floors with a bed capacity of 913 beds. The study was conducted in medical units, surgical units, general intensive care units, obstetric and premature units, rheumatoid and oncology units, and economical units. The medical units are composed of 270 beds and are distributed as follows: General medical, tropical, cardiothoracic care, intermediate care, neurological, chest, and

dialysis unit. The surgical units are composed of 245 beds and include; Pre-operative unit, post-operative unit, plastic surgical unit, and urological surgical units. The general intensive care units are composed of 30 beds and distributed as follows: Intensive care unit, intermediate care unit, and emergency unit. The obstetric and premature units are composed of 152 beds and include; Obstetric and gynecological unit, neonate intensive care unit, and pediatric unit. The rheumatoid and oncology units are composed of 120 beds and the economical unit is composed of 96 beds.

Subject

The study subjects included a convenient sample 274 of staff nurses from the above-mentioned study setting out from 860 nurses who fulfilled the eligibility criteria of working experience that had not less than one year of job experience in their work setting and accepted to participate in the current study.

Tools of the study

To achieve the aim of the current study, two tools were used to collect data relevant to the study variables as follows:

Tool (I): Nurses work involvement

Questionnaire: it include two parts as follows:

Part (1): Personal characteristics of staff nurses including age, gender, marital status, educational qualifications, years of nursing experience in the work setting, and study setting/unit.

Part (2): A structured questionnaire was developed by the investigator after reviewing related literatures (Aziz et al., 2013; Feldman, 2016; Kang, 2020). It was used to assess the level of work involvement among staff nurses. It consisted of 26 items divided under 5 dimensions, workaholism dimension 5 items, impaired communication dimension 7 items, self-worth dimension 5 items, control dimension 6 items and in ability to delegate dimension 3 items.

Scoring system: The staff nurses' responses were evaluated by using a three-point Likert Scale as follows; (3) Always, (2) Sometimes, and (1) Never. The range of scores is from 26-78. The cutoff point was done at 60% equals 47 points. Accordingly, staff nurses' workaholism levels were categorized as the following; High level $\geq 75\%$ equals ≥ 59 points, moderate level from 60% to less than 75% equals 47- < 59 points, and low level <60% equals < 47 points.

Tool (II): Quality of Nursing Care Questionnaire: It was developed by the investigator after reviewing the related literatures Farag, 1999; Havens et al., 2010; Kwak et al., 2010; and Ball et al., 2014, to assess the level of quality of nursing care as reported by staff nurses. It consisted of 49 items divided under 3 dimensions, structural component 20 items, process component 21 and outcome component 8 items. And the tool was filled by observation.

Scoring system: The staff nurses' responses were evaluated by using a three-point Likert Scale as follows; (3) Agree, (2) Neutral, and (1) Disagree. The range of scores is from 49-147. The cutoff point was done at 60% equals 88 points. Accordingly, the quality of nursing care levels was categorized as the following; high level $\geq 75\%$ equals ≥ 111 points, moderate level from 60% to less than 75% equals 88- < 111 points, and low level < 60% equals < 88 points.

Validity and reliability

The validity of the tools aimed to judge their clarity, comprehensiveness, relevance, simplicity, and accuracy. Based on experts' perspectives, minor modifications were done based on their comments such as; (statement before modification was "I check the tasks many times while I am in the shift". the statement after modification was "I ensure the task accomplishment frequently during the shift" and.... etc.). The study tools were revised and ascertained by five Experts from different nursing faculties in the field of Nursing Administration; three Assistant Professors from Benha University and two Assistant Professors from Sohag University. The validity of the tools aimed to judge their clarity, comprehensiveness, relevance, simplicity, and accuracy. Based on experts' perspectives, no modifications were done based on their comments and the investigator developed the final validated form of the tools, and the investigator developed the final validated form of the tools. This phase took one month in May 2022.

The reliability of the tools was examined by using Chronbach's Alpha Coefficient test to measure the internal consistency for all tools: Nurses' workaholism questionnaire was 0.84, and the quality of nursing care questionnaire was 0.92 which reflects the accepted internal consistency of the tools.

Pilot study

A pilot study was carried out on (28) staff nurses who represent about 10% of the study subjects in the previously mentioned setting to test the applicability and clarity of the constructed tools; it also served for estimating the time needed to fill data collection tools and to identify obstacles and problems that may be encountered during data collection. No modifications were done and staff nurses involved in the pilot study were included in the main study subjects. It was done in June 2022.

