



T.C.

**ÇANKIRI KARATEKİN ÜNİVERSİTESİ
SAĞLIK BİLİMLERİ ENSTİTÜSÜ
HEMŞİRELİK ANABİLİM DALI**

**THE IMPACT OF NIGHT SHIFT ON THE PSYCHOLOGICAL AND
PHYSICAL HEALTH OF NURSES IN TİKRİT CITY HOSPITALS**

Yüksek Lisans Tezi

Alaa Hussein GAEB

Çankırı 2021

**THE IMPACT OF NIGHT SHIFT ON THE PSYCHOLOGICAL AND PHYSICAL
HEALTH OF NURSES IN TIKRİT CITY HOSPITALS**

Alaa Hussein GAEB

**Sağlık Bilimleri Enstitüsü
Hemşirelik Anabilim Dalı
Psikiyatri Hemşireliği Tezli Yüksek Lisans Programı**

Yüksek Lisans Tezi

**TEZ DANIŞMANI
Doç. Dr Sati DİL**

**İkinci Danışman
Dr. Abid Salih Kumait**

Çankırı 2021

KABUL VE ONAY

ÇAKÜ, Sağlık Bilimleri Enstitüsü'nün 188202013 numaralı Yüksek Lisans öğrencisi Alaa Hussein GAEB, ilgili yönetmeliklerin belirlediği gerekli tüm şartları yerine getirdikten sonra hazırladığı “THE IMPACT OF NIGHT SHIFT ON THE PSYCHOLOGICAL AND PHYSICAL HEALTH OF NURSES IN TIKRIT CITY HOSPITALS ” başlıklı tezini aşağıda imzaları olan jüri önünde başarı ile sunmuştur.

Tez Savunma Tarihi :

Tez Danışmanı:

Doç.Dr. Satı DİL
Çankırı Karatekin
Üniversitesi

.....

İmza

İkinci Danışman:

Dr. Abid Salih Kumait
Kirkuk Üniversitesi

.....

İmza

Jüri Üyesi:

Dr. Öğretim Üyesi Pınar
ÇİÇEKOĞLU ÖZTÜRK
Muğla Sıtkı Koçman
Üniversitesi

.....

İmza

Jüri Üyesi:

Dr. Öğretim Üyesi Seher
GÖNEN ŞENTÜRK
Çankırı Karatekin
Üniversitesi

.....

İmza

Yukarıdaki sonucu
onaylarım

İmza

Prof. Dr. Özcan ÖZKAN
Enstitü Müdür

ETİK BEYANNAMESİ

Yüksek Lisans/Doktora tezi olarak hazırlayıp sunduğum “The Impact Of Night Shift On The Psychological And Physical Health Of Nurses In Tikrit City Hospitals” başlıklı tez; bilimsel ahlak ve değerlere uygun olarak tarafımdan yazılmıştır. Tezimin fikir/hipotezi tümüyle tez danışmanım ve bana aittir. Tezde yer alan araştırma tarafımdan yapılmış olup, tüm cümleler, yorumlar bana aittir.

Yukarıda belirtilen hususların doğruluğunu beyan ederim.

İmza

27 July 2021

Alaa Hussein GAEB

CONTENTS

Sayfa

KABUL VE ONAY	iii
ETİK BEYANNAMESİ.....	iv
KISALTMALAR VE SEMBOLLER.....	vii
TABLolar LİSTESİ.....	viii
ŞEKİLLER LİSTESİ.....	ix
ÖZET.....	x
SUMMARY	xi
1. GİRİŞ	12
1.1. Çalışmanın Amacı.....	18
1.2. Problemler.....	18
1.3. Hipotezler.....	19
1.4. Sınırlılıklar	19
2. GENEL BİLGİLER.....	20
2.1. Night shift	20
2.2. The problem of the night shift system is both physical and psychological	20
2.3. Shift-work problem psychological repercussions	21
2.4. Night work and mental health	21
2.5. Quality Of Life and Night shift.....	22
2.5.1. Quality of life in health	25
2.5.2. Quality of life and work today	26
2.5.3. Quality of life and job satisfaction	27
2.6. The relationship of job satisfaction, mental health and quality of life.....	29
2.7. NURSING	19
2.5.3. Definition Of Nursing	1930
2.5.4. Nursing night workers and quality of life	31
3. MATERYAL VE METOD.....	34

3.1.	Methodology	34
3.2.	Research Methodology.....	34
3.3.	The sample that responded.....	34
3.4.	Data Collections Tools	35
3.5.	Ethical Principal	Hata! Yer işareti tanımlanmamış.
3.6.	Target units.....	36
3.7.	Data Analyses.....	36
4.	BULGULAR	37
5.	TARTIŞMA	59
5.1.	Discussing the demographics, the relationship between job satisfaction, quality of life, physical health, and the level of psychological state for nurses working in the night shift.	60
5.2	Job Satisfaction	61
5.3	Physical, Psychosocial Influence States Of Working At Night Shift According To The Sociodemographic Features Of The Nurses	62
6.	SONUÇ VE ÖNERİLER.....	63
	KAYNAKLAR	54
	EKLER.....	64

KISALTMALAR VE SEMBOLLER

QOL : Quality of Life

WHO : World Health Organization



LIST OF TABLE

	<u>Page</u>
Table 4.1: The Nurses' Sociodemographic characteristics	27
Table 4.2: Questions related to -nurses'-psychological and social work environment.. Kruskal-Wallis for night-working nurses with a gender variable	30
Table 4.3: Questions related to your psychological and social work environment	33
Table 4.4: The way your work affects your private and family life.....	40
Table 4.5: Psychological State Of Nursing In The Workplace.....	42
Table 4.6: Mean Overall Scores of the Psychosocial Effects of Night Shift Work According to the Participants' Sociodemographic Characteristics.....	47

LIST OF FIGURES

	<u>Page</u>
Figure 2.1: Relationship Between Mental Healt and QOL.....	14
Figure 2.2: The relationship between job satisfaction and quality of life.....	17
Figure 4.1: Relative distribution of the study population by hospital.....	27
Figure 4.2: Psychosocial work environment for the study community	33
Figure 4.3: Work environment from the Psychological side for the study community.....	40
Figure 4.4: The way work affects private and family life	41
Figure 4.5: The effect of the work place psychological on nursing workers at night for the study community.....	47

Tikrit Şehir Hastanesinde Gece Vardiyasının Hemşirelerin Psikolojik Ve Fiziksel Sağlığı Üzerine Etkisi

ÖZET

GAEB, Alaa Hussein. Tikrit Şehir Hastanesinde Gece Vardiyasının Hemşirelerin Psikolojik Ve Fiziksel Sağlığı Üzerine Etkisi, Yüksek Lisans, Çankırı, 2021

Araştırmanın amacı, gece çalışan hemşirelerin fiziksel, psikolojik ve sosyal sağlıklarını etkileyen faktörleri belirlemektir. Kesitsel tanımlayıcı tipteki bu çalışmanın örneklemini, Irak'ın Tikrit kentindeki hastanelerde gece vardiyasında çalışan 100 hemşireyi içermektedir. Veriler; Kişisel Bilgi Formu ve Kopenhag Mesleki ve Ruh Sağlığı Ölçeği Anketi kullanılarak toplanmıştır. Verilerin değerlendirilmesinde; sayı, yüzde, aritmetik ortalama, standart sapma ve Kruskal-Wallis testi kullanıldı. Örneklemin çoğunluğunu (%68) kadın, geri kalanını erkek oluşturmuştur ve hemşirelerin çoğunluğu 25-34 yaş arasında (%37) bekar, hemşirelik mezunudur. Araştırma sonuçlarına göre; gece vardiyasında çalışmanın hemşirelerin %40'ının amirlerinin iş tatminine çok az öncelik verdiğine inandığı, çok fazla zamanlarını aldığı ve özel yaşamlarını olumsuz etkilediği, zamanlarının büyük çoğunluğunda stresli oldukları, duygusal tükenmişlik hissettikleri, irritable oldukları, %21'inin ise işyerinde fiziksel şiddet tehditine maruz kaldığı saptanmıştır. Sonuç olarak, çalışma ortamında hemşireler arasında gece vardiyalı çalışmanın önemli bir psikososyal etkisi olduğu bildirilmiştir. Çalışma sonucuna göre, yaşam kalitesini iyileştirmeye ve hemşireliğin olumlu yönlerine yatırım yapmaya uyumlu bir eğitim programının geliştirilmesi önerilmektedir.

Anahtar Kelimeler: Gece shifti, hemşirelik, psikolojik sağlık, fiziksel sağlık, uyku bozuklukları,

The impact of night shift on the psychological and physical health of nurses in Tikrit City Hospitals

SUMMARY

GAEB, Alaa Hussein. The impact of night shift on the psychological and physical health of nurses in Tikrit City Hospitals (Master Thesis), Çankırı, 2021.

The aim of the study is to determine the factors that affect the physical, psychological and social health of nurses working at night. Sample of this cross-sectional descriptive study included 100 nurses working on the night-shift system in hospitals in Tikrit, Iraq. Data were collected using by the Personal Information Form and the Copenhagen Occupational and Mental Health Scale Questionnaire. In evaluating the data; the number, percentage, arithmetic mean, standard deviation, and Kruskal-Wallis test were used. The majority of the study sample (68%) was female, the remainder male, and most of nurse were between the ages of 25 and 34 (37%) and single (%55), nursing graduates. According to the search results; It was determined that (40%) of the sample believe that their direct supervisor gives little priority to job satisfaction. It has been determined that working in the night shift negatively affects the private lives of the nurses, where they take too much time they were stressed most of their time, felt emotional exhaustion, were irritable, and 21% of nurses were exposed to the threat of physical violence in the workplace. As a result of the research it has been reported that night shift work has a significant psychosocial effect among nurses in the working environment. The study recommends developing a training program that is compatible with improving the quality of life and investing in the positive aspects of nursing

Keywords: night shift, nursing, psychological health, psychial health, sleep disorders

1. INTRODUCTION

Shift work means any work plan after 7am and 6pm. Shift work may cover night, evening, and morning shifts as well as fixed or rotating schedules. About 16 percent of salaried and salaried employees follow shifting schedules, according to the US Bureau of Labor Statistics. This includes 6% working night shifts and 4% working night shifts. Although some employees like to work overnight and prefer a funky schedule, switching is inconvenient. Those who work nights, mornings, or shifts are a third more likely to have changes and other difficulties sleeping. Nightwork covers shifts from 23:00 to 3:00(Pacheco and Rehman, 2020). Common careers including night shifts:

Doctors, nurses, paramedics and other professionals of health care Caregivers, mental helpers, veterinary supports and other health support workers Firefighters, police officers, security guards and other security staff Bakers, mechanics, assembly lines and other employees working in the production and manufacture of truck drivers, air traffic controllers, tankers and other transport and transportation personnel (Pacheco and Rehman, 2020).

Currently around one-fifth of the world's employees work in shifts, with 20 percent of European and American night shifts. Shifting work is needed for the continuity of treatment at hospitals and in residential institutions within the healthcare system. Rotation and timing are key features of transition work and nursing is generally limited to 24-hour work and night shift patterns. Shifting and night shifts in particular are one of the most prevalent causes of circadian rhythms that cause substantial sleep and metabolic abnormalities, which may in turn impair physical and mental health (Ferri et al, 2016).

The American Academy of Sleep Medicine calculates that 20–30 per cent of shifting employees have the so-called «shift work disorder » condition. The most typical shift plan is continuously organized: morning, midday and shifts at night. No matter the

timetable, a complex combination of internal and external variables explains the negative effects to the well-being of individuals (Alfonsi et al, 2021).

A lot of labor during the night might result in psychological, logical and physiological issues and imbalances in the circadian cycle. This makes it hard for nurses to perform their normal work at night and causes more mishaps and injuries at work. Determination of the circadian rhythm leads to changes in the cycle of sleeping and sleeping. Lower sleep quality was related with night shift job in a study on the quality of sleep of night shift nurses (Zhang et al., 2016).

Poor sleep quality can reduce the quality of life for nurses by adversely impacting their physical, mental and social functions both inside and outside the household. The primary variables that negatively influence an individual's quality of life include stress and night work. Stress occurs with a stress signal and generates a brain reaction to stress. Then cortisol is released from the adrenal cortex and catecholamines via the physiological systems, including the immunological and the internal neurological systems, and causes stress (Neu et al., 2018) (adrenaline, noradrenaline)

Secretion from the cortex adrenal and catecholamines of the adrenal medulla (adrenaline, noradrenaline) (Niu et al., 2018; Whittaker & Gallagher, 2019). In virtually all psychological stresses, the physiological process begins; cellular stress begins, and the amount of the intracellular as well as the transcellular metabolites of reactive oxygen, which are indicators of such stress, increases. Frizz removes by means of mineralization the antioxidants necessary for regulating, controlling and stopping this oxidizing process. This also causes other illnesses to emerge a study of impacts from night shifts on the antioxidant system reveals the presence of increased oxidants and reduced antioxidant parameters in psychosis and night shifts (Gowda, 2019).

The data is interpreted through two mechanisms: shift work interferes with the normal meal cycle, disrupting the daily rhythms of the body's metabolic performance, including glucose, fat metabolism, and insulin secretion, which in turn disrupt the cycles of physiological energy storage and utilization (Duez and Stales,

2009) . Research shows that shift workers often eat unhealthy, and take. "Fast food," and drinking greater amounts of stimulants and alcoholic beverages (Ohida and Kamal,2001). In addition, the habit of smoking cigarettes is more prevalent among shift workers than among those working during normal working hours (Buyukhatipoglu et al ,2010).

Nurses and technicians who work night shifts are replacing sleep during the day, which alters the body's metabolism and increases the risk of type 2 diabetes, elevated levels of triglycerides and cholesterol in the blood, and insulin resistance. Which is closely related to the glucose balance that is negatively affected. Lack of sleep at night (Givens et al, 2015).

Shift work can have certain advantages, which is mainly manifested in greater flexibility in the use of free time. Likewise, tolerance to shift work, i.e. the development of sleep problems and social and family problems, is affected by a number of individual and circumstantial factors: age, morning and evening, flexibility in sleep habits, ability to overcome sleepiness and difficulty in work. Moreover, in addition to these factors, consideration must be given to physical endurance, family status, shift work organization, and social work conditions (Vitale et al , 2015). Night work has been identified as a dangerous risk factor for workers' health and classified into several categories: biological jobs, work efficiency and safety at work, social and family aspects and health problems (Givens et al, 2015).

There is a correlation between the age of the subjects working with seizures and health problems. A survey in Europe of a sample of 16,000 respondents showed that shift workers have a greater number of health problems than workers who do not work on shifts (Vitale and Varrone, 2015).

The most common factors in shift work that lead to errors and endanger patient safety are drowsiness, chronic fatigue, instability of attention in workers, and a similar 24-hour distribution. It has been confirmed that 60% of the accidents in the morning shift occur in the first half of the shift, while in the night shift 57% of the incidents occur in the second half of the shift. At night, the risk of an accident increases significantly after 8 PM (Vitale et al, 2015).

