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Effect of Work Conditions and Fatigue on Job performance of Staff Nurse's at Al Eman General Hospital

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Abstract:
Background: Nurses job performance is severely affected by fatigue increasing rate of medical errors and health care worker injuries and patient safety associated with fatigue and work conditions **Aims:** To Study the effect of work conditions and fatigue on nurses job performance. **Research design:** Descriptive correlation of design. **Setting:** Al Eman general hospital at Assiut. **Subject:** consisted of (200) staff nurses. **Tools:**Three tools were used; **I:** Work conditions Questionnaire (WCQ), **II:** Piper Fatigue Scale (PFS), and **III:** Observational Checklist for assessment Nurses Job performance. **Results:** There was a negative correlation between job performance and fatigue. But a positive correlation between work conditions and job performance**. Conclusion:** Staff nurses' job performance was affected by level of work conditions and level of fatigue **Recommendation:** Recognition and motivation from administration to staff nurses, adjust the hours of work and reducing working days during holidays.

Keywords: Fatigue, Job performance, Staff Nurses &Work Conditions.

Introduction:
Work conditions are the terms and conditions of an employee's employment as well as the working environment. This covers things like: the activities and structure of work; skills, education, and employability; well-being, safety, and health; and work-life balance and working hours. **(Parker & Grote, 2022)**

Managers, staff nurses, and patients all benefit from healthy and enjoyable working conditions. It makes life more enjoyable overall, which is necessary for happiness, contentment, and increased attendance.. Unhappy, agitated, and late staff nurses are unable to provide high-quality patient care in an environment with poor working conditions. The lives affected by it which ultimately affecting the capacity to jobs performance **(James, 2019).**

Poor working conditions can directly contribute to fatigue. Nurses have a lot of important responsibilities for their patients. Nurses are subjected to a variety of stressors when these duties are performed with constrained resources, such as lack of personnel, resources, and equipment, strict work schedules and shifts, potential conflicts and strained working relationships between employees, management, and patients, and inadequate rest periods. This leads to a considerable amount of fatigue **(Little, 2020).**

Marchesi et al., (2022) defined fatigue as an alteration in task-related behavior-regulating psychophysiological control mechanisms. Fatigue is not a negative effect; rather, it is a protective response and a psychophysiological mechanism of compliance or safety in the face of exhaustion risk. **(Ozvurmaz & Mandiracioglu, 2018).** Poor work conditions, work environment, work content, work, organization, and policy all contribute to work-related fatigue. **(Davis et al., 2021)**

The practise of nursing is significantly impacted by fatigue, as is the rise in medical errors, injuries to healthcare professionals, and risks to patient safety. The definition of nursing job performance is the provision of nursing care to a patient based on the professionalism of the nurses and all other related activities and processes. By enhancing their job performance, which is linked to working conditions and fatigue, nurses can respond to changes in the medical environment and patients' requirements (**Cho & Kim, 2022).**

Fatigue leads to poor concentration, attention deficiency, challenges with decision-making and problem-solving, memory impairment, slow response times, professional incompetence, and problems in one's personal and social life. That may put the safety of the nurse and the patients in jeopardy, particularly when driving **(Mohammadfam et al., 2021).**

Significance of the study:
Numerous studies (national and international) have examined the correlation between nurses' fatigue and job performance, as well as the relationship between work conditions and performance at Cairo's study titled "Physical and cognitive consequences of

fatigue: A method of review **(Elfattah, 2015)** and in Unites State with title of "Effect fatigue and sleepiness on nurse job performance and patient safety" **(Rogers, 2008)** another research done inIran entitled "the relationship between fatigue and job burnout dimensions in hospital nurses" **(Hamed, 2018)** and in Serbia "Impact of nurses shift work on fatigue level" **(Tatjana et al, 2014),**So theresearcher want to study, find and measure how fatigue and work conditions together affects on nurses job performance at AL Eman general hospital.

Aims of the study:

The present study aimed to Study the effect of work conditions and staff nurses fatigue on job performance.

Specific objectives:

1. Assess the level of work conditions
2. Determine level of fatigue of staff nurses.
3. Assess job performance level of staff nurses.
4. Determine the effect of work conditions, fatigue on job performance.
5. Determine relation between personal characteristics and work conditions, fatigue and job performance.