Data collection procedures

This phase involved meeting with staff nurses; the investigator went to the previously mentioned settings three days weekly (Saturday, Monday, and Wednesday) in the morning and afternoon from 10 am to 6 pm by rotation in each study setting. In the beginning, the investigator welcomed the staff nurses and gave a brief

explanation about the aim of the study, to collect the data according to the type of work and workload of each department after giving instructions about how to fill the tools and present with the subjects for any clarification and revised their completeness to avoid any missing data from staff nurses.

The time required for finishing each questionnaire was around; 10-15 minutes for the nurses' work involvement questionnaire, and 20-25 minutes for the quality of nursing care questionnaire. The data collection process was carried out in July 2022, and the average number collected was 22-23 staff nurses per day.

Ethical considerations

Ethical permission was given to the research proposal from the ethical committee of Faculty of nursing- Banha University at first. Official permission was obtained from broad hospital manager and nursing director at Sohag University hospital. The participants' rights would be protected by ensuring voluntary participation, so informed consent was obtained by explaining the objectives of the study, the content of the nurses' work involvement questionnaire, and the quality of nursing care questionnaire and gaining their approval and cooperation. The participants were assured that all gathered data was used for research purposes only and allow to withdraw from the study at any time without giving reason and confidentially of the gathered data and results were secured.

Statistical analysis

The collected data was organized, tabulated, and statistically analyzed using the statistical package for social science (SPSS) version 26 for windows, running on IBM compatible computer. Descriptive statistics were applied (e.g frequency, percentage, mean and standard deviation. Test of significance, Chi-square test was used to detect the relation between variables, whenever the expected values in one or more of the cells in 2x2 tables were less than 5, Fisher exact test was used instead. In addition, the correlation coefficient (r) test and Spearman's rank coefficient were used to estimate the closeness association between variables. The P-value is the probability that an observed difference is due to chance and not a true difference. A significant level value was considered when the p-value <0.05 and a highly significant level value was considered when p-value <0.001, while p-value >0.05 indicates non-significant results.

Results

Table (1): Illustrates that nearly half (49.3%) of the studied staff nurses had age less than 25 years old with a mean age of 24.0 ± 4.46 years. As far as their gender and marital status, about three-fifths (62.4% & 58.0%) of them were females and

married, respectively. As regards staff nurses' educational qualification and years of experience, less than three-quarters (73.0% & 69.0%) of them had a Bachelor of Nursing Science, and had less than five years of experience, respectively with a mean year of experience 4.52 ± 4.69 years

Figure (1): Shows that one quarter (25.0%) of studied staff nurses were working in medical building, while the lowest percentage of them (7.3%) was working in economic building.

Table (2): Clarifies that more than two thirds (70.1%) of staff nurses reported that they always ensure the task accomplishment frequently during the shift. Also, about three-fifths (61.3%) of them reported that they sometimes don't have much free time to participate in other activities outside the workplace. On the other hand, more than one quarter (27.7%) of them reported that they were never bored on vacations when they haven't anything productive to do.

Figure (2): Indicates that less than half (44.5%) of staff nurses reported a moderate level of quality of nursing care. In addition, nearly two-fifths (39.1%) of them reported a high level. While less than one fifth (16.4%) of them reported a low level of quality of nursing care.

Figure (3): Reveals that about three-fifths (59.9%) of staff nurses reported a high level of quality process dimension of nursing care. Also, nearly half (49.7% & 49.6%) of them reported a moderate level of quality structure and outcome dimensions, respectively. While less than one quarter (22.9% & 21.2%) of them reported a low level of quality structure and outcome dimensions, respectively.

Table (3): Shows that there was a highly statistically significant positive correlation among total levels of workaholism dimensions as reported by staff nurses ($p < 0.001$). While the correlation between work involvement and impaired communication and inability to delegate, as well as the correlation between an impaired communication and self-worth, also the correlation between self-worth and inability to delegate there was a statistically significant negative correlation as reported by staff nurses.

Table (4): Shows that, there was highly statistically significant negative correlation between total levels of workaholism dimensions and quality of nursing care dimensions as reported by staff nurses ($p < 0.001$).

Results

Table (1): Distribution of the studied staff nurses regarding their personal characteristics (n=274).