Night work or shifts display common features that may interfere with asynchronous daily physiological activity. Constant exposure to nighttime light, frequent snacking, lack of physical exercise, nightlife and nightlife activity were potential sources, and several studies have indicated that shifting can contribute to dyslipidemia, diabetes, and systemic blood pressure (SAH). Over recent decades in the United States the incidence of obesity has progressively increased and is linked to an increased overall death rate and comorbidity. The major reasons responsible for increasing obesity are recognized to be lifestyle factors, such as increased calorie consumption and sedentary lifestyles (Brum et al, 2020).

However, in addition to geneticity, other variables such as sleep length and shift employment were involved in the etiology of the condition. Certain authors highlight that night employment or shift work with increased BMIs is a favorable relationship, which is considerably higher compared to workforce in day shifts. Knutson et al, respectively. Reducing sleep time has also been proven to raise the risks of cardiovascular illness, insulin resistance, diabetes and obesity. Negative effects on hormone levels and positive energy balance have been linked to poor sleep (defined as 6 hours of sleep per day), and negative effects associated with low hormone levels have been associated with positive level balance working in shifts. Sleep has limited metabolic and endocrine effects, including decreased glucose tolerance and insulin sensitivity, increased nighttime cortisol concentrations, increased ghrelin levels, decreased leptin levels, and increased hunger. From this point of view, there may be a link to decreased sleep time, although the mechanisms of this association are still not fully recognized, with a higher incidence of obesity and overweight (Brum et al, 2020).

Others predict sleep quality by sleep response time, sleep duration, and daily performance. Sleep latency is closely related to eating habits and the type of food eaten before bed. Research shows that sweet, fatty, and spicy foods increase the time it takes to fall asleep. Another study of the eating habits of shift workers shows an increase in the consumption of such foods, caffeine, and alcohol, which in turn are closely related to having night shift work (Di Lorenzo et al , 2003).

Sleep duration is influenced by the circadian rhythm, sleep hygiene, work form, and respondent characteristics. Scientific research recommends 8 to 10 hours of sleep for normal functioning and health. Anything below or above these values is detrimental to both physical and mental health (Vitale et al, 2015).

The results of the research on nurses who worked night shifts, and during examination in the day or evening shifts, showed that former night workers significantly shortened the delta stage of sleep and that their sleep duration was shorter compared to workers who worked day shifts (Martin, 2011). Sound sleep habits are a prerequisite for good (Bonfond et al, 2001).

A sleepy night and an important factor in the daily smooth running of workers. Sleep habits differ between individuals and the population, depending on age, gender, and lifestyle habits such as drinking alcohol, caffeinated beverages, and smoking cigarettes (Silva et al, 2011).

sleep quality is also affected by external weather indicators. This primarily refers to the creation of a synthetic cycle of lighter darkness, which allows for the waking phase during the day and the sleep phase during the night. In shift workers, the cycle is disrupted and it is difficult for them to return to the normal stages of waking and sleep. The key to this is the cycle-regulating hormone melatonin. Research has shown a decrease in hormone concentrations in shift workers, and there are studies looking at the effect of hormone replacement and dynamic light on the sleep-wake cycle (Marion et al, 2009). The study did not provide data that would scientifically support the justification for the use of melatonin for the purpose of harmonizing the wake and sleep cycle in shift workers (Buyukhatipoglu et al,2010).

Quality of life, the extent to which a person can participate in or enjoy life activities, and how comfortable. The word life quality is inherently ambiguous as it may relate to an individual's experience of his or her own existence as well as the situations in which he or she finds him or her. Therefore, a very subjective quality of existence. While one person might describe the quality of life by money or happiness, another person can define it by capacity (e.g., having the ability to live a good life in terms of emotional and physical well-being). A person with a disability can report a good

quality of life, but a healthy individual who has just lost a job can describe a bad quality of life. In the health care sphere, a quality of life that includes emotional, physical, material and social well-being is seen as multidimensional (Jenkinson, 2019).

This complex experience is based on personal experience, as well as on the aspirations, desires and values of the individual, which are determined by the psychophysiological group of his characteristics and the objective conditions in which the person lives (Buyukhatipoglu, 2010).

There is agreement that the concept of quality of life involves a mixture of objective and subjective variables. A weak correlation was observed between a person's subjective sense of life satisfaction as well as their own assessment of quality of life and objective living conditions. We find a great relationship between these indicators in situations of poverty and misery, when the basic life needs of the individual are not met. By improving objective living conditions, communication is lost. In good objective living conditions, a further increase in material wealth contributes very little or no contribution to a subjective sense of quality of life (Vitale et al, 2015).

Quality of life at work is an idea that involves satisfaction and realization in working life. This is how you feel about your work as an assistant. There are two components to quality of professional life: satisfaction and empathy. In view of the ratings, quality of life in workplaces has subscales of empathy, fatigue and compassion, which should be taken jointly. In the Career Scale, examine these three topics together. Professional quality of life is crucial for nurses in particular. Studies in different areas of nursing show numerous elements influencing the quality of career for nurses. The elements linked mainly to the work environment and professional perspectives should be considered. Furthermore, personal variables also have an impact. For instance, the understanding of professionalism, the medicine and its working circumstances, the perception and ability to provide care, violence at work, religious convictions, nursing skills, employment at work, the type of job and working hours all influence professional quality and the components of professional life (Yilmaz and Ustun, 2018).

The nurse's working in a night shift also has negative effects on their body rhythm. The disturbances of daily biological rhythms in the human body are an approach to

sleep disorders or other bodily functions that would be exclusively biological. They cannot fully include and explain all the phenomena related to the circadian rhythms in the human body, because some important variables are determined through a biological, psychological and social framework. Multiple and require interpretation using new paradigms. One of the main factors causing the health and mental problems of night workers and shift workers is disruption of normal circadian rhythms. Circadian rhythms are biologically self rhythms that usually alternate on a daily basis for about 24 hours. They control the waking cycle, body temperature, blood pressure, reaction time, alert levels, readiness for work, etc. For the organism to function optimally, the internal coordination of these various physiological processes is important. Night work and seizures lead to a continuous change in the phases of the rhythm of wakefulness and sleep, which leads to the mismatch of the daily differences of the different functions in the body, which severely affects the physical and mental health of workers(Schernhammer et al, 2003).

1.1.The aim of the study

It aims to reveal the differences in mental health level of nurses working in Tikrit city hospitals according to variables (gender, educational qualifications, department, experience period, economic level) and also to find the relationship between mental health level and night work. In addition to the risks associated with shift night work, we also learn about the health and psychological risks associated with night work if we compare them with daily work.

1.2.Problem of the study

- What is the job dissatisfaction level of the nurses working in the night shift?
- What is the quality of life level of nurses working in the night shift?
- How are the physical health situations and mental state situations of the nurses working the night shift?

1.3.Hypotheses

H0: There is no statistically significant effect on the mental and physical health of nurses working in Tikrit city hospitals during night work.

H1: There are statistically significant differences in night work related to the mental and physical health of nurses working in Tikrit city hospitals due to the following demographic and functional variables (gender, marital status, duration of experience, educational qualifications, and job).

1.4.Limitations

- **Time limits:** 2021(pandemic process)
- **Place limits:** Salahuddin Teaching Hospital, Salahuddin Governorate, Iraq

2. GENERAL INFORMATION

2.1.Night shift

There are many industrialized countries nowadays, in which shift work is widespread and approximately forty percent, of care workers in the European Union are engaged in shift work, but the inherent association between sleep management and daily asynchrony has led to increased disruptions in sleep/wake cycles, so They have more days to work than those who work in the day shift. This problem is especially important in the medical sector, which demands personnel to be accessible 24 hours a day, 3 shifts a day. The changed night shift sleep / waking cycle is related to medical mistakes and, more broadly, the capacity to take care of basic and updated care duties properly and promptly. Similarly, the ability of people who worked in fixed shifts to perform mental calculations quickly and correctly is poor. The breakthroughs are due to the greater cognitive decline in managerial capacities and concentration of activities among Italian medical practitioners who worked in different shifts compared to those working in fixed shifts. It is important to regulate shift work in order not to adversely influence the safety and health of medical personnel (Muzio et al, 2020).

2.2.The problem of the night shift system is both physical and psychological

Shift work is a circadian sleeping rhythm problem which affects these personnel in major part. Symptoms of insomnia or excessive daily sleep are defined by the condition 2 in connection with an unsuitable schedule with standard bedtime work. Those who work evenings, early mornings or alternate shifts are particularly vulnerable to this condition (Pancheco and Rahman, 2020).

2.3.Shift-work problem psychological repercussions

In 24 hours, most persons with shift disorder lose 1 to 4 hours of sleep. As many individuals take 7 to 9 hours of sleep each day, this loss of sleep can generate considerable sleep debts. In persons with shift work disorder, insomnia symptoms are frequent. Depending upon the type of a work schedule, the symptoms emerge in different ways. For example, those who start shifts between four and seven o'clock typically experience sleep issues, while others who work shift at night usually find it difficult to keep sleeping (Pancheco and Rahman, 2020).

There are some studies in the literature evaluating the psychosocial effects of night shift work on nurses. In one study, Jaradat et al. (2018) reported that working female nurses experience more job stress than males, but males have less job satisfaction. In other study, night shift nurses expressed concerns about fulfilling their duties as wives and mothers (Nasrabadi 2009), while a study in Turkey revealed that nurses' working hours and night shifts lead to family conflicts and reduce job satisfaction. (Yıldırım&Aycan 2008)

2.4.Night work and mental health

Shift workers are 28% more likely than those with specific weekday work schedules to experience mental health problems Shifts alter the circadian sleep-wake cycle, the natural cycle that fits into the circadian night cycle, and make people irritable and irritable. Since the change of leave coincides with the responsibilities of family, work and life, it is also social isolation. Researchers report that women appear especially vulnerable to the negative effects of shift jobs on their mental health in the American Journal of Public Health, and 78 percent more women who worked nights or split shifts are prone to adverse health outcomes in comparison to women who work on a fixed weekday schedule. mental. However, when males work at night or work irregular programs they do not appear to be at higher risk for mental health problems (Rapaport, 2019).

People with poor mental health can end up in employment with irregular schedule and not develop mood disorders after work or irregular shifts. The findings, however,

imply that employees should know the potentials of work schedules affecting mental health, that shift work is probably just one element of poor mental health, and that those with signs of depression and other mood disorders should be seeking cures. Finding time to practice, getting out during the day and spending time with family and friends can also help to boost moods and minimize social isolation, which can make depression even more intense (Rapaport, 2019).

2.5. Quality Of Life and Night shift

Caregivers in clock operating institutions are often subjected to work shifts and lengthy hours of labor. These rigorous schedules might lead to sleep issues since there are times when irregular sleep is necessary and times when circadian rhythms are out of step. Sleep misalignment at circadian rhythms leads to sleep problems, greater excitement during your sleep, and early awakening leads to worse sleep and less sleep (Caruso, 2014).

The time between work shifts, between work and personal life needs may be reduced due to insufficient sleep. Moreover, economic constraints may force health workers to seek second jobs or work longer hours. Failure to understand the value of sleep is another problem that may prompt individuals to reduce sleep for other activities. The decrease in neurocognitive function causes greater rates of injuries and worker mistakes due to fatigue. Some working schedule patterns are linked to an increased risk of mistakes and accidents (Caruso, 2014).

Night work for some nurses may cause psychological stress by doing extra work, demonstrate emotional or engage in drug abuse or substance abuse. Therefore, the Nursing Director, should monitor channels and counteract poor productivity workers and refer them to appropriate support groups and/or medical care. Studies show that nurses in certain specialties, such as intensive care nursing, are particularly at risk of psychological stress. Therefore, the interest in the so-called quality of life has increased (Tammy et al, 2021).

The term quality of life began to be used regularly in the middle of the twentieth century, and acquired a more realistic meaning from the seventies, although it developed in the fields of social sciences, it gradually moved to the field of health, and became the main title in the medical index in 1977 (Alsharari et al, 2021), which expanded greatly during the eighties. In its beginnings, objective aspects of the standard of living prevailed, even the current psychosocial perspective in which the subjective aspects of well-being or personal satisfaction with life take on special importance. Because it is a modern term, it is difficult to talk about a historical approach, because it is more recent than history, although when taking a journey through the trends that represent the evolution of quality of life, so with the movement of social indicators of Chicago (USA), at the end of the 1960s, I tried This movement developed objective indicators that were sufficient to assess the quality of life in a particular environment (neighborhood, city, state, etc.) through objective indicators (the number of cars per family, the number of electrical appliances in the house), this study concluded that there is no relationship between objective indicators of quality Life and satisfaction with quality of life in North American residents. Other attempts to address quality of life from a social perspective are those being undertaken by the United Nations and the Organization for Economic Co-operation and Development (OECD) (Huges and Guzman, 2016).

Covering basic needs (nutrition, housing, health and other physiological elements) was what was understood as quality of life. Despite basic needs, most societies have linked education, security, and leisure, along with qualitative aspects of the physical, social, political, and economic environment. So from a sociological perspective, quality of life will be equivalent to satisfying two levels of Maslow's hierarchy of human needs (1968), i.e., subsistence and security (Labonte et al, 2011). The objective life conditions were only related to the subjective experience of a better quality of life. Special highlight the weak interpretation of this relationship between the objective conditions of life and the subjective experience of a better quality of life is that above a certain minimum level of life, the primary determinant of individual quality of life is the awareness between the characteristics of demands, opportunities, expectations, capabilities, and needs of the individual as he sees them confirmed This argument through epidemiological studies have shown that above the specified poverty level (Theofilou, 2013).

The objective conditions of life were related only to the subjective experience of a better quality of life. When the weak explanation for this relationship between the objective conditions of life and the subjective experience of a better quality of life is that it is above a certain minimum level of life, the primary determinant of an individual's quality of life is consciousness. between the characteristics of the demands, opportunities, expectations, capabilities and needs of the individual as he sees them (Mccrea et al, 2006).

The quality of life began to take center stage in the eighties, as it was characterized by its great development, and thus the guidelines that were followed in the early eighties were improved search for subjective indicators, until its derivation in the current situation, where it is assumed that it is subjective and the multidimensional nature of quality of life (Marjoua and Bozic, 2012).

The World Health Organization endorsed that in 1994, the subjective nature that defines quality of life as "an individual's personal perception of their situation in life, within the cultural context and values in which they live, and in relation to their goals, expectations, values and interests" the need for quality of life to be multidimensional from It is clear that at the Consensus Conference on the Same, held in London in 1986, the main thing was to identify the components of quality of life (Carulla et al, 2014).

Thus, Joyce (1987) developed a conceptual scheme model, which took into account the following dimensions: physical, cognitive, emotional, social and economic. It was agreed in this conference that this model fully covers the basic areas of quality of life, and thus, quality of life includes a broad concept as it includes a series of related dimensions such as physical health, psychological state, level of independence, social relationships, environment and religious beliefs. It should also be borne in mind that quality of life does not equate to "health status," "lifestyle," "life satisfaction," "mental state or well-being," "but rather a multidimensional concept that includes an individual's perception of these and other aspects of life" (McEwen and Wills, 2014).

According to the model of Campbell, Converse and Rogers (1976), includes in the concept of "quality of life" the cognitive dimension versus "well-being", which is mainly related to emotional states. This self-assessment of quality of life refers to "satisfaction" and is based on judgment (greater or less satisfaction) that one takes about different areas of daily life. Therefore, for this author, satisfaction would be the balance between the emotional side, the well-being and the rational side, and the "satisfactory" judgment that the subject makes in different areas of his life. We can say that Quality of life is good - the presence, happiness and satisfaction of a person that allows him to be able to act or act at a particular moment in his life. It is a personal concept, typical of each individual, affected by the environment in which they live such as society, culture, measure of values, quality of life is satisfaction with life. The individual, which he does, is at the same time satisfied with what he is, with his abilities and equally satisfied and in tune with his surroundings and has an exciting future (Mccrea et al, 2011).