Research questions

Q1: What is the level of staff nurses' work conditions?

Q2: What is the level of staff nurses' fatigue?

Q3: What is the level of staff nurses' job performance?

Q4: Are there a relation among working conditions, fatigue andjob performance of staff nurses and personal characteristics. ?

Method

Research design:

Descriptive correlation design was used in the present study.

Study Setting:

The contemporary study was accomplished at Al-Eman general hospital in Assiut. Hospital consist of 3 buildings, first one is outpatient clinics, second building is family planning and Transsectional Rays and Magnetic Resonance Imaging, the last one is the main building contains all specialists: emergency department, internal medicine department (pediatrics, obstetric and gynecology, orthopedic, burns, surgical, medical, nephrology, endoscopy and kangaro) and operations department (orthopedic, surgical, gynecology),intensive care (General, cardiac, medical, and pediatric) with bed capacity(273)beds, number of nurses(492).

Subject of the study:

A convenient sample was used in this research. The researcher took 200 staff nurses from all (surgical, medical staff nurses(n=40), intensive care staff nurses (n=90) and operations departments staff nurses (n=40) emergency department (n=30) departments that number of nurses is all those in departments have.

Data collection tool:

Data for the present study was collected by three tools as follows:

Tool I: **Work conditions Questionnaire (WCQ),** which consist oftwo parts.

Part 1: Personal characteristics of staff nurses' sheet which includes age, gender, marital status, educational qualifications, years of experience, unit, and, number of children, income.

Part2: Work conditions questionnaire, It was established by Maysa, (2015), created by Kanter's organizational behavioral theory. It was used to measure level of work conditions, and it consists of thirty four items categorized under 5 groups which are:

1. Opportunities (10 items), example-Rewards and recognition for a jobwell done
2. Supplies (4 items), Having supplies necessary for the job
3. Job activities (4 items), Is there entertainment activities duringtimes other than holiday
4. Information (8 items), The information of current state of thehospital
5. Coaching and support (8 items). Is there any support for youfrom the administration
6. Each statement response measured on (5)-points Likert scalesranged from n**ever = 1 to always=5.**

Scoring system

Less than (50%) consider bad work conditions
From (50 %) to (74%) considered a moderate,
While from (75 %) to (100%) considered a good work condition.

Tool II: Piper Fatigue Scale (PFS):

This tool was developed by **Bryce, (2012).**

- Its objective was to determine fatigue amount among the staff nurses were.
- It currently comprises of 23 items measuring four dimensions of subjective fatigue on a range from "0" to "10":
- Behavioral/severity (6 items; 2-7) (6 items; 2-7) for instance: How much distress is the current state of fatigue giving you?
- Affective significance (5 items: 8–12) How much would you say that the fatigue you're feeling right now is enjoyable?
- Sensory (5 items: 13-17)
- How much weakness do you currently feel?
- Cognitive/mood (6 items: 18-23), as How much

memory are you now feeling like you can recall

- The four sub-scale/dimensional scores and the overall fatigue scores are determined using these 23 items.
- Five additional items (1 and 24-27) were not used to calculate subscale or total fatigue scores but are recommended to be kept on the scale as these items furnish rich, qualitative data. Item (1) in particular gives a categorical way in which to assess the duration of the respondent's fatigue.
- To calculate the total fatigue score, add the 22 item scores together and divide by 22 in order to keep the score on the same numeric "0" to "10" scale.

Scoring system:

A score of zero was regarded as NONE fatigue, a score of one to three as MILD fatigue, a score of four to six as MODERATE fatigue, and a score of seven to ten as SEVERE fatigue.

Tool 3: Observation Checklist for assessment Nurses Job performance

The tool was developed by **Cobb, (2008)** the tool consists of 24 items concerned with measuring the job performance of the staff nurses. The tool is divided into the following:

- Assessment consists of (2) items, planning consists of (3) items, implementation consists of (12) items and evaluation consists of (6) items

Scoring system:

- The items of observation checklist either (exceptional job performance, above average, satisfactory, unsatisfactory) with scoring system (3, 2, 1, 0), respectively.
- If the overall job performance ranges from (0 to 72)
- If the score ranged from (0 to21) the job performance was considered unsatisfactory (Poor level),
- If the score ranged from (22 to 37) the job performance was considered satisfactory (Faire level),
- If the score ranged from (38 to 57) the job performance was considered above average (Good level),
- If the score ranged from (58 to 72) the job performance was (Very good level) considered exceptional job performance.