Personal Characteristics		N.	%
Age (years)	< 25	135	49.3
	25: <30	97	35.3
	30: <35	21	7.7
	≥ 35	21	7.7
	$\bar{x} \pm SD$	24.0±4.46	
Gender	Female	171	62.4
	Male	103	37.6
Marital status	Married	159	58.0
	Unmarried	115	42.0
Educational qualification	Nursing diploma	23	8.4
	Associate degree in nursing	48	17.5
	Bachelor of Nursing Science	200	73.0
	Others post graduated	3	1.1
Years of nursing experience in the work setting (years)	<5	189	69.0
	5: <10	55	20.1
	10: <15	17	6.2
	≥ 15	13	4.7
	$\bar{x} \pm SD$	4.52±4.69	

Figure (1): Distribution of the studied staff nurses according to the study setting .

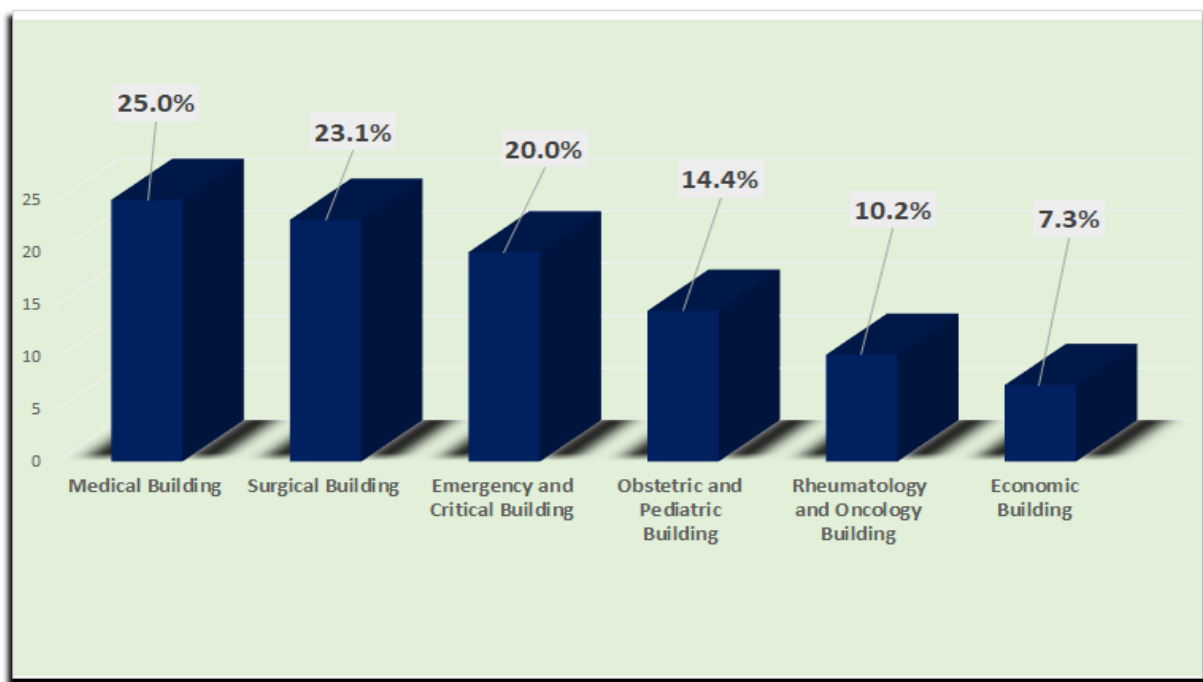


Table (2): Distribution of staff nurses' workaholism in relation to work involvement dimension (n=274).

Work involvement items	Staff nurses (n=274)					
	Always		Sometimes		Never	
	N.	%	N.	%	N.	%
Staff nurses						
Prefer to relax and do nothing serious when they have free time.	142	51.8	70	25.6	62	22.6
Bored on vacations when they haven't anything productive to do.	52	19.0	146	53.3	76	27.7
Ensure the task accomplishment frequently during the shift.	192	70.1	74	27.0	8	2.9
Don't have much free time to participate in other activities outside the workplace.	94	34.3	168	61.3	12	4.4
Manage the time constructively, inside and outside the workplace.	147	53.6	99	36.2	28	10.2

Figure (2): Total levels of quality of nursing care as reported by staff nurses.

