

إقرار

أنا الموقع أدناه مقدم الرسالة التي تحمل العنوان:

Job Stress and Mental Health Among Female Nurses at Governmental and Private Gaza Strip Hospitals

أقر بأن ما اشتملت عليه هذه الرسالة إنما هي نتاج جهدي الخاص، باستثناء ما تمت الإشارة إليه حيثما ورد، وإن هذه الرسالة ككل، أو أي جزء منها لم يقدم من قبل لنيل درجة أو لقب علمي أو بحث لدى أية مؤسسة تعليمية أو بحثية أخرى.

DECLARATION

The work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

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Job Stress and Mental Health Among Female Nurses at Governmental and Private Gaza Strip Hospitals

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نتيجة الحكم على أطروحة ماجستير

بناءً على موافقة عمادة الدراسات العليا بالجامعة الإسلامية بغزة على تشكيل لجنة الحكم على أطروحة الباحثة/ سماهر جمال حسن البيسيوني لنيل درجة الماجستير في كلية التربية/ قسم صحة نفسية ومجتمعية- علوم التمريض وموضوعها:

Job Stress and Mental Health Among Female Nurses at Governmental and Private Gaza Strip Hospitals

وبعد المناقشة العلنية التي تمت اليوم السبت 04 رمضان 1434هـ، الموافق 2013/07/13م الساعة الحادية عشرة صباحاً بمبنى طبية، اجتمعت لجنة الحكم على الأطروحة والمكونة من:

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وبعد المداولة أوصت اللجنة بمنح الباحثة درجة الماجستير في كلية التربية/ قسم صحة نفسية ومجتمعية- علوم التمريض.

واللجنة إذ تمنحها هذه الدرجة فإنها توصيها بتقوى الله ولزوم طاعته وأن تسخر علمها في خدمة دينها ووطنها.

والله ولي التوفيق ،،،

مساعد نائب الرئيس للبحث العلمي و للدراسات العليا

.....
أ.د. فؤاد علي العاجز



﴿ لَقَدْ خَلَقْنَا الْإِنْسَانَ فِي كَبَدٍ ﴾

(البلد : 4)

In the name of Allah, Most Gracious, Most Merciful

Say: " We created the human in fatigue"

The Holy Qurán, (Al-Balad:4)

Abstract

The purposes of this study were first to identify the nursing job stress and identify the relationship between job stress and mental health among female nurses working in governmental and private Gaza Strip hospitals and to explore study variables (job stress and mental health).

The descriptive and analytical study to achieve these aims, a sample of (124) nurses working in governmental hospitals and (22) nurses working in private hospitals in Gaza Strip were randomly selected for the study. Study tool "questionnaire", which was developed based on the literature review, was validated by a number of referees. Reliability was tested using Alpha Cronbach Equation and Half Split Method through the SPSS software for internal Consistency.. Reliability rate was(0.90).

For data analysis, the researcher used Frequencies and Percentile, Alpha- Cronbach Test for measuring reliability of the items of the questionnaire, Pearson correlation coefficients for measuring validity of the items of the questionnaires, Spearman-Brown Coefficient, one sample t test, independent samples t test, one way ANOVA test, Scheffe test for multiple comparison.

Findings:

- There is a statistically significant difference among governmental and private nurses in the responses to Mental health scale at significant level $\alpha=0.05$ and the difference is in favor of the nurses who work in private hospitals.
- The results for nurses work at Governmental hospitals about job stress was equals 66.51% and about mental health equals 73.62 %, The average of the opinion of nurses work in private hospitals about job stress equals 64.95% and mental health 78.35%.
- There is **no** statistically significant difference in the responses of job stress and mental health scale among female nurses due to the type of hospital (government and private); age; qualification ; years of service ; monthly salary (NIS); type of housing ; type of hospital place of residence ;and family size at significant level $\alpha=0.05$.
- There are statistical differences about mental health scale only due to social Status that the difference between "single ", and "Divorced" in favor of "Divorced".

Recommendation:

- Increase the allocations of nursing personnel in Palestinian hospitals.
- Improve work conditions and environment (hardware, tools and equipment)
- Apply the control cycle of risk assessment and management through the identification, analysis and management of risks, and protection of workers.
- Ensure workloads correspond to workers' capabilities and resources.
- Clearly define workers' responsibilities.

ملخص الدراسة

هدفت هذه الدراسة للتعرف إلى مستوى ضغوط العمل التي تتعرض له الممرضات العاملات في (المستشفيات الحكومية والخاصة) في قطاع غزة كما هدفت للتعرف إلى العلاقة بين ضغوط العمل والصحة النفسية لديهن، وأيضاً هدفت إلى الكشف عن مدى وجود فروق ذات دلالة احصائية في مستوى ضغوط العمل والصحة النفسية تعزى لمتغير (العمر والحالة الاجتماعية والمؤهل العلمي وسنوات الخبرة ونوع السكن "ملك أو إيجار" و مكان السكن و قيمة الدخل الشهر بفترة الشغل) حيث كان اختيار العينة عشوائي و تمثل حجم العينة ب 124 ممرضة من المستشفيات الحكومية و 22 ممرضة من المستشفيات الخاصة في قطاع غزة .

استخدمت الباحثة الأساليب الاحصائية المناسبة مثل (التكرارات والنسب المئوية ومعامل الارتباط بيرسون و تحليل التباين الأحادي واختبار "ت" ومعامل سبيرمان واختبار شيفيه وألفا كرونباخ) في تحليل البيانات التي جمعت من خلال تعبئة الممرضات لمقاييس الدراسة المتمثلة في مقياس ضغوط العمل ومقياس الصحة النفسية واستبانة المتغيرات الديمغرافية.

توصلت الدراسة إلى النتائج التالية:

- إن الممرضات العاملات في المستشفيات الحكومية يعانين من ضغوط مهنية بنسبة 66.51% ومستوى الصحة النفسية كان بنسبة 73.62%.
- إن الممرضات العاملات في المستشفيات الخاصة يعانين من ضغوط مهنية بنسبة 64.95% ومستوى الصحة النفسية لديهن بنسبة 78.35%.
- وجود علاقة عكسية ذات دلالة احصائية بين الضغوط المهنية و مظاهر الصحة النفسية .
- كذلك توصلت الدراسة إلى عدم وجود فروق ذات دلالة احصائية في مستوى الضغوط المهنية ومظاهر الصحة النفسية تعزى لمتغير (العمر , الجنس , المؤهل العلمي , مدة الخدمة, نوع الأسرة, مكان السكن, قيمة الدخل الشهري و نوع السكن)
- توصلت الدراسة إلى وجود فروق ذات دلالة احصائية في مستوى الضغوط المهنية و الصحة النفسية تعزى لمتغير الحالة الاجتماعية وكانت الفروق لصالح الممرضة المطلقة .

أهم توصيات:

في ضوء نتائج الدراسة اقترحت الباحثة بعض التوصيات ومن أهمها :

تخفيض عبء العمل عن العاملين في مهنة التمريض حيث أشارت النتائج أن الممرضات في هذه المهنة يعانون من ضغط وظيفي مرتفع بلغ (72.87 %) .

تحسين ظروف وبيئة العمل (الأجهزة والأدوات والمعدات) مع تحديد موعد لزيارة المرضى داخل المستشفى

تحسين رواتب العاملين في مهنة التمريض وتطوير نظام الحوافز والترقيات بما يضمن العمل تحت ضغط عمل أقل والتمتع بصحة نفسية أفضل.

عمل دورات تدريبية للعاملين في مهنة التمريض والمسؤولين توضح كيفية التعامل مع ضغط العمل .

إجراء دراسات مماثلة من قبل إدارة المستشفى والباحثين المختصين تدرس متغير ضغوط العمل والصحة النفسية على التمريض بشكل عام العاملين في المستشفيات الحكومية والخاصة والمستشفيات العسكرية.

Dedication

To my Parents, my light and moral compass.

To my husband whose support made this research possible.

My inspiration, my kids.

To my brothers, sisters, and family, May Allah bless them all.

To the Palestinian prisoners in Israel's jails.

To my colleagues.

And finally, to those who dedicated their lives so that we lead a better life, to my teachers.

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List of Aabbreviations

APA	American Psychological Association
ANA	American Nursing Association
APRN	Advanced Practice Registered Nurse
CRNA	Cezrtified Registered Nurse Anesthetists
CNS	Clinical Nurse Specialist
CNM	Certified Nurse-Midwife
GAS	General Adaptation Syndrome'
GS	Gaza Strip
ICN	International Council of Nurses
LPNs	Licensed Practical Nurses
MOH	Ministry Of Health
MMS	Military Medical Services
NP	Nurse Practitioner
NGOs	Non-Governmental Organizations
NIOSH	National Institute for Occupational Safety and Health
PHC	Primary Health Care
PHIC-G	Palestinian Health Information Center in Gaza Strip
SPSS	Statistical Package of Social Science
UNRWA	United Nations Relief and Work Agency
WHO	World Health Organization

Chapter One

Problem and background of the Study

❖ Introduction

1.1 Study Purposes

1.2 Significance of the Problem

1.3 Goal of Study

1.4 Study Objectives

1.5 Study Questions

1.6 Definition of Variables

1.7 Study Context

Introduction

Generally, stress is a common factor that influences every human being throughout their life time. The way people handle stress depends on the stress retention level and the way they manage stress. Hence, to experience and have stress is considered normal to every human. However, in some cases stress becomes too pressurizing, uncontrollable and damaging.

The subject of job stress has stimulated considerable interest to researchers and specialists in various fields of psychology. Job stress is crucial due to the negative effects it has on physical and mental health of the employees which in turn has negative effects on their behavior towards their professional performance as well

In today's difficult and competitive global economy, work stress is high, and this stress along with other health factors can affect work productivity, satisfaction, safety, absenteeism, turnover, and even workplace violence. As a result, organizations increasingly turn to occupational health psychology (OHP) to develop, maintain, and promote the health of employees. Researchers have shown that there is a very strong link between stress and personal health which can play a major role in determining the physical and psychological health of an individual as well as the success of an organization. The impact on the organization could be detrimental and could range from high turnover, absenteeism and poor performance. (Kavitha.G,2009, p. 3). For example, seventeen percent of nurses who perceived high job strain reported taking 20 or more sick days in the past year, compared with 12% of nurses who reported less job strain. (Clark C. 2009, p.73)

According to Al-hajaj's study results (2007), "Level of job stress among nursing staff in Al-Shefa Hospital of Gaza Strip was 79.28."

Tyson (2004) revealed a significant increase in nurses' workload, involvement with life and death situations, and pressure from being required to perform tasks outside of their competence. Still, nurses working in public hospitals generally reported more stress than private hospitals. The rapid technological and scientific evolution health sector has witnessed developed nursing into science, art, and technology.

Nursing nowadays has a great range of theories and concepts. Below is the most common of these definitions:

-American Nursing Associations (ANAs) defined Nursing as "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviations of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations".

“Every day the nurse confronts stark suffering, grief and death as few other people do. Many nursing tasks are mundane and unrewarding. Many are, by normal standards, distasteful and disgusting. Others are often degrading; some are simply frightening.” Therefore, it is hardly surprising that nurses, confronted by such events and tasks, have been reported to experience high levels of stress, and their difficulties appear to be further exacerbated by a range of organizational issues increasingly recognized as being instrumental in the stress process (Hingley , 1984, pp. 19-22).

Nursing is considered one of the most important fields of health care system as it represents the major group among health care professionals. It is natural then for nurses to shoulder a heavy responsibility and suffer more job stress than others who work in the health care system. However, it is female nurses who suffer doubly. Women nurses suffer from housework, job role, caring for her children; she stands beside her husband to reduce his suffering, specialty after difficult life events, low economic status.

1.1 Study Purpose:

The study aims at identifying nursing job stress and study the relationship between job stress and mental health among female nurses who work in the governmental and in the private hospitals in Gaza Strip.

1.2 Significance of the Problem

Nursing staff is exposed to psychological stress that is potentially affects by experiencing job stress in health care environment. The problem appears to be pervasive in many different types of health care providers.

The researcher interviewed a number of female nurses working in Gaza Strip hospitals to know the sources, causes, and effects of job stress on mental health. After the interview, the researcher decided to study the relationship between job stress and mental health among female nurses who work in governmental and private hospitals in Gaza strip.

1.3 Goal of Study

The aim of study is to find out the relationship between job stress and mental health level among female nurses who work in the governmental hospitals and female nurses who work in the private hospitals in Gaza Strip.

1.4 Study Objectives

1. To identify the differences at the level of job stress between female nurses who work in the governmental hospitals and female nurses who work in the private ones in Gaza Strip.
2. To identify the differences at the level of mental health between female nurses who work in governmental hospitals and those who work in the private hospitals in Gaza Strip.
3. To study the relationship between job stress level and mental health among female nurses who work in the governmental hospitals and female nurses who work in the private hospitals in Gaza Strip.
4. To identify the differences in job stress due to socio-demographic variables as (age, marital status, house type, salary in NIS, qualification, work service, and place of residency) among female nurses who work in the governmental hospitals and female nurses who work in the private hospitals in Gaza Strip.

1.5 Study Questions

1. Are there statistically significant differences at the level (0.05)of job stress between female nurses who work in the governmental hospitals and those who work in the private hospitals in Gaza Strip?
2. Are there statistically significant differences at the level(0.05) of mental health between female nurses who work in governmental hospitals and female nurses who work in the private hospitals in Gaza Strip?

3. Are there statistically significant differences at the level(0.05) of job stress according to socio-demographic variables as (age, marital status, type of housing, salary in NIS, qualification, work service, and place of residency) among female nurses who work in the governmental hospitals and female nurses who work in the private hospitals in Gaza Strip?
4. Is there a relationship between job stress and mental health level among female nurses who work in govermental and private hospitals, in Gaza Strip?

1.6 Definitions of Variables

The researcher defined the study variables as job stress (independent variable) mental health (dependent variable) and defined the study population of female nurses and nursing profession.

Stress “is when the body tries to defend itself naturally.” This natural ability is useful in emergency situations, such as getting away from a speeding car, but can cause symptoms of somatic if it lasts long such as responding to the challenges and changes in everyday life.

Gray-Toft and Anderson, (1983, pp.137-147) defined job stress as “the feeling that occurs within modern workplace, where individuals are being put under increasing pressure as they attempt to cope with heavier work load, longer working hours, organizational restructure, intrinsic job and technological development.”

1.6.1 Job Stress (independent variable)

The original meaning of the term "stress" is derived from engineering. By analogy with physical force, it refers to external pressure that is exerted on a person, which in turn results in tension or "strain" (Kahn and Byosiere, 1992 p.150).

Stress, according to Mojinyinola(1984) and Olaleye (2002), “is an important psychological concept that can affect health, well-being and job performance in negative dimensions.”

Stress according to Akinboy J.O.(2002) which is “experienced by workers at work is called job stress. It may be due to a number of factors such as poor working conditions, excessive

work load, work shift, long hours of work, ambiguity of role, conflicts, poor relationships with the boss, colleagues or subordinates, risk and danger to mention a few."

After reading different subjects about job stress and studying many studies of job stress, the researcher estimated the following definition for job stress; "job stress is the reflection of negative and harmful impacts on human physical and psychological health due to increasing demands in the work environment and are beyond a person's ability, affecting workers' performance." In this study the researcher will clarify the concept of job stress, definition, causes, sources, and effects on physical and mental health.

1.6.2 Mental Health (dependent variable)

World Health Organization WHO (2010) states that there is no health without mental health. The essential dimension of mental health is clear from the definition of health in the World Health Organization: "Health is a state of complete physical, mental, social, well-being and not merely the absence of disease or infirmity."

The definition of psychological health includes the following:

A person's ability to psychological balance; dealing positively with requirements of daily life, whether social or practical; self-confidence and readiness to develop thinking with new information and knowledge; Acceptance of others and the constant search for ways to develop their knowledge and reality; Ability to balance one's wishes and reality (heart and mind)without causing psychological pain.

1.6.3 Definition of Study Population

- Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.
- The Palestinian health care services are provided mainly by four sectors of health providers: governmental health services (MOH & MMS), Non Governmental Organizations (NGOs), UNRWA and private sector.

-Government hospitals: are hospitals affiliated with the Palestinian Ministry of Health administratively, financially and technically; they provide free health services to all members of the community who have health valid insurance card.

- **Private sector** hospitals: they are hospitals that are not owned by the government. Generally, private sector is opposed to the public sector that usually consists of industries such as education, health, and unemployment insurance.

1.6.4 Nursing in Palestine:

The nursing profession has grown significantly in the past recent years in Palestine.

Now there is advanced technology used to provide the advanced health care consistent with these development nurses need to be qualified, efficient and effective. Specialty nursing education future plan for nurses/midwives need to concentrate on fields with least available such as oncology, health education, women health, management, orthopedic, etc (MoH, MoHE and WA 2001, 7). Nursing has grown significantly in the past recent years in Palestine. It has become an extremely important component in Health Care System, taking to fact that nurses represent the majority group among all health care professionals. Therefore, the increased awareness of the Palestinian nurses, together with the feasibility to promoting and developing the nursing profession, has been seen in the last years.

1.7 Study Context:

The Palestinian National Authority (PNA) territories consist of two geographically separated areas West Bank (WB) and Gaza Strip (GS). GS is a narrow zone of land bounded of the south by Egypt, on the west by the Mediterranean Sea, and on the east and north by the occupied territories in 1948. GS has a total area of 365 sq km with 46 kilometers long and 5–12 kilometers wide and constitutes 6.1% of the total area of Palestinian territory land. The mid-year population of the year 2011 was 1.588.691 that represents 38 percent of the total population in the Palestinian territories. GS is considered one of the most overcrowded areas in the world with a population density of 4.353 inhabitants/sq.km. According to the United Nations Relief and Works Agency (UNRWA)

statistics in 2010, the total number of registered Refugees in GS constitutes about 72.8% from the total population.

Gaza strip consists of four cities, fourteen villages and eight refugee camps and administratively divided into the following main five governorates:

North-Gaza Governorate with an area of 61 sq. km constitutes 16.7% of the total area of GS and 1.0% of the total Palestinian territory. The total number of population living in North-Gaza governorate during 2011 was 309.434 individuals with 5073 inhabitants/sq. km.

Gaza Governorate with an area of 74 sq. km constitutes 20.3% of the total areas of GS and 1.2% of the total Palestinian territory. The total number of population living in Gaza governorate during 2011 was 551.832 individuals with 7457 inhabitants/sq. km.

Mid-Zone Governorate with an area of 58 sq. km constitutes 15.9% of the total area of GS and 1.0% of the total Palestinian territory. The total number of population living in Mid-Zone governorate during 2011 was 230.689 individuals with 3977 inhabitants/sq. km.

Khan-Younes governorate with an area of 108 sq. km constitutes 29.6% of the total area of GS and 1.8% of the total Palestinian territory. The total number of population living in Khan-Younes governorate during 2011 was 301.138 individuals with 2788 inhabitants/sq. km.