Validity and reliability:

The researcher translated the tools from English to Arabic after evaluating the scientific literature that was available on the topic of the study. This phase lasted roughly six months, from August 2021 to February 2022, and the specialists in the nursing administration (a jury formed up of three nursing administration experts and two psychiatric staff) reviewed the assessment tool's face validity to ensure that the questions were relevant, comprehensive, and clear. As a result, modifications were made and the final form was constructed. Using the Cronbach's Alpha Coefficient test, the study's tools were evaluated for their reliability. The Work Conditions Questionnaire, Piper Fatigue Scale, and Nursing Job Performance Check List all scored (α=0.724), (α=0.812), and (α=0.764), respectively. This suggested that the study techniques were highly reliable.

Administrative design:

An official approval to carry out this study was obtained from the Dean of Faculty of Nursing, Director of Al Eman general Hospital, Nursing Director, Nurses of (surgical, medical, intensive, operation and emergency department) at Al Eman general Hospital to be able to collect the necessary data for the present study.

Ethical considerations:

The Ethics Committee at the Assiut University Faculty of Nursing approve any study proposals. The hospital administration gave their official consent for the study to be conducted. All nurse managers who were included had the study goals and the nature of the research were explained to them by the researcher prior to the start data collection. Before the initial data collection, each participant's oral consent was also study. The participant's confidentiality was emphasized by the researcher as the subjects' private was fully protected during the entire study.

Pilot study:

In order to evaluate the tool's clarity, understandability, applicability, and time estimate, a pilot study was conducted on 10 percent of the entire sample of staff nurses (n=20) from the hospitals indicated earlier. Additionally, to recognize potential issues that can arise during the actual data gathering. The staff nurses participating in the pilot research were not excluded from the study because the data gathered from it was analyzed and no changes were made to the study tools.

Operational design:

The study was conducted throughout three main phases: 1st preparatory, 2nd implementation, and 3rd evaluation described as:

Preparatory phase:

1. Reviewing the available literatures concerning the topic of the study, data was collected by the researcher using questionnaire and observational checklist during morning shift.
2. Arabic translation and retranslation of the study tools was done.

Field work (data collection):

According to their schedules, the researcher

conducted interviews with each participant in a different shift. The researcher will then go over the study's objectives and request their participation. They filled out the tools for fatigue and working conditions after getting oral consent. The investigator evaluated the nurses' performance at work The researcher explained the questionnaire to each nurse through three rounds of direct and indirect observations before averaging these observations. It took roughly 20 minutes to complete for all tools. From March till May 2022, the entire time for data collection was around three months.

Statistical design:

Statistical Software SPSS 20.0 was used for data entry and statistical analysis. Descriptive statistics were used to present the data as frequencies, percentages, means, standard deviations, ranges, chi-squared values, and A nova. At a P-value of < 0.05, statistical significance was taken into account.

The Pearson's correlation coefficient was used to assess the relationship between the variables (r). $P < 0.05$ was used as the threshold for significance in explanations of the findings of significance test

Results:

Table (1): Distribution of Personal characteristics of staff nurses (n. =200)

Personal characteristics	No. (200)	%
Gender:		
Male	42	21.0%
Female	158	79.0%
Marital status:		
Single	65	32.5%
Married	112	56.0%
Divorced	12	6.0%
Widow	11	5.5%
No. of children:		
1 – 2	76	56.3%
3 – 5	46	34.1%
> 5	13	9.6%
Age: (years)		
< 30	95	47.5%
30 – 40	56	28.0%
41 – 50	31	15.5%
51 – 60	18	9.0%
Qualifications:		
Secondary School of Nursing	51	25.5%
Technical Institute of Nursing	93	46.5%
Bachelor of Nursing	56	28.0%
Family income:		
Low	45	22.5%
Average	119	59.5%
High	36	18.0%
Residence:		
Urban	128	64.0%
Rural	72	36.0%
Years of experience:		
< 10	125	62.5%
10 – 20	41	20.5%
21 – 30	18	9.0%
31 – 40	16	8.0%