2.5.1. Quality of life in health

The concept of multidimensional quality of life, when taking these dimensions from the point of view of health, we can talk about two factors: one is directly related to health, called "health-related quality of life" (HRQL), and the other has no direct relation to it or to a non-medical factor, consisting of friendship Family, religious beliefs, work, income and other life circumstances as in Figure 1.2 (James et al, 2002). They are independent but on the contrary, they are connected in a way, and disease and deterioration also affect the physical area and affect the psychological state of a person, their level. Independence and their social relationships, also affect aspects not directly related to health. Health-related quality of life is defined as a person's outwardly oriented self-assessment of himself and focuses on the perceived state of health about the individual's potential to lead a fulfilling life for himself, because it is not found in the bibliography. The terms 'health', 'emotional state', and 'health-related quality of life' are easy to use in medical literature concepts (Fitzpatrick et al, 1992).

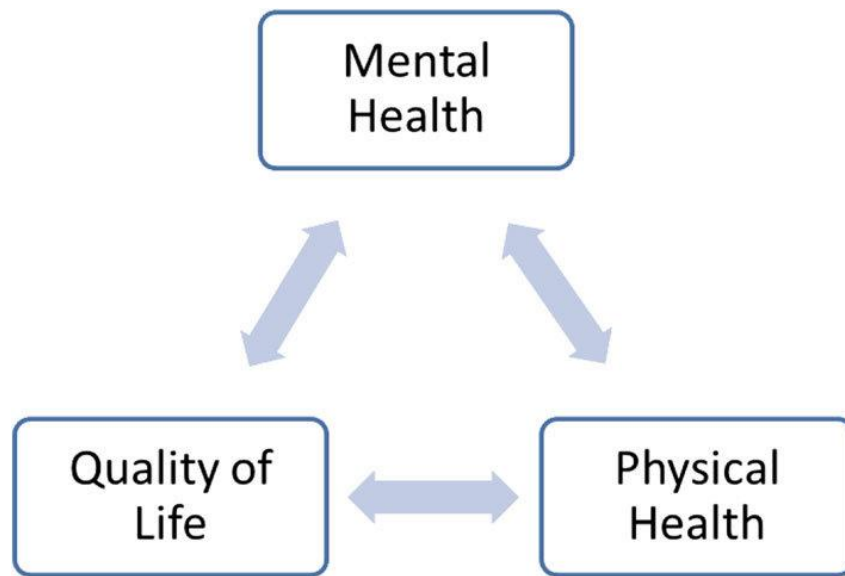


Figure 1.2: Relationship Between Mental Health and QOL (Akinyemi et al, 2014).

Along the same lines, elements that, according to the World Health Organization, are linked to healthy life development such as enjoying a healthy childhood, having safe environments that support them, and providing opportunities through family and other institutions, all mean better physical security. and mental health. Mental health refers to positive lifestyles and values that maintain levels of humanity, trust, security, and a sense of control over one's destiny, giving life choice, meaning, respect, and legitimacy. , which refers to a mental health paradigm that is shaped in a bio-psycho-cultural dynamic. So that the objective and subjective aspects of a person's health are dealt with. Objective aspects are understood as all factors related to an individual's ability to work. Subjective aspects refer to the feeling of satisfaction, which is related to the feeling of happiness and relates to the daily actions of people in relation to their well-being (Akinyemi et al, 2014).

2.5.2. Quality of life and work today

Today, the concept of quality of life is widely used, so it is common in many areas of human activity to use the term as an end or goal that must be achieved, or as something that ensures the benefit and service of any company. The term “quality of

working life” came into use in 1930. “Quality of life at work is a management philosophy that improves employee dignity, brings about cultural changes and provides opportunities for personal development and advancement. Work is the primary source of quality of life. There is no quality of life without Work. Material needs and a significant part of spiritual needs can only be satisfied by work. Work can not only be valued as a means of life, but it is much more than that, it is a means of human change, perception and realization. Value creation, less than the quality of life. Work, is expressed The quality of working life is defined by the degree of personal satisfaction with the work performed by a person, and reaches its peak when work becomes his first vital need, a state in which human motivation for work is rewarding in nature. In it and where there are the elements of intellectual, initiative, creativity, independence, diversity and difficulty, therefore, the individual has to put maximum pressure. In using their abilities at work the term quality of working life is defined (Kagan and James, 2021).

2.5.3. Quality of life and job satisfaction

Job satisfaction is the manner in which work experience is produced, in which objective conditions such as safety and hygiene at work, occupational health, etc. And awareness of the subjective circumstances of the worker in terms of how he experiences them. It is a multidimensional concept, since it takes into account the subjective and objective aspects, which allows there to be no bias regarding the actual situation of the work (Weiss and Merlo, 2015).

Quality of life in the workplace is a process of humanizing the workplace. It is a set of work problems and countermeasures that are recognized as important determinants of worker satisfaction and productivity in many societies during their period of economic growth, allowing the physical and psychological well-being of humans to be maintained or increased in order to achieve greater compatibility. With his total living space (Martel and Dupuis, 2006).

The simplest definition of the quality of the work environment contributes to employee satisfaction, a set of change strategies to improve organizations, management methods and/or jobs, improve skills and prepare workers, promote more motivating jobs and satisfy and transfer authority, responsibility and autonomy to lower levels. It expresses the degree of satisfaction Personal and professional present in the performance of the job and in the work environment, which is conferred by a particular type of direction and management, working conditions, compensation, attraction and benefit. of the activities carried out and the level of achievement and individual and collective self-development, so the variables of the work environment are studied, focusing on a more organizational perspective, and increasing the quality of life of workers with the intent to achieve more benefits, within this perspective, the important thing is to achieve an appropriate work environment that allows maximum productivity (Burchell,2014).Therefore, the focus is on the personal characteristics of individuals such as satisfaction, well-being or health as figure 2.2

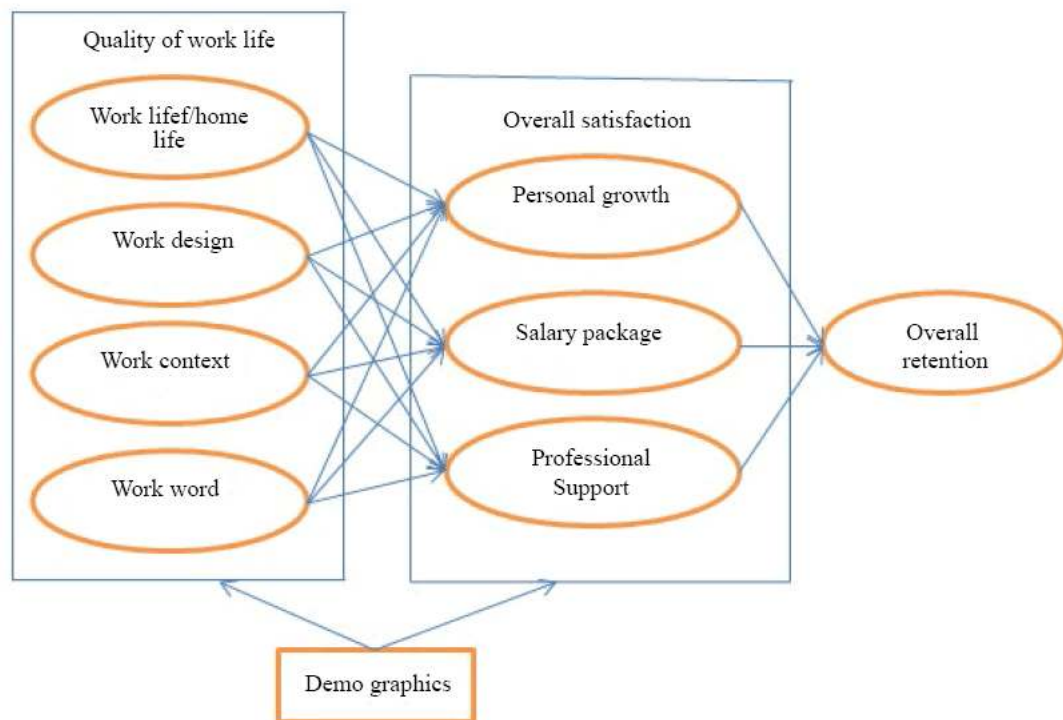


Figure 2.2 : The relationship between job satisfaction and quality of life (Parveen et al , 2021).

Job satisfaction Today the phenomenon of job satisfaction has acquired a vital importance for human development. The quality of life at work expresses the degree

of pleasure that the employee gets from his work, as he considers it an emotional and emotional response of the individual to certain aspects of his work (Agarwal, 2020). Therefore, a person with a high level of satisfaction will show a positive attitude towards it. Which affects the productivity and success of organizations (Locke, 1969).

There are two illustrative models of job satisfaction, the so-called “Herzberg factor theory” and Lawler’s “determinants model of job satisfaction,” stressing the relationship of “expectations and rewards”, from various aspects and aspects of work. This author starts from the premise that the relationship between expectations and reward itself Produces job satisfaction or dissatisfaction; that is, it depends on the comparison between the reward actually obtained for performing the work and that which the individual considers suitable to receive. So, if the reward obtained exceeds what is considered appropriate or comparable, the worker reaches a state of satisfaction , if this relationship develops in the opposite direction, dissatisfaction occurs. It must be clarified that, within this theory, the term "reward" does not mean only financial return, but includes a wide range of all outcomes and aspects of work (remuneration, promotions, recognition, working hours , communication with managers, etc.) Physical and mental health improves with job satisfaction When individuals are satisfied with their work, they tend to have fewer health problems such as cardiovascular diseases, headaches and sleep disturbances Show less anxiety, tension and tension. Job satisfaction increases people's resistance to work stress and physical symptoms, in fact, some studies show that people who are satisfied with their work live longer, and a happy employee has better health, and a better quality of life (Jiao,2010).

2.6. The relationship of job satisfaction, mental health and quality of life

Sociology and quality of life research that attempts to determine how demographic factors affect subjective well-being. Health researchers who want to extend the idea of mental health beyond the absence of symptoms of depression and distress to also include the presence of happiness and contentment . There is no doubt that, within the psychological tradition, humanistic psychology is the field most closely related to

the study and promotion of positive human experience . Therefore, interest in positive emotions gradually emerged during the second half of the twentieth century (Cannas et al, 2019).

So the first place to point out is that positive influence is a characteristic or dimension independent of negative influence, we refer to the tendency to associate emotions with specific actions, closely related to physiological changes (fear, as an emotion, associated with flight). This tendency to a specific action reduces a person's momentary repertoire of thought and action which provokes the impulse to act in a certain way (flight, attack, expulsion); However, in life-threatening situations, the limited repertoire of thought and action promotes decisive and rapid actions that carry direct and immediate benefits, what makes an emotion evolutionarily adaptable is to have a specific action direction. , so the psychological process that reduces the repertoire of momentary thought and action may not be necessary to promote decisive and rapid actions, positive feelings have been linked to motives of continuous approach or action, motivating individuals or prompting them to commit (engage) in their environment and participate in activities that benefit the individual, Or to their kind, or to both, or what is the same, the positive influences of emotions have an amplifying effect on the range of thoughts and actions that come to mind at any time, the repertoire of thoughts and actions expands. Joy, for example, generates the urge to play, to overcome limitations, and to create, motives evident not only in physical and social behavior but also in artistic and intellectual behaviour (Psychol,2011).

In short, negative emotions may entail immediate and direct adaptive benefits in situations that threaten survival, while positive emotions may entail indirect and long-term adaptive benefits, because through their expansive effects, they reinforce and strengthen lasting personal resources (Coulacoglou and Saklofske 2017).

2.7. NURSING

2.5.3. Definition Of Nursing

Nursing is an innate and fundamental activity of the human being and, in its organized form, constitutes a discipline or health science. This means that the discipline encompasses the CARE functions both in health and in disease and extends from conception to death, for the (International Council of Nurses), nursing encompasses autonomous and collaborative care, which is provided to people of all ages, families, groups and communities, sick or healthy, in all contexts, and includes advocacy health, disease prevention and nursing care (Altun, 2008).

2.5.4. Nursing night workers and quality of life

The world of nursing and work It is clear that the nursing team has a primary goal, which is to promote formal care, and now who takes care of the caregiver? Who cares about people who work in nursing? It appears that the nurses' work and environment in which they develop are not the most appropriate to benefit from job satisfaction, a sense of subjective well-being and a good quality of life (WHO,2018).

Fatigue and poor training opportunities due to the shift system and lack of staff leads to frustration among the nursing staff and poor job satisfaction. Duty to perform tasks whose complexity is less than their complexity. But the training, which requires his time, prevents him from fulfilling his main function, which is the care and care of the patient, which puts in the face of serious difficulties feelings of happiness and well-being. Transformations are an important factor, because they make marital and family life difficult, and for this reason the nurse requires a lot of efforts to reconcile her work activities with family life, which affects her quality of life (Liu etbal, 2015).

In addition, low wages sometimes push them to perform more than one job (having to endure long hours with consequent wear and tear), which exacerbates the situation. All this problem inevitably has negative consequences, both in personal life and at work and possibly on patients, ultimately affecting the society in which we live, However, there are few studies dealing with the quality of life of nursing personnel and even fewer than those focusing on positive emotions; On the contrary, there are many studies on burnout in nursing personnel (Keynes,1936).

Multiple investigations have been made regarding job satisfaction, although only in recent decades has it been concerned with nurses' satisfaction. Health worker satisfaction is an essential component of the care process directly related to the quality of health services; Increased occupational job satisfaction improves the relationship with the patient, which increases the quality of care provided (Williamson et al, 2005).

These discoveries increase the interest of managers in their search for the highest quality of health services and as a result of the job satisfaction of professionals. The main factors that lead to increased or decreased job satisfaction in: mental motivation for work, fair rewards, degree of support from working conditions, and degree of peer support. The efficiency and quality of care and services provided in the health system correlates with the level of satisfaction of the professionals who work in it, indicating that their dissatisfaction is the main difficulty that health management and managers have to face Job dissatisfaction with burnout syndrome is a widespread occupational hazard among employees who provide their services in public and private health institutions, as it is closely related to working conditions (Tasneem et al, 2018).

It deals with the quality of life and positive feelings of nursing personnel, in addition to viewing fatigue as a negative aspect to them on the contrary, job satisfaction responds to the positive emotional state resulting from the perception of work experiences, and therefore, it is an important factor that adjusts an individual's attitude towards his work, facilitating a good quality of life . Job satisfaction is therefore concentrated in the self-perception of the individual, in the emotional relationship between the members of the organization regarding their work and the consequences thereof (Liu etbal, 2015).

There are various studies of work satisfaction is applied to the health field to determine and evaluate what is more and what satisfies the nursing staff. The degree of dissatisfaction at work, stress and fatigue is related to the shortage of nurses in some departments, such as oncology. It is easy to translate stress and pressure into

personal discomfort and poor quality of life, respectively. Other aspects associated with dissatisfaction are low recognition and social expectations, as well as low pay, lack of personal development and absence of professional promotion, as well as insufficient interference in decision-making- exacerbated by stress and pressure at work, leading to Sooner or later to lose motivation (Begat et al, 2005).