Rafah Governorate with an area of 64 sq. km constitutes 17.5% of the total area of GS and 1.1% of the total Palestinian territory. The total number of population lived in Rafah governorate during 2011 was 195.598 individuals with 3056 inhabitants/sq. km.

According to the distribution of the population by governorates during the year (2011) the most populated governorate is Gaza Governorate with 34.7% of the total GS population, followed by North-Gaza Governorate with 19.4%. On the other hand, Rafah Governorate has the lowest rate of population of 12.5%. The percentage of population under 15 years old was 43.8% of the total population in GS.

- Health facilities participated in the notification

There are four health care providers (Governmental, UNRWA, non-governmental organizations (NGO's) and Private sector) in GS. The Government and UNRWA offer health services to most of the population of GS. The NGO's and Private sector serve small part of the population and that's why we will include these providers under one item "NGO's".

During 2011, there was a total of 154 facilities participated in notification of communicable diseases from all health providers. The main source of data is received from PHC centers which constitute more than 55% from all participation.

Among these facilities, there were 20 hospitals (12 governmental and 8 NGOs), 85 primary health care (PHC) centers (54 governmental, 18 UNRWA and 13 NGOs) and 49 laboratories (31 governmental and 18 NGOs) participated in the notification

- Primary Health Care centers

Primary health care (PHC) is a major component of Palestinian health care system. PHC provides preventive, promotional, curative and rehabilitative health care to all Palestinian people especially for children and other vulnerable groups through MOH, UNRWA, non-governmental and private centers. PHC centers try to offer accessible and affordable health services for all Palestinians regardless of geographical locations. According to MOH policy, PHC centers are classified from level I to level IV according to health services they provide which include:

- Child's health including the care of child at birth and immunization;
- Women's health including prenatal care, high risk pregnancy, family planning and reproductive health;
- Nutrition and micronutrient deficiencies, including breast feeding;
- Communicable and non-communicable disease control including control of diarrhea diseases, acute respiratory infections, brucellosis and others;
- School health;

- Health promotion and education;
- Environmental health;
- Curative care for children and adults with provision of essential drugs in the PHC centers including medical emergency and chronic diseases;
- Oral preventive and curative health care; and
- Diagnostic services including laboratory and x- ray. At the end of 2011, the total number of PHC centers in the GS was 54 centers run by MOH, 20 centers run by UNRWA and many other centers run by NGOs.

- Secondary Health Care (Hospitals)

In GS, the secondary healthcare is provided by the governmental, non-governmental and private hospitals. The MOH is responsible for a significant portion of the secondary healthcare of general and specialized hospital beds. According to Palestinian Health Information Center in GS (PHIC-G), there was a total of 29 hospitals at the end of 2010 (13 run by MOH, 13 by NGOs and 3 by Military services). (Annual Epidemiological Report Gaza Strip, 2011:P.1-8)

Chapter Two

Theoretical Framework

❖ Introduction

2.1 Section One: Job Stress

2.2 Second Section: Mental health

2.3 Third Section: Nurse as working women and nursing concepts

2.4 Conceptual Framework model:

2.5 Literature review

❖ Summary

Introduction:

This chapter illustrates the theoretical framework in relevance to the variables of the study.

It falls in the following domains:

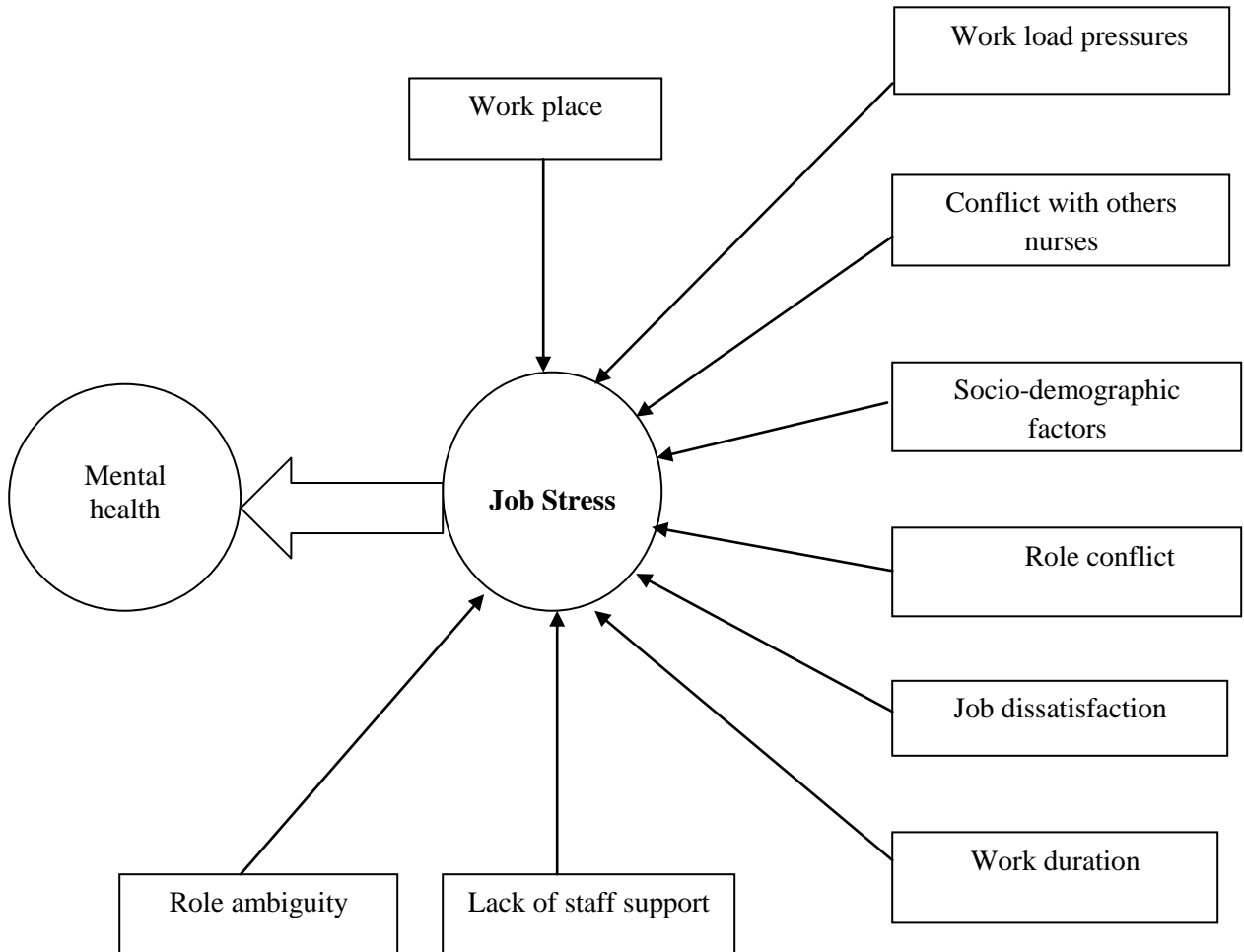
First: The first domain is related to stress including the following items: concept of stress in general and job stress in particular, theories of stress (cognitive stress theory, psychological stress theories, hierarchy needs theory, Herzberg's theory, and theories of job satisfaction), types and sources of stress in general and sources of job stress. Moreover, it discusses the impact of job stress on workers; physical, psychological and behavioral. Work place, work organization and mental health impact of job stress on productivity are also examined.

Second: this section discusses items related to mental health their definitions, positive and negative indicators.

Third: nursing occupation in Palestine, the working woman in general and woman nurses working in Gaza Strip hospitals, strains of nursing occupation (social view, financial situation, work time and differences between women nurses who work in governmental hospitals and those working in the private sector.

2.1 Conceptual Framework model:

- In this section, a theoretical framework for the relationship between job stress and mental health is presented.
- There is a previous study survey in this area.



***Researcher built this model**

Figure (2.1): Conceptual Framework model

The model can be developed to be consistent with previous theories that estimate the effects of job stress on mental health among female nurses working in government and private hospitals of Gaza Strip.

2.2 Section One: Job stress

The subject of the job stress issue haunted mankind since their presence on the ground and stay sources where the work was and still is a source of discomfort and fatigue that a confirmation of words of Almighty God " We created the human in fatigue" Quran (Al-Balad:4)

2.2.1 Concept of Stress

The original meaning of the term "stress" is derived from engineering. By analogy with physical force, it refers to external pressure that is exerted on a person, which in turn results in tension or "strain" (Kahn & Byosiere,1992,p.150).

Baum et al (1997) defined "stress" as "the process by which environmental events (stressors or challenges) threaten us, how these threats are interpreted, and how they make us feel."

Work-related stress is a pattern of reactions that occurs when workers are presented with work demands that are not matched to their knowledge, skills or abilities, and which challenge their ability to cope. These demands may be related to time pressure or the amount of work (quantitative demands), or may refer to the difficulty of the work (cognitive demands) or the empathy required (emotional demands), or even to the inability to show one's emotions at work. Demands may also be physical, i.e. high demands in the area of dynamic and static loads when the worker perceives an imbalance between demands and environmental or personal resources; this can cause a number of possible reactions. These may include physiological responses (e.g. increase in heart rate, blood pressure, hyperventilation), emotional responses (e.g. feeling nervous or irritated), cognitive responses (e. g. reduced attention and perception, forgetfulness), and behavioral reactions (e.g. aggressive, impulsive behavior making mistakes). When people are in a state of stress, they often feel concerned, less vigilant and less efficient in performing tasks (fact sheet-2007).

2.2.2 Types of stress:

There are two types of stress, namely positive and negative.

Positive stress(Eustress) offers potential gain leading to a better performance as in the case of an athlete who often uses stress positively and performs better. Stress is said, by some, to be a good thing when it promotes excitement and positive feelings. For example, working hard in a controlled and manageable way towards an achievable and realistic aim can for sure be very exciting, but it is not a stressor. However the concepts of job stress is often confused with challenge, but these concepts are not the same. Challenge energizes us psychologically and physically and motivates us to learn new skills and master our jobs. When a challenge is met, we feel relaxed and satisfied. Thus, challenge is an important ingredient for healthy and productive work.

The importance of challenge in our work lives is probably what people are referring to when say "a little bit of stress is good for you."

Negative stress(Distress) on the other hand, is associated with constraints; when an event or situation is very serious or dangerous, the emotions become negative and create deep dejection, despondency and depression. These negative emotions have a crippling effect on work and life styles (Kavitha .G. p.3, 2009).

Job stress is the harmful emotional and physical reactions resulting from the interactions between the worker and her/his work environment where the demands of the job exceed the worker's capabilities and resources. When we are under stress our bodies prepare for a "fight or flight response" adrenaline, cholesterol, and sugar are released in to the blood stream. Some commonly felt experiences are anxiety or panic attacks, migraine headaches, stomach problems, back problems, racing heartbeat, dizziness, sweaty hands, and a dry mouth. However, a certain amount of stress is required to live and enjoy life. It is worth mentioning that when we are under unremitting stress or if we don't deal with it properly, we cause wear and tear on our bodies leading to physical and psychological problems such as depression and hypertension (ICN, 2009, P.1).

Salih (2003, p. 379) defines job stress "as the harmful physical and emotional responses that occur when the requirements of the job don't match the capabilities, resources or needs of the worker."

Job stress definition according to Jamal and Baba (2000) is " can be viewed as an individual's reactions to work environment characteristics that appear threatening to the individual. It indicates a poor fit between the individual abilities and the work environment in which either excessive demands are made from the individual, or the individual is not fully equipped to handle a particular situation."

Ivanchevich Matteson (2002) reported that "job stress can be defined as an adaptive response moderated by individual differences that are a consequence of any action, situation or event that places special demand on a person."

To conclude, stress is a normal physical response to events that make a person feel threatened or upsets his balance in some way. When he/she senses danger, whether real or imagined, the body's defenses kick in to high gear in a rapid, automatic process known as the stress response.

NIOSH (1998) defined job stress as "Stress experienced by workers at work is called job stress. It may be due to a number of factors such as poor working condition, excessive work load, shift work, long hours of work, role ambiguity, role conflict, poor relationships with the boss, colleagues or subordinate officers, risk and danger to mention a few."

According to Tom Cox (1996), Stress is an experience that represents a psychological state. It can result from exposure, or threat of exposure, both to the more tangible workplace hazards and to the psycho-social hazards of work.

After reading several studies and definitions of job stress , the researcher estimated the following definition for job stress:

"Job stress is a reflection of negative and harmful practices to human physical and psychological health related to increasing demands in the work environment which are beyond a person's ability to give a lot time. Stress affects workers' job performance."

2.2.3 Theories of Stress

Stress theories focus on the relationship between external demands (stressors) and bodily processes (stress) and can be categorized in the two following approaches: "systemic stress" based on physiology and psychobiology which was first announced by Selye (1976) and "psychological stress" developed within the field of cognitive psychology which was first announced by Lazarus (1966 and later1991) Lazarus and Folkman (1984) and McGrath (1982).

2.2.3.1 Systemic Stress: Selye's Theory

The endocrinologist Hans Selye introduced the concept of stress in science after the work of a series of animal studies in which he observed that a variety of stimulus events (e.g., heat, cold, toxic agents) applied intensely and long enough are capable of producing common effects, meaning not specific to either stimulus event. Besides these nonspecific changes in the body, each stimulus produces its specific effect, heat, for example, produces vasodilatation, and cold vasoconstriction. According to Selye, these nonspecifically caused changes constitute the stereotypical, response pattern of systemic stress. Selye (1976, p. 64) defines this stress as "a state manifested by a syndrome which consists of all the non-specifically induced changes in a biologic system". He called them the 'General Adaptation Syndrome' General Adaptation Syndrome' (GAS).

Selye classified into three stages:

(a) The alarm reaction comprises an initial shock phase and a subsequent counter shock phase. The shock phase exhibits autonomic excitability, an increased adrenaline discharge,

and gastro-intestinal ulcerations. The counter shock phase marks the initial operation of defensive processes and is characterized by increased adrenocortical activity.

(b) If noxious stimulation continues, the organism enters the stage of resistance. In this stage, the symptoms of the alarm reaction disappear, which seemingly indicates the organism's adaptation to the stressor. However, while resistance to the noxious stimulation increases, resistance to other kinds of stressors decreases at the same time.

(c) If the aversive stimulation persists, resistance gives way to the stage of exhaustion. The organism's capability of adapting to the stressor is exhausted, the symptoms of stage (a) reappear, but resistance is no longer possible. Irreversible tissue damages appear, and, if the stimulation persists, the organism dies. Cited in (Thanos, et.al :(2010,p.142)

2.2.3.2 Psychological Stress: The Lazarus Theory

Lazarus Theory suggested two concepts as being central to any psychological stress theory: the first is appraisal which refers to individuals' evaluation of the significance of what is happening for their well-being.

And the second one is coping which means individuals' efforts in thought and action to manage specific demands. Lazarus (1991) defined stress as a relational concept, that is, stress is not defined as a specific kind of external stimulation or a specific pattern of physiological, behavioral, or subjective reactions. Instead, stress is viewed as a relationship ('transaction') between individuals and their environment.

According to Lazarus and Folkman ,“Psychological stress refers to a relationship with the environment that the person appraises as significant for his or her well-being and in which the demands tax or exceed available coping resources.” This definition points to the central mediators within the person–environment transaction: cognitive appraisal and coping. (cited in, Krohne. H. W.2002,p.3).

2.2.3.3 The Concept of Appraisal

Appraisal is a key factor for understanding stress-relevant transactions. This concept is based on the idea that emotional processes including stress are dependent on actual expectancies that persons manifest with regard to the significance and outcome of a specific encounter. This concept is necessary to explain individual differences in quality, intensity, and duration of an elicited emotion in environments that are objectively equal for different individuals. It is generally assumed that the resulting state is generated, maintained, and eventually altered by a specific pattern of appraisals. These appraisals, in turn, are determined by a number of personal and situational factors. The most important factors on the personal side are motivational dispositions, goals, values, and generalized expectancies. Relevant situational parameters are predictability, controllability, and imminence of a potentially stressful event. Lazarus (1966) stated the forms of appraisal as primary and secondary appraisals. These forms rely on different sources of information.

-Primary appraisal

Primary appraisal is concerned about whether something of relevance to the individual's well-being occurs, whereas secondary appraisal is concerned about coping options. Within primary appraisal, three components are distinguished:

-Goal relevance describes the extent to which an encounter refers to issues about which the person cares.

-Goal congruence defines the extent to which an episode proceeds in accordance with personal goals.

Type of ego-involvement designates aspects of personal commitment such as self-esteem, moral values, ego-ideal, or ego-identity.

-Secondary appraisal components are distinguished:

Blame or credit results from an individual's appraisal of who is responsible for a certain event.

Specific patterns of primary and secondary appraisal lead to different kinds of stress. (Folkman,S&Moskowitz,J.T.(2004).pp:745-749.

- **Primary appraisal** : harm, threat, and challenge .

-Harm refers to the (psychological) damage or loss that has already happened.

-Threat is the anticipation of harm that may be imminent.

-Challenge results from demands that a person feels confident about mastering. These different kinds of psychological stress are embedded in specific types of emotional reactions, thus illustrating the close conjunction of the fields of stress and emotions.

Lazarus (1991) distinguishes 15 basic emotions. Nine of these are negative (anger, fright, anxiety, guilt, shame, sadness, envy, jealousy, and disgust), whereas four are positive (happiness, pride, relief, and love). (Two more emotions, hope and compassion, have a mixed valence.)

Coping potential means a person's evaluation of the prospects for generating certain behavioral or cognitive operations that will positively influence a personally relevant encounter.

Future expectations refer to the appraisal of the further course of an encounter with respect to goal congruence or incongruence. Cited in (Linda Brannon, Jess Feist:2009.p.105)

2.2.4 Resource Theories of Stress:

Theories of stress are not primarily concerned with factors that create stress, but with resources that preserve well-being in the face of stressful encounters. Several social and personal constructs have been proposed, such as social support sense of coherence hardiness self-efficacy or optimism. Whereas self-efficacy and optimism are single protective factors, hardiness and sense of coherence represent tripartite approaches. Hardiness is an amalgam of three components which are internal control, commitment, and a sense of challenge as opposed to threat. Sense of coherence consists of believing that the world is meaningful, predictable, and basically benevolent. Within the social support field,

several types have been investigated, such as instrumental, informational, appraisal, and emotional support (Krohnea H. W, 2002).

Hobfoll (1998) and Hobfoll et al. (1996) assume that stress occurs in any of three contexts: when people experience loss of resources, when resources are threatened, or when people invest their resources without subsequent gain. Four categories of resources are proposed: the first are object resources that include physical objects such as home, clothing, or access to transportation and the second is condition resources as employment, personal relationships the third is personal resources like skills or self-efficacy, and the fourth is energy resources that facilitate the attainment of other resources, for example, money, credit, or knowledge.