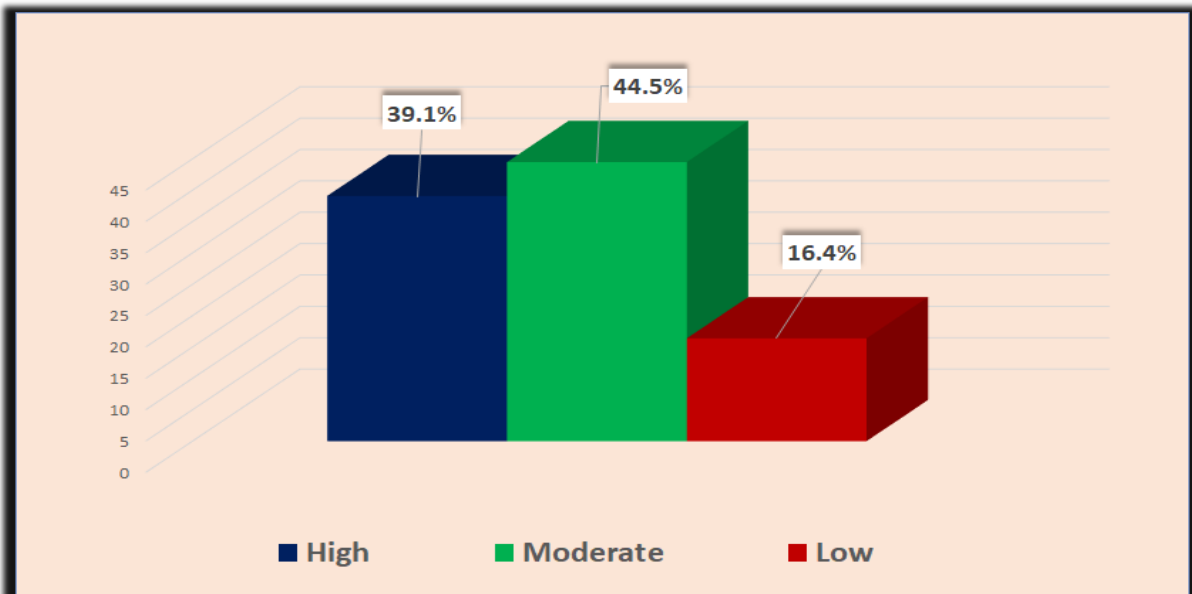


Figure (3): Total levels of quality of nursing care dimensions as reported by staff nurses

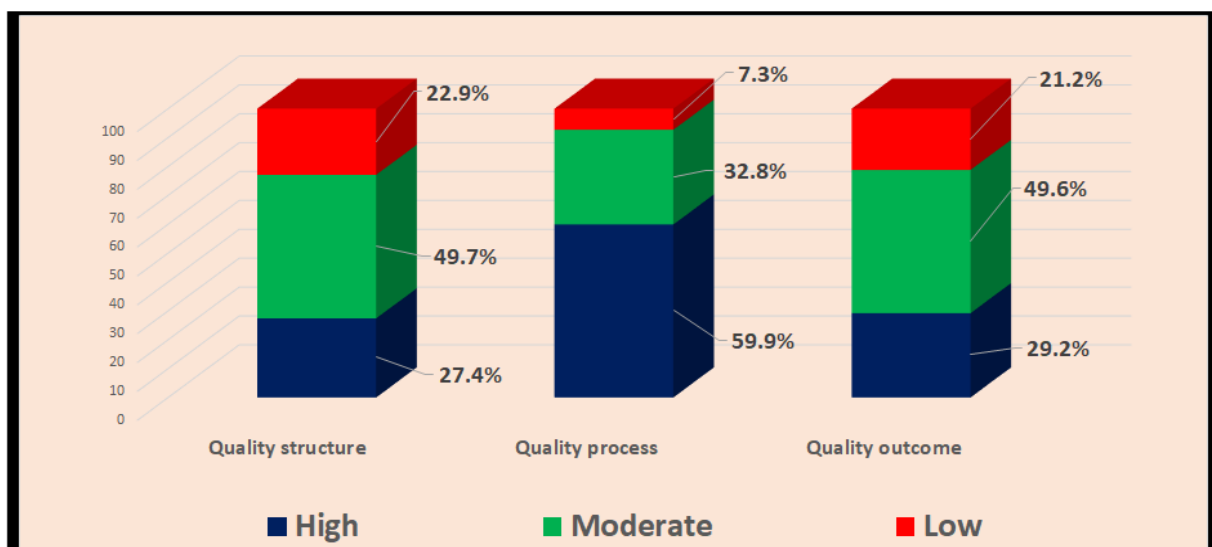


Table (3): Correlation matrix among total levels of workaholism dimensions as reported by staff nurses (n=274).