In several studies conducted, aspects that define satisfaction and dissatisfaction have been obtained in the nursing profession, where job satisfaction appears to decrease when labor rights and production opportunities are reduced, when there is inconsistency among members of the nursing staff. or that an increase in economic pay, occupational recognition, role identification and improved working hours increases job satisfaction, It is important to note that maintaining high levels of satisfaction improves processes, encourages teamwork and increases quality of care Nursing care performance and its productivity, as well as user satisfaction . But it is not only a key concept in improving the quality of care provided to patients, but also job satisfaction for nursing professionals is very important and can have a significant impact on health-related aspects. 'Retention' in place of their performance - and thus in the stability of the hospital (Liu etbal, 2015).

Several research internationally have shown that psychological discomfort variables in nurses and other healthcare professionals in different settings are significant. The influence of night shifts on the quality of sleep, stress and antioxidant systems is proven by research. Night shifts lead to a disruption of lifestyle and work. She examined the link between disease, work at night, obesity and tiredness since she saw this disease as one of the reasons. (Puttonen et al, 2012; Phiri et al, 2014; Kolasa and Firnhaber, 2011; Kuehl et al, 2014).

the study In Iraq revealed the night shift nurse psychological aspects and demonstrated that women play an important part in their daily life and risk sleep for household labor, such as caring for their children and work at their families. It also examined an element of social life including the families of the nurses, working connections and organizations. The additional social elements are that night-time workers have a poorer standard of living than day-care workers (Ameri, 2017).

3. MATERIALS AND METHOD

3.1. Methodology

In this section, the methodology that will be used in the study is explained, and this includes the research method, the responsive sample, the questionnaire, the ethical principles and the target units.

3.2. Research Methodology

A quantitative analytical descriptive approach was used for this study.

3.3. The sample that responded

The participants were a sample of nurses and technicians working in Tikrit hospitals. The target audience consists of nurses in Tikrit city hospitals, which are Salah Al-Din General Hospital, Al Alam General Hospital, Dijla Hospital for Medical Rehabilitation and Tikrit Teaching Hospital.

A total of 120 questionnaires were distributed, and 100 of them were completed. The criterion for inclusion was that night work is 3 days a week, approximately 24 hours a week. The poll was conducted from October 1, 2020 to February 20, 2021

A survey sheet containing demographic data (gender, marital status, age, education, night work, hours of night work), a measure of night work and its physiological and psychological effects on workers, taken from the Copenhagen Scale of Occupational Mental Health.

It contains 13 questions related to the psychosocial work environment that are recorded. Self-evaluation is a general scale with 24 sub-bands: Delay in work, importance of work and so on. Each component is scored on a scale from 0 to 4, with 0 indicating no difficulty and 3 indicating great difficulty.

3.4.Data Collections Tools

Data were collected using the nurses information form (Appendix 1) and the Scale, a copy of the Copenhagen Occupational and Mental Health Scale (Appendix 2). Nurses information form was created by the researcher in the light of the literature. The form is a 9-question questionnaire consisting of nurses' socio-demographic characteristics (age, gender, marital status, education level, sleep and rest characteristics).

According to the Quality of Life Scale, a version of the Copenhagen Occupational and Mental Health Scale (Christensen et al. 2005). The translated version, which was translated and developed in 2019, was used by (Osman et al, 2019), as it was published in Research Projects guided by United Nations University-INRA, in a way that allows everyone to use it, and the data was collected through an in-person interview. For nursing, in Tikrit city hospitals, the interview was conducted in Arabic, as the national language of Iraq. The process of hard transcription of all survey results collected, for a questionnaire assessing quality of life across 11 questions and three dimensions: work, private and family life, employment, health and well-being, and sample response data ranked on a Likert scale from 1 to 5, where 0 means to the extent Very small, 1 = “fairly small”, 2 = “moderately”, 3 = “significantly”, 4 = “a lot”

The Quality of Life Scale, a copy of the Copenhagen Occupational consisting of 24 questions directed to permanent nurses working in different units and shifts in selected Tikrit city hospitals. Temporary nurses were not included in this study because they rotate in different hospitals as determined by the Nursing Agency. The questionnaire contained questions related to experience, attitude towards different schedules of transitions, sleep patterns, health issues and social interaction during the night shift. Subjects had to fill out questionnaires during their time within a 5-day period. Figure is attached in Appendix 4.

3.5.Ethical Principles

The research was approved by the ethical and class issues committee for nurses and technicians in Tikrit city hospital centers and by the ethics committee of the College of Nursing at the University Center. (Appendix 3) on .21 June, 2020.Each respondent was informed of the purpose of the research and signed to give their consent to participate.

3.6.Target units

Nurses and workers in all hospital units. The following units consist of different classes of nursing staff, who work the day or night shifts in both hospitals.

Emergency department (closed at night except in emergency cases)

- Department of Surgery
- Intensive care unit
- Department of Internal Medicine
- children section
- Daily Case
- Cardiac catheterization
- Burns
- Department of Respiratory Diseases

3.7.Data Analyses

The data were analyzed using SPSS version 26. In the evaluation of the data; number, percentage, arithmetic mean standard deviation, Kruskal-Wallis test, correlation and regression analyzes were used

4. FINDINGS

The sample was chosen by all the nurses working in the hospitals of Tikrit city using a simple random sampling method.

Hospitals in Iraq where the study samples were obtained, which are Tikrit Teaching Hospital, Salah El Din Hospital, Al Alam General Hospital and Dejla Hospital as

Figure 4.1

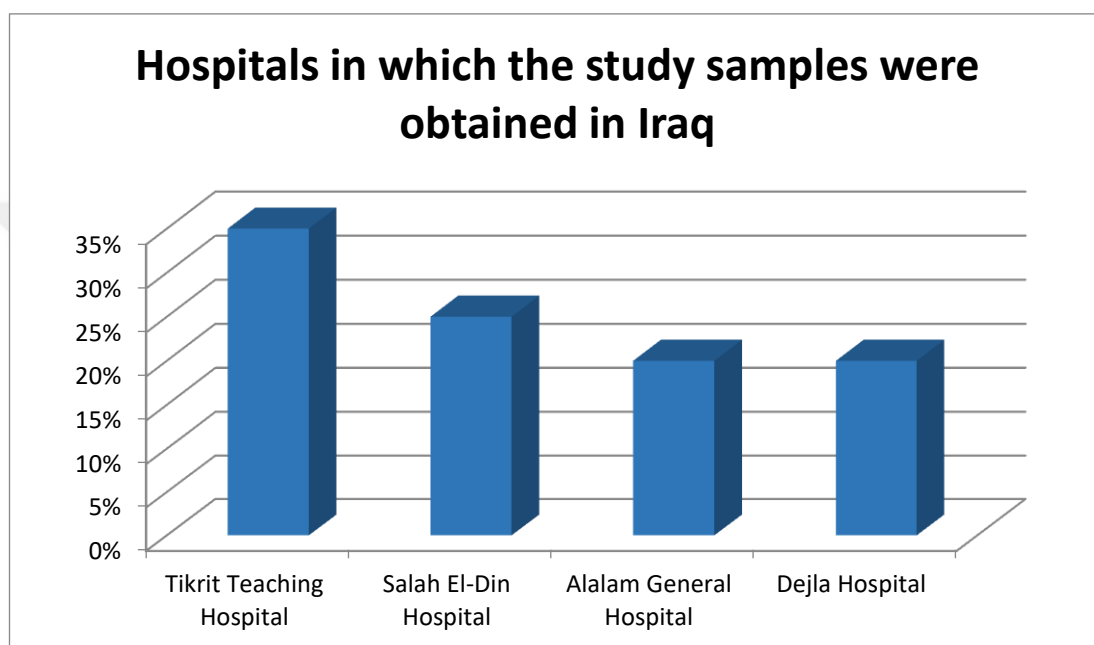


Figure 4.1: Relative distribution of the study population by hospital

The majority of the study sample (35%) are represented in Tikrit Teaching Hospital, and the rest are distributed among other hospitals.

Table 4.1. The Nurses' Sociodemographic characteristics (n=100)

Sociodemographic features	Range n (%)
Sex	
Male	32 (32%)
female	68 (68%)

Age 18-24 25-34 35-44 45-54 Above 54	33 (33%) 37 (37%) 21 (21%) 8(8%) 1 (1%)
Marital Status Married Single Widowed / divorced	37(37%) 55 (55%) 8 (8%)
Education Status Nursing school Nursing Diploma Nursing license Postgraduate	59 (59%) 15 (15%) 23 (23%) 3 (3%)
Have you ever done night work? Yes No	95(95%) 5(5%)
How rested do you normally feel after sleep? Morning Shifts Afternoon Night Shifts Vacation days	20(20%) 42(42%) 17(17%) 21(21%)
In what kind of shift have you felt tired so far? Morning Shifts Afternoon Night Shifts	7(7%) 14(14%)

Vacation days	71(71%) 8(8%)
Which department are you working ?	
Emergency department	24(24%)
Operations	16(16%)
Surgery	10(10%)
Esptericism	15(15%)
Children	8(8%)
Women department	9(9%)
Diaylsis department	4(4%)
Cardiac catheterization	4(4%)
Burns department	2(2%)
Psychologi department	2(2%)
CCU	6(6%)

Table (1-4) indicated that the majority of the study sample is 68% of females, and the rest are males, most of whom are between (25-34) years old, and they represent (37%) and only one nurse was over 54 years old, and the number of 8 nurses ranged between (45-54) years old, as for the rest of the nurses they were in the age group (18-24) years, at a rate of (33%). Regarding the issue of marital status, the majority of the sample were celibate and formed (55%) of the total sample.

Relative to their educational level, the largest number of them were nursing school graduates, constituting (59%) of the sample, (23%) holding a license in nursing, (15%) graduating from a nursing institute, and (3%) postgraduate studies in nursing. With regard to night work, the majority of the sample (95%) work in night work

Table 4.2: Questions related to -nurses'-psychological and social work environment
(N=100)

Work environment from the social side.	n (%)
Do you get behind with your work ? Always Often Sometimes Seldom Never/ hardly /ever	6 (6%) 12(12%) 42 (42%) 30(30%) 10(10%)
Do you have enough time for your work tasks? Always Often Sometimes Seldom Never/ hardly /ever	13 (13%) 29(29%) 36(36%) 15(15%) 6(6%)
Is it necessary to keep working at a high pace? Always Often Sometimes Seldom Never/ hardly /ever	17(17%) 33(33%) 31(31%) 14(14%) 5(5%)
Do you work at a high pace throughout the day? Always Often	14(14%) 34(34%)

Sometimes	25(25%)
Seldom	20(20%)
Never/ hardly /ever	7(7%)
Does your work put you in emotionally disturbing situations?	
Always	11 (11%)
Often	23 (23%)
Sometimes	32(32%)
Seldom	17(17%)
Never/ hardly /ever	17(17%)
Do you have to relate to other people's personal problems as part of your work?	
Always	1(1%)
Often	15(15%)
Sometimes	28 (28%)
Seldom	34 (34%)
Never/ hardly /ever	22(22%)
Do you have a large degree of influence concerning your work?	
Always	6(6%)
Often	27(27%)
Sometimes	37(37%)
Seldom	11(11%)
Never/ hardly /ever	19(19%)
Can you influence the amount of work assigned to you?	

Always	
Often	8(8%)
Sometimes	30(30%)
Seldom	36(36%)
Never/ hardly /ever	22(22%)
	4(4%)

Table 4. 2: Concerning the questions related to the work environment from a psychological and social point of view, (42%) of the sample are late in work, (30%) rarely delay at work, and (12%) are often late and (10%) are not late. Never work and (6%) always late at work,

Regarding the sufficient time for work, a percentage (36%) of the sample answered sometimes they find sufficient time to work, (29%) often find it, and (6%) did not find the time at all.

In terms of the necessity to continue working, (33%) often find it necessary, and (5%) of the sample do not find it necessary at all. As for working at a high pace throughout the day, answered (34%) of the sample often, and (25%) sometimes, while the percentage of those who work rarely was (20%), and always (14%) and the percentage (7%) never worked at a rate. High throughout the day

The work put the employee in emotionally disturbing situations, the percentage (32%) sometimes, (23%) often spoke with them, and (17%) the work never puts them in emotionally disturbing situations, and the same percentage work rarely puts them in situations Emotionally annoying, while the percentage (11%) always puts them in emotionally disturbing situations,

In terms of contacting others' personal problems and considering them part of work, a percentage (34%) rarely related to others' personal problems, (28%) sometimes related to them, (22%) never related to others' personal problems and considered them part of Work, about (15%) often and (1%) always relate to it,

Also, (37%) of the sample had a significant impact on work, (27%) most often affected the work significantly, (19%) never affected the work, and (11%) rarely affected the work., (6%) always affected the work significantly, while (36%) of the sample had the possibility of influencing the volume of work assigned to them, (30%) were often able to influence the volume of work assigned to them, (22%) Of the sample, they rarely have an influence on the volume of their work, (8%) always have an influence in that, and (4%) of the sample have no influence at all in that.

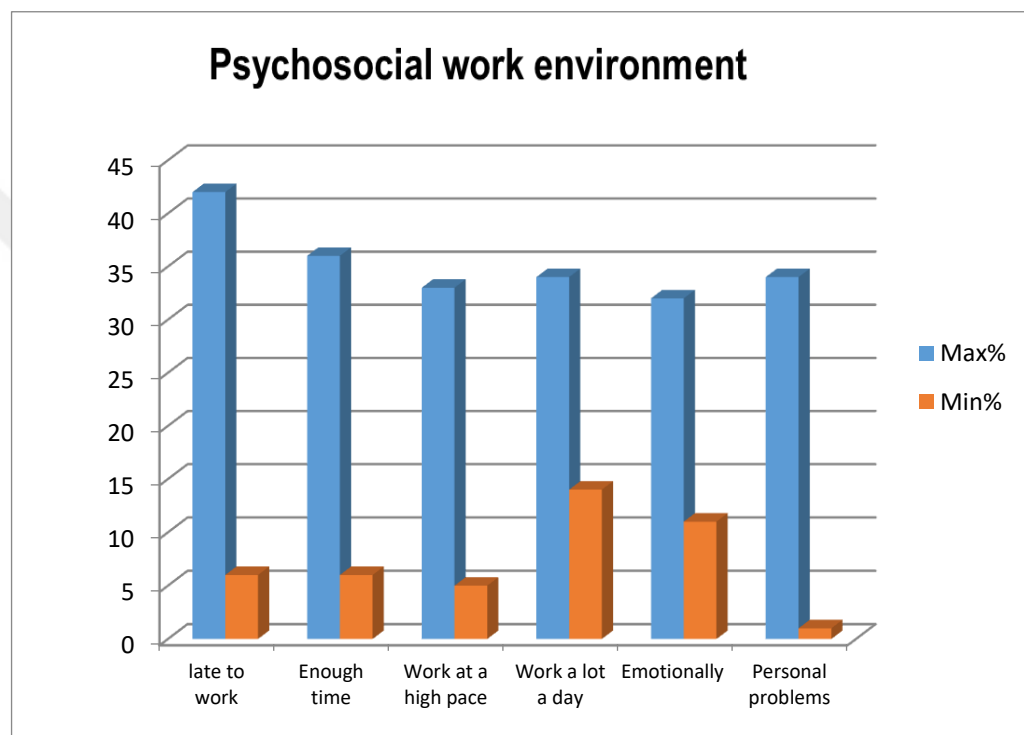


Figure 4.2: Psychosocial work environment for the study community

Table 4.3: Questions related to your psychological and social work environment

Work environment from the psychological side	n (%)
Do you have the possibility of learning new things through your work?	