2.2.5 Coping Theories:

Lazarus and co-workers distinguish eight groups of coping strategies: confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, painful problem- solving, and positive reappraisal (Lazarus 1988, Lazarus 1991).

2.2.6 Classification of Approaches:

Coping theories may be classified according to two independent parameters:

(a) trait-oriented versus state oriented, and (b) micro analytic versus macro analytic approaches Krohne. F.(1996) Trait oriented and state-oriented research strategies have different objectives: The trait-oriented (or dispositional) strategy aims at early identification of individuals whose coping resources and tendencies are inadequate for the demands of a specific stressful encounter. An early identification of these persons will offer the opportunity for establishing a selection of a procedure or a successful primary prevention program. State oriented centers around actual coping and the relationships between coping strategies employed by an individual and outcome variables such as self-reported or objectively registered coping efficiency, emotional reactions accompanying and following certain coping efforts, or variables of adaptation outcome like health status or test performance. Cited in (Richard et.al.:2011:p.197).

2.2.7 Sources of stress or(stressors)

Stressors are situations and pressures that cause stress. We usually think of stressors as being negative, such as exhausting work schedule or a rocky relationship. However, anything that puts high demands on a person or forces an individual to adjust can be stressful. This includes positive events such as getting married, buying a house, going to college, or receiving a promotion.

Stressors are attributed to various resources represented in individuals or personality, environmental, and job resources or the result of interaction between different causes.

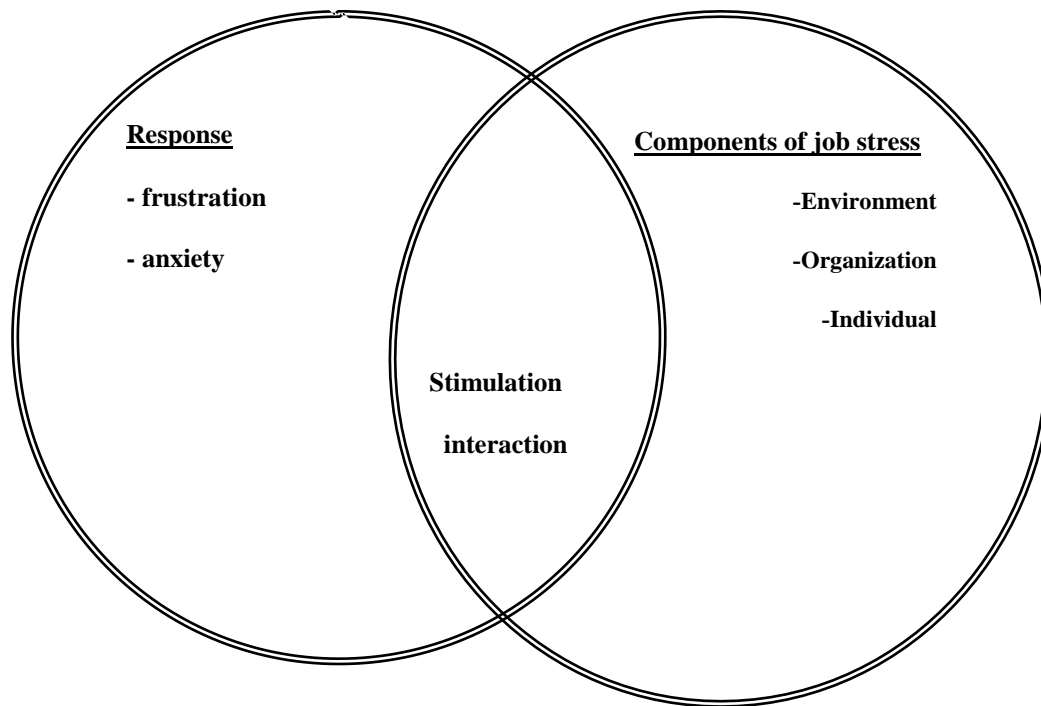


Figure (2.1) Illustration of the relationship between the components of the pressures of work(researcher built model)

2.2.7.1 Personality Sources of Stress:

Robbins defined two types of personality (A&B): type (A) has low cope with stress and always feels guilty and type (B) is an individual who highly copes with stress and does not feel guilty. However, an individual's ability and willingness to manage stress make difference in stress level from one individual to another. Therefore, uncertainty,

pessimism-unrealistic expectations, lack of assertiveness, negative self-talk, perfectionism, misbalance between work and family, poor internal communication, major life change, relationship difficulties, financial problems, a very busy schedule/life, children and family are Common internal causes of stress. (Robbins ,2002)

Job stress does not necessarily occur as a result of one cause, but a variety of reasons may participate in job stress. The recognized causes of job stress are numerous and these include work practices, pressure, management techniques, working conditions, peers and colleagues and work environment. It is possible to say that work stressors can be anything producing stress reactions. job stressors define as "job demands, constrains (or opportunities), job related events or situations that may affect an individual's role fulfillment." "Work-related stress is dynamic and multidimensional. The causes are multiple, interacted and dependent on the individual experience" (Nelson &Burke, 2003).

Kavitha G. (p.3, 2009) listed the following work stressors; work hours or workload, poor leadership, and downsizing. However, job stress impacts differ from a person to another according to personality type.

2.2.7.2 Organizational and Functional Job Sources:

-Role conflict, when the individual faces many contradictory, or requests work or when work not interested in her first or not believed to be part of his work.

- Work overload: it meaning the increase work volume doing by the employer and this work not appropriate with employer capacity to working.
- Lack social support: the social support affect on individual health and working.
- Conflict with others: the conflict due to bad relationships between supervisors, Colleagues and relation with patients and their families.
- Work duration: the nursing work time as shift system specialty night shift it is the most source of job stress in the female nurses.
- Dissatisfaction of job: dissatisfaction due to lack of organizational structure, lack of compensation and intensive work.

- Occupational differences: the job stress affect on individual in work place there are different from occupation to others and from employer to others, such as the nursing profession it is the most pressures.
- Role ambiguity: decrease the information that employers need to know it about profession rights and responsibility.

Work stress can come from a variety of sources and affect people in different ways. Although the link between psycho-social aspects of the job and the health and well-being of workers have been well documented, limited work has been done on the effects of distinct stressors on job performance.

2.2.8 Three Aspects of 'stress'

Stress is defined and operationalized by stimuli ('stressors'), subjective reports of an experience (humans only), a general non-specific increase in arousal (activation), and the feedback to the brain from this response (Levine and Ursin, 1991).

2.2.8.1 Stress as Stimulus

There seems to be consensus that if there is anything common to the stimuli that produced the state of stress and the stress responses, it was not their physical characteristics (Levine and Ursin, 1991). Whether a stimulus is pleasant or threatening depends on the individual appraisal of the situation, which is based on previous experience and expectations of the outcome. There are some stimuli that would be regarded as negative in most or all situations, and stimuli that will be perceived as positive by some individuals and negative by others. It also depends on the situational setting, and previous learning. What does the stimulus mean, what are the expectancies attached to this particular stimulus? This relates to the next aspect of stress.

The three main aspects of stress: the load (stressor, stress stimuli) is evaluated by the brain and may result in a stress response (alarm) that is fed back to the brain. The physiological stress response may lead to training or straining, dependent on the type of activation. Phasic arousal is seen in individuals with a positive expectancy. Sustained arousal may

lead to pathology (strain). The brain may alter the stimulus (5) or the perception of the stimulus, by acts or expectancies (Ursin H., 2004).

2.2.8.2 Stress Experience

There seems also to be consensus that all stimuli are evaluated or filtered by the brain, and that psychological, emotional ‘loads’ are the most frequently reported stress stimuli (Levine and Ursin, 1991). Given that a particular stimulus, or set of stimuli, is perceived (appraised) as threatening or negative, humans report this as ‘stress’. Animals are restricted to ‘report’ that this is something they want to avoid. For humans, this particular experience or feeling is easy to measure by interview or questionnaires. Particularly important for many people are concerns and beliefs about the possible health consequences of the state.

2.2.8.3 Stress Response

The general response to stress stimuli is a non-specific alarm response, eliciting a general increase in wakefulness and brain arousal, and specific responses to deal with the reasons for the alarm. We will refer to this increase in arousal as activation; therefore, it is an activation theory, or, more precisely, a theory built on general arousal and activation theory. The increase in arousal manifests itself in many or most organ systems, with individual and situational variance in strength, reciprocal relations, and time parameters (Eriksen et al., 1999).

2.2.8.4 Feedback from Stress Response (stress as transaction)

The final link in the total stress concept is the feedback loop from the peripheral changes back to the brain, the experience of the stress response, which adds to the feeling of being stressed, the James–Lange principle in emotional theory. Similar positive feedback mechanisms exist in the rate, but require indirect measurements.

The specific responses (coping attempts or strategies) may alter the stimulus situation, and these effects will be stored as response outcome expectancies.

2.2.9 Categories of Job-related Stressors:

Table (2.1): Categories of Job-related Stressors

Category	Stressor
Job content	Work over/under load Complex work Monotonous work Too much responsibility Dangerous work Conflicting/ambiguous demands
Working conditions	Toxic substances - Poor conditions (Noise, vibrations, lighting, radiation, temperature) Work posture, physically demanding work- dangerous situations- Lack of hygiene –lack of protective devices
Social reactions at work	Poor leadership- Low social support Low participation in decision Making liberties-discrimination

Nik Chmiel (2000,pp.150-152).

To illustrate, studies show that employees who have little control over their work in one way or another report higher stress level. According to the **American Psychological Association (APA)**, the top stressors for people in the workplace in order of importance are:

Low salaries; heavy workloads; lack of opportunity for growth and advancement, unrealistic job expectations and job security.

2.2.10 Interaction between personality and Work Stressors

Nearly everyone agrees that job stress results from the interaction of the worker and the conditions of work. Views differ, however, on the importance of worker characteristics versus working conditions as the primary causes of job stress. These differing viewpoints are important because they suggest different ways to prevent stress at work.

According to one school of thought, differences in individual characteristics such as personality and coping style are most important in predicting whether certain job conditions will result in stress; in other words, what is stressful for one person may not be a problem for someone else. This viewpoint leads to prevention strategies that focus on workers and ways to help them cope with demanding job conditions. Although the importance of individual differences cannot be ignored, scientific evidence suggests that certain working conditions are stressful to most people.

2.2.10.1 Job Stress Effects on Health and Performance:

Most models of occupational (job) stress propose that stressors in the work environment lead to negative psychological, physical and behavioral changes in employees as model in figure (2.3) , referred to job stress effects on health and performance; he explained that exposure to anxious stimulus triggers a complex of non-specific physiological reactions that are intended to protect the individual against harmful consequences. He added that a persistent, negative, work-related state of mind in normal individuals is, primarily, characterized by exhaustion and accompanied by distress, a sense of reduced effectiveness, decreased motivation and the development of dysfunctional attitudes and behaviors at work. This psychological condition develops gradually but may remain unnoticed for a long time for the individual involved.

Nik Chmiel (2000, pp.153-155) pointed out that occupational (job) stress is gaining importance due to continuing structural changes in the work place with both increasing demands and job insecurity imposed on employees. The deleterious effects of job stress on human performance are well documented and have been the focus of research in the social and behavioral studies for a number of years. The implications of work-related stress

include the effects on workers' satisfaction and productivity, their mental and physical health, absenteeism and its economic cost etc. Along with work related effects, results of adverse health outcomes have been identified.

2.2.10.2 Stress-Related Illnesses:

Lluminari Landmark (2004) study found that people who work under stressful conditions, which can include work /life conflicts or lack of social support, autonomy and control, are at least twice as likely to experience the following physical and mental effects as other workers: heart and cardiovascular problems; anxiety; depression and demoralization; substance cancers; conflicts injuries; infectious diseases; back pain.

- Psychological Problems: Among the psychological reactions which take place as a consequence of the continuous exposure to this job stress is burnout syndrome, characterized by the development of the experience of finding oneself mentally fatigued, negative attitudes towards the people to whom their work is directed, and the idea of having failed professionally(Shaufeli et al. 1996).

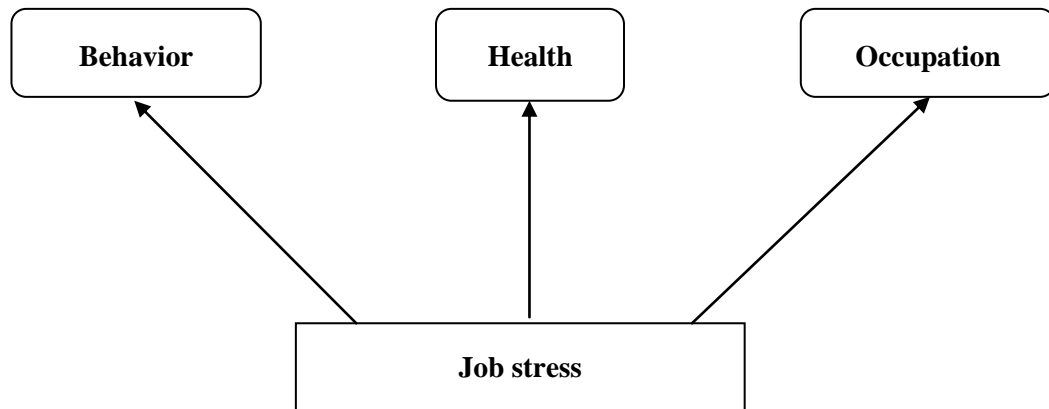
And also significant because they occur frequently and they are often unrecognized and can be accompanied by significant morbidity. While depression is the most likely adverse psychological outcome, the array of other possible psychological problems include burnout, alcohol abuse, unexplained physical symptoms, absenteeism, chronic fatigue, accidents sick building syndrome and repetitive strain injury. The influence of psychological factors at work on health has been studied extensively over the last two decades .but several other health outcomes have also been examined, including self-related health, sickness absence, neck and low back pain, psychiatric disorder and depression.

Research in the field of work and health has consistently demonstrated the adverse impact of psychosocial job stressors on individual's health and well-being.

Longitudinal research guided by the influential job demand –job control model has demonstrated that being exposed to psychosocial risk factors at work (i.e. high psychological demands and low job control) is associated with increased levels of physical and psychological health problems across time (Sabine et.al,2009,p.2).

Approximately 2% of American women have the disease; symptoms include diffuse aches, pains, sleep disturbance, fatigue, headache, irritable bowel syndrome and psychological distress. (Arthur et.al:2007,p.519).

Stress is now known to contribute to heart disease; it causes hypertension and high blood pressure and impairs the immune system. Stress is also linked to strokes, irritable bowel syndrome, ulcer, diabetes, muscle and joint pain, miscarriage during pregnancy, allergies, alopecia and even premature tooth loss. Stress significantly reduces brain functions such as memory, concentration and learning, all of which are central to affect performance at work. Certain tests have shown up to 50% loss of performance in cognitive tests performed by stress sufferers some health effects caused by stress are reversible where the body and mind manage to revert to normal when the stress is relived. Other health effects caused by stress are so serious that they are irreversible. (Irving B. Weiner.etal.2003, p.519).



**Figure (2.2) Job Stress Effects on Health and Performance and occupation
(Researcher model)**

2.2.11 Consequences of stress:

It is important to learn how to recognize when your stress levels are out of control. The most dangerous thing about stress is how easily it can creep up on people. The signs and symptoms of stress overload can be almost anything that affects the mind, body and behavior in many ways. However, people respond to stress differently.

The following table lists some of the common warning signs and symptoms of stress.

Table (2.2) signs and symptoms of stress can also be caused by other psychological and medical problems

Cognitive symptoms	Emotional symptoms
-Memory problems Inability to concentrate -Poor judgment -Seeing only the negative -Anxious or racing thought -Constant worrying	-Moodiness, irritability or short temper -Agitation, inability to relax -Feeling overwhelmed -Sense of loneliness and isolation -Depression or general unhappiness
Physical symptoms	Behavioral symptoms
-Aches and pains -Diarrhea or constipation -Nausea, dizziness -Chest pain, rapid heart beat -Loss of sex drive -Frequent colds	-Eating more or less -Sleeping too much or too little -Isolating yourself from others -Procrastinating or neglecting responsibilities -Using cigarettes ,or drugs to relax -Nervous habits (e.g. nail biting, pacing)

(Smithet.al 2010)

2.2.12 Financial and social disadvantages of job stress:

Job stress is expensive. It is estimated to cost U.S. industry 300\$ billion annually, as measured by absenteeism, lost productivity, turnover, direct medical costs, insurance fees and legal fees (The American Institute of Stress, 2005).

- **Absenteeism:** job stress is a main reason of absenteeism and it results in 416 million lost workdays per year, which translates in to 9 days per employee per year. One employee in every 15 is absent at least once a week. These time losses are translated into direct dollar costs in the United States: 26.4\$ billion per year, 66\$ per day for each every day lost to absenteeism, and150\$ for each 1% of absenteeism per worker. For organizations, this means that 1% increase in employee absence can cut profits by 4%.
- **Hooky:** people play hooky to have a day off to do other things (or just to do nothing),and to escape the responsibilities of adult life.
- **Substance use:** A stressed employee may need to recover from a hangover or a night of partying or may have serious problems with substance dependence (Bennett & Lehman, 2003).
- **Family obligation:** An employee may need to take care of a sick child or go to the doctor with family member.
- **Resentment:** an employee may skip work as a form of "payback", a passive-aggressive maneuver because of anger or resentment about something that is happening at work.
- **Depressed pattern:** Apathy, loss of energy, and poor concentration (often paired with a sense of hopelessness) are symptoms of depression that can cause workers to miss work. **Depression** is often felt as a "who cares" attitude. **Neurotic anxiety patterns:** some individuals have social phobias that cause them to feel discomfort or embarrassment when they are with people; others deeply desire contact at work but avoid people or stress that may exist there.
- **Mental health day patterns:** some people have rationalized that they are entitled to a certain number of days of absence per year above and beyond their vacations as a part of their self-care.
- **Self-indulgence:** a stressed employee may just not "feel like" going to work. "I'm out of vacation days, but I just feel like going to kings Island and riding the roller coaster today."

Survey data show the following commonly cited causes of work stress (Petry, Mujica and Vickery, 1998): imbalance between work and family 52%, work hours and workload 51%, poor leadership 51%, effects of downsizing 33%. In addition, organizational policies at some workplace create additional stressors such as: inadequate flexibility to manage work and family responsibilities; inadequate materials and equipment, and inadequate support from other people at work including supervisors who lack respect of employee .

Overeating is an unhealthy habit that can lead to obesity; in addition, that costs businesses more than 13billion dollars each year in medical costs &lost productivity. (Richard et.al pp. 50-51, 2006).

2.2.13 Positive Characteristics of Meaningful Job

The researcher can illustrate the positive characteristics of a job which provides the following:

- The possibility of attachment to the workplace .
- The possibility of engaging in social relations at work and caring for others.
- The feeling that the work is useful and a necessary for the individual and the society.
- The feeling that the work accomplished is important to the well-being of other people.
- The possibility of learning and the pleasure of finding fulfillment in one's work.
- The possibility of contributing to the development of work procedures and the improvement of working conditions.
- The experience of autonomy that gives a sense of freedom.
- Sense of responsibility and pride in one's work.