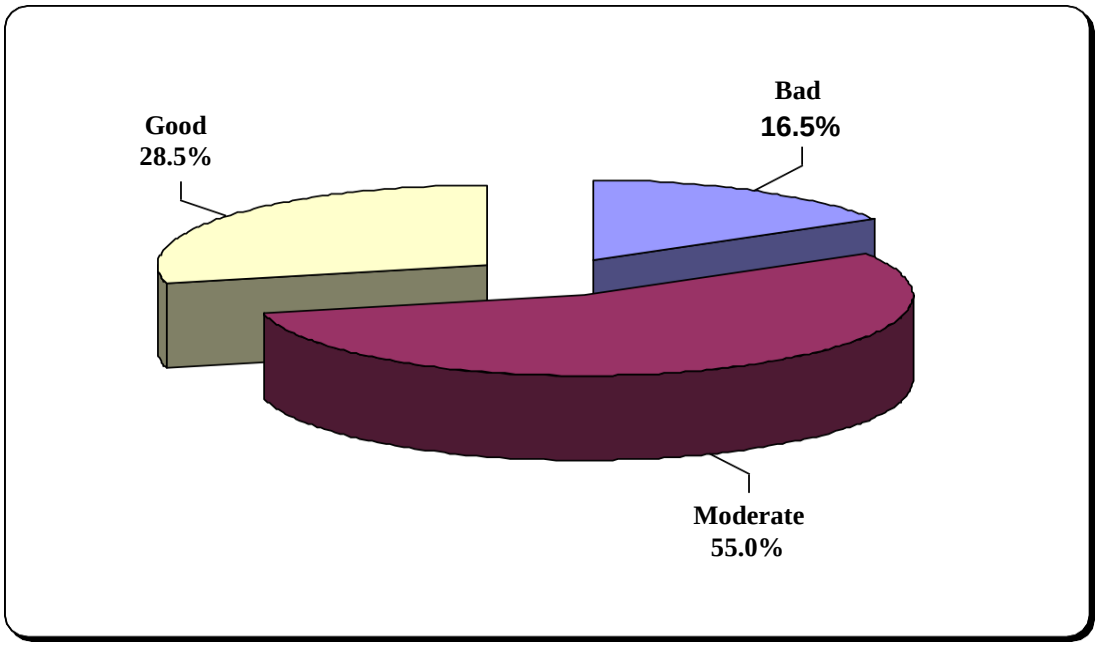

Figure (1): Distribution of the total level of the studied staff nurses work conditions (n. 200)