To a very large extent	17(17%)
To a large extent	42(42%)
Some what	35(35%)
To a small extant	4(4%)
To a very small extent	2(2%)
Does your work require you to take the initiative?	
To a very large extent	15(15%)
To a large extent	41(41%)
Some what	31(31%)
To a small extant	8(8%)
To a very small extent	5(5%)
Is your work meaningful?	
To a very large extent	46(46%)
To a large extent	28(28%)
Some what	22(22%)
To a small extant	2(2%)
To a very small extent	2(2%)
Do you feel that the work you do is important?	
To a very large extent	45(45%)
To a large extent	36(36%)
Some what	14(14%)
To a small extant	4(4%)
To a very small extent	1(1%)
Do you feel that your place of work is of great importance to you?	
To a very large extent	42(42%)
To a large extent	33(33%)
Some what	14(14%)
To a small extant	7(7%)
To a very small extent	4(4%)

Would you recommend a good friend to apply for a position at your workplace? To a very large extent To a large extent Some what To a small extant To a very small extent	25(25%) 23(23%) 27(27%) 13(13%) 12(12%)
At your place of work, are you informed well in advance concerning for example important decisions, changes, or plans for the future? To a very large extent To a large extent Some what To a small extant To a very small extent	6(6%) 23(23%) 40(40%) 23(23%) 8(8%)
Do you receive all the information you need in order to do your work well? To a very large extent To a large extent Some what To a small extant To a very small extent	14(14%) 26(26%) 43(43%) 15(15%) 2(2%)
Is your work recognised and appreciated by the management? To a very large extent To a large extent Some what To a small extant To a very small extent	35(35%) 20(20%) 35(35%) 4(4%) 6(6%)
Are you treated fairly at your workplace?	

To a very large extent To a large extent Some what To a small extant To a very small extent	32(32) 28(28%) 28(28%) 9(9%) 3(3%)
Does your work have clear objectives? To a very large extent To a large extent Some what To a small extant To a very small extent	24(24%) 49(49%) 23(23%) 2(2%) 2(2%)
Do you know exactly what is expected of you at work? To a very large extent To a large extent Some what To a small extant To a very small extent	33(33%) 42(42%) 17(17%) 5(5%) 3(3%)
To what extent would you say that your immediate superior gives high priority to job satisfaction? To a very large extent To a large extent Some what To a small extant To a very small extent	8(8%) 36(36%) 40(40%) 12(12%) 4(4%)
To what extent would you say that your immediate superior is good at work planning?	

To a very large extent	11(11%)
To a large extent	29(29%)
Some what	38(38%)
To a small extant	18(18%)
To a very small extent	4(4%)
How often is your nearest superior ?	
To a very large extent	7(7%)
To a large extent	28(28%)
Some what	37(37%)
To a small extant	17(17%)
To a very small extent	11(11%)
Regarding your work in general. How pleased are you with your job as a whole, everything taken into consideration?	
Very satisfied	23(23%)
Satisfied	57(57%)
Un- satisfied	13(13%)
Very unsatisfied	7(7%)

Table 4.3 studies the work environment from a psychological point of view. (42%) of the sample had a great ability to learn new things through work, (35%) of the sample had little ability to learn new things from work, and (17%) It was a very high possibility to learn new things from work, (4%) could learn small, and (2%) could learn very small.

In terms of requiring the initiative, (41%) of the study sample did not require this to a large extent, (31%) requires it little, (15%) its work requires taking the initiative very

much, (8%) does not require To a small extent, and (5%) does not require a very small extent.

While (46%) feel that the work you do is very important to a large extent, (28%) feel that a great deal, (22%) feel it a little, and (2%) for each of the sample that price it small And very small.

As for the feeling of the great importance of the workplace, (45%) feel it to a very large extent, (36%) feel it to a large extent, (14%) feel it a little, (4%) feel it to a small extent, and (1%) you feel it to a very small extent.

In the event that friends advised him to apply for a job at the workplace, (42%) of the sample answered that they would recommend it to a very large extent, (33%) would recommend it to a large extent, (14%) would recommend it slightly, (7%) would recommend it. To a small extent, and (4%) recommend it to a very small extent.

With regard to prior information about important decisions, changes, or plans for the future, (40%) of the sample answered that this is done little, (23%) of two groups of them are informed to a large extent of important decisions and plans and the second group with the same percentage, this is done to a small extent, and (8%) are informed of important decisions and plans, to a very small extent.

If the information that employees need at their workplace is received well, (43%) of the sample answered that it is done a little, (26%) it is to a large extent, (15%) it is done to a small extent, (14%) it is done. To a very large extent, and (2%) receive the information needed by the work very little.

Recognition of work and appreciation by the management The percentage of (35%) of the two groups of the sample is recognized and appreciated by the administration very much, and the same percentage for the second group is done very little, (20%) their work is recognized and appreciated by the management greatly, (6%) it is done very small, and (4%) it is done very small.

Equity in the workplace was obtained by (32%) of the sample to a very large extent, (28%) from two groups, of which those who obtained it a great deal and those who got it little, (9%) got it to a small extent, (3%) obtained it to a very small extent.

Also, (49%) had very clear goals, (24%) had clear goals to a large extent, (23%) had these goals that were somewhat clear, and (2%) had two groups, one of which had clear goals to the extent. A small limit and the other had a very small limit.

(42%) of the study sample knew to a large extent what would be expected of them by work, (33%) knew this to a very large extent, (17%) knew this a little, (5%) knew what was expected of them to work to a small extent, And (3%) know it to a very small extent.

A percentage (40%) of the sample believed that their direct boss gives a high priority to job satisfaction a little, (36%) felt this to a large extent, (12%) felt it to a small extent, (8%) felt it to a very large extent, and (4%) felt it to a very small extent.

(38%) of the sample believe that their direct boss is good at planning the work in a little way, (29%) think that to a large extent, (18%) think it to a small extent, (11%) think so to a very large extent. 4%) I believe in it to a very small extent.

As for the proximity to the boss at work, (37%) of the sample had their bosses a little close to them at work, (28%) was very close to the bosses at work, (17%) that was to a small extent, (11%) The proximity to the boss at work was to a very small extent, and (7%) their proximity to the president at work was to a very large extent.

As for the satisfaction and happiness of the work as a whole, (57%) were satisfied with it, (23%) were very satisfied, (13%) were dissatisfied with it and (7%) were very dissatisfied with the work and unhappy with it.

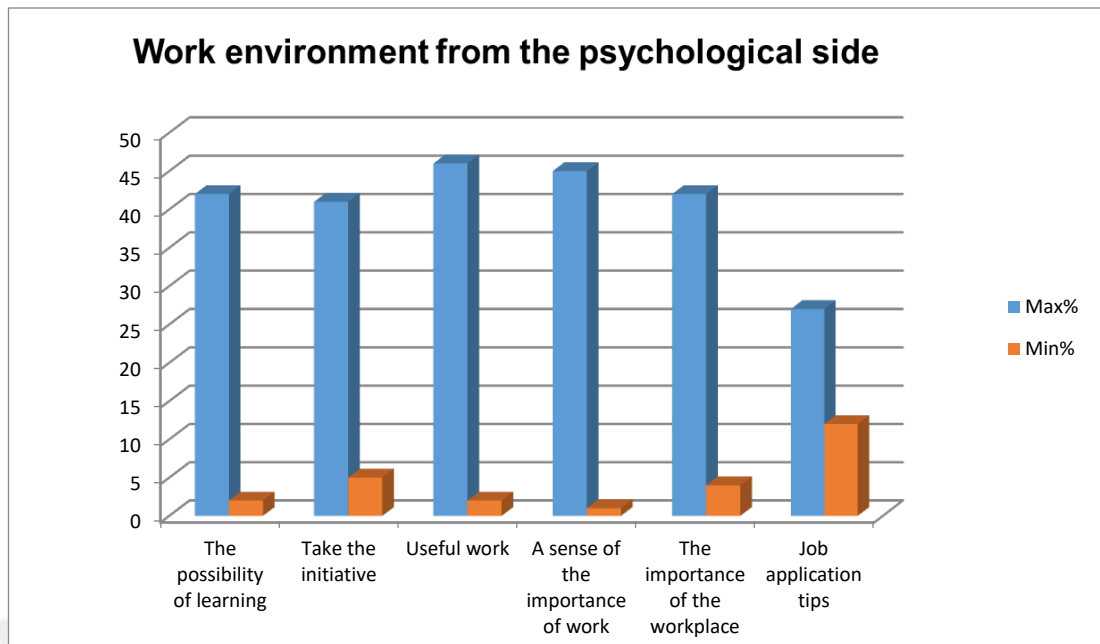


Figure 4.3: Work environment from the Psychological side for the study community

Table 4.4: The way your work affects your private and family life

The next two questions are about the way your work affects your private life and family life.	n (%)
Do you feel that your work drains so much of your <u>energy</u> that it has a negative effect on your private life?	
Yes certainly	
Yes to a certain degree	18(18%)
Yes, but only very little	42(42%)
No not at all	26(26%)
	14(14%)
Do you feel that your work takes so much of your <u>time</u> that it has a negative effect on your private life?	
Yes certainly	

Yes to a certain degree	21(21%)
Yes, but only very little	51(51%)
No not at all	21(21%)
	7(7%)

Table 4.4 Study the impact of work on private life and family life, so a percentage (42%) had negative energy through work affecting the private life to some extent, (26%) this negative energy and its impact on private life was very little, (18) % Felt it for sure, and (14%) did not feel it at all.

(51%) felt that work takes their time so much that it has a negative impact on private life to some extent, (21%) of two groups of them felt it for sure and some of them felt it very little, and (7%) did not feel Absolutely doing.

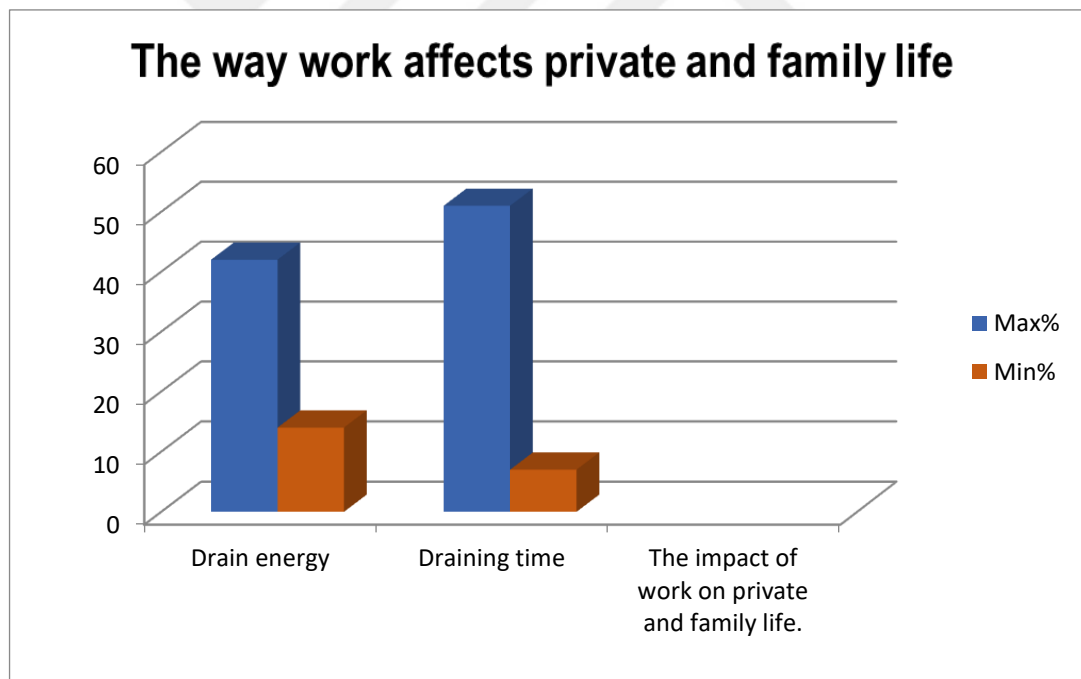


Figure 4.4: The way work affacts private and family life

Table 4.5: Psychological State Of Nursing In The Workplace

The next questions are not about your own job but about the whole company you work at.	n (%)
Can you trust the information that comes from the management?	
To a very large extent	
To a large extent	7(7%)
Some what	23(23%)
To a small extent	31(31%)
To a very small extent	34(34%)
	5(5%)
Does the management trust the employees to do their work well?	
To a very large extent	9(9%)
To a large extent	28(28%)
Some what	40(40%)
To a small extent	12(12%)
To a very small extent	11(11%)
Are conflicts resolved in a fair way?	
To a very large extent	
To a large extent	7(7%)
Some what	17(17%)
To a small extent	29(29%)
To a very small extent	36(36%)
	11(11%)

Is the work distributed fairly?	
To a very large extent	14(14%)
To a large extent	27(27%)
Some what	32(32%)
To a small extent	24(24%)
To a very small extent	3(3%)
In general, would you say your health is:	
Excellent	21(21%)
Very good	40(40%)
good	21(21%)
Fair	16(16%)
Poor	2(2%)
How often have you felt worn out?	
All the Time	22(22%)
A large part of the time	28(28%)
Part of the Time	35(35%)
A small part of the time	13(13%)
Not at all	2(2%)
How often have you been emotionally exhausted?	
All the Time	16(16%)
A large part of the time	31(31%)
Part of the Time	32(32%)
A small part of the time	19(19%)
Not at all	2(2%)
How often have you been stressed?	
All the Time	13(13%)
A large part of the time	21(21%)

Part of the Time	23(23%)
A small part of the time	33(33%)
Not at all	10(10%)
How often have you been irritable?	
All the Time	10(10%)
A large part of the time	26(26%)
Part of the Time	30(30%)
A small part of the time	17(17%)
Not at all	17(17%)
Have you been exposed to undesired sexual attention at your workplace during the last 12 months?	
Yes a few times	
No	11(11%) 89(89)
Have you been exposed to physical violence at your workplace during the last 12 months?	
Yes a few times	
No	2(2%) 98(98%)
Have you been exposed to threats of violence at your workplace during the last 12 months?	
Yes a few times	
No	21(21%) 79(79%)
Have you been exposed to bullying at your workplace during the last 12 months?	
Yes a few times	2(2%)
No	98(98%)

Table 5 talks about the psychological state of nursing in the workplace a percentage (34%) trust the information that comes from the administration to a small extent, (31%) trust the information that comes from the administration a little, (23%) trust the information that comes from the administration to a large extent, (7%) trust the information that It comes from the administration to a very large extent, and (5%) trust the information that comes from the administration very little.

While (40%) the management trust their work a little well, (28%) trust their work fairly well, (12%) the management trust their work very little, (11%) the management trust their work to a very small extent, and (9) %) The administration trusts their work to a very large extent.