In this concern, May et al., (2004) stated "Generally, work is defined as being meaningful when the subject perceives his work as having a goal, a purpose and value, or significance"

2.2.14 Coping with Stress

Coping concept

Organisms resist change and react to external challenges by mounting responses that maintain their equilibrium. There are equivalents at many levels: at the cellular level, maintaining homeostasis is the role of the immune system; at the organ level the endocrine and limbic systems are involved; at the psychological and behavioral levels various coping processes are involved, while at the social level norms and social sanctions maintain order.

Coping may be defined as thoughts or actions designed to resolve or mitigate a problematic situation. Coping is not a fixed attribute, but is the dynamic capacity to apply suitable methods to control, avoid or prevent distress. It is also a process that involves appraisal and reaction: we do not use identical responses in every situation.

Stress needs to be recognized and dealt with. Various studies have demonstrated that removing stress improves specific aspects of health: stress management was shown to be capable of reducing the risk of heart attack by up to 75% in people with heart disease stress management techniques, along with methods for coping with anger, contributed to a reduction of high blood pressure, and for chronic tension headache sufferers. It was found that stress management techniques increased the effectiveness of prescribed drugs, and after six months actually equaled the effectiveness of anti-depressants.

Barnett and Hyde (2001) indicated the work-related factors of added income, social support and opportunity to success experience, all contribute to improved mental and physical health, providing organizations with knowledge and educational materials to reduce stress is necessary.

Unhealthy coping habits: In one survey, researchers found that to cope with stress, 40% of people smoked, 41% gambled, 35% shopped and 27% drank alcohol and overate.

There is some evidence to suggest that some of us may be genetically predisposed to depression or have deficiency in the level of neurotransmitters, the mood regulating hormones, or just do not produce enough adrenalin on demand.(Barnett and Hyd: (2001).

- Coping with Stress in Islam:

A person's religious belief has an important impact on his personality and his outlook in life. By putting the trust in God, a believer minimizes the stress on him by reducing his responsibility and power to control his failures.

Proven ways to handle stress as being practiced now range from meditation, sleep, exercise, socialization, biofeedback, psychotherapy and tranquilizers. Therefore, many people can deal with stress in the light of the Qur'an and the Sunnah. However in certain condition it does work on some people and not to the other. And the process cycle repeated again until the patient feel better or otherwise the counselor will suggest a different technique and strategy. In general, most people will turn back to their own religion for the final option in finding answer or solution to their miserable or constraint life. Knowing that there is a superpower 'God' that can help human being in all occasions and repent after wrongdoers make a relief to human and as a source of great comfort to all human being. It is universally understood that there is a power of God above human power by all religion in this world.

2.2.15 Strategies for Managing Job Stress

It has been agreed that stress are among the characteristics of modern age and resulting from the reactions of the complicated civil elements which cannot be completely ignored or avoided by any means but they can be managed by bringing them under control through improving the capacities of individuals to adapt themselves, developing the administrative values suitable to them, and controlling the effective factors affecting the general atmosphere of the organization to face them before they occur, benefit from them or direct them in the proper manner.

Man may face in his life several stress that he may deal effectively with and limit their negative effects on him, especially those who are stress resistant. Therefore, we find that some of those who are stress resistant to psychological and physical pressures only show slight symptoms of tension in spite of the pressures they are facing while some of their

colleagues feel or catch various diseases when they are exposed to the same pressures due to their ability to adjust themselves to their problems and deal with them effectively.

The most important strategies to deal with the pressures of work are:

- Adherence to Religion:

Spiritual and emotional support, satisfaction, calm and overcoming the stressful situations by continued worship and prayers to Allah the Almighty which lead to self-calm and quietness and increases the strength of the individual to withstand the pressures (By the remembrance of Allah, hearts are assured) Quran; (Ar-Ra'd:28).

"But whosoever turns away from my reminder, verily for him a life of hardship" Quran; (Taha verse 124). Therefore, all solutions shall be taken from the true Islamic religion because belief is the greatest medicine. In this regard, Ibn Qayem AlJouzia mentions in his book "Madarek Al Shalikeen" giving a logical constructive presentation for the solutions which achieve the happiness of man in this world and the hereafter revealing that you should begin with the acceptance of the cosmic and fatalist judgment of Allah. Allah the Almighty says: "But no, by your Lord, they will not truly believe until they make you judge concerning that over which they dispute among themselves and then find within themselves no discomfort from what you judged and submit in submission." Quran; (An Nisa' :65).

Then the patience to this destiny which is considered by Imam Ahmed, mercy be upon him, as a great status because it is a duty on the individual because they were mentioned in ninety places in the Holy Quran. Allah the Almighty says: "And seek help through patience and prayer" Quran; (Al Baqarah:45) and His saying "And be patient, and your patience is not but through Allah" Quran; (An-Nahl:127) and His saying "But to be patient is better for you" Quran; (An Nisa':25).

Next to patience is satisfaction which is in higher status and its goal is acceptance of Allah's fate and destiny by which the reassurance and calm of hearts is achieved until Allah's selects His slave which is the best health, wealth and children.

Prophet Mohammed (PBUH) said "Allah has never destined anything for the believer unless it is good for him, and if he meets good and he expresses thanks for it, that will be

good for him and if he is hit by a mischief and he was patient that will be good for him. This is only for the believers." And this is consistent with the requirements of nature in which the slave tastes the sweetness of belief and self-happiness, pleasure to the eye, life of hearts and relief from evil which results from failure to submit to Allah, his judgment and orders. Man should not feel sorry for past things nor fear to lose what he has in his hand.

While many of the methods of preventing job stress need to be developed and supported by the organization, there are things that workers can do to help you better manage job stress.

(Adnan Alwaly:2011:pp.51-52).

Stress management: What nurses can do:

- Healthy living: get enough sleep, eat a balanced diet, and exercise regularly.
- Self-awareness: recognize the signs of stress within yourself.
- Identify what thoughts, feelings, and behaviors' you exhibit when under stress.
- Coping strategies: learn effective relaxation techniques, think positively, priorities and set limits, and develop a sense of humor.
- Support: share your concerns with empathetic family members, coworkers, and friends. If necessary, seek professional counseling.
- Job satisfaction: know what type of work and environment you enjoy and seek to find it.

- There are 10 tips for dealing with stress from job

- Reduce your stress load. Learn to say “no” if already overloaded.
- Develop a good support system – people you can talk with and get help from when needed.
- Break the stress cycle with relaxation. Do something you enjoy every day.
- Get regular, moderate exercise, such as walking or biking in park or by a scenic lake.
- Do stretching exercises and practice deep breathing to relax the body.
- Learn to forgive and forget. Resentment hurts you the most.
- Get help from your supervisor at work to deal with work stressors.
- Don't be hard on yourself realize that everyone makes mistakes.

- Take care of yourself. Get 7-8 hours of sleep daily. Eat regular meals. Limit caffeine consumption.
- Live one day at a time. Don't worry excessively about future problems which likely won't happen anyway. Focus on what you can do today.
- Be positive and optimistic in your thinking. Humans tend to experience in life what they expect.
- Join an encouraging faith or support group. Caring friends can help you cope.
- Get professional help when needed. Talk to a financial counselor, dietitian, a mental health counselor, or your doctor as needed person who takes control of his or her life and approaches stressful life events as opportunities to learn or grow is more resistant to stress and lives a healthier, more fulfilled life. (Ronald R.Sims ,2002,pp.110-115).

2.3 Section Two: Mental health

2.3.1 Concepts of mental health

A definition in itself solves no problems and does not add to knowledge; all that can be expected from it is usefulness in achieving the purpose of science. Yet as we shall see, there are many efforts to define mental health in ways that go far beyond this scientific approach to definition.

They often contain simplicity personal or general philosophies –they often specify how human beings ought to be. Such "definitions" will be examined. Although there is no universal definition of mental health, people in the helping professions seem to agree that mental health is a positive state in which one is responsible, displays a self-awareness, is self-directive, reasonably worry free, and can cope with usual daily tension. Such individuals function well in society, accepted within a group, and are generally satisfied with their lives. Moreover, mental health refers to the ability to solve problem, fulfill one's capacity for love and work, cope with crises without assistance beyond the support of family or friends, and maintain a state of well-being by enjoying life, setting goals and realistic limits, and becoming independent, interdependent, or dependent as the need arises without permanently losing one's independence. There is a wider tendency to see mental

health and happiness as almost the same thing, or at least, in retrospect, unhappiness =mental un-health=distress. (lousie :2007,p.1).

Mental Health can be conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. In this positive sense, Mental Health is the foundation for well-being and effective functioning for an individual and for a community.

These core concepts of mental health are consistent with its wide and varied interpretation (National Mental Health Plan 2003-2008). Mental health is a complex domain where diverse views exist and where terms are used in different ways, which can sometimes lead to misunderstandings. Mental health is not simply the absence of mental illness; Mental health problems and mental illness refer to a range of cognitive, emotional and behavioral disorders that interfere with the lives and productivity of people. Mental health is the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. Not just efficiency, or just contentment or the grace of obeying the rules of the game cheerfully. It is all of these together. It is the ability to maintain an even temper, and alert intelligence, socially considerate behavior, and a happy disposition.

Mental health can be defined as a state of well-being, of efficiency at work, and of harmony in human relationships. Mental health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO 2001, p.1).

Mental health in its broadest sense has come to mean the measure of a person's ability to shape his environment, to adjust to life as he has to face it and to do so with a reasonable amount of satisfaction, success, efficiency and happiness. (Harold N. Mozar & Saleem A. Farag)

These definitions describe certain manifestations of mental health. Such terms as "success" and "aims of life" can be interpreted in the framework of widely differing moral and ethical values. A "level of social functioning which is socially acceptable" presents no firm

ground whatsoever. We are evidently expected to assume that the mores of all societies are conducive to mental health. Indeed, it is widely believed by sociologists and taught in the universities that there are no "absolutes.

The National Health Priority area Reports on Mental Health defined mental health as “the capacity of individuals and groups to interact with one another and the environment, in ways that promote subjective wellbeing, optimal development and the use of cognitive, affective and relational abilities.”

A diverse range of social, environmental, biological and psychological factors can impact on an individual’s mental health. In turn, people can develop symptoms and behaviors that are distressing to themselves or others, and interfere with their social functions and capacity to negotiate daily life. These symptoms and behaviors may require treatment or rehabilitation, even hospitalization.

- Mind frame:

Mental health problems and mental disorders refer to the spectrum of cognitive, emotional and behavioral disorders that interfere with lives and productivity of people.

A mental disorder is a diagnosable illness that significantly interferes with an individual’s cognitive, emotional or social abilities. Mental disorders are of different types and degrees of severity and some of the major mental disorders perceived to be public health issues are depression, anxiety, substance use disorders, psychosis and dementia. The term mental illness is sometimes used instead of mental disorders.

A mental health problem also interferes with a person’s cognitive, emotional or social abilities, but to a lesser extent than a mental disorder. Mental health problems are more common complaints and include the mental ill health temporarily experienced as a reaction to life stressors. Mental health problems are less severe and of shorter duration than mental disorders, but may develop into mental disorders. The distinction between mental health problems and mental disorders is not well defined and is made on the basis of severity and duration of the symptoms.

Mental illness is a term used to describe a number of diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities. These include depression, bipolar disorder and schizophrenia. (COAG National Action Plan on Mental health 2006-2011)

❖ **Researcher Concept about Mental Health:**

Through the review of the previous definitions and concepts of mental health, the researcher concludes these concepts: mental health is a relative concept, which differs from an age group to another in the same society and from time to time to the same age in same society. The concept of mental health means facing life demands by social adapting and consensus. Mental health is the feeling of happiness, self-realization, ability to solve problems in apposite manner and ability to make good decisions.

2.3.2 Keys to Mental Health:

In Powell's The Mental Health Handbook (2006), there are seven keys to mental health. These are: Take responsibility (do not blame others), be flexible in your thinking; confront rather than avoid difficulties and frustration, look after your own needs, express yourself, strive for balance and development and maintain good relationships.

Manifestations of mental health

Mental health has its own manifestations which express it, indicators to guide to it and connotations to point to it. These manifestations point to specific behavioral phenomena, many of them are available in the man who enjoys high levels of mental health. These indicators are quality indicators, some of them are internal which can only be felt by their owner and some of them are external which can be felt by others.

First: Self-compatibility, which is the success of man in achieving compatibility between his motives and his self-adjustment, satisfaction with them, controlling them and settlement of their conflicts.

Second: Social compatibility, which is the good adaption with others in the social fields which are based on the relationships among the individuals, the most important of which are family, school, university and work. The success of the individual includes the

establishment of satisfied and satisfying relationships, which means that he should be satisfied with them and others should be satisfied with them too and the two sides should be happy with these relationships which should be characterized by cooperation, love, tolerance, altruism, trust, respect and acceptance.

Third: Feeling happiness and peace of mind and the evidences of this are numerous such as the sense of reassurance, security, self-satisfaction, self-acceptance and respect, enjoying life, appetite for life, satisfaction of the individual with it and what is destined by Allah.

Fourth: Awareness of self-capacity and boundaries. Each person has his own capacities and potentials to a certain degree. It is confirmed that each individual has points of strength and points of weakness. Among the mental health manifestations, the individual should be aware of this fact and invest his points of strength and accept his points of weakness. Allah's mercy may be upon whosoever knows his own value. That who does not know the value of himself will live in misery. The individual's inability to appreciate himself is reflected in two pictures. Excessiveness and abandonment which means any over estimation of one's capacities, magnification of his potentials despising and abusing himself. These two pictures are symptoms of disruption of mental health.

Fifth: Work success: The individual's success in his work and his satisfaction with it are among the behavioral aspects which indicate to mental health. The most important factors of success in work and the individual's satisfaction with his work, his love to it which should be consistence with his capacities and the availability of opportunities to promote it. Among the practical aspects of this the professional psychology and its professional direction and professional selection which aim to put the right person in the right place: It is very difficult for the human being to work in a job which he does not like.

Sixth: Facing frustration: As daily life is not void of crises, disasters or difficulties which the individual should face and overcome, the high degree of frustration points to the individual's capability to face the crises.

Seventh: A petite for life: This means enthusiasm for life and real desire to live it and enjoy the graces of Allah. The individual should be optimistic, expecting good, enjoy

beauty and be affected with it. Contrary to this will be refraining from life, expecting evil and pessimism. The latter characteristics distinguish depressed patients.

Eighth: Balance and consistency. This is the person who is characterized by emotional balance, emotional consistency, stability of direction and maturity of emotions to a great extent. This means that there is similarity between the intensity of emotions and its stimulants. The joy and sadness are always in parallel lines with the causes of this emotional case as well as similarity between the kind of the stimulant and the kind of emotion resulting from it. If he is annoyed he feels anxiety and distress. If he meets a pleasant thing, he feels happy and delighted. This shows the incompatibility between emotion and its stimulants in intensity or kind in one of the mental health disorders. When the patient receives pleasant news he gets sad and when he is told a sad news he gets joyful, he sees the minor thing as a great one, he responses with great delight to a news which causes little joy or he gets very sad to a simple melancholic news.

Ninth: Good personal conduct: We see the man who is in good mental health in good personal conduct in all his sayings and attitudes. He does not commit evil deeds, avoid minor sins and deadly sins and keeps away from indecencies. If he talks he tells the truth, if he promises he keeps his promise, if he is entrusted, he does not breach the trust modestly and without arrogance. He deals with people decently. The researchers confirmed the importance of this side in achieving mental health. They said, "It is the state in which man feels satisfied and comforted when he is in good conduct with Allah, with himself and with people.

Tenth: Freedom from symptoms. Whenever the manifestations of mental disorders are reduced this indicates the extent of the individuals psychological stability.

These are the most important signs of mental health. It may help us to infer the degree of mental health of the individual. It may be also used by the individual to develop his personality and deepen his sense of his mental health and protection against its diseases. (Majdi Hamed).(www.alamal.med.sa/page_35_33).

Researcher summarized the following aspects of Mental health characteristics and behavioral manifestations:

- Ability to face the problems and find solutions.
- The individual lives peacefully with himself and others under proper relationships.
- Man should not live to himself only but he should feel with others.
- The ability to make sound decisions to face the situations.
- The ability of the individuals to face the results of his work bravely and without hesitation.
- The ability of the individual to adapt himself to the society in which he lives.
- Ability to control his emotions.

Establishment of proper relationships with the society and his surroundings

2.3.3 Cause of mental health disorders:

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. For example, persistent socio-economic pressures poverty and low level of education are recognized as risks to mental health for individuals and communities. Poor mental health is also associated with rapid social change, stressful work condition, gender discrimination, social exclusion, unhealthy life style risks of violence and physical ill-health and human rights violations. There are also specific psychological and personality factors that make people vulnerable to mental disorders. In addition, some biological and genetic factors and imbalances in chemicals in the brain cause mental disorders. Job stress is, also, an additional new burden leading increased mental suffering.

In general, studies of nurses have found the following factors to be linked with stress: Work overload; Time pressure; Lack of social support at work (especially from supervisors, head nurses, and higher management); Exposure to infectious diseases; Needle stick injuries; Exposure to work-related violence or threats Sleep deprivation; Role ambiguity and conflict; Understaffing; Career development issues; Dealing with difficult or seriously ill patients. Among physicians, the following factors are associated with stress:

Long hours; Excessive workload; Dealing with death and dying; Interpersonal conflicts with other staff; Patient expectations; Threat of malpractice litigation.

The quality of patient care provided by a hospital may also affect health care worker stress. Beliefs about whether the institution provides high quality care may influence the perceived stress of job pressures and workload because higher quality care maybe reflected in greater support and availability of resources.

Although individual factors (such as coping strategies) and social resources can modify the reaction to occupational stressors to some degree, working conditions can play a major role in placing workers at risk for developing health problems.(ICN :on occupational stress & the threat to worker health :2009:pp.2-4).

2.3.4 Mental health is linked to behavior:

Mental, social, and behavioral health problems may interact to intensify their effects on behavior and well-being. Substance abuse, violence, and abuse of women and children on the one hand, and health problems such as HIV/AIDS, depression, and anxiety on the other, are more prevalent and more difficult to cope with in conditions of high unemployment, low income, limited education, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, and human rights violations (WHO Fact sheet: 2010).

2.3.5 Impact of Lack of Mental Health:

Depressive disorders can impair personal, social and family functioning, decrease work productivity, increase the risk of suicide and are prevalent and disabling. The World Health Organization has estimated that by the year 2020, major depression will be the second leading disorder in terms of global burden of disease. Studies have consistently demonstrated that compared with their non-depressed counterparts, individuals with depression experience impaired physical and role functioning, more work days lost and decreased productivity. They also make high use of health services, with hospitalizations accounting for a high proportion of costs.