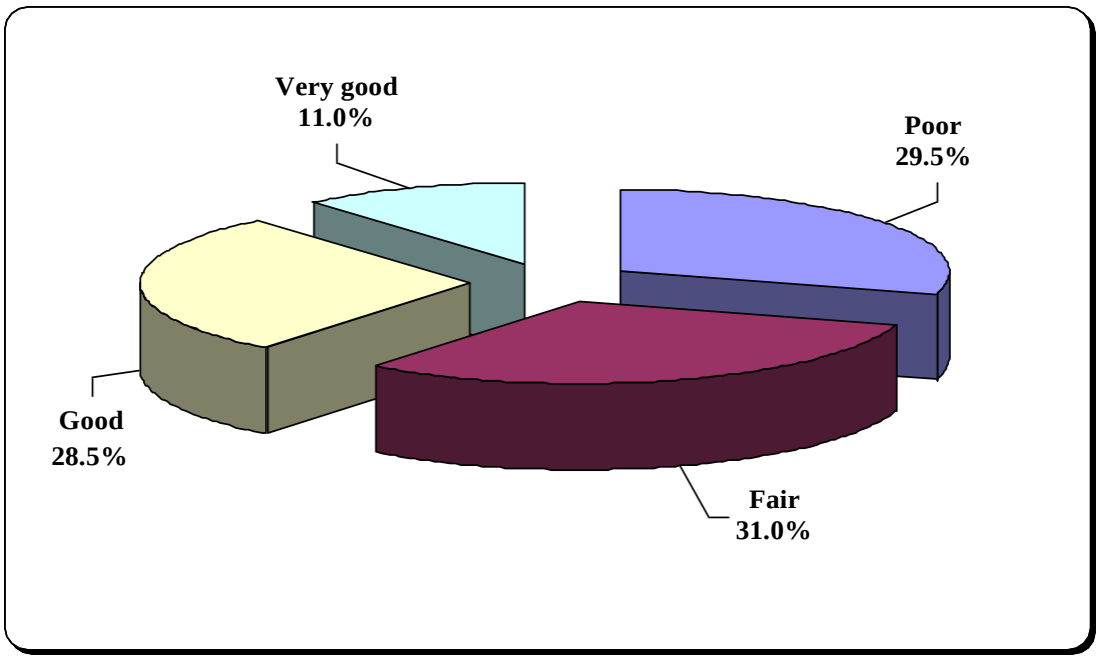

Figure (2): Distribution of level of fatigue among staff nurses (n: 200)

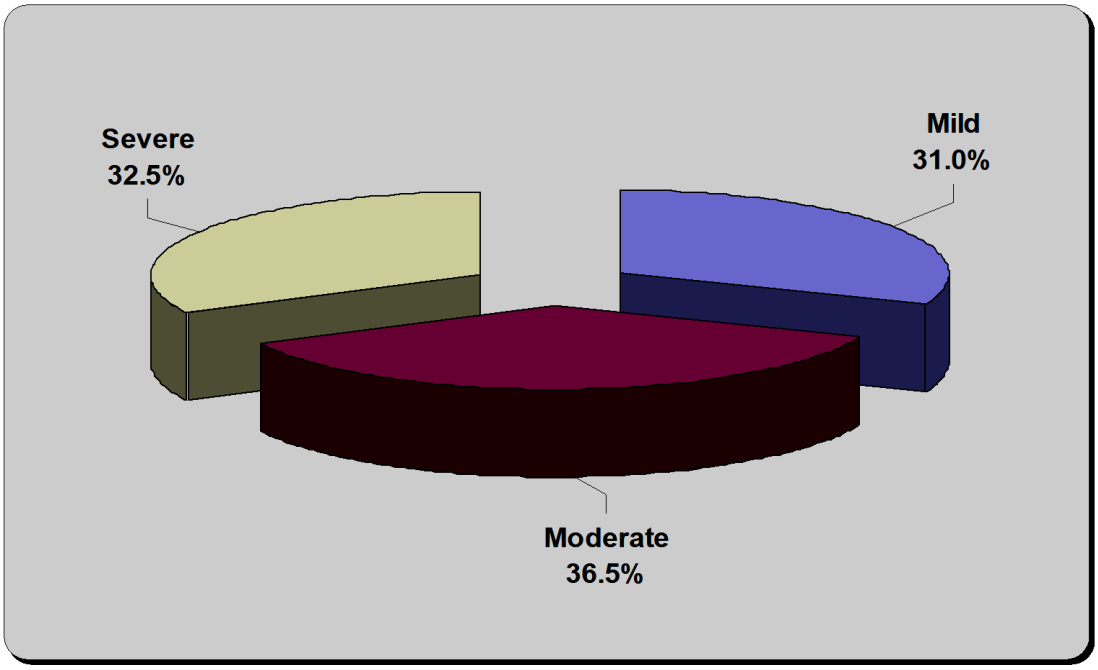

Figure (3): Distribution of job performance level (n. 200).

Table (2): Correlation between work conditions, fatigue score and job performance level of the staff nurses (n.=200)

	Work conditions score		Fatigue score		Job performance score	
	r-value	P- value	r-value	P- value	r-value	P-value
Work conditions score						
Fatigue score	**-0.524**	**0.000***				
Job performance score	**0.395**	**0.000***	**-0.486**	**0.000***		

Table (3): Coloration between Work conditions, Fatigue and job performance level with the staff nurses personal and clinical data (n. =200).