Workaholism dimensions	Workaholism dimensions among staff nurses					
		Work involvement	Impaired communication	Self-worth	Control	Inability to delegate
Work involvement	r	-	-0.789	0.707	0.991	-0.943
	P value	-	0.000**	0.000**	0.000**	0.000**
Impaired communication	r	-0.789	-	-0.644	0.788	0.788
	P value	0.000**	-	0.000**	0.000**	0.000**
Self-worth	r	0.707	-0.644	-	0.714	-0.783
	P value	0.000**	0.000**	-	0.000**	0.000**
Control	r	0.991	0.788	0.714	-	0.951
	P value	0.000**	0.000**	0.000**	-	0.000**
Inability to delegate	r	-0.943	0.788	-0.783	0.951	-
	P value	0.000**	0.000**	0.000**	0.000**	-

** . Correlation is significant at the 0.01 level (2-tailed).

Table (4): Correlation matrix between total levels of workaholism dimensions and quality of nursing care dimensions as reported by staff nurses (n=274).

Workaholism dimensions	Quality of nursing care dimensions among staff nurses				
		Quality structure	Quality process	Quality outcome	Total quality of nursing care
Work involvement	r	-.838	-.831	-.793	-.700
	P value	0.000**	0.000**	0.000**	0.000**
Impaired communication	r	-.835	-.843	-.972	-.879
	P value	0.000**	0.000**	0.000**	0.000**
Self-worth	r	-.574	-.629	-.658	-.695
	P value	0.000**	0.000**	0.000**	0.000**
Control	r	-.841	-.827	-.792	-.699
	P value	0.000**	0.000**	0.000**	0.000**
Inability to delegate	r	-.801	-.798	-.790	-.711
	P value	0.000**	0.000**	0.000**	0.000**
Total workaholism	r	-.841	-.826	-.792	-.699
	P value	0.000**	0.000**	0.000**	0.000**

** . Correlation is significant at the 0.01 level (2-tailed).

Discussion

Research on work involvement has dramatically increased in recent years. Workaholism, also known as job participation, is the compulsive or uncontrollable want to work nonstop. It is associated with both positive and negative effects. Workaholic nurses also display a variety of levels of dedication to their jobs. Workaholism may result in implicit nursing care rationing, which may lower the standard of nursing care (Alshehry et al., 2019).

The primary characteristic that sets nursing apart from other health-related occupations is patient care, which is at the center of the nursing profession. The provision of simple and accessible care by competent qualified nurses is what is meant by high-quality nursing care. The most significant

difficulty facing nursing care systems today is maintaining and raising the quality of nursing care (Wang et al., 2019).

The current study was conducted to assess the relation between work involvement and the quality of nursing care among staff nurses.

The results of the current study demonstrated that more than two-thirds of staff nurses reported that they always ensure task accomplishment frequently during the shift. On the other hand, more than one-quarter of them reported that they were never bored on vacations when they haven't anything productive to do. From the investigator's point of view, the staff nurses always ensure the accomplishment of tasks to feel satisfaction, and peace of mind and they commit to their work. Nurses who are never bored on vacations suffer

from workload, so they need rest and comfort during their vacations.

This was consistent with the findings of **Aziz et al., (2018)** who discovered that the item of verifying work numerous times before completion was highly high. Additionally, **Elsabbaugh & Shalan, (2020)** discovered that routinely checking assignments numerous times resulted in the highest mean score for work-life conflict. Additionally, **Kang, (2021)** reported that the majority of employees concurred that the trait with the highest mean score for work perfectionism was being obsessed with goals or successes. This finding contrasted with that of **Schaufeli, (2019)** who discovered that staff nurses had a moderate level of agreement regarding the significance of reviewing assignments and responsibilities.

The findings of the current study revealed that less than half of staff nurses reported a moderate level of quality of nursing care. In addition, nearly two-fifths of them reported a high level. While less than one-fifth of them reported a low level of quality of nursing care. This might be due to differences in cultural backgrounds and perceptions of characteristics of care, lack of positive organizational climate, and insufficient resources.