2.4 Section Three: Working Women and nursing Concepts

Women, Work and Mental Health

It is certain that work constitutes a main axis in the life of the adult human whether man or woman. Work has various forms. The physical work, intellectual work, work on land, in sea and in the space. We can say that work is a need and a preparation inside the human and it is connected with the essence of life itself. Life cannot be without work for both the individual and the society. The basic positive aspects for both the woman and man are that the individual achieves his personality and his existence through work. It improves production, achievement and importance.

The work also gives the worker material in dependence and its contribution to the development of the personal capacities and enriching them in the scientific, intellectual and social fields.

Work makes the woman feels with satisfaction, pleasure and success which is considered as an important reward and support to her value and self-confidence from a psychological point of view. If we talks about the negative aspects connected with the work of the woman from a psychological point of view we find that is connected with the suitability of the work to the personality, capacities and skills of the woman. It is also connected with the conditions of the performance of the work and its circumstances. The routine, boring, difficult and hard work contributes negatively to the mental health of the woman. Feeling injustice and failure to achieve the rights in addition to the lack of bonuses and encouragement are also very important. In our country the social values connected with the work of the woman are still negative in general. This is in great contradiction with the reality because the woman is actually involved in the various and necessary fields of work. But the prevailing values are still promoting the work of the woman inside the house only. These social pressures affect the working woman's mental health.

The house work also has its great importance without any doubt. But the contemporary life with its various complications, developments and requirements has contributed to the change of the image. Many necessary and basic works appeared which require work outside

the house such as medical, educational and commercial works and also the organizations dealing with women's affairs and others in the modern city life.

The social, economic and cultural changes and the daily life problems facing our societies have contributed to the increase of the consuming requirements and increase of the expenses and material requirements facing the family in addition to the requirements of development and modernization, all this leads to rising interest in the productive work of the woman outside and inside the house.

The negative value connected with the work of the woman should be changed and its importance and positive aspects should be stressed as well as refraining from issuing wrong generalizations about the woman's work a matter which contributes to alleviating the pressures and contradictions faced by the woman in her work and consequentially support her mental health. Among other negative aspects associated with the woman's work and the increases of the responsibility she is facing at home in addition to her work the inefficiency of the practical assisting facilities such as the nurseries in work sites, maternity leaves and others. Among the practical remarks, some woman are still carrying conflicting values about the importance of work and its benefit which makes the woman's enthusiasm, her activity and seriousness in her work weak and fragile in facing the normal pressures at work and at home. She easily retreats in the face of the pressures, difficulties and frustrations which makes her unable to endure normal degrees of anxiety and tension. Some of the women also enter in the fields of work for amusement and change which gives negative dimensions for the work of the woman in the society in general. On the other hand we find that the working woman has additional concern over the extent of her success in her work and other roles. This is attributed to the freshness of the woman's work outside the house, the pressure and various social obstacles in addition to the special nature of women regarding their qualifications and training which requires special qualification and training and sufficient time so that the women can meet the special requirements of political life.(Mohammed Jassim :2004).

The multiple pressures which the women face in the social fields and the contradictory view to their work is expected to increase the frustration, bad adoption and disorder.

The spiritual problems are among the common problems facing the working woman. (The same as the unemployed woman). Some of these problems are contained with the unclear roles and responsibilities carried out by the two spouses. This is basically attributed to the woman's work in our society and absences of special rule to regulate and determine the participation of the spouses in their life affairs as regards participation and cooperation in the financial affairs, house affairs, raising the children and other issues associated with the details of the joint daily life which requires further dialogue and understanding between the two spouses to reach suitable joint solutions in accordance with their practical life.

We find in our societies forms of injustice to the woman and blackmailing her as the husband, the father or the brother takes the salary of the woman and violates her various rights which results in forms of anxiety, depression and sexual complaints resulting from psychological origin. In some professions which are still viewed in a very negative manner by the society such as nursing, acting and others. The psychological work pressures and social pressures can contribute to the development of anxiety and depression disorders and adaptation. (Hassan al-Maleh:2000).

2.4.1 Nurses as working women

Although employment for women has been seen as imposing demands on personal and social resources contributing to the challenge of balancing work and family life, employment has also been found to have positive effects on both the psychological and physical health of women. For example, (Lennon, 1980) examined the relationship between house work and depressive symptoms in employed women and home makers. Differences were found in the amount of time these two groups devoted to house work, with employed women averaging 25 hours per week and homemakers averaging 38.5 hours. When employment hours outside the home are added to house work hours, employed women average 64.7 hours per week. Without accounting for specific work conditions, hours, and fairness, there were no signs of depressive symptoms between the homemakers (Irving B. Weiner.etal.2003).

2.4.1.1 Work stressors women face:

Managerial women felt isolated at work and experienced greater strain than did men. Extra pressures on managerial women included lack of self-confidence and subtle forms of discrimination. The study confirmed the impression that working women still carry the major burden of home and family problems. Employed women work an extra month of 24 hour days each year compared to men. This extra time is spent on what she terms "second shift" work, work outside paid employment such as housework, home management and child care.

Together, these studies suggest that managerial women may experience more stress than men and that the sources of stress are gender-related, that is related to the expected and actual roles of women in society, and to the fact that, despite progress, executive women still occupy minority status in organizations. There are some stressors, however, that may be particularly important for working women. These include organizational politics, tokenis , barriers to achievement, overload. (Ronald j.Buke :2002,pp91-102).

2.4.2 Gender Related Stress Resources:

The gender divide in socio-economic well-being has narrowed considerably in the past few decades. However, it remains. According to Statistics, women spend an average of 4.4 hours per day engaged in unpaid work compared to 2.7 for men (including cooking, housework and childcare); Compared to men, women are over 2½ times more likely to spend 30 or more hours per week taking care of children, and over 3 times for housework. Women are twice as likely to provide eldercare for seniors for 10 or more hours per week (all activities unpaid).

Twenty-seven per cent of employed women work part-time compared to 11% of employed men. When women work part-time, they are more likely to do so because of childcare and other personal/family responsibilities and less so due to personal preference; women (8%) are less likely than men (13%) to be employed in management occupations and more likely to be employed in sales and service occupations (31% versus 19%).Men are twice as likely as women to be self-employed.

The self-employed report longer hours but greater autonomy and more meaningful work lives. Women who are 18 to 64 years of age are 17% more likely than their male cohorts to be in a low income bracket after taxes; full-time, full-year employed men make almost 1½ times the income of similarly-employed women.

Overall, women report higher combined paid and unpaid workloads, with an average of 78 hours per week versus 68 hours for men. This role strain, together with economic hardship, takes its toll on women in the form of physical and mental health problems. Work-life conflict has been linked to anxiety, depression and hostility among working women. The effects are stronger for women with children. For both sexes, work-to-family and family-to-work conflict are associated with depression, poor physical health.(An EAPS perspective warren Shepell Research Group,2005).

2.4.3 Workplace Stress and Working Women:

Job stress affects both men and women, although there are some gender differences in certain aspects. A report in (2005) found the odds of association of cumulative job stress with poor mental health conditions like anxiety, depression, and chronic fatigue among women to be 1.4 to 7.1, compared to 1.8 to 4.6 for men. In general, women are more likely than men to experience physical symptoms of stress, such as fatigue, irritability, headaches and depression. Women are also more likely than men to cope with job stress with unhealthy behaviors, such as poor eating habits. For working women, care giving and balancing work/life issues is a significant stressor.

Well over half of the caregivers in the United States are women and 59 percent are also employed. Specifically, women are the primary caretakers of children, including children who have chronic illness such as asthma, now the leading cause of school absence as well as the cause of more than 15 million days of less productive work or absences per year. Overall, working women who are also caregivers often face work adjustments, including reduced hours, taking leaves of absence and even quitting their jobs, according to a report sponsored by the National Alliance for Caregiving. Not surprisingly, women are more than

twice as likely as their male counterparts to report the benefits of having employer-provided support systems that offer counseling or support groups.

2.4.3.1 Women Psychological Health:

In addition to all the previous factors that may cause mental disorder, working women may fall under extra pressure related to their gender such as combination of responsibility mother role and work role(role conflict), the distance between house and the workplace, feeling worry about children during work, night shift, pregnancy trouble, difficult access to work, unemployed husband, social pressure, especially in developing countries, molestation.

The following workplace factors (job stressors) can result in stress:

Job or task demands (work overload, lack of task control, role ambiguity), organizational factors (poor interpersonal relations, unfair management practices), financial and economic factors, conflict between work and family roles and responsibilities, training and career development issues (lack of opportunity for growth or promotion), and poor organizational climate (lack of management commitment to core values, conflicting communication styles, etc.).

Common stressors in health care settings include the following:

Inadequate staffing levels; Long work hours; Shift work ; Role ambiguity; Exposure to infectious and hazardous substances.

Stressors vary among health care occupations and even within occupations, depending on the task being performed.(<http://www.fesal.net/articles-action-show>).

2.4.4 Nursing Definitions:

2.4.4.1 Nature of Nursing:

In many cases someone becomes a nurse because they want to help people but when they are confronted with the reality of the job they soon realize that is not what they thought it would be considering the nature of nursing tasks and the involvement with death and dying people.

Healthcare institutions are different in size and nature, and nurses are confronted with different work tasks and working hours -nightshifts, working conditions, understaffing and stress related situations and the suffering and death of patients.

Another serious stressor is that the health professionals have always paid a heavy price concerning infectious diseases because due to the nature of their work they come into contact with biological dangers. Since they use sharp equipment like needles and through skin contact, they are exposed to the same active infection dangers as the patients by handling patients' blood and bodily liquids. Except these, the chemical substances in the hospital along with the use of dangerous medication, such as those used in chemotherapy, expose nurses to health dangers.

- **Nursing** "It is the diagnosis and treatment of human responses to actual or potential health problems" (ANA 1980).

-It is assisting the individual, sick or well, in the performance of those activities contributing to health or its recovery (to peaceful death) that he will perform unaided, if he had the necessary strength, will or knowledge and to do this in such a way as to help him gain independence as rapidly as possible .

-Nursing is the art and science that involves working with individual, families, and communities to promote wellness of body, mind, and spirit. It is a dynamic, therapeutic and educational process that serves to meet the health needs of the society, including its most vulnerable members (Abraham Alano, 2002: p.1-2).

2.4.5 Nursing Roles and Different Nursing Specialties

❖ Registered Nurses responsibilities:

- Perform physical exams and health histories
- Provide health promotion, counseling and education
- Administer medications, wound care, and numerous other personalized interventions
- Interpret patient information and make critical decisions about needed actions

- Coordinate care, in collaboration with a wide array of healthcare professionals
- Direct and supervise care delivered by other healthcare personnel like LPNs and nurse aides
- Conduct research in support of improved practice and patient outcomes

Registered nurses (RN) practice in all healthcare settings: hospitals, nursing homes, medical offices, ambulatory care centers, community health centers, schools, and retail clinics. They also provide health care in more surprising locations such as camps, homeless shelters, prisons, sporting events and tourist destinations.

❖ **Advanced Practice Registered Nurses**

Advanced practice registered nurse (APRN) is an umbrella term given to a registered nurse who has at least a Master's educational and clinical practice requirements beyond the basic nursing education and licensing required of all RNs and who provides at least some level of direct care to patient populations. Under this umbrella fit the principal types of APRNs:

- Nurse practitioner (NP) – Working in clinics, nursing homes, hospitals, or private offices, nurse practitioners provide a wide range of primary and preventive health care services, prescribe medication, and diagnose and treat common minor illnesses and injuries.
- Certified nurse-midwife (CNM) – CNMs provide well-woman gynecological and low-risk obstetrical care in hospitals, birth centers, and homes.
- Clinical nurse specialist (CNS) – Working in hospitals, clinics, nursing homes, private offices, and community-based settings, CNSs handle a wide range of physical and mental health problems. They also work in consultation, research, education, and administration.
- Certified registered nurse anesthetists (CRNA) – The oldest of the advanced nursing specialties, CRNAs administer more than 65 percent of anesthetics given to patients each year.

❖ **Licensed Practical Nurses**

Licensed practical nurses (LPNs), also known as licensed vocational nurses (LVNs) in California and Texas, complement the healthcare team by providing basic and routine care consistent with their education under the direction of an RN, APRN, or MD/DO in a variety of settings (nursingworld.org).

2.4.6 Nursing profession:

Nursing as a service has been known in Palestine since the beginning of the previous century. Anybody who is caring for a patient, either in a hospital or assisting a doctor in his office was called a nurse. Those nurses at the time were trained by physician to help patients with their needs. Nursing education went through many phases before reaching its present status of university level; it went through the phase of on-the-job training, practical nursing schools, and diploma nursing schools, all of which helped the transformation of the nursing profession from what it used to be, to become a profession on par with other academic professions. Professionalism in nursing was developed after the bulk of the educators in the nursing profession became nurses with second and third university degree, not only in nursing but also in education and other related disciplines\ (Motasem Salah 2005).

2.4.7 The Nursing Process:

The common thread uniting different types of nurses who work in varied areas is the nursing process, the essential core of practice for the registered nurse to deliver holistic, patient-focused care.

- **Assessment:**

An RN uses a systematic, dynamic way to collect and analyze data about a client, the first step in delivering nursing care. Assessment includes not only physiological data, but also psychological, sociocultural, spiritual, economic, and life-style factors as well. For example, a nurse's assessment of a hospitalized patient in pain includes not only the physical causes and manifestations of pain, but the patient's response—an inability to get

out of bed, refusal to eat, withdrawal from family members, anger directed at hospital staff, fear, or request for more pain medication.

- **Diagnosis:**

The nursing diagnosis is the nurse's clinical judgment about the client's response to actual or potential health conditions or needs. The diagnosis reflects not only that the patient is in pain, but that the pain has caused other problems such as anxiety, poor nutrition, and conflict within the family, or has the potential to cause complications—for example, respiratory infection is a potential hazard to an immobilized patient. The diagnosis is the basis for the nurse's care plan.

- **Outcomes/Planning:**

Based on the assessment and diagnosis, the nurse sets measurable and achievable short- and long-range goals for this patient that might include moving from bed to chair at least three times per day; maintaining adequate nutrition by eating smaller, more frequent meals; resolving conflict through counseling, or managing pain through adequate medication. Assessment data, diagnosis, and goals are written in the patient's care plan so that nurses as well as other health professionals caring for the patient have access to it.

- **Implementation:**

Nursing care is implemented according to the care plan, so continuity of care for the patient during hospitalization and in preparation for discharge needs to be assured. Care is documented in the patient's record.

- **Evaluation:**

Both the patient's status and the effectiveness of the nursing care must be continuously evaluated, and the care plan modified as needed.

2.4.8 Clinical Obligations of Nurses:

The case management coordinator also has a role to play in the nursing team. The coordinator:

- Identifies the current and potential needs of the client with the nursing team and questions her coworkers about the required nursing diagnoses,
- Develops a plan of care with the nursing team while taking into account the overall clinical pathway plan,
- Writes or has others write the notes to the record,
- Identifies the education needs of the client and his family,
- Provides the information and education to the client and his family,
- Provides (depending on the job description) care to a group of persons and
- Encourages the nursing team to participate in the performance reports and to identify variances in the clinical pathway plan.(Margot Phaneuf,2005:p.4)

2.4.9 Stress in Nursing:

Over the past two decades, there has been a growing belief that the experience of stress at work has undesirable effects, both on the health and safety of workers and on the health and effectiveness of their organizations. This belief has been reflected not only in public and media interest, but also in increasing concern voiced by the trades unions and by scientific and professional organizations, including the International Labour Office. Particular concern has been expressed for the effects of stress on health-care professionals and, in particular, on nurses. According to P. Hingley (1984) "Every day the nurse confronts stark suffering, grief and death as few other people do. Many nursing tasks are mundane and unrewarding. Many are, by normal standards, distasteful and disgusting. Others are often degrading; some are simply frightening." (Working paper: 1996)

❖ Major Sources of Stress for Nurses:

- Dealing with death and dying.

- Conflict with colleagues, including supervisors and other health care professionals.
- Inadequate preparation to deal with the emotional needs of patients and their families.
- Lack of staff support.
- Workload.
- Uncertainty concerning treatment plans. (ICN fact sheets 2009)

Those have negative consequences on nurses which is why stress management for them is so important, since occupational stress has been found to be one of the major work-related health problems for the workers as well as one of the greatest forced cost for the hospitals.

2.4.10 Mental Problems:

Occupational stress and its consequences on nurses' behavior can create mental problems such as anxiety, depression, insomnia and feelings of inadequacy.

Levi points out that the National Institute for Occupational Safety and Health lists psychological disorders among the ten leading work-related diseases or injuries and has reported to the World Health Organization that almost 75% of patients seeking psychiatric consultation face difficulties with job satisfaction and stress (Eleni, 2010).

2.4.11 Nurses and Overtime:

Nurses are increasingly working overtime. Nurses' overtime (mandatory or voluntary) has been used as a measure to reduce the impact of the critical shortage of nurses and/or the downsizing of nursing departments in both private and public health facilities. However, the increasing amount of overtime threatens nurses' ability to provide safe and individualized care for patients.

Rationale for Working Long Hours:

The main reasons for working long hours are:

- Work pressure – arising from heavier workloads, increasing demand, fewer staff and tighter budgets.
- Work organization – in some cases lack of prioritization or individual inefficiency can increase the workload.
- Long hours culture – generated by the example of managers working long hours, peer pressure, job insecurity, individuals feel their presence at work is critical for the realization of the organization's mission.
- A strong commitment amongst individuals towards their work, colleagues, customers or clients.
- A need to increase take-home pay. Some, if not all, of these reasons are relevant to nurses.

- Effect on health:

When no limits are set on overtime work and no guidelines exist for the rest period following extended hours of work, the burden of these physical and mental demands will have a negative effect on patients as well as nurses. Extensive overtime (voluntarily or mandatory) may put patients and nurses at risk.

Nurses: A limited number of studies demonstrate the relationship between extended shifts (more than eight hours) and fatigue as well as increased safety risks.

The negative consequences are not limited to physical health, e.g. fatigue, headache, sleeplessness. Disruptions and stressed dynamics within the social and family life are also reported.