		Work conditions	Fatigue	Job performance
Age (years)	r-value	**-0.265**	**0.558**	-0.101
	P-value	**0.000***	**0.000***	0.155
Gender	r-value	0.132	**-0.201**	0.013
	P-value	0.063	**0.004***	0.856
Marital status	r-value	**-0.221**	**0.412**	-0.120
	P-value	**0.002***	**0.000***	0.090
Qualification	r-value	**0.408**	**-0.413**	0.109
	P-value	**0.000***	**0.000***	0.123
Years of experience	r-value	**-0.312**	**0.594**	-0.080
	P-value	**0.000***	**0.000***	0.257

Table (4): Multiple linear regression analysis for prediction of high job performance

	Unstandardized Coefficients		Standardized Coefficients	r	P-value	95.0% C.I. for B	
	B	SE	Beta			Lower	Upper
(Constant)	29.310	6.667		4.396	0.000*	16.163	42.458
Work conditions score	0.124	0.046	0.193	**2.691**	**0.008***	0.033	0.216
Fatigue score	-2.442	0.456	-0.385	**- 5.357**	**0.000***	-3.341	-1.543

Table (1): Showed the distribution of Personal characteristics of staff nurses.

The majority of the studied staff nurses were females, married and had from 1 to 2 children **(79, 56** and **56%**) respectively. The results showed that about half of them were less than 30 years old, had a technical institute nursing education (**47.5** and **46.5%)** respectively. **59.5 %** of the staff nurses with average family income

0, 64 % from urban areas and **62.5 %** less than 10 years of experiences

Figure (1): Displayed the distribution of the total level of the studied staff nurses work conditions, the studied staff nurses had a moderate level of work condition **55%**.good level **28,5%** and bad level **16,5%**

Figure (2): Illustrated the distribution of level of fatigue among staff nurses**,** the level of fatigue of staff nurses had a moderate level of Fatigue **36.5%** nurses ,sever fatigue **32,5 %** and mild fatigue **31,0%** .

Figure (3): Showed the distribution of job performance level, the studied staff nurses job performance level were fair **31%**, very good **11, 0%**, good **28, 5%** and poor **29, 5%.**

Table (2): Showed correlation between work conditions, fatigue score and job performance level of the staff nurses (n. =200).

A statistical significant negative correlation between work conditions score with fatigue and there was a statistical significant positive correlation between work conditions and job performance. There was a statistical significant negative correlation between fatigue and job performance all statistical differences were highly significant **(0.000*)**.

Table (3): Revealed the correlation between Work conditions, Fatigue and job performance level with the staff nurses characteristic data there was a statistical significance negative correlation between age and working condition **(0.000*)**, but significant positive correlation with fatigue **(0.000*)** and there was non-significant negative correlation between age and job performance of staff nurses **(0,155)**

Showed that there was non significance positive correlation between gender and work conditions **(0,063)**, significant negative correlation between gender and fatigue **(0.004*)** and there is non-significant positive correlation between gender and job performance of staff nurses **(0,856)**

Illustrated that there was a statistical significant negative correlation between marital status and work conditions **(0,002*)**, statistical significant positive correlation between marital status and fatigue **(0.000*) and** non-significant negative between marital status and job performance of staff nurses **(0,090)**

Showed that was statistical significant positive correlation between qualification and work conditions **(0,000*)**, significant negative correlation between qualification and fatigue **(0.000*)** and non-significant positive correlation between qualification and job performance **(0,123)**

Showed that was statistical significant negative correlation between years of experience and work conditions **(0.000*),** significant positive correlation between years of experience and fatigue **(0.000*)** and there was non-significant negative correlation between years of experience and job performance of staff nurses **(0,257)**.

Table (4): Revealed the multiple linear regression analysis for prediction of high job performance The table declared the effect of work conditions on high job performance level but fatigue effect negatively.

Discussion

The purpose of the current study was to examine how the working environment and nurse staff fatigue affected job performance.

Workplace environment and weariness have a significant impact on job performance **(Engelen et al., 2019)**. Nursing must be practised in an environment that upholds their professional role and autonomy, offers sufficient resources, exhibits consistent, high-quality managerial support and leadership, reduces stress and overload, and incorporates nursing into institutional decision-making in order to be effective **(Havaei et al., 2020).**

According to the current study's findings, the level of work conditions for staff nurses was moderate for about half of them. This can be as a result of their bosses' advice and criticism as well as their attendance at physical and online training sessions. This result was in line with **Hall's (2020)** finding that nurses in American centres had moderately favourable working circumstances.

Additionally, this was in line with **Phillips' (2020)** report that more than half of nurses employed in medical, surgical, and psychiatric settings classified their workplaces as having moderate conditions.