While (36%) disputes are resolved in a fair way to a small extent, (29%) disputes are solved in a slightly fair way, (17%) disputes are resolved in a largely fair way, (11%) disputes are resolved in a fair way to a very small extent, And (7%) disputes are resolved in a very fair way.

(32%) answered that there was a fair distribution of work in a fair way, (27%) the work was distributed fairly fairly to them to a large extent, (24%) the work was distributed fairly to a small extent, (14%) the work was distributed among them. Fairly to a very large extent, and (3%) the work is distributed to them fairly to a very small extent.

Also (40%) said that her health is very good, and two groups each (21%) said that her health is excellent and the second group said that her health is good, (16%) said that her health is fair, and (2%) said that her health poor fellow.

Also (35%) felt exhausted part of the time, (28%) felt exhausted a large part of the time, (22%) felt exhausted all the time, (13%) felt exhausted a small part of the time and (2%) did not feel exhausted at all.

A percentage (32%) felt emotionally exhausted part of the time, (31%) felt emotionally exhausted a large part of the time, (19%) felt emotionally exhausted a

small part of the time, (16%) felt emotionally exhausted all the time while (2%) He did not feel emotionally overwhelmed at all.

With regard to tension, (33%) responded that they were stressed for a small part of the time, (23%) they were stressed part-time, (21%), they were stressed for a large part of the time, (13%) were stressed for a large part of the time, and (10%) did not You feel absolutely nervous.

Regarding irritability, (30%) were feeling it part-time, (26%) they were irritated quickly for a large part of the time, and two groups (17%) each one of them was their rapid emotion for a small part of the time and the second group had no irritation at all And (10%) were irritable the whole time.

Moreover, (89%) have not been exposed to unwanted sexual attention in the workplace during the past 12 months, and (11%) have been exposed to it.

While (98%) have not experienced physical violence in your workplace during the past 12 months, and (2%) have not experienced it at all.

Also, (79%) have been threatened with violence during the past 12 months, and (21%) have been exposed to it several times, in addition to that (98%) have been bullied in the workplace during the past 12 months, and (2%) have never been exposed to it.

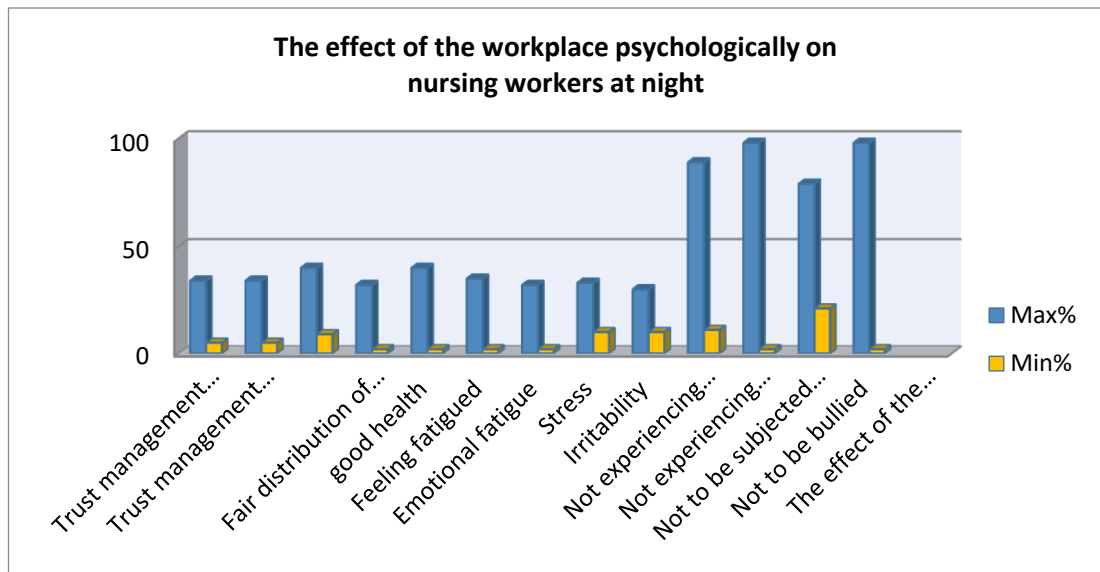


Figure 4.5: The effect of the work place psychological on nursing workers at night for the study community



Table 4.6: Mean Overall Scores of the Psychosocial Effects of Night Shift Work
According to the Participants' Sociodemographic Characteristics

		Psychological impact		Social impact		statistics P value
		Mean	SD	Mean	SD	
Age group	18-24	.57	.79	1.3	.74	.04
	25-34	3.1	.60	3.4	.49	
	35-44	2	.00	2.4	.50	
	45-54	1.8	.35	2	.11	
Gender	Male	.46	.50	1.2	.58	.23
	Female	2.6	.78	.02	.17	
Education	Nursing school	1.1	.91	.01	.13	.04
	Nursing Diploma	3.4	.91	.06	.25	
	Nursing license	2.8	.38	1.7	.80	
	Postgraduate	3	.00	3.4	.91	
Marital status	Married	.70	.84	.02	.16	.03
	Single	2.7	.73	.01	.13	
	Widowed / divorced	1.8	.35	1.4	.87	

Table 4.6 shows the overall mean score for psychological effects of night shift work according to the participants' sociodemographic characteristics. (Mean 4; 2.9 SD) in their rank for the psychological effects of night work, and the lowest percentage was for the age variable where it was (mean .46; SD .50) for the psychological effects of night work.

For the social effects of the night shift working in nursing, the highest rating was (mean 4; SD 2.9) and the lowest rating (mean .02; SD 0.17).

Lowest rating for social influences in the night shift,

$p < 0.05$, meaning that there are statistically significant differences in terms of age, marital status and education level. The results of the Kruskal-Wallis test, where the highest percentage was 0.10

We reject H_0 and accept H_1 , where the results of the Kruskal-Wallis test where the highest percentage was 0.10, meaning that there are statistically significant differences between night work and the mental and physical health of nurses working in Tikrit city hospitals, due to age, as the P value = .04, meaning there is an effect For the psychological and social status on night work, and the value of $P = .04$ for the level of education, meaning that there is an effect of the psychological and social status on night work, and the social status $P = .03$ also, which is a lower degree, meaning that it has a greater impact on the psychological and social status of patients who They work at night

5.DISCUSSION

This chapter provides an explanation and discussion of the study results derived from the statistical analysis and their relevance to the study objectives, and further discussion will embody these objectives supported by the available relevant literature and studies.

2.1. Discussing the demographics, the relationship between job satisfaction, quality of life, physical health, and the level of psychological state for nurses working in the night shift.

Table 4.1. The study indicated that the majority of the study sample (68%) were female and the rest were male. This study is consistent with the study (Fayez and Abdou, 2018) which concluded that the majority of the sample are females, their percentage was (78%) and the rest were males, and it is consistent with the study (Al-Ameri, 2017). Which showed that the majority (54.30%) are females and the rest are males, as for the age groups, most of them are between 25-34 years old (37%). This contradicts the study (Fayez and Abdou, 2018), as it showed that most of the ages of 21-30 years (82.7%), and with regard to the issue of marital status, the majority of the sample was single and constituted (55%) of the total sample. As for the marital status, This differs with the study (Al-Ameri, 2017), which showed that the percentage of singles is (38.60%) and the percentage of married people (58.60%), and the study (Fayez and Abdou, 2018) showed that the percentage of married people (50%) and the percentage of singles (48.7%).

As for their educational level, the largest number of them were graduates of the College of Nursing, and they constituted (59%) of the sample and (23%) have a degree in nursing, (15%) are graduates of a nursing institute, and (3%). Postgraduate studies in Nursing, and this differs from the study (Fayez and Abdou, 2018), where the study showed that (11.40%), (54.30%) had an Institue, and (34.30%) had a Secondary, and regarding Working at night, the majority of the sample (95%) work at night, and this is consistent with the study (Al-Ameri, 2017) and the study (Fayez and Abdou, 2018), where night workers constituted (100%) of the sample members.

As presented in the results, the subject of this study was the relationship between job satisfaction, quality of life, physical health and mental state level of the nurses working in the night shift. (40%) of the sample thought their immediate boss gives little priority to job satisfaction, (36%) felt it to a great extent, (12%) felt it to a small extent, (8%) felt it to a very great extent, and (4%) felt it to a very small extent, as night work creates a negative effect among the nurses themselves and their families in Iraq, due to the nature of the nursing work that needs 24 hours a day, this situation has arisen as a negative and discouraging factor for the nursing profession. Other studies such as Nikbakht Nasrabadi and Emami (2006) and Emami and Nasrabadi (2007) interviews with Iranian nurses agreed with findings that indicated that social and cultural factors influenced respondents' perceptions of nursing work in general. Studies from Asia (Foong et al. 1999; Yam & Rossiter 2000).

5.2. Job Satisfaction

In line with several other studies (Park et al. 2006; Reeves et al. 2004; Sveinsdottir 2006; Takahashi et al. 1999).

The results of this study furthermore showed that the nurses had health problems with their night shift function, including sleep disturbances, gastrointestinal disturbances, reduced stress tolerance, regular lifestyle difficulties and negative effects on their physical, mental and social functions. Previous research on night shift work has also shown pathophysiology, lifestyle behavior, work environment, and circadian rhythm disruption. Risk factors (Fischer et al. 2006; Park et al. 2006; Reeves et al. 2004).

In one study, changes in subjective fatigue, activity, and disorientation were associated with mood-altering effects among a group of shift-working nurses (Fukukawa et al. 2003). When people work irregular hours, their daily lives are interrupted and their usual healthy habits are difficult to maintain (Fujino et al. 2006; Geliebter et al. 2000). Thus, the prevalence of shift workers is higher because they are unhealthy (Chee et al. 2004; Choosong et al. 2006; Sudo & Ohtsuka 2001). This study found that night working conditions in general cause a significant level of stress in normal life with other previous studies.

General health levels, sleep, fatigue, circadian type, job satisfaction, burnout levels and acclimatization processes were examined. Participants were a sample of nurses and technicians working in Tikrit hospitals. Where the target audience consists of nurses in the hospitals of the city of Tikrit, namely Salah Al-Din General Hospital, Al-Alam General Hospital, Dijla Hospital for Medical Rehabilitation and Tikrit Teaching Hospital, studying the impact of work on private and family life, so that the percentage (42%) has negative energy through work that affects the Somewhat private life, this study is similar to that of 150 college year students in a longitudinal study conducted over 12 months of clinical practice. Interrelationship analysis indicated that shift work seriously disturbs sleep at first. The presence of depression was significantly associated with persistent experience of sleep disturbance and increased levels of emotional exhaustion throughout the 12-month period (West et al. 2007).

Most research on this topic shows that night workers have a greater health and safety risk than other shift workers. (Costa et al. 2001; Park et al. 2006; West et al. 2007). A lack of sleep and a constant loss of sleep often leads to serious health concerns and fatigue. "Fatigue among night workers is widespread and reduces productivity at work. Chronic fatigue and sleep loss affect memory, communication, care, reaction time and agility (Calalang-Javier 2009).

5.3.Physical, Psychosocial Influence States Of Working At Night Shift According To The Sociodemographic Features Of The Nurses

Table 4.5 shows the overall mean score for psychological effects of night shift work according to the participants' socio demographic characteristics. (mean 1.6; SD 0.46) in their ranking for the psychological effects of night work, and the lowest percentage was for the age variable where it was (mean 1; SD 0.97) for the psychological effects of night work and this is consistent with the study of (Alsharari, 2019), entitled Psychosocial Impact of Night Shift Work Among Nurses in Saudi Arabia, where the results of his study showed that the highest percentage in maintaining positivity and avoiding psychological effects (mean 3.3; SD 0.8), and

the lowest percentage was (mean 2.5; SD 0.8) for the psychological effects of patients who work in shifts at night. corresponds to (Li, 2018), where the results showed Night work has psychological effects on the nurses working there, it is consistent with other studies (Angere, 2017; Cheung, 2015) whose results have shown that night function and what makes night work psychological in nurses predispose them to mental illnesses such as anxiety.

For the social effects of the night shift working in nursing, it was the highest rating (mean 4; SD 2.9) and the lowest rating (mean 1; SD 0.21). Lowest rating for social influences in the night shift, agree with (Alsharari, 2019), study The social effects of night shift work, were at the highest rating (mean 3.3; SD 0.8) and lowest rating at the mean (mean 2.8; SD 0.9) the lowest in their rating of the social effects of the night shift. It agreed with studies (Jensen, 2018; Jaradat, 2018), The social effects of night work by nurses showed concerns about their inability to maintain social relationships during night shift work and that nurses working night shifts experienced social isolation and lower rates of partnership and job satisfaction

6.CONCLUSION AND RECOMMENDATIONS

Quality of life refers to such as the highest aspirations of every individual in the hope to achieve in one way or another does not succeed in completing its components one, everyone achieves the degree of it or the other, and it seems that this concept is not associated generality one external factor represents the internal sense of security and confidence and satisfaction with life and self-career factors besides considered the teaching profession has a bearing on the sense of the quality of life was based on the researcher in his research on this subject on the side of my view and on a field plan to reach the goals and identified in identifying quality levels of life nursing staff at night when, as well as the analysis of a relationship between Job satisfaction, quality of life, the level of mental and psychological health of these workers, and the impact of gender factors, social status, the pressures that workers face at night, and many conditions that make them either satisfied or dissatisfied with their profession, and this is their disadvantage. In the best way, their consent and acceptance of this work and the extent to which it satisfies their desires and needs does not affect the course

of their lives, their material and spiritual happiness, and their divine blessing. Li interaction on a personal level and social, as well as to find the meaning of their lives, and in the last highlight the importance of studying the psychological aspect of the quality of life and who believes that the quality of life lies in building the human and focuses on helping individuals to employ their potential and enrich their consciousness and reinforced by positive values shall be the outcome of the quality of life and quality where the lack of fit to work with workers possibilities than what Ausbandoh problems, social, psychological and healthy society in the work because of the loss of satisfaction with their work and the absence of their desire and motivation and these problems and mental disorders affect the degree of competence and at the level of productivity, it has significantly, the creation of conditions of physical, psychological and social workers Develop mental health programs in the industrial field to ensure satisfaction, tranquility and psychological comfort that leads to more productive production, more professional work, fewer accidents, and zero and no problems.

With this, we come to a general conclusion: that the sources of the nature of work greatly affect many aspects of human life, especially those that are health professions such as nursing, and the need for communication with others affects the quality of life, which is recommended in a pedagogical and educational way for workers.

Night work among nurses has significant psychological and social impacts. This requires further research to determine whether other problems exacerbate these effects. Others may contribute to the psychosocial impact of night shifts among nurses. Furthermore, night work should be defined and measures to support nurses put in place. Individuals from high-risk groups should be encouraged to provide assistance as they and their families prepare work schedules.

The environment, especially working in the night shift of nursing, affects the body, physical activity and psychological obesity.

- Preparing the material, psychological and social conditions for workers in general and setting up programs related to the quality of life in the field of work in a way that guarantees satisfaction, tranquility and psychological comfort that leads to non-existent problems.