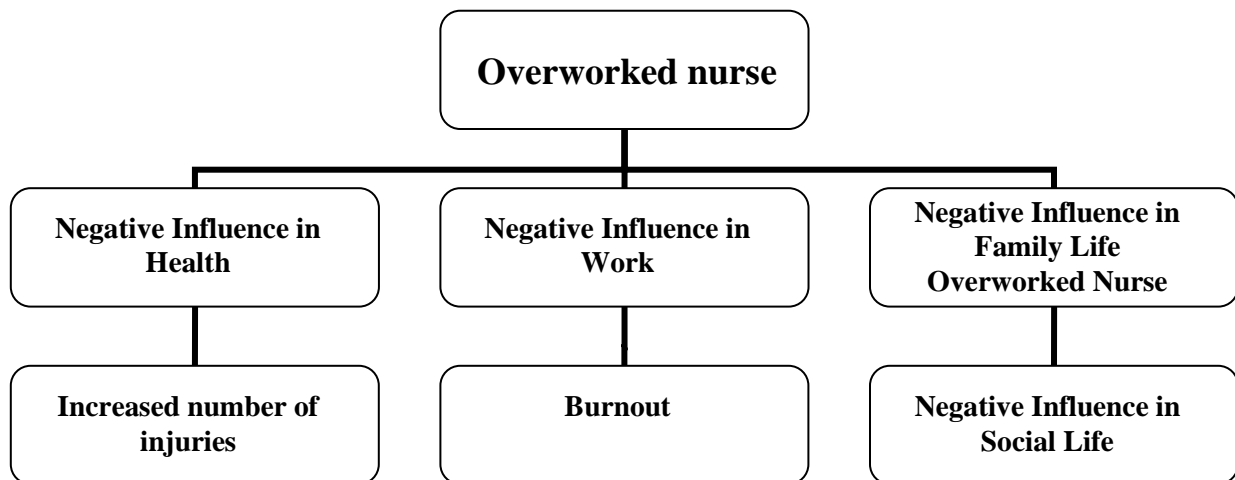


Figure (2.4) Overworked nurse

(Nursing fact sheets 2009) (Copyright © 2009 by ICN - International Council of Nurses)

2.5 Literature review

Introduction

The researcher reviewed several studies related to this study subject. Some of which were applied in different context within the Arab World, while others have been applied in foreign environments.

The researcher selected the most important studies that are related to existing study variables and reviewed them to identify the issues that focus on procedures, tools and the results which coincided with this study.

The studies were arranged in chronological order from the most recent to the older.

Various authors have studied stress amongst nurses in general. There are however, relatively a few studies that have focused on female nurses. Previous studies represent one of the sources that guide the researcher to start from others have concluded regarding this issue and establish new variables that enable her to directly or indirectly to test the relationship between the variables studied more effectively.

Studies have been classified according to the following time domain:

The nursing profession has topped the list of professions pressuring as showed the results

2.5.1 Previous studies related to this study

2.5.1.1 Studies concerning the job stress and relationship with some variables

Arabic studies:

-Ibrahim Abed Abdeen, (2010) the study examines the relationship between job stress and their psychological and physical effects among the Electricity Distribution Company's employing working in the Gaza Strip. The research focuses on the most important sources of job stress (role conflict, role ambiguity, work load, and work physical environment).

Furthermore, the study investigated the most important psychological and physical effects of job stress on the company's employees' performance. The researcher relied on primary data obtained via a questionnaire which he prepared and applied on a random stratified

sample of (400) of the company's employees. In addition, the researcher conducted an interview with the company's financial manager so as to get an accurate picture of the research topic. The research findings revealed that the Electricity Distribution Company's employees suffered from psychological and physical effects resulting from the job stress they are exposed to. These effects entailed worry, tension, lack of trust in supervisors and colleagues, and difficulty in thinking and concentration. Employees also suffered from physical effects as a result of job stress they encounter. These physical effects included headache, fatigue, exhaustion, and stomach and colon troubles.

- **Abul Ela Mohammed, (2009)** study aims at identifying the effect of working pressure level on the degree of organizational loyalty among managers and directors in the National Security and Interior Ministry in the Gaza Strip. It tries to identify the causes that raise the working pressures. Furthermore, it tries to determine the average differences on working stress and organizational loyalty among the employees who work in the Interior Ministry in the Gaza Strip, which are attributed to vocational and personal variables. The researcher used a questionnaire to collect his data, and the process of distribution has only included a simple-random specimen type. The number of the study society individuals includes 174 managers from the managers of the National Security and Interior Ministry of all the different security services, administrations and civil and military directorates. The study has reached some findings, most important are:

The level of work stress felt by the managers appeared weak in general, whereas the relative weight reached %53.13. The burden of work is the most effective factor on pressure, then race then the organizational culture. The study concluded a high degree of organizational loyalty of managers of %82.49. It also concluded that there is no difference between the sample items and the effect of work stress level of the organizational allegiance attributed to job personal variables.

-**L. Abushaikha and H. Saca-Hazbou, (2009)** the study was "Job satisfaction and burnout among Palestinian nurse", an exploratory descriptive study design was used to investigate job satisfaction and burnout among Palestinian nurse. The study used a random sample. The nurses were selected from 5 hospitals. Completed surveys were returned from 152

participants, a response rate of 59.6%. The study was conducted between 1 January and 31 March, 2000 at 4 private hospitals in the Palestinian Territories (Al-Muhtasseb hospital in Hebron, Caritas hospital in Bethlehem, Augusta Victoria hospital in Jerusalem and Al-Itihad hospital in Nablus) and 1 United Nations Relief and Works Agency (UNRWA)-affiliated hospital in Qalqilia. The distribution of the study sample was: Al-Itihad, 20 nurses; Caritas, 50 nurses; Augusta Victoria, 34 nurses; Al-Muhtasseb, 19 nurses; and Qalqilia, 29 nurses. Data on the characteristics of non-respondents were not available. The study instruments included a demographic questionnaire, the Minnesota satisfaction questionnaire and the Maslach burnout inventor, the data were analysed using the SAS, version 6.03, DOS program. Descriptive and inferential statistics were used to analyse responses to the survey.

The Study results are as follows: No statistically significant relationships were found between education level, job satisfaction and burnout. Mean duration of experience was 9.1 (SD 6.7) years. The average respondent had been working for 31.6% of respondents were pursuing graduate education.

Most nurses in this study (84.2%) reported moderate job satisfaction Moral values (55.9%) and social services (55.9%) were areas of high satisfaction. Areas of moderate satisfaction included authority (85.5%) and responsibility (78.3%), while advancement (41.4%) and company policies and practices (28.9) were areas of low satisfaction.

-Raghad Hussein Abdalkader, Ferial Ahmed Hayajneh, (2008) The study purpose is to identify the effect of Night Shift on Nurses Working in Intensive Care Units at Jordan University Hospital. The sample and the method in this study were A convenience sample of Jordanian nurses working at six critical care units in a teaching hospital (N=100). The study population consisted of all staff nurses and practical nurses in critical care units at Jordan University Hospital, so these were the target population. Sample inclusion criteria was intensive care nurses who are working shift schedule, exclusion criteria is nurses fixed at morning shift such as head nurses and aid nurses , using a structured questionnaire developed by Sizeni Madide(2003) that describe the effect of night shift among nurses working in critical care units. This research design is of descriptive exploratory design.

The findings showed that female nurses had a significant difference on sufficient sleep, and interpersonal conflicts. In addition, the results indicated that nurses experience health problem and their work performance affected by the night shift. The study findings indicated those night shifts affect critical care nurses well-being. Consequently, this study emphasises the need to design proper nursing manager interventions that help nurses to improve nursing care quality.

-Joudeh A.Yehia ,(2008), the purpose of his study is to know the degree of job stress and its sources variables (sex, academic qualification, years of experience, marital status, place of living, kind of hospital, place of hospital, kind of word) of (276) nurses among Palestinian nurses working in Northern West Bank District Hospitals. The sample was randomly selected. Data were collected using a questionnaire that was validated by a number of referees and based on literature review. Reliability was tested by using Alpha Cronbach Equation for internal consistency. Reliability was (0.90).

For data analysis, the researcher used arithmetic means, frequencies, percentages, t-test of independent variables, One Way ANOVA, and chafe test.

The study found that the total degree of general average of job stress sources among Palestinian nurses working in Northern West Bank district hospital was moderate percentage of response amounted to (67.2%).

The psychosocial stress domain was in the first place among job stress sources domains. Its percentage of response was (73.89%).

The domain of personality stress came last in order. It was found that there were statistically significant mean differences at $\alpha = (0.05)$, in job stress sources related to variables of years of experience, marital status, place of living, kind of hospital, place of hospital, and kind of word.

No statistically significant differences at $\alpha = (0.05)$ in degree of job stress sources related to sex, and academic qualifications (63.33%).

-Hamaideh S.H., Mrayyan m.T., et.al,(2008) The purpose for this study is to describe stressors of Jordanian nurses and the social support they received to decrease the influence of these stressors. The relationships between the two concepts, and each with the sample's demographics were assessed. Predictors of nurses' stressors as well as social supportive behaviours were also studied. A descriptive correlation research design was used. The Nursing Stress Scale and the Inventory of Social Supportive Behaviors were used to collect data from a convenience sample of 464 Jordanian nurses who were working in 13 Jordanian hospitals.

The results were: Workload and dealing with issues of death were the most prevalent stressors among Jordanian nurses. Emotional support was the most supportive social behavior Jordanian nurses reported. Significant correlations were found between nurses' stressors and social supportive behaviors, as well as between nurses' stressors and shift worked, level of education, and model of nursing care provision. Additionally, significant correlations were found between social supportive behaviors and commitment for work and units' decision-making style. Work shifts, nurses' educational level and model of nursing care provision were the best predictors of the nurses' stressors. Work shifts, model of the nursing care provision, marital status and unit's organizational structure were the best predictors of the social supportive behavior.

-Hajaj Khalel, (2007) this research aims to measure the level of job stress among nursing staff at the Palestinian hospitals in Gaza strip. It also seeks to examine the relationship between job stress and organizational commitment, and the relationship between job stress and job satisfaction. The researcher used a questionnaire on a random sample of 100 nurses working in Al- sheaf hospital in Gaza Strep. Ninety seven 97 nurses responded. The study found the following:

-The Level of job stress among nursing staff in Al-Shefa hospital of Gaza strip was 79.28.

-There is a negative significant correlation relationship between job stress and job satisfaction.

-There is a negative insignificant relationship between job stress and organizational commitment.

-There were no significant differences at the level of job stress due to demographic variables.

-Alnas Omar, (2005) This study examines the job stress and its relation to mental health in employees groups work in General Electric company in Misrata–Libya. It also examines the most important results of the statistical significant differences in the job stress depending on the variable occupational status on the areas of salary, incentives, the volume of work, role conflict, role ambiguity, job stability. The major findings of the study are that stress mostly caused by leaders and technicians and that there is no statistically significant relationship between job stress and mental health to the of the General Electric company in Misrata.

Foreign Studies:

-Knut W Sogaard, Peter Ryan, Ian Dawson ,(2009) the purpose of this study is to determine the source of job stress in Qualified and Unqualified (N-R C) mental health nursing staff in A European multi-centre study. The sample consisted of 196 nursing staff – 124 qualified staff (mainly nurses) and 72 N-R Cs with a variety of different educational backgrounds– working in acute wards or community mental teams from 5 European countries filled out the Maslach Burnout Inventory (MBI), the Mental Health Professional Scale (MHPSS) and the Psychosocial Work Environment and Stress Questionnaire (PWSQ). The results were: (A) The univariate differences were generally small and restricted to a few variables. Only Social relations (N-R Cs being less satisfied) at work demands (nurses reporting higher demands) were different at the .05 level. (B) The absolute scores of both groups were the highest on variables that measured the feelings of not being able to influence a work situation characterized by great demands and insufficient resources. Routines and educational programs for dealing with stress should be available on a routine basis. (C) Multivariate analyses identified three extreme groups: (I) a small group dominated by unqualified staff with high depersonalization, (ii) a large group that was low in depersonalization and high on work demands with a majority of qualified

staff, and (iii) a small N-R C-dominated group (low depersonalization, low work demands) with high scores on professional self-doubt. In contrast to (ii), the small and N-R C-dominated groups in (i) and (iii) reflected mainly centre-dependent problems.

-Karen; Kaisa ; Kristin,et.al,(2008) The purpose of the present review was to summarize the scientific literature about the consequences of long and non-standard work hours and employee influence over work hours on different measures of work life balance. The researchers studied the work hours and work life balance. Literature with focus on the social consequences of the organization of work hours and work life balance was searched in large databases such as PSYC-info and Pub Med. The result was supplemented with other relevant literature.

The results are as follows: an association between larger numbers of work hours and lower levels of work life balance was strongly supported among women. For men, the results were less conclusive, while, for gender-mixed groups, an association between overtime work and lower levels of work life balance was strongly supported. There was strong evidence that non-standard work hours had a negative influence on work life balance and some evidence that it had a negative influence on children's well-being and on marital satisfaction. Employees' influence over work schedule was associated with a better work life balance in several studies. However, clear conclusions were difficult to draw due to methodological problems in the studies. Interventions that included reduced hours with wage compensation, rapidly rotating shifts, and increased influence on work schedules all showed positive effects on social life indicators.

-Motoki ; Yasuyuki ;Yuki MIZUNO, at, (2007) An empirical study on job stress and conditions health of Japanese nurses from several areas of Kanagawa, Tokyo, and Saitama prefectures in Japan. This study, based on a questionnaire investigation concerning the interpersonal traits and job stress of nurses in Japan was carried out in 2004. The results of this study show that interpersonal conflict factors influence job satisfaction and work-family balance valuables negatively. In brief, more interpersonal conflict decreases job satisfaction and work-family balance significantly ($p < .001$). In addition, path analysis shows that job satisfaction has a negative influence on health conditions and negative on

work stress in particular ($p < .001$). Similarly, the work-family balance has a positive influence on health conditions and a negative influence on work stress in particular ($p < .001$).

-Kamla Raj, (2008.) The objectives of this study are to identify the effects of job stress on health, personal, and work behavior of nurses in public hospitals in Ibadan Metropolis, Nigeria. The study sample was (153) of nurses in public hospitals in Ibadan Metropolis, Nigeria. The study method was Export-facto research design. A single questionnaire tagged “Stress Assessment Questionnaire for Hospital Nurses (SAQFHN) was utilised. The study results establish that job stress has significant effect on physical and mental health of the nurses. It also established that there was a significant difference in personal and work behavior of highly stressed nurses and less stressed nurses.

-Gelsema TI; van der Doef M; Maes S; Janssen M; at.al(2006) The study examines job stress in the nursing profession: causes and consequences and tests the variables of job stress in the nursing profession. The sample consisted of 381 hospital nurses in different functions, working in different wards. A longitudinal study, a complete, two wave panel design was used with a time interval of 3 years. The findings show that changes in work conditions are predictive of the outcomes, especially of job satisfaction and emotional exhaustion. The strongest predictors of job satisfaction were social support from supervisor, reward and control over work. The strongest predictors of emotional exhaustion were work and time pressure and physical demands. Reversed relationships were also found for these outcomes.

-Sveinsdóttir H; Biering P; Ramel A. (2005) The study is titled Occupational stress, job satisfaction, and working environment among Icelandic nurses: a cross-sectional. It used a questionnaire survey and its variables were occupational stress, job satisfaction, working environment. Data were analyzed from 206 nurses; 35% worked outside the hospital setting and 65% were hospital based. The Researcher used across-sectional survey design. The data were gathered on demographic information and indicators of working conditions, occupational stress, workload, and job satisfaction. A stepwise, multiple linear regression model was employed to calculate significant predictors of occupational stress. The findings

suggest that the strenuous conditions of Icelandic nurses are felt more severely among hospital nurses than among nurses working outside hospital settings. The study identified which sources of occupational stress are specific to each of the two groups. The study found several factors that contribute to work-related stress.

-Goldman et al (2005) The purpose of this study was to examine the relationship between tangible job stress and physical effects on a sample of elderly Taiwanese citizens. The results of the study indicated that the perceived job stress leads to negative physiological effects. The study also showed that the relationship between the level of work stress and physiological reaction stronger in women than men.

-Abdul Razzach (2005). This study aimed to evaluate the pressures of work and its impact on three groups in India. The three groups are: administrative officer and a traffic policeman and bus drivers. The results indicated that the stress was high for bus drivers therefore are in primary-level and a traffic policeman at the second level and administrative officer at third level.

-Abu Alrub RF (2004). The study is titled Job stress, job performance, and social support among hospital nurses. The study variables were job stress, job performance, and social support

Hospital nurses. The study sample was a convenience sample of 263 American hospital nurses and 40 non-American nurses who were accessible via the Internet.

Study method: Data were collected using a Web-based structured questionnaire, which included the Nursing Stress Scale, the Schwirian Six Dimension Scale of Nursing Performance, the McCain and Marklin Social Integration Scale, and the demographic form. Descriptive statistics, Pearson product-moment correlations, and hierarchical regression techniques were used to analyze the data.

Study results: Perceived social support from coworkers enhanced the level of reported job performance and decreased the level of reported job stress. The analysis also indicated a curvilinear (U-shaped) relationship between job stress and job performance; nurses who reported moderate levels of job stress believed that they performed their jobs less well than did those who reported low or high levels of job stress. Results indicted the importance of

social support from coworkers, as well as the need for further research to test the U-shaped relationship between job stress and job performance.

-Tyson PD; Pongruengphant R, (2004) Five-year follow-up study of stress among nurses in public and private hospitals in Thailand. The study variable was stress. The researcher took a sample of 14 hospitals in Thailand. A sample of 200 nurses was compared to 147 nurses sampled from the same hospital wards.

Study method: A longitudinal perspective on 14 hospitals in Thailand examined sources of occupational stress, coping strategies, and job satisfaction.

Results: After 5 years, a significant increase was noticed in nurses' workload, involvement with life and death situations, and pressure from being required to perform tasks outside of their competence. Although nurses working in public hospitals generally reported more stress than private hospitals, surprisingly nurses' satisfaction with their job increased particularly in public hospitals, which may be attributable to age, improvements in monetary compensation, and organizational support

-Ludovic GPM van Amelsvoort, Nicole WH Jansen, Gerard M Swaen, et al. (2004) The aim of the present study was to investigate whether the direction of shift rotation was related to the need for recovery, fatigue, sleep quality, work–family conflict, and leisure time among three-shift workers.

The data were collected from 95 workers in forward-rotating three-shift work and 681 workers in backward-rotating three shift work, with 32 months of follow-up, in the Maastricht cohort study (N=12 095) were used. Both cross sectional and longitudinal analyses were carried out.

Results: A backward rotation schedule was prospectively related to an increased need for recovery [relative risk (RR) 2.88, 95% confidence interval (95% CI) 1.06–7.81] and poor general health (RR 3.21, 95% CI 1.32–7.83), as compared with a forward rotation schedule. Adjustment for demographic and health variables and the characteristics of the work environment did not alter these relations considerably. Furthermore, a forward

rotation schedule was prospectively related to less work–family conflict and better sleep quality over the 32 months of follow-up.

Finally, high levels of fatigue need for recovery, poor sleep quality, poor general health, insufficient leisure time, and work–family conflict at first measurement were associated with an increased risk of leaving shift work during the follow-up.

2.5.1.2 Studies on mental health and its relationship with some variables

Arabic studies:

-Ahmed Faroque Saleh ,(2009) the study aimed to identify the main causes of the work stress in the health field, and worked to limit the impact of organizational and personal variables in the levels of pressure of work in the health sector. The study applied a sample of 107 professionals in the field of health care. The results confirmed the interaction of factors affecting the personal and organizational levels in a positive manner and forms of job stress to professionals in the health care sector in Bayou city. It also included a sample of doctors and nurses and social workers. The final results of the study emphasized the diversity of sources of work stress to the professionals in the health sector. Further, the results pointed multiple causes that lead to the pressure, and showed the interaction of organizational and demographic factors that increase the pressure.