Contrarily**, Labrague, & De los Santos (2020)** reported that nurses at medical, surgical, and cancer units thought their working conditions were poor.

According to the results of the current study, one-third of the staff nurses experienced moderate levels of overall fatigue. According to the study, this may be caused by a lack of staff nurses, which leads to lengthy working hours with critically ill patients and inadequate supplies and equipment. In line with the findings of the current study, **Little (2020)** noted that nurses all over the world report a moderate degree of

exhaustion and have identified it as one of the key causes of a choice to leave the field.

This was in contrast to **Wijdenes et al (2019)**. Who conducted a study on nurses working in clinical centers, which found a high degree of overall nurse fatigue and evidence that nurses are overexposed to stressful events at work. This is in line with a study conducted by **Sagheria et al. (2020)** on nurses working in medical-surgical and critical care units in a big teaching hospital, which found that nurses experienced a high degree of total fatigue.

Regarding staff nurses job performance:

According to the study's findings, about one-third of staff nurses performed their jobs at a fair level. According to the study, this may be because training programs and ongoing education are available, as well as because their head nurses are providing enough supervision and support.

In agreement with the findings of the current study, **Jung et al., (2020)** found that nearly half of the staff nurses they surveyed performed their jobs at a moderate level. They studied nurses who worked at primary health care facilities and secondary care level hospitals. In a similar vein, **Labrague & De los Santos, (2020)** found that nurses' job performance was fair after studying them across five governmental and nongovernmental hospitals.

Hu et al. (2020), who observed that the majority of nurses valued job performance components as being adequately performed in their units, corroborated this conclusion as well. In a similar manner, **Buljac-Samardzic et al., (2020)'s** study on nurses in public hospitals found that work performance was average. This finding contrasted with that of **Melnyk et al., (2018),** who claimed that staff nurses employed in surgical units performed their jobs ineffectively. That may be due to the fact that a lack of coworkers and a dearth of staff nurses causes an increase in burden and a decline in productivity.

According to the study, the fact that those nurses had a wide range of job performance areas may be responsible for their fair level of job performance. The results of recent research, which showed that most nurses need educational training programmes to update their practise and attitude to reflect good patient care quality, were used to interpret this low level of work performance.

Regarding the relationships:

According to the researcher, the prevalence of fatigue among nurses was a significant predictor of the occurrence of errors in their work and impaired their job performance. The results of the current study showed a significant negative correlation between job performance levels and degrees of fatigue.

This finding corroborated that made by **Xie, et al. (2020),** who discovered a negative correlation between fatigue levels and nurses' job performance. demonstrating that fatigue has negative effects on nurses' abilities to perform their jobs, including impaired memory, slowed reaction times, increased irritability, impaired critical thinking and problem-solving skills, and decreased focus and judgement,

Labrague (2021) established that there is a negative association between levels of fatigue and job performance, stating that job performance levels decline as fatigue levels rise.

The results of the current investigation suggested that levels of work conditions and exhaustion had a negative relationship.

In a similar vein, **Querstret et al., (2020)** reported that two thirds of nurses assessed to have inadequate compensation, scarcity of nurses and essential resources, exposing nurses to excessively stressful situations and hard work conditions that raise incidence of fatigue among them.

This contradicts the findings of **Hamed et al., (2020),** who demonstrated that working conditions were unrelated to apparent levels of fatigue and came to the conclusion that nurses could adapt to stressful work conditions.

The results of this study showed a relationship between job performance and working conditions that was favourable. Poor working conditions may have had a direct and indirect impact on nurses' ability to do their jobs.

This finding supported **Cramer & Hunter's (2019)** assertion that there was a positive association between nurses' job performance and their working conditions, demonstrating that improvements in work conditions are necessary to improve nurses' job performance. Additionally, it is clear from the study's findings that nurses' perceptions of their working conditions and their job performance were statistically significantly positively correlated.

The results of the current study showed a statistically significant negative correlation between age and working conditions, but a significant positive correlation with fatigue, and a nonsignificant negative correlation between age and staff nurse job performance. This is because older people have a higher prevalence of disease and are less able to adapt to working conditions and act appropriately.