- Work must be done to satisfy the workers' psychological needs and desires, as if the impossibility of their productive sufficiency is not satisfied and personal disorders spread among them, which in turn leads to labor disturbances and unrest.
- Follow the policy of designing and allocating tasks and paying full attention to the methods of professional selection to ensure the division of tasks
- Develop a training program that is compatible with improving the quality of life and investing in the positive aspects.
- Conducting many researches dealing with quality of life and its relationship to some dependent variables, so that the factor components of quality of life are studied on the local community in Iraq in order to develop a scale suitable for health and use variables in the Iraqi environment.

KAYNAKLAR

Agarwal, N. (2020). Why Job satisfaction is an Important Phenomenon of the Vicious Circle?, ICICI Prudential, <https://www.linkedin.com/pulse/why-job-satisfaction-important-phenomenon-vicious-circle-agarwal>.

Akinyemi, O, Owaje, E, Cadmus, E., (2014) In Their own words : mental health and quality of life of west african refugee in Nigeria, *The journal of international Migration and integration*, **17-1**, doi:10.1007/s12134-014-0409-6.

Al-Ameri,. (2017). Night Shift and its Impact upon the Quality of Life of Nurses Working teaching hospitals of the Medical city complex in Baghdad city, Iraq, *Journal of Nursing and care*, ISSN:2167-1168.

Alfonsi, V. Scrpelli, S. Gorgoni, M. Pazzaglia, M. Giannini, A. Gennaro, L. (2021). Sleep-Related problems in night shift nurses: towards an individualized interventional practice, *US National Library of Medicine national institutes of health*, 15:644570, doi: 10.3389/fnhum.2021.644570.

Alsharari, A. Snieneh, H. Abuadas, F. Elsabagh, N. Althobaity, A. Alshammari, F. Alshmemri, M. Arourym A. Alkhadam, A. Alatawi, S. (2021). Workplace violence towards emergency nurses: A cross-sectional multicenter study, 15:S2588-994X(21)00004-X. doi: 10.1016/j.auec.2021.01.004.

Alsharari, A. (2019). Psychocial Impact of Night shift work among Nurses in Saudi Arabia, *American Journal of Nursing Research*, Vol, 7, No. 3 , 235-247.

Altun, I. (2008). Nursing Values, Nursing Education Challenges in the 21st Century, ISBN: 1-60021-661-7.

Angere, P. Schmook, R. Elfantel, I. Li, J. (2017). Night work and the risk of depression. *Dtsch Arztebl Int.* 114: 404-411.

- Begat, I. Ellefsen, B. Severinsson, E.** (2005). Nurses' satisfaction with their work environment and the outcomes of clinical nursing supervision on nurses' experiences of well-being – A Norwegian Study, *Journal of Nursing Management* 13(3):221-30, OI:10.1111/j.1365-2834.2004.00527.x.
- Bonnefond A, Muzet A, Winter-Dill A, Bailloeuil C, Bitouze F, Bonneau A.** (2001) Technical note. Innovative working schedule: introducing one short nap during the night shift. *Ergonomics*;44:937-45.
- Brum, M. Filho, F. Shnorr, C. Bertoletti, O. Bottega, G. Rodrigues, T.** (2020). Night shift work, short sleep and obesity, *Diabetology and metabolic syndrome*, 4002.
- Burchell, B. Sehnburgh, K. Piasna, A. Agloni, N.** (2014). The quality of employment and decent work: Definitions, Methodologies, and ongoing debates, Cambridge Journal of Economics 38(2):459-477, doi:10.1093/cje/bet067.
- Buyukhatipoglu H, Kirhan I, Vural M** (2010) Oxidative stress increased in healthcare workers working 24 h on-call shifts. *Am J Med Sci* 340:462-467.
- Calalang-Javier, H.V.** (2009) Night shift challenges. BellaOnline. Available at: <http://www.bellaonline.com/articles/art43917>.
- Cannas, M. Sergi, B. Sironi, E. Mentel, U.** (2019). Job satisfaction and subjective well-being in Europe, *Economics and Sociology* 12(4):183-196, DOI:10.14254/2071-789X.2019/12-4/11.
- Carulla, L, Lucas, R, Ayuso, M, Miret M,** (2014) Use of the terms "Wellbeing" and "Quality of Life" in health sciences: A conceptual framework, *The European Journal of Psychiatry*, doi.org/10.4321/S0213-61632014000100005.
- Caruso, C.** (2014). Negative Impacts of Shiftwork and Long Work Hours, *HHS Public Access*, 39 (1): 16-25 , doi:10.1002/rnj.107.

- Caruso CC, Lusk SL, Gillespie B.** (2004) Relationship of work schedules to gastrointestinal diagnoses, symptoms, and medication use in auto factory workers. *Am J Ind Med* ;46:586-98.
- Chee, H., et al.** (2004) Body mass index and factors related to overweight among women workers in electronic factories in Peninsular Malaysia. *Asia Pacific Journal of Clinical Nutrition*, 13 (3), 248–254.
- Cheung, T. Yip, P.** (2015). Depression, anxiety and symptoms of stress among Hong Kong nurses: a cross-sectional study. *Int J Environ Res Public Health*. 12: 11072-11100.
- Choosong, T., Arporn, S. & Chaikittiporn, C.** (2006) A study of melatonin levels and stress in female shift workers. *The Southeast Asian Journal of Tropical Medicine and Public Health*, 37 (5), 1048–1053.
- Costa, G., Sartori, S., Facco, P. & Apostoli, P.** (2001) Health conditions of bus drivers in a 6 year follow up study. *Journal of Human Ergology*, 30, 405–410.
- Coulacoglou, C. Saklofske,** (2017). Advances in Theoretical, Developmental, and Cross-Cultural Perspectives of Psychopathology, *Science Direct*, 293-342.
- Di Lorenzo L, De Pergola G, Zocchetti C, L'Abbate N, Basso A,**(2003)Pannacciulli N, Cignarelli M, Giorgino R, Soleo L. Effect of shift work on body mass index: results of a study performed in 319 glucose-tolerant men working in a Southern Italian industry. *International Journal of Obesity* ;27:1353-1358.
- Duez H, Staels B.** (2009)Rev-erb-alpha: an integrator of circadian rhythms and metabolism. *J Appl Physiol* ;107:1972- 80.
- Geliebter, A., Tanowitz, M., Aronoff, N.J. & Zammit, G.K.** (2000) Workshift period and weight change. *Nutrition*, 16 (1), 27–29.
- Givens ML, Malecki KC, Peppard PE, Palta M, Said A, Engelman CD, Walsh MC, Nieto J.** (2015)Shiftwork, sleep habits, and metabolic disparities:results from the Survey of the Health of Wisconsin. *Sleep Health*;115-120.

- Gowda, R. H.** (2019). Association between metabolic risk, oxidative stress and rotating shift work in a tertiary health care facility. *Clinical Epidemiology and Global Health*, 7(4), 564-570.
- Fayza, A., Abdou, S.** (2018). Relationship between night shift schedule and physical, psychological and social wellbeing of nurses, *Internation Jouranal of Science and reserch*, ISSN: 2319-7064. [doi:10.21275/art20194748](https://doi.org/10.21275/art20194748).
- Ferri, P. Guadi, M. Marcheselli, L. Balduzzi, S. Magnani, D. Lorenzo, R.** (2016). The impact of shift work on the psychological and phsical health of nurses in a general hospital: a comparison between rotating night shifts and day shifts, *US National Library of Medicine National Institutes of Helth*, 203-2011, **doi: 10.2147/RMHP.S115326**.
- Fernandes, J. Portela, L. Griep, R. Rotenberg, L.** (2017). Working hours and health in nurses of public hospitals according to gender, <https://doi.org/10.1590/S1518-8787.2017051006808>
- Fischer, M., et al.** (2006) Work ability of health care shift workers: what matters? *Chronobiology International*, 23 (6), 1165–1179.
- Fitzpatrick, R, Flecher, A, Gore, S, Jones, D, Spiegelhalter, D, Cox, D.,** (1992) Quality of life measures in health care. I: Applications and issues in assessment, *US National Liberary of Medicine*, 31; 305 (6861): 1074-1077. **doi: 10.1136/bmj.305.6861.1074**.
- Fredrickson, B.** (2001). The Role of Positive Emotions in Positive Psychology, *Am Psychol*. 2001 Mar; 56(3): 218–226.
- Freire, C. B., Dias, R. F., Schwingel, P. A., França, E. E., An-drade, F. M., Costa, E. C., & de Valois Correia Junior, M. A.** (2015). Quality of life and physical activity in intensive care professionals from middle São Francisco. *Revista Brasileira de Enfermagem*, 68(1), 26-31.
- Huges, N. (2016)** Understanding and supporting families with complex needs, *Families With Complex Needs*, ISBN: 978-3-03842-160-3.

- Jaradat, Y. Birkeland, M. Kristensen, P. Bastpettersen, R.** (2018). satisfaction and mental health of Palestinian nurses with shift work: a cross-sectional study. *Lancet. 391 Suppl* , 2: S50.
- Jensen, H. Larsen, J. Thomsen, T.** (2018). The impact of shift work on intensive care nurses' lives outside work: a cross-sectional study. *J Clin Nurs*. 27: e703-e709
- Jiao, X. (2010).** Influences on Teaching: Perceptions and Experiences of University Teachers, PHD thesis, 80-288.
- Kagan, J. James, M.** (2021). Quality of Life, Investopedia, <https://www.investopedia.com/terms/q/quality-of-life>.
- Keynes, J.** (1936). The General Theory of Employment, Interest, and Money, *International Relations and Security Network*, 10-190.
- Labonte, R, Hadi, A, Kauffmann, X, (2011)** Indicators of Social Exclusion and Inclusion: A Critical and Comparative Analysis of the Literature, Indicators of Social Exclusion and Inclusion: A Critical and Comparative Analysis of the Literature, *Indicators of Social Exclusion and Inclusion*, vol2.
- Lock, E. (1969).** What is Job Satisfaction?, *Organizational Behavior and Human Performance* 4(4):309-336, doi:10.1016/0030-5073(69)90013-0.
- Fujino, Y., et al.** (2006) A prospective cohort study of shift work and risk of ischemic heart disease in Japanese male workers. *American Journal of Epidemiology*, 164 (2), 128–135.
- Fukukawa, Y., et al.** (2003) Effects of shift work schedule on mood changes among female nurses. *Japan Journal of Psychology*, 74, 354–361.
- Hansen J.** (2001) Light at night, shiftwork, and breast cancer risk. *J Natl Cancer Inst* ;93:1513-5.
- James, B, Spies , M, Coyne, K, Guaou, N, Boyle, D, Murphy, K, Gonzalves, S., (2002)** The UFS-QOL, a new disease-specific symptom and health-related quality

of life questionnaire for leiomyomata, Science Direct, 290-300.
[https://doi.org/10.1016/S0029-7844\(01\)01702-1](https://doi.org/10.1016/S0029-7844(01)01702-1).

Kolasa, K. Firnhber, G. (2011). 13 tips for surviving the 12 hour shift. Nursing. 41 (12) :
55 -60 . doi **10.1097/01. Nurse.0000407679.19754.52**.

Kuehl, K. Elliot, D. Goldberg, L. Mackinnon, D. Vila, B. Smith, J. (2014). The safety and
health improvement enhancing law enforcement departments study:
fesibility and finding. Frontiers Pub Health, 2 (6): 1-7 . doi:
10.3389/fpubh.2014.00038.

Kristensen, T. Hannerz, H. Hogh, A. Borg, V. (2005). The Copenhagen Psychosocial
Questionnaire--a tool for the assessment and improvement of the
psychosocial work environment, 31(6):438-49. doi:
10.5271/sjweh.948.

Li, H. Shao, Y. Xing, Z. Li, Y. Wang, S. Zhang, M. (2018). Napping on night-shifts
among nursing staff: A mixed- methods systematic review, J Adv Nurs.

Liu, Y. Aungsuroch, Y. Yunibhand, Y. Yunibhand, J.(2015). Job satisfaction in nursing:
A concept analysis study, *International Nursing Review* 63(1),
DOI:10.1111/inr.12215.

Marjoua, Y, Bozic, K. (2012) Brief history of quality movement in US healthcare, US
National Library of Medicine National Institutes of Health, 5(4): 265–273,
doi: 10.1007/s12178-012-9137-8.

Martel, J. Dupuis, G. (2006). Quality of Work Life: Theoretical and Methodological
Problems, and Presentation of a New Model and Measuring Instrument,
Social Indicators Research 77(2):333-368, doi:**10.1007/s11205-004-5368-4**.

Martin R (2011) Differences in health and well-being of night shift nurses versus day shift
nurses [dissertation]. Northern Kentucky University, p: 38.

Mcwen, M, Wills, E., (2014) Theoretical basis for nursing, ISBN 978-1-4511-9031-1

- Mccrea, R, Marans, R, Stimson, R, Western, J.** (2011) Subjective Measurement of Quality of Life Using Primary Data Collection and the Analysis of Survey Data, *Investigating Quality of Urban Life*, (pp.55-75), doi:10.1007/978-94-007-1742-8_3.
- Mccrea, R, Shyy, T, Stimson, R, (2006)** What is the Strength of the Link Between Objective and Subjective Indicators of Urban Quality of Life?, doi:10.1007/s11482-006-9002-2.
- Muzio, M. Diella, G. Simone, E. Novelli, L. Pazzaglia, V. Giannini, A. Gennaro, L.** (2020). Nurses and Night Shifts: Poor Sleep Quality Exacerbates Psychomotor Performance, *Frontiers in Neuroscience*, <https://doi.org/10.3389/fnins.2020.579938>.
- Nasrabadi, A.N., Seif, H., Latifi, M., Rasoolzadeh, N. and Emami, A.** (2009), Night shift work experiences among Iranian nurses: a qualitative study. *Int Nurs Rev* 56: 498-503. 2009.
- Niu, Y., Chen, R., Xia, Y., Cai, J., Ying, Z., Lin, Z., Liu, C., Chen, C., Peng, L., Zhao, Z., Zhou, W., Chen, J., Wang, D., Huo, J., Wang, X., Fu, Q., & Kan, H.** (2018). Fine particulate matter constituents and stress hormones in the hypothalamus-pituitary-adrenal axis. *Environment International*, 119, 186-192.
- Ohida T, Kamal AMM, Sone T, Ishii T, Uchiyama M, Minowa M, Nozaki S.**(2001)Nightshift related problems in young female nurses in Japan. *J Occup Health* ;43:1506.
- Osman, N. Fahim, A. Emam, M. Shehata, G.Bedwany, R.** (2019). The Arabized version of the Copenhagen Psychological Questionnaire for Occupational Health - a survey on psychological and social factors in the workplace, *Research Projects guided by United Nations University-INRA*, DOI:10.13140/RG.2.2.18758.22085.
- Pacheco, D. Rehman, A.** (2020). What is shift work?, *A One care media company*, <https://www.sleepfoundation.org/shift-work-disorder/what-shift-work>.