This outcome was consistent with **Fan's, (2017)** assertion that the majority of workers provided nursing care of a middling caliber. Additionally, **Staplers, (2017)** found that almost half of the employees thought the quality of nursing care was moderate. Furthermore, **Osman et al., (2019)** reported that the nurses in the study provided moderately high-quality nursing care. Similarly, **El-Sayed, (2021)** demonstrated that more than three-fifths of the nurses in the study provided care that was of a mediocre caliber.

On contrary, this result was contraindicated with **Gaalan, (2019)** who found that there was a high level of quality of nursing care as reported by nurses. Also, **Hassanzadeh et al., (2020)** reported that the mean score of nursing care quality was at a high level. Similarly, **Hassanzadeh et al., (2021)** stated that the highest percentage of personal perceived level of nursing care quality is high. In addition, **Amarneh & AL-Dwieb, (2022)** revealed that there was a high level of quality of nursing care among nurses.

The results of the present study revealed that there was a highly statistically significant positive correlation among total levels of workaholism dimensions as reported by staff nurses. While the correlation between work involvement and impaired communication and inability to delegate, as well as the correlation between impaired communication and self-worth, also the correlation between self-worth and inability to delegate were highly statistically significant negative as reported by staff nurses.

This finding was congruent with **Harpaz, (2015)** who showed that self-worth and work involvement dimensions are interrelated and lead to a positive experience in work. Also, **Shimazu et al., (2015)** found all interrelations between workaholism dimensions have activation and impact on organizational practice. On the other hand, this result was in disagreement with **Snir, (2012)** who mentioned that all workaholism is in moderate correlation. Also, **Sharoni, (2015)** stated that it is preferable to take into consideration situational factors and behavioral effects rather than the correlation between workaholism dimensions.

The findings of the present study pointed out that there was a highly statistically significant negative correlation between total workaholism and quality of nursing care among staff nurses. From the investigator's point of view, workaholic nurses prefer to do things themselves, are unable to delegate, and tend to make important decisions because they have all facts which reduce efficiency and productivity and hurt the quality of patient care.

This result was in agreement with **Ballen, (2021)** who stated after controlling for the mediation effect, there is no direct effect of workload on the quality of nursing care. Also, **Maghsoud, (2022)** mentioned that there was no significant correlation between workload and quality of nursing care.

Conversely, this finding was incongruent with **Elayan & Ahmad, (2017)** who found that miscommunication by nurses with the patient was an aspect that diminish the quality of nursing care. Also, this result was consistent with **Molina-Mula & Gallo-Estrada, (2020)** who showed that a good nurse-patient relationship reduces the days of hospital stay and improves the quality of care.

Conclusion

There was a highly statistically significant negative correlation between total work involvement and quality of nursing care among staff nurses. Based on the findings of the present study, it can be concluded that less than half of staff nurses reported a moderate level of quality of nursing care while less than one-fifth of them reported a low level of quality of nursing care. Additionally, the first ranking with the highest mean score was related to the quality process dimension. While the last ranking with the lowest mean score was related to the quality structure dimension as reported by nurses.

Recommendations

For head nurses

- ❖ Helping staff nurses schedule their work time and avoiding diving into more than one task at the same time.
- ❖ Helping staff nurses implement patient care based on nursing care plan to improve the quality of nursing care.

- ❖ Encouraging staff nurses to spend more time with the patient to listen to patient complaints and gather the necessary information required for developing nursing care plans.
- ❖ Providing support and motivating staff nurses to improve their self-confidence and emotional stability.
- ❖ Encouraging staff nurses to involve the patient in developing nursing care planning and decisions concerning his/her condition.
- ❖ Promoting effective collaboration and communication among staff nurses.

For the educational level

- ❖ Conducting training programs to raise staff nurses' awareness regarding the risks of workaholism and how to prevent it.
- ❖ Conducting training programs to enhance staff nurses' knowledge and skills regarding the quality of nursing care.
- ❖ Conducting training programs to educate staff nurses about the importance, principles, and process of delegation.

For future studies

- ❖ Examining the effect of work involvement on quality of work life and productivity among critical care nurses.
- ❖ Investigating the factors that would affect the quality of nursing care among nurses.
- ❖ Replication of the study on the large sample is highly recommended to achieve generalized results.

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