-Ibtisam Abu Alamran ,(2008) The aim of this study was to investigate the general level of mental health nurses and nurses working at government hospitals in Gaza portfolios, and to identify variation and differences in the level of mental health nurses depending variable (sex, educational qualification, the section works, the number of years of experience, and level economic). The research also aims to reveal the relationship between the level of mental health and performance the professional nurses working in government hospitals in the provinces of Gaza Strip. The study showed the following results:

- Variations in the levels of mental health nurses, where the level of mental health nurses is higher than for nurses in all of the personal dimension and the social dimension and the total score of the scale, while there is no variations in each of the vocational dimension and the religious dimension

- A lack in variations in the level of performance of nurses in the class overall performance measure and sub-dimensions. The overall average scores of nurses in the total score for the performance measure is (87. 83)
- There is no statistically significant relationship between the overall degree of mental health scale and the measure of professional performance scale.
- There are significant differences at the 0.05 level between the average scores female nurses and male nurses.
- There is no significant differences at the level of ($p < 0.05$) in the level of mental health female nurses and male nurses working in government hospitals due to scientific qualification (Diploma - Bachelor - Master).
- There is no significant differences at the level of ($p < 0.05$) in the level of mental health female nurses and male working in government hospitals attributable to the section, which employs the female/male nurse (normal sections - emergency sections).
- There is no significant differences at the level of ($p < 0.05$) in the level of mental health female nurses and male nurses working in government hospitals attributed to the number of years of experience in all dimensions of mental health scale except dimension Social differences have found favor with long years of experience (above 15 years).
- There is significant differences at the level of ($p < 0.05$) in the level of health mental female nurses and male nurses working in government hospitals due to economic level in favor of high-income earners.

-Arafa MA, Nazel MW, Ibrahim NK, at. (2003), Predictors of psychological well-being of nurses in Alexandria, Egypt.

Study variables were psychological well-being. A total sample of 412 nurse represented nurses working in five different health organizations in Alexandria

A self-administered questionnaire was used to collect: socio demographic, occupational and health data, and the Standardized Arabic Version of General Health questionnaire

(GHQ-30 items), Job Descriptive Index (JDI), and Social Support Scale (SSS) were also used.

Results revealed that 21.67% of nurses recorded moderate to severe psychological symptoms on GHQ. Fewer years of experience, negative family and friend support, and negative total work satisfaction were found to be significant predictors of psychological ill health among nurses in a descending rank order.

Foreign Studies:

-Marina Lautizi hea, Ther K. S. Laschinger , at-(2009) The purpose of their study is to explore the workplace empowerment, job satisfaction and job stress among Italian mental health nurses in department of Mental Health in central Italy. The sample consisted of a convenience sample of (77) nursing. The findings showed structural empowerment was significantly related to their job satisfaction ($r = 0.506$, $P < 0.001$), as was global empowerment ($r = 0.62$). Empowerment also had a significant negative relationship to nurses' work stress ($r = -0.28$, $P < 0.05$).

-Keva Glynn; Heather Maclean; Tonia Forte; et.al. (2009) to the study aims to determine the importance of role overload (the extent to which a person feels overwhelmed by her total responsibilities) relative to other known social determinants of women's mental health). Results show the following:

- Perceptions of greater role overload were associated with poorer mental health ($p < 0.0001$). Women working <35 hours per week ($p = 0.04$) or 35–40 hours per week ($p = 0.002$) reported better mental health than non-employed women, as did women with the highest annual household income (\$70,000+) ($p = 0.001$).
- Also associated with better mental health were higher marital status quality scores for both married and single women ($p < 0.001$), higher job quality scores among employed women ($p = 0.02$), greater homemaking quality scores among unemployed women ($p = 0.03$), and women reporting high parental quality ($p = 0.04$).
- Role overload showed a stronger relationship to mental health than other socio demographics variables, including income. The findings indicate the importance of

measuring women's experience of their multiple roles rather than focusing on single roles. More research is warranted on the totality of women's experiences of their many social role obligations.

-Lambert VA Lambert CE, Petrini M, et. (2007) the research aims to study the workplace and the personal factors associated with physical and mental health in hospital nurses in China.

The study sample was 480 hospital nurses from five hospitals in three major Chinese cities. The findings indicated the most frequently cited workplace stressor was workload, while the most commonly used coping strategy was positive reappraisal.

Numerous positive and negative correlations were found, suggesting the importance that workplace stress, coping strategies, psychological hardiness, and demographic characteristics play in relationship to each other, as well as to both the physical and mental health of Chinese nurses.

-Chang EM, Daly J, Hancock KM, et. at (2006) The study examines the relationships among workplace stressors, coping methods, demographic characteristics and health in Australian nurses.

The study sample was 320 Australian acute care public hospital nurses who completed four questionnaires. The questionnaire tested (a) how various workplace stressors relate to ways of coping, demographic characteristics, and physical and mental health and (b) which workplace stressors, coping mechanisms, and demographic characteristics were the best predictors of physical and mental health.

The results show significant correlations between stressors and physical and mental health. Multiple regressions showed age to be the only significant predictor of physical health. The best coping predictors of mental health were escape-avoidance, distancing, and self-control. Other significant predictors of mental health were support in the workplace, the number of years worked in the unit, and workload. Mental health scores were higher for nurses working more years in the unit and for those who used distancing as a way of coping. Mental health scores were lower for nurses who used escape-avoidance, lacked

workplace support, had high workload, and used self-control coping. The findings have implications for organizational management, particularly in terms of recommendations for stress management, social support, and workload reduction.

-Eva Garrosa; Bernardo Moreno-Jimenez; Youxin Liang; et.al. (2006) the study examines the relationship between socio-demographic variables, job stressors, burnout, and hardy personality in nurses. A model of prediction of burnout in nursing that includes socio-demographic variables, job stressors and personal vulnerability, or resistance was proposed.

Across-sectional design was used. A sample of 473 nurses and student nurses in practice from three general hospitals in Madrid (Spain) completed the "Nursing Burnout Scale"

The data were analyzed using descriptive statistics person correlations and hierarchical multiple regression. The study showed that the proposed model is a good predictor of the diverse burnout sub-dimensions emotional exhaustion, depersonalization, and the lack of personal accomplishment. Significant predictors of burnout included age, job status, job stressors (workload, experience with pain and and death, conflictive interaction, and role ambiguity) and hardy personality (commitment, control and challenge).

-Maria Gardiner; Marika Tiggemann, (1999) the empirical study examined the gender differences in leadership style, job stress and mental health in male - and female - dominated industries.

Variables in the study were gender differences, job stress and mental health in male and female. The study investigated the impact of working in either a male or female dominated industry on the leadership style, stress levels and mental health of 60 women and 60 men managers.

These findings suggest that both gender and the gender ratio of the industry influence leadership style, stress and mental health, and as such contribute to our understanding of the barriers to women working in senior management roles in male-dominated industries.

2.5.2 Comment on previous studies

The researcher reviewed 28 previous studies. The current study agreed with previous studies in terms the study of the pressure of work And its relationship to each of belonging and job satisfaction among nurses in government hospitals This study differed from previous studies in the field of application and the size of the sample And by doing this the researcher found that many addressed the job stress in terms of its effects on mental health, such as (Abdeen, 2010), (Maria, 1999), (Lambert, 2007) and Ibtisam Abu Alamran (2008).

There are also other studies that focused on the sources of job stress and its impact on employees, such as Abdelkader (2008). Other studies have addressed the effects of the various variables on the level of work stress, such as Abdelkader (2008).

Some studies have also focused on the job stress and its relationship to job satisfaction, stress job performance, burnout, psychological stress such as Abushaikha (2009), Seveinsottir and Biering (2005), Abu alrub (2004), Marina (2009) and Abul Ela (2009).

Other studies focused on the effect of job stress on health and personal behavior (Golman, 2005, Kamla Raj, 2008, Moyjounalla, 2008, Abd akader and Hayajneh, 2008)

More studies focused on job stress sources such as Knut and Dawson (2009) and Gelsema and Janssen (2006) and some previous studies that investigate the effect of socio-demographic and organisational factors on job stress level such as Amar (2006), Saleh (2009), and Joda (2003).

Some studies also have compared between job stresses on different categories of individuals such as Goldman (2005), Kirz, (2003), Abdul Razach (2009). Further, other studies are concerned with the job stress on nurses and the psychological support for decreasing job stress level such as Hamideh and Mrayyan (2008), Arafa and Ibrahim (2003), Tyson (2004), Ludovic and Gerad, 2004 and Abul Ela (2009).

This research agreed with Ahmed Faroqe (2009) in terms of the variable (job stress), and study population (health sector). It also agrees with some of the results such as the high

level of work stress among-in the health sector due to factors in the organization and demographics

It agrees with the study of Abu Sheikha and Hazboun (2009) in terms of study population (Palestinian nurses), and study tool (job stress questionnaire).

This study agrees with the study of Abdelkader and Hayajneh (2008) in the study population and study result as there are statistically significant relationship between night work and psychological health among female nurses.

It also agrees with the study of Joda (2008) in its population (nurses), variable (job stress) also and the statistical methods used in both studies: one way ANOVA ,chafe test ,Alpha Cronbach to test the questionnaire reliability, T-test and arithmetic means , frequencies and percentage for data analysis.

Summary:

In this chapter the researcher identified each of the job stressors, job sources, effect of job stress on the physical and mental health in particular and workers nurses in general. It also discussed theories that relate to work stress and its relationship to personal behavior and mental health. The second domain concerned with the definition of mental health and the manifestations and the factors affecting the mental health workers and nurses in general. The third section is about the nursing profession and the nature of the female **nurses and** its role in the treatment of patients. The final section of this chapter describes the pressures faced by nurses in their work, also defines the health sector in Palestinian governmental and non-governmental institutions.

Chapter Three

Methodology

❖ Introduction

3.1 Study design

3.2 Study population

3.3 Sample size

3.4 Sampling process

3.5 Study tools

3.6 Ethical consideration and procedures

3.7 Data collection

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Introduction

This chapter describes the methodology used in the study such as study design, study population, sample size, sample process, study method and data collection procedures and data analysis.

The chapter also describes and discusses the tools used to measure the variables and the limitations of the study and its design.

In order to collect the needed data for this research, the researcher uses the secondary resources in collecting data such as books, journals, statistics and web pages in addition to primary resources that are not available in secondary resources. This is done through the distribution of questionnaires to the study population in order to get their opinions on the sources of work stress and mental health nurses working in the private and government hospitals in the Gaza Strip. Research methodology depends on the analysis of data and the use of descriptive analysis, which depends on the poll using (SPSS) software for statistical analysis.

3.1 Study design

This is a quantitative, descriptive and analytic research design which seeks to answer the study questions about the job stress and mental health level among female nurses who work in (governmental and private) hospitals, Gaza Strip hospitals.

3.2 Study population

Data gathered from female nurses who work in governmental and private hospitals in Gaza Strip hospitals during the period the study was conducted.

The researcher shows that the total nurses number in governmental hospitals in Gaza Strip is 1427 and this is according to comprehensive statistical nursing in the Ministry of health (2012). Female nurses who work in governmental hospital in Gaza Strip is 900.

The total number of nurses who work in private hospitals in Gaza strip is 419, according to statistical General Administration of hospitals. Data collected from all registered female nurses (B.S nurse, staff nurses, practical nurses and master) who work in governmental and private hospital in Gaza Strip.

3.3 Sample size

The researcher uses the proportional stratified random sampling by dividing the population into two sub-groups: the first one consists of nurses who work in governmental hospitals in the Gaza Strip with the size of 140, and the second sub-group consists of nurses who work in the private hospitals in the Gaza Strip with size of 30. The questionnaires were distributed to the study sample. 124 questionnaires were received from the first group and 22 questionnaires were received from the seconded.

3.4 Sampling process

After making statistical calculation using the calculated sample size, it was found that 10% of all nurses are hospital nurses from the total of target group.

- The researcher divided study population area to 3 zones in Gaza Strip
 - The first zone is South Strip area of Gaza
 - The second zone is Middle area of Gaza Strip
 - The third zone is Gaza city and North Strip area of Gaza Strip
- The Method Of collection is random

In a systematic random sample, hospitals were selected through manually preparing a list from each hospital after comparing the actual number with the list of each hospital and by selecting the combine number.

-Governmental hospitals were selected for the study populations are: (Shifa Hospital, Kamal Adwan Hospital, Beit Hanoun Hospital, Nasser Hospital, European Hospital, and Psychiatric Hospital).

-Private hospitals in Gaza Strip selected for study populations are: (Awda Hospital, Al Quds Hospital).

3.5 Study tools

This study is across –sectional -descriptive Study in which the researcher uses quantitative methods for data collection using questionnaires asking participants about:

Socio-demographic variables (age, marital status, family size, salary(NIS), academic qualification, and house type, years of experience, and place resident).

To collect data, the researcher has built a questionnaire that consisted of two main domains: the domain of mental health and the domain of job stress among female nurse in Gaza Strip.

The first main domain consists of (43) items.

The second main domain is titled as sources of job stress among female nurses in Gaza.

It consists of 3 sub-domains: Internal sources of stress related to work place management .It consists of nine items, work system including sixteen items, then external as (social and economic) factors which includes nine items.

The total number of items of the questionnaire is (34).

The questionnaire is based on the literature review in relevance to job stress and mental health. For example, the list of the psychological well-being included in (Ryff and Corey study,1995, p.727) and sources of job stress list by Nilson and Simmons Holistic Model of Stress (2003, p.102) and titled as the sources of work stress among female hospitals staff in the Gaza Strip hospitals .

The study tool distributed among female nurses who work in governmental and private hospitals in Gaza Strip and all questions follows Likert scale as the follows:

Table (3.1) Likert scale

Level	Disagree	Rarely	Some- times	agree	Strongly agree
Scale	1	2	3	4	5

3.6 Ethical considerations and procedures

The researcher obtained an official letter from the Ministry Of Health and every private hospital to allow the researcher to collect the data.

-Pilot study

A pilot study for the questionnaire was conducted before collecting the results of the sample. It provided a trial run for the questionnaire, which involved testing the words of questions, identifying ambiguous questions, testing the techniques that used to collect data, and measuring the effectiveness of standard invitation to respondents' size of pilot study sample. The number of pilot questionnaire was 45.

3.7 Data collection

Data for the study was collected using:

- Socio-demographic data sheet.

The procedure of data collection requested from each nurse to answer the demographic and socioeconomic questions.

- Job stress questionnaire.
- Mental health questionnaire.

Socio-demographic Data:

The socio-demographic data sheet used for the study collected information pertaining to the respondents such as (age, marital status, place resident, salary (NIS), educational qualification, work experience, type of housing, hospital type).

Personal data:

- **Age:** Table No.(3.2) show that 65.3% from the sample ages "20-30 year", and 23.3% from the sample ages "31-40 year" , and 11.0% from the sample ages "more than 40 years" .

Table (3.2) Age

Age	Type of hospital		Total	Percent
	government	private		
20-30 year	82	14	96	65.8
31-40 year	27	7	34	23.3
up 40 year	15	1	16	11.0
Total	124	22	146	100.0

- **Qualification:** Table No.(3.3) shows that 42.5 % from the sample of qualification have " Nursing Diploma", and 51.4% from the sample of qualification have "Bachelor of Nursing", and 6.2% from the sample have qualification higher than "Bachelor in Nursing".

Table (3.3) Qualification

Qualification	Type of hospital		Total	Percent
	government	private		
Nursing Diploma	49	13	62	42.5
Bachelor of Nursing	66	9	75	51.4
Post high education	9	0	9	6.2
Total	124	22	146	100.0

Years of service in the nursing profession:

Table No.(3.4) shows that 25.3% of the sample of has "Less than 3 years " in the nursing profession , and 32.2% from the sample has "3-less than 6 years", and 10.3% from the sample has "6-less than 9 years ", and 32.3% from the sample has "9 years or above".

Table (3.4) years of service in the nursing profession

years of service in the nursing profession	Type of hospital		Total	Percent
	government	private		
Less than 3 years	35	2	37	25.3
3-less than 6 years	38	9	47	32.2
6-less than 9 years	12	3	15	10.3
9 years or above	39	8	47	32.2
Total	124	22	146	100.0

- **Marital Status**

Table No. (3.5) shows that 19.9% from the sample are "single ", and 74.0 % from the sample of social Status are "married ", and 3.4 % of the sample are "Divorced", and 2.7% of the sample are "widowed".

Table (3.5) marital Status

social Status	Type of hospital		Total	Percent
	government	private		
Single	23	6	29	19.9
Married	95	13	108	74.0
Divorced	3	2	5	3.4
widow	3	1	4	2.7
Total	124	22	146	100.0

- **Place of residence**

Table No.(3.6) shows that 32.2% of the sample live in the " North " , and 15.1% of the sample live in " Gaza city " , and16.4% of the sample live in " middle" , and36.3% of the sample live in "south" .

Table (3.6) Place of residence

Place of residence	Type of hospital		Total	Percent
	government	private		
North	37	10	47	32.2
Gaza	17	5	22	15.1
Middle	18	6	24	16.4
south	52	1	53	36.3
Total	124	22	146	100.0

- **Monthly salary (NIS)**

Table No.(3.7) shows that 8.9% of the sample has a monthly income of "500-1000 NIS", and 26.7% of the sample between "1000-1500 NIS", and 64.4% of the sample has a monthly salary of "More than 1500 NIS".

Table (3.7) monthly salary (NIS)

Monthly salary (NIS)	Type of hospital		Total	Percent
	government	private		
500-1000 NIS	5	8	13	8.9
1000-1500 NIS	35	4	39	26.7
More than 1500 NIS	84	10	94	64.4
Total	124	22	146	100.0

- **Type of housing**

Table No. (3.8) shows that 84.9 % of the sample have “Property house”, and 15.1% are "Renting a house".

Table (3.8) Type of housing

Type of housing	Type of hospital		Total	Percent
	government	private		
Property house	105	19	124	84.9
Rent house	19	3	22	15.1
Total	124	22	146	100.0

3.8 Data analysis

The researcher has entered the data after a continuous help and support from experts and statisticians using SPSS software (Statistical Package of Social Science) and analyzed the data by using statistical methods to analyze the significant relations between job stress and mental health among female nurses who work in governmental and private hospitals in Gaza Strip.