- Pacheco, D. Rehman, A.** (2020). Coping Strategies for Shift Work Disorder, *A One care media company*, <https://www.sleepfoundation.org/shift-work-disorder/what-shift-work>
- Park, J., Ha, M., Yi, Y. & Kim, Y.** (2006) Subjective fatigue and stress hormone levels in urine according to duration of shift work. *Journal of Occupational Health*, 48 (6), 446–450.
- Parveen, M. Mainmani, K. Kassim, N.** (2021). Quality of Work Life: The Determinants of Job Satisfaction and Job Retention among RNs and OHPs, **International Journal of Emergency Mental Health and Human Resilience**, ISSN: 1522-4821.
- Puttonen, S. Viitasalo, K. Harma, M.** (2012). The relationship between current and former shift work and the metabolic syndrome. *Scand work Environ Health*. 38 (4): 343 – 8. doi:10.5271/sjweh.3276.
- Phiri, L. Draper, C. Lambert, E. Kolbe, A.** (2014). Nurses lifestyle behaviours, health priorities and barriers to living a healthy lifestyle: a qualitative descriptive study. *BMC Nursing*. 13 (38): 1-11 . doi: 10.1186/s12912-014-0038-6
- Rapaport, L.** (2019). Shift Work Tied to Poor Mental Health, Psych congress network, www.hmpgloballearningnetwork.com/site/pcn/article/shift-work-tied-poor-mental-health.
- Reeves, S.L., Newling-Ward, E. & Gissane, C.** (2004) The effect of shiftwork on food intake and eating habits. *Nutrition and Food Science*, 34 (5), 216–221.
- Rimmer, J.** (2019). Physical activity, Britannica, <https://www.britannica.com/topic/physical-activity>.
- Schernhammer ES, Laden F, Speizer FE, Willet WC, Hunter DJ, Kawachi I, et al.** (2003) Night-shift work and risk of colorectal cancer in the nurses' health study. *J Natl Cancer Ins* ;95:825-28.
- Silva-Costa A, Rotenberg L, Griep R** (2011) Relationship between sleeping on the night shift and recovery from work among nursing workers: The influence of domestic work. *J Adv Nurs* 67: 972-981.

- Sudo, N. & Ohtsuka, R.** (2001) Nutrient intake among female shift workers in a computer factory in Japan. *Journal of Food Sciences and Nutrition*, 52 (4), 367–378.
- Sveinsdottir, H.** (2006) Self assessed quality of sleep, occupational health, working environment, illness experience, and job satisfaction of female nurses working different combination of shifts. *Scandinavian Journal of Caring Sciences*, 20, 229–237.
- Takahashi, M., Arito, H. & Fukuda, H.** (1999) Nurses' workload associated with 16-h night shifts. II: effects of a nap taken during the shifts. *Psychiatry and Clinical Neurosciences*, 53, 223–225.
- Tammy, J. Butler, T. Siela, D.** (2021). Recognizing Alcohol and Drug Impairment in the Workplace in Florida, *NCBI*,
<https://www.ncbi.nlm.nih.gov/books/NBK507774>.
- Tasneem, S. Seyer, A. Avci, M. Basustaogu, A.** (2018). Job Satisfaction of Health Service Providers Working in a Public Tertiary Care Hospital of Pakistan, *The Open Public Health Journal* 11(1):17-27, DOI:10.2174/1874944501811010017.
- Theofilou, P.** (2013) Quality of Life: Definition and Measurement, 9 (1): 150-162, doi:10.5964/ejop.v9i1.337.
- Vitale, SA, Varrone-Ganesh J, Vu M** (2015) Nurses working the night shift: Impact on home, family and social life. *J Nurs Educ Pract* 5: 70-78.
- Weiss, H. Merlo, K.** (2015). Job Satisfaction, *International Encyclopedia of the Social & Behavioral Sciences (Second Edition)*, ISBN: 978-0-08-097087-5, 50 -200.
- West, S.H., Ahern, M., Byrnes, M. & Kwanten, L.** (2007) New graduate nurses adaptation to shift work: can we help? *Collegian*, 14 (1), 23–30.
- WHO, (2018).** Delivering quality health services: a global imperative for universal health coverage, <https://apps.who.int/iris/bitstream/handle/10665/272465/9789241513906-eng.pdf?ua=1>.

Whittaker, A. C., & Gallagher, S. (2019). Caregiving alters immunity and stress hormones: a review of recent research. *Current Opinion in Behavioral Sciences*, 28, 93-97.

Williamson, J. Pemberton, A. Lounsbury, J. (2005). An Investigation of Career and Job Satisfaction in Relation to Personality Traits of Information Professionals, *The Library Quarterly* 75(2):122-141, DOI:10.1086/431330.

Yildirim, D. and Ayca, Z. (2008). Nurses' work demands and work-family conflict: a questionnaire survey. *Int J Nurs Stud.* 45: 1366-1378. 2008.

Yilmaz, G. Ustun, B. (2018). Professional Quality of Life in Nurses: Compassion Satisfaction and Compassion Fatigue, 9 (3): 205-211, *PSYCHIATRIC NURSING*, doi: 10.14744/phd.2018.86648.

APPENDIX 1.

Nurses Introductory Information Form

Dear participant, we invite you to participate in the research titled “The Effect of Night Shift on the Psychological and Physical Health of Nurses in Tikrit City Hospital” conducted by “Alaa Hussein Gaeb”. Although participation in the research is completely voluntary, you have the right not to participate in the study or to withdraw from the study at any time. If you respond to the study, it is interpreted as your consent for participation. The personal information obtained as a result of this study will be used only for this research, provided that it is kept confidential.

1. Gender:

- a) Male
- b) Female

2. Your marital status:

A) Single, b) Married, c) Widow / Divorced

3. Your educational status

- A) School of Nursing
- B) Nursing Diploma
- C) Nursing License
- D) Postgraduate Nursing

4. How old are you?

- A) 18-24
- B) 25-34
- C) 35-44
- D) 45-54
- E) Above 54

5. Have you ever done night work?

- A) Yes
- B) No

8. How rested do you normally feel after sleep?

- A) Morning shifts

- B) Afternoon
- C) Night shifts
- D) Vacation days

9. What kind of shift have you felt tired so far?

- A) Morning shifts
- B) Afternoon
- C) Night shifts
- D) Vacation days



APPENDIX 2 (Copenhagen Occupational and Mental Health Scale)

Which department are you working in?

The following questions are about your psychosocial work environment. Please choose the answer that fits best to each of the questions.

	Always	Often	Some-times	Seldom	Never/ hardly ever
1A. Do you get behind with your work?	☐	☐	☐	☐	☐
	4	3	2	1	0
1B. Do you have enough time for your work tasks?	☐	☐	☐	☐	☐
	0	1	2	3	4

1A and 1B. Total number of points: _ (Between 0 and 8 points)

	Always	Often	Some-times	Seldom	Never/ hardly ever
2A. Is it necessary to keep working at a high pace?	☐	☐	☐	☐	☐
	4	3	2	1	0
2B. Do you work at a high pace throughout the day?	☐	☐	☐	☐	☐
	4	3	2	1	0

2A and 2B. Total number of points: _ (Between 0 and 8 points)

	Always	Often	Sometimes	Seldom	Never/ hardly ever
3A. Does your work put you in emotionally disturbing situations?	☐	☐	☐	☐	☐
	4	3	2	1	0
3B. Do you have to relate to other people's personal problems as part of your work?	☐	☐	☐	☐	☐
	4	3	2	1	0

3A and 3B. Total number of points: _ (Between 0 and 8 points)

	Always	Often	Sometimes	Seldom	Never/ hardly ever
4A. Do you have a large degree of influence concerning your work?	☐	☐	☐	☐	☐
	4	3	2	1	0
4B. Can you influence the amount of work assigned to you?	☐	☐	☐	☐	☐
	4	3	2	1	0

4A and 4B. Total number of points: _ (Between 0 and 8 points)

To a very large extent	To a large extent	Some- what	To a small extent	To a very small extent
☐	☐	☐	☐	☐

5A. Do you have the possibility of learning new things through your work?

☐	☐	☐	☐	☐
4	3	2	1	0

5B. Does your work require you to take the initiative?

☐	☐	☐	☐	☐
4	3	2	1	0

5A and 5B. Total number of points:_ (Between 0 and 8 points)

6A. Is your work meaningful?

To a very large extent	To a large extent	Some- what	To a small extent	To a very small extent
☐	☐	☐	☐	☐
4	3	2	1	0

6B. Do you feel that the work you do is important?

☐	☐	☐	☐	☐
4	3	2	1	0

6A and 6B. Total number of points:_ (Between 0 and 8 points)

7A. Do you feel that your place of work is of great importance to you?

To a very large extent	To a large extent	Some- what	To a small extent	To a very small extent
☐	☐	☐	☐	☐
4	3	2	1	0

7B. Would you recommend a good friend to apply for a position at your workplace?

☐	☐	☐	☐	☐
4	3	2	1	0

7A and 7B. Total number of points:_ (Between 0

and 8 points)

To a very large extent	To a large extent	Some-what	To a small extent	To a very small extent
------------------------	-------------------	-----------	-------------------	------------------------

8A. At your place of work, are you informed well in advance concerning for example important decisions, changes, or plans for the future?

☐	☐	☐	☐	☐
4	3	2	1	0

8B. Do you receive all the information you need in order to do your work well?

☐	☐	☐	☐	☐
4	3	2	1	0

8A and 8B. Total number of points: _____
(Between 0 and 8 points)

To a very large extent	To a large extent	Some- what	To a small extent	To a very small extent
------------------------	-------------------	------------	-------------------	------------------------

9A. Is your work recognised and appreciated by the management?

☐	☐	☐	☐	☐
4	3	2	1	0

9B. Are you treated fairly at your workplace?

☐	☐	☐	☐	☐
4	3	2	1	0

9A and 9B. Total number of points: _ (Between 0 and 8 points)

To a very large extent	To a large extent	Some- what	To a small extent	To a very small extent
------------------------	-------------------	------------	-------------------	------------------------

extent

☐	☐	☐	☐	☐
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

10A. Does your work have clear objectives?

4	3	2	1	0
---	---	---	---	---

10B. Do you know exactly what is expected of you at work?

☐	☐	☐	☐	☐
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

4	3	2	1	0
---	---	---	---	---

10A and 10B. Total number of points: _____
(Between 0 and 8 points)

To a very large extent	To a large extent	Some-what	To a small extent	To a very small extent
------------------------	-------------------	-----------	-------------------	------------------------

☐	☐	☐	☐	☐
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

11A. To what extent would you say that your immediate superior gives high priority to job satisfaction?

4	3	2	1	0
---	---	---	---	---

11B. To what extent would you say that your immediate superior is good at work planning?

☐	☐	☐	☐	☐
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

4	3	2	1	0
---	---	---	---	---

11A and 11B. Total number of points: _____
(Between 0 and 8 points)

Always	Often	Some-times	Seldom	Never/hardly ever
--------	-------	------------	--------	-------------------

☐	☐	☐	☐	☐
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

12A. How often is your nearest superior willing to listen to your problems at work?

4	3	2	1	0
---	---	---	---	---

12B. How often do you get help and support from your nearest superior? ☐

4

☐

3

☐

2

☐

1

☐

0

12A and 12B. Total number of points: _____ (Between 0 and 8 points)

Very satisfied	Satisfied	Un-satisfied	Very unsatisfied
----------------	-----------	--------------	------------------

☐

3

☐

2

☐

1

☐

0

13. Regarding your work in general. How pleased are you with your job as a whole, everything taken into consideration?

13. Number of points: _____ (Between 0 and 3 points)

The next two questions are about the way your work affects your private life and family life.

Yes, certainly	Yes, to a certain degree	Yes, but only very little	No, not at all
----------------	--------------------------	---------------------------	----------------

☐

3

☐

2

☐

1

☐

0

14A. Do you feel that your work drains so much of your energy that it has a negative effect on your private life?

☐

3

☐

2

☐

1

☐

0

14B. Do you feel that your work takes so much of your time that it has a negative effect on your private life?

14A and 14B. Total number of points: _____
(Between 0 and 6 points)

The next four questions are not about your own job but about *the whole* company you work at.

	To a very large extent	To a large extent	Some- what	To a small extent	To a very small extent
15A. Can you trust the information that comes from the management?	☐	☐	☐	☐	☐
	4	3	2	1	0
15B. Does the management trust the employees to do their work well?	☐	☐	☐	☐	☐
	4	3	2	1	0

15A and 15B. Total number of points: _____
(Between 0 and 8 points)

	To a very large extent	To a large extent	Some- what	To a small extent	To a very small extent
16A. Are conflicts resolved in a fair way?	☐	☐	☐	☐	☐
	4	3	2	1	0
16B. Is the work distributed fairly?	☐	☐	☐	☐	☐
	4	3	2	1	0

16A and 16B. Total number of points: _____
(Between 0 and 8 points)

The following five questions are about your *own* health and well-being. Please do not try to distinguish between symptoms that are caused by work and symptoms that are due to other causes. The task is to describe how you are in general.

The questions are about your health and well-being during the last four weeks:

Excellent

Very good Good Fair Poor

☐	☐	☐	☐	☐
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

17. In general, would you say your health is:

4 3 2 1 0

17. Number of points:_____ (Between 0 and 4 points)

All the time	A large part of the time	Part of the time	A small part of the time	Not at all
--------------	--------------------------	------------------	--------------------------	------------

18A. How often have you felt worn out?

☐	☐	☐	☐	☐
4	3	2	1	0

18B. How often have you been emotionally exhausted?

☐	☐	☐	☐	☐
4	3	2	1	0

18A and 18B. Total number of points:_____ (Between 0 and 8 points)

All the time	A large part of the time	Part of the time	A small part of the time	Not at all
--------------	--------------------------	------------------	--------------------------	------------

19A. How often have you been stressed?

☐	☐	☐	☐	☐
4	3	2	1	0

19B. How often have you been irritable?

☐	☐	☐	☐	☐
4	3	2	1	0

19A and 19B. Total number of points: _____ (Between 0 and 8 points)

20. Have you been exposed to undesired sexual attention at your workplace during the last 12 months?

Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
------------	-------------	--------------	------------------	----

☐	☐	☐	☐	☐
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

If yes, from whom? (You may tick off more than one)

Colleagues	Manager/supervisor	Subordinates	Clients/customers/patients
------------	--------------------	--------------	----------------------------

☐	☐	☐	☐
--------------------------	--------------------------	--------------------------	--------------------------

21. Have you been exposed to threats of violence at your workplace during the last 12 months?

Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
------------	-------------	--------------	------------------	----

☐	☐	☐	☐	☐
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

If yes, from whom? (You may tick off more than one)

Colleagues	Manager/supervisor	Subordinates	Clients/customers/patients
------------	--------------------	--------------	----------------------------

☐	☐	☐	☐
--------------------------	--------------------------	--------------------------	--------------------------

Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
☐	☐	☐	☐	☐

22. Have you been exposed to physical violence at your workplace during the last 12 months?

Colleagues	Manager/ supervisor	Sub-ordinates	Clients/ customers/ patients
☐	☐	☐	☐

If yes, from whom? (You may tick off more than one)

Bullying means that a person repeatedly is exposed to unpleasant or degrading treatment, and that the person finds it difficult to defend himself or herself against it.

Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
☐	☐	☐	☐	☐

23. Have you been exposed to bullying at your workplace during the last 12 months?

Colleagues	Manager/ supervisor	Sub-ordinates	Clients/ customers/ patients
☐	☐	☐	☐

If yes, from whom? (You may tick off more than one)

There are no more questions.

At this page you may write more about your working conditions, stress, health, etc.

**Rating the best conceivable mental state at 10 points and the worst at 0, point:
How many points do you give to your current mental state**

10	9	8	7	6	5	4	3	2	1	0
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