This result also did not line up with that of **Baek et al., (2019),** who demonstrated a favourable statistically significant association between the performance of nurses and their age. Additionally, **Gunawan, et al., (2020)** discovered that senior nurses had more experience delivering nursing care and were better equipped to handle difficult duties. In addition, they had more confidence to pursue a standard of excellence and emphasize quality over quantity.

Regarding the link between the gender of staff nurses and their level of fatigue. There was a negative link between gender and fatigue because women are more likely than males, who are physically stronger and more muscular, to feel fatigue as a result of pregnancy, labour, and hormonal changes.

Regarding the connection between the gender of the staff nurses and their conditions at work. The relationship between gender and working conditions was non-significantly beneficial. A majority female nursing workforce, according to **Liu et al., (2020),** necessitates a variety of work time arrangements, including prolonged work shifts, night work, and on-call scheduling. It has been demonstrated that using these arrangements improperly has a detrimental effect on the nurses' well-being.

According to **Kouta & Kaite's** research from **2021,** women report feeling more fatigued at work. According to **Anthony's (2018)** research, religious convictions and culture are seen as the main causes of differences in gender fatigue levels. It has been discovered that personal measures including exercise, meditation, and relaxation routines can aid in controlling nurses' fatigue.

Regarding the relationship between the gender of staff nurses and their performance, **Brown et al., (2020)** discovered that patriarchal power structures that place caregiving in the domain of the female substantially impact the experiences and careers of males in nursing.

The results of the current study showed a negative relationship between marital status and working conditions, but a positive relationship with fatigue. This is because single nurses did not experience the same problems with working conditions as married, divorced, or widowed nurses who managed their work with family responsibilities.

A statistically significant difference in performance was found between older single nurses with experience and advanced education levels and other nurses, according to **ALSagarat, et al., (2018).** Long-term hospital workers may have the necessary knowledge and abilities to improve their performance if they are nurses.

The results of this study showed that there was a negative association between qualification and fatigue, but a positive correlation with working circumstances. If nurses learn and train diligently, they have stronger skills to deal with working conditions and perform their jobs more effectively. These findings are consistent with those of **Ho et al., (2021),** who discovered that nurses gain more expertise and knowledge as their years of experience increase. This was in line with **ElHneiti, et al., (2019)'s** findings that there was a statistically significant relationship between performance level and nursing qualification, meaning that nurses with higher qualifications typically had higher scores of overall performance compared to nursing school graduates because they transfer their academic knowledge to clinical practise.

Additionally, **Gunawan, et al., (2020)** discovered that senior nurses had more experience delivering nursing care and were better equipped to handle difficult duties. They also felt more confident in their ability to priorities quality over quantity and achieve a standard of excellence. However, none of the personal or occupational variables were significantly associated with the environment in which nurses worked. This is consistent with another study by **Wan et al., (2018),** which found no connection between organizational climate parameters and nurses' experience.

Years of experience had a negative relationship to working conditions, but a positive relationship to fatigue and a negative relationship to job performance because, as years of experience increased with age, so did fatigue and job performance levels.This is consistent with another study by **Wan et al., (2018),** which found no connection between organisational conditions aspects and nurses' experience. The current study shown that high job performance levels are influenced by work environment, however fatigue has a negative impact.

The researcher point of view, that the nurse's job performance could be affected by many factors the most factor is their working field condition then their fatigue during the working day had a less effect than work conditions because the nurses could adapt or overcome their fatigue by different approaches.

Conclusion:

Regarding to the study results, the consequential conclusions can be stated:

Staff nurses' performance was affected by degree of working condition and level of fatigue. So, there is a possibility of improving the performance of staff nurses and decreasing their fatigue through improving their working condition

Recommendations:

According to the study results the following recommendations are advised:

1. Supplying sufficient financial and other resources in a working to enhance work conditions.
2. Regulations should be drafted by the administrative staff to prevent nurses who provide direct patient care from working more than 12 hours per day and 60 hours per week.
3. Whether or not overtime is required, staff nurses and nurse supervisors alike want to be aware of the negative effects.

4. Teaching employees to take personal responsibility for not working when they are too tired and to provide them with options for part-time employment and flexible scheduling.
5. Utilize a motivating action to recognize good work and provide feedback to the staff nurses on a regular basis and evaluate their working conditions.
6. Update and assess the nursing staff's job performance on a regular basis.

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