- **Statistical methods:**

- Frequencies and percentile.
- Alpha- Cronbach Test for measuring reliability of the items of the questionnaires
- Person correlation coefficients for measuring validity of the items of the questionnaires.
- Spearman –Brown Coefficient
- One sample t test
- Independent samples t test
- One way ANOVA test
- Scheffe test for multiple comparison

3.9 Validity of the study

The researcher can define the validity of an instrument as a determination of the extent to which the instrument actually reflects the abstract construct being examined. "Validity refers to the degree to which an instrument measures what it is supposed to be measuring". High validity is the absence of systematic errors in the measuring instrument. When an instrument is valid; it truly reflects the concept it is supposed to measure. Achieving good validity requires accuracy in the research design and the sample selection. The amended questionnaire was reviewed by the supervisor and other seven experts in the tendering and bidding environments to evaluate the procedure of questions and the method of analyzing the results. The experts agreed that the questionnaire was valid and suitable enough to measure the purpose that the questionnaire designed for .

3.9.1 Content Validity of the Questionnaire

Content validity test was conducted by consulting with two groups of experts. The first was requested to evaluate and identify whether the questions agree with the scope of the items and the extent to which these items reflect the concept of the research problem. The other was requested to evaluate that the tools used is valid statistically and that the questionnaire was designed well enough to provide relations and tests between variables. The two groups of experts agreed that the questionnaire was valid and suitable enough to measure the concept of interest with some amendments.

*Experts' names are listed in Annexes.

3.9.2 Statistical Validity of the Questionnaire

To insure the validity of the questionnaire, two statistical tests were applied. The first test is:

- **Criterion**-related validity test (Pearson test) which measures the correlation coefficient between each item in the field and the whole field. The second test is structure validity test (**Pearson test**) that is used to test the validity of the questionnaire structure by testing the validity of each field and the validity of the whole questionnaire. It measures the

correlation coefficient between one field and all the fields of the questionnaire that have the same level of similar scale.

3.9.3 Criterion related validity: Internal consistency

Internal consistency of the questionnaire is measured by a scouting sample, which consisted of thirty questionnaires, through measuring the correlation coefficients between each paragraph in one field and the whole field. Tables (3.9-3.10) below show the correlation coefficient and p-value for each field items. As shown in the table the p- Values are less than 0.05 or 0.01, so the correlation coefficients of this field are significant at $\alpha = 0.01$ or $\alpha = 0.05$. Hence, it can be said that the paragraphs of this field are consistent and valid to measure what it was set for.

Table (3.9)

**The correlation coefficient between each paragraph in the field and the whole field
(Mental health scale)**

No.	Statement	Pearson coefficient	p-value
1	I feel self-satisfaction.	0.464	0.020
2	I feel self-confident.	0.532	0.006
3	I'm satisfied about my previous life.	0.433	0.031
4	I feel that my life is going on the right path.	0.607	0.001
5	I would like to change my life.	0.571	0.003
6	I feel frustrated.	0.562	0.003
7	I feel loneliness.	0.616	0.001
8	I'm not self-contented.	0.488	0.013
9	I feel that there is something wrong in my life	0.517	0.008
10	I wish I were in a different status other than what I am	0.540	0.005
11	I feel that my life is coming to an end	0.693	0.000
12	Love and trust prevail my relation with others	0.649	0.000
13	I wish all people are happy	0.593	0.002
14	I sympathize with other	0.453	0.026
15	My relations with others are limited	0.406	0.044

No.	Statement	Pearson coefficient	p-value
16	I don't trust other	0.456	0.025
17	I feel social isolation	0.624	0.001
18	I don't like strengthen my relations with others	0.442	0.027
19	I feel autonomy	0.552	0.002
20	I don't hesitate when taking a decision	0.478	0.007
21	I am capable of resisting social pressure	0.651	0.000
22	I am concerned about others evaluation of me	0.453	0.023
23	I deal others with reliability	0.726	0.000
24	I depend on others to take decision	0.661	0.000
25	I feel weak against social pressure	0.427	0.033
26	I am developing myself continuously	0.618	0.001
27	I am interesting in new experiences	0.641	0.001
28	My behavior is developing and improving through time	0.798	0.000
29	I don't feel improving through time	0.651	0.000
30	I feel bored and I am not interested in life	0.453	0.023
31	I am incapable of improving my attitudes and behavior	0.726	0.000
32	I have a clear purpose in life to achieve	0.661	0.000
33	I feel that my life is of value	0.427	0.033
34	I enjoy being the focus of others concern	0.618	0.001
35	My beliefs makes my life meaningful	0.641	0.001
36	I feel that life is meaning less	0.798	0.000
37	I feel that my previous life was meaningless	0.497	0.005
38	I don't have any beliefs or expectations that makes my future life valuable	0.651	0.000
39	I am unable to satisfy my body needs	0.453	0.023
40	I take care of my health always	0.726	0.000
41	I am not interested in sexual intercourse	0.661	0.000
42	I feel tired and exhausted without reasons	0.427	0.033
43	I feel nausea and indigestion	0.618	0.001

Table (3.10)

The correlation coefficient between each paragraph in the field and the whole field(job stress scale)

No.	Statement	Pearson coefficient	p-value
1- stressors caused by dealing with the work administration			
1	It annoys me that there is no interaction between the nurse and one in charge	0.641	0.001
2	It annoys me that I don't take part in decision making in the department	0.798	0.000
3	I suffer from lack of effective environment to solve problems that face nursing	0.672	0.000
4	No social support from colleagues and administration members	0.723	0.000
5	It annoys me that administration members interfere in nurses practices	0.366	0.047
6	It annoys me that people in charge don't take in consideration the psychological pressure on nurses	0.707	0.000
7	There is a clear job description of nurses	0.677	0.000
8	There is consistency between nurses and administration members	0.702	0.000
9	It annoys me that people in charge don't take in consideration the health status of the nurse or any his family members	0.824	0.000
2- stressors as a result of the work system			
1	It annoys me that it is difficult to take holidays	0.571	0.001
2	It annoys me time pressure and lack of time to complete jobs	0.623	0.000
3	Misbehaviors' of patients and their family relatives	0.675	0.000
4	Lack of facilities to carry out work properly	0.683	0.000
5	Job over load exhausts me	0.670	0.000
6	Long work hours prevent me from attending social occasion	0.868	0.000

No.	Statement	Pearson coefficient	p-value
7	It annoys me not taking in consideration the social status of the nurse (married –single –divorced)when distributing work loads	0.739	0.000
8	It annoys me high frequency of night duty	0.547	0.002
9	No equal distribution of training courses and means of job development among employees	0.487	0.006
10	No incentives for good employees	0.716	0.000
11	Dealing with death cases frustrates me	0.624	0.000
12	I'm worried about dealing with patients when suffer from contagious diseases	0.428	0.018
13	Lack of promotion opportunities	0.747	0.000
14	I am worried about facing awkward situation at work	0.667	0.000
15	I feel that the work I do exhausts and gets me anxious	0.664	0.000
16	I don't advice others to work as nurses	0.806	0.000
3- Socio -Economic stressors			
1	Hard economic we live worries me	0.676	0.000
2	I feel frustrated because my salary doesn't cover life expenses(needs)	0.636	0.000
3	I feel worried because of the siege and the political situation	0.684	0.000
4	I am worried because salaries are not always available	0.493	0.006
5	I get worried about my children when I am at work	0.816	0.000
6	I am in shortage of time to carry out family and social responsibilities	0.632	0.000
7	I feel annoyed when electric current cuts off	0.641	0.000
8	Salaries are paid late	0.590	0.001
9	Social view for a women nurse is wrong	0.686	0.000

- Structure Validity of the Questionnaire

Structure validity is the second statistical test that is used to test the validity of the questionnaire structure by testing the validity of each field and the validity of the whole questionnaire. It measures the correlation coefficient between one field and all fields of the questionnaire that have the same level of Likert scale. As shown in table (3.10), the significant values are less than 0.05 or 0.01, so the correlation coefficients of all the fields are significant at $\alpha = 0.01$ or $\alpha=0.05$. Thus, it can be said that the fields are valid to be measured what it was set for to achieve the main aim of the study.

Table (3.11)
Structure Validity of the Questionnaire

Number	section		Pearson correlation coefficient	p-value
1	A- Mental health scale		0.751	0.000
2	B- job stress scale	stressors caused by dealing with the work administration	0.648	0.000
		stressors as a result of the work system	0.632	0.001
		Pressures	0.656	0.000

3.9.4 Reliability of the Research

Reliability of an instrument is the degree of consistency with which it measures the attribute it is supposed to be measuring. The test is repeated on the same sample of people on two occasions and then compares the scores obtained by computing a reliability coefficient. For the most purposes, reliability coefficient above 0.7 is considered satisfactory. A period of two weeks to a month is recommended between two tests due to complicated conditions that the contractors is facing on the time being. It was too difficult to ask them to responds to questionnaire twice within a short period. The statistician's explained that overcoming the distribution of the questionnaire twice to measure the

reliability can be achieved by using Cronbach Alpha coefficient and Half Split Method through the SPSS software.

- Half Split Method

This method depends on finding Pearson correlation coefficient between the means of odd rank questions and even rank questions of each field of the questionnaire. Then, correcting the Pearson correlation coefficients can be done by using Spearman Brown correlation coefficient of correction. The corrected correlation coefficient (consistency coefficient) is computed according to the following equation:

Consistency coefficient = $2r/(r+1)$, where r is the Pearson correlation coefficient. The normal range of corrected correlation coefficient $2r/(r+1)$ is between 0.0 and + 1.0. As shown in Table (3.11), all the corrected correlation coefficients values are between 0.8085 and 0.8860 and the general reliability for all items equal 0.8813, and the significant (α) is less than 0.05. Thus, all the corrected correlation coefficients are significance at $\alpha = 0.05$. It can be said that according to the Half Split method, the dispute causes group are reliable.

Table (3.12)
Split-Half Coefficient method

Number	section	person-correlation	Spearman-Brown Coefficient	p-value	
1	A- Mental health scale	0.6785	0.8085	0.000	
2	B- job stress scale	stressors caused by dealing with the work administration	0.7954	0.8860	0.000
		stressors as a result of the work system	0.7470	0.8552	0.000
		stressors	0.7564	0.8613	0.000
	all sections	0.7877	0.8813	0.000	

-Coefficient Alpha

This method is used to measure the reliability of the questionnaire between each field and the mean of the whole fields of the questionnaire. The normal range of Cronbach's coefficient alpha value between 0.0 and + 1.0, and the higher values reflects a higher degree of internal consistency. As shown in Table (3.13), the Cronbach's coefficient alpha was calculated for the first field of the causes of claims, the second field of common procedures and the third field of the Particular claims. The results were in the range of 0.8431 and 0.8991, and the general reliability for all items is equal 0.9001. This range is considered high; the result ensures the reliability of the questionnaire.

Table (3.13)
For Reliability Cronbach's Alpha

Number	section	person-correlation	
1	A- Mental health scale	0.8431	
2	B- job stress scale	stress caused by dealing with the work administration	0.8927
		stress as a result of the work system	0.8765
		stressors	0.8991
	All section	0.9001	

3.10 Inclusion criteria

Professionals who completed the study questionnaire were included in the study: The sample includes all female nurses who actively work in governmental and private hospitals in Gaza Strip at the time of the study.

3.11 Exclusion criteria

The researcher excluded the male nurses, nurses who do not work in governmental and private hospitals in Gaza Strip, and female nurses who were on leave at the time of the study.

3.12 Study limitation

-Place limitation: This study was applied on the governmental and private hospitals in Gaza Strip.

- Time limitation: The researcher has conducted this time in 2012-2013.

-This study was applied on female nurses who work in governmental and private hospital in Gaza Strip.

Summary

Descriptive research design was used in this study; independent variable of job stress and the dependent variable of mental health among female nurses were measured. The variables were measured with the job stress questionnaire based on data that was collected using self-report surveys. Limitations of the study are the period of the study (2012-2013). Study setting was applied on Gaza Strip hospitals.

Chapter Four

Study Results

❖ Introduction

❖ Study questions results

- Results related to the main question

4.1 Results related to the first question

4.2 Results related to the second question

4.3 Results related to the third question

4.4 Results related to the fourth question

4.4.1 Results sub-questions related to fifth questions

Chapter Four: study results

This chapter includes presentation of the results of the study to find out the extent to which the study questions, The researcher used for data processing (T) test, One Sample K-S Test, and Pearson correlation coefficient for degrees test raw, ANOVA, Scheffe test and analysis of variance test for multiple Comparisons and used one sample K-S test to identify data distribution .

One Sample K-S test it used to identify if the data follow normal distribution or not, this test is considered necessary in case testing hypotheses as most parametric Test stipulate data to be normality distributed and this test used when the size of the sample are greater than 50.

Results test as shown in table (4.1) , clarifies that the calculated p-value is greater than the significant level which is equal 0.05 (p-value. > 0.05), this in turn denotes that data follows normal distribution, and so parametric Tests must be used.

Table (4.1)
One Sample K-S

Number	section	Statistic	P-value	
1	A- Mental health scale	0.714	0.688	
2	B- job stress scale	stress caused by dealing the work administration	0.867	0.439
		stress as a result of the work system	1.230	0.097
		stressors	0.776	0.584
	All section	0.693	0.723	

Study Questions result :

First question: Are there statistically significant difference in the responses of nurses who work in governmental and private hospitals about Mental health scale hospital at significant level $\alpha=0.05$.

The researcher used independent samples t- test to test if there statistically significant difference in the responses of nurses about Mental health scale due to the type of hospital (governmental, private) and the results shown in Table No. (4.2) as follows:

- The responses of nurses about Mental health scale work in governmental hospitals

The three highest statements according to weight mean as follows:

1. In item No. (13) the weight mean equal " 87.74%", that means (I wish all people are happy).
2. In item No. (14) the weight mean equal " 86.77%", that means (I sympathize with other).
3. In item No. (23) the weight mean equal " 84.68%", that means (I deal others with reliability).

And the three lowest statements according to weight mean as follows:

1. In item No. (36) the weight mean equal " 40.65%", that means (I don't feel that life is meaningless).
 2. In item No. (37) the weight mean equal " 38.55%", that means (I don't feel that my previous life was meaningless).
 3. In item No. (38) the weight mean equal " 37.74%", that means (I have any beliefs or expectations that makes my future life valuable).
- The responses of nurses about Mental health scale work in private hospitals

The three highest statements according to weight mean as follows:

1. In item No. (13) the weight mean equal " 90.00%", that means (I wish all people are happy).
2. In item No. (23) the weight mean equal " 88.18%", that means I deal others with reliability ().
3. In item No. (12) the weight mean equal " 85.45%", that means (Love and trust prevail my relation with others).

And the three lowest statements according to weight mean as follows:

1. In item No. (38) the weight mean equal " 27.27%", that means (I have any beliefs or expectations that makes my future life valuable).
2. In item No. (36) the weight mean equal " 26.36%", that means (I don't feel that life is meaningless).
3. In item No. (37) the weight mean equal " 21.82%", that means (I don't feel that my previous life was meaningless).

For general the results for all items of the field show the average of opinion of nurses work in Governmental hospitals about Mental health scale equal 3.68 and the weight mean equal 73.62 % , and the average of the opinion of nurses work in private hospitals about Mental health scale equal 3.92, and the weight mean equal 78.35% and the absolute value of t test equal 2.405 which is less than the critical value which is equal 1.98 and the p- value equal 0.017 which is less than 0.05, that means there is a statistically significant difference in the responses of nurses about Mental health scale due to the type of hospital (governmental, private) at significant level $\alpha=0.05$ and the difference in favor of the nurses work in private hospitals.

Table(4.2) Mental health scale

No.	Statement	Government hospital		privet hospital		t-value	P-value
		Mean	Weight mean	Mean	Weight mean		
1	I feel self satisfaction .	3.94	78.87	3.95	79.09	-0.064	0.949
2	I feel self confident.	4.16	83.23	4.23	84.55	-0.447	0.656
3	I'm satisfied about my previous life .	3.79	75.81	3.86	77.27	-0.354	0.724
4	I feel that my life is going on the right path .	3.68	73.55	3.91	78.18	-1.196	0.234
5	I would like to change my life.	3.69	73.71	3.45	69.09	0.864	0.389
6	I feel frustrated .	2.72	54.35	2.68	53.64	0.128	0.898
7	I feel loneliness .	2.48	49.68	2.45	49.09	0.117	0.907
8	I'm not self contented .	2.14	42.74	1.50	30.00	2.611	0.010
9	I feel that there is something wrong in my life	2.37	47.42	2.09	41.82	1.036	0.302
10	I wish I were in a different status other than what I am	2.98	59.52	2.45	49.09	1.587	0.115
11	I feel that my life is coming to an end	2.81	56.29	2.41	48.18	1.218	0.225
12	Love and trust prevail my relation with others	3.94	78.87	4.27	85.45	-1.651	0.101
13	I wish all people are happy	4.39	87.74	4.50	90.00	-0.651	0.516
14	I sympathize with other	4.34	86.77	4.23	84.55	0.625	0.533
15	My relations with others are limited	2.73	54.52	2.77	55.45	-0.174	0.862
16	I don't trust other	2.56	51.29	2.00	40.00	2.230	0.027
17	I feel social isolation	2.08	41.61	1.73	34.55	1.433	0.154
18	I don't like strengthen my relations with others	2.18	43.55	2.05	40.91	0.476	0.635
19	I feel autonomy	3.56	71.13	3.95	79.09	-1.814	0.072
20	I don't hesitate when taking a decision	3.67	73.39	3.68	73.64	-0.063	0.950
21	I am capable of resisting social pressure	3.48	69.68	3.68	73.64	-0.989	0.324
22	I am concerned about others evaluation of me	3.63	72.58	3.82	76.36	-0.770	0.442
23	I deal others with reliability	4.23	84.68	4.41	88.18	-1.060	0.291
24	I depend on others to take decision	2.56	51.29	2.14	42.73	1.831	0.069

No.	Statement	Government hospital		privet hospital		t-value	P-value
		Mean	Weight mean	Mean	Weight mean		
25	I feel weak against social pressure	2.81	56.29	2.36	47.27	1.886	0.061
26	I am developing myself continuously	3.35	67.10	3.45	69.09	-0.493	0.622
27	I am interesting in new experiences	3.77	75.32	4.05	80.91	-1.440	0.152
28	My behavior is developing and improving through time	3.84	76.77	3.91	78.18	-0.371	0.711
29	I don't feel improving through time	2.24	44.84	1.82	36.36	1.524	0.130
30	I feel bored and I am not interested in life	2.30	45.97	1.95	39.09	1.381	0.170
31	I am incapable of improving my attitudes and behavior	2.15	42.90	1.50	30.00	2.672	0.008
32	I have a clear purpose in life to achieve	3.91	78.23	4.14	82.73	-1.141	0.256
33	I feel that my life is of value	3.93	78.55	4.00	80.00	-0.384	0.702
34	I enjoy being the focus of others concern	3.76	75.16	3.77	75.45	-0.072	0.942
35	My beliefs makes my life meaningful	4.09	81.77	4.05	80.91	0.287	0.774
36	I feel that life is meaning less	2.03	40.65	1.32	26.36	2.869	0.005
37	I feel that my previous life was meaningless	1.93	38.55	1.09	21.82	3.326	0.001
38	I don't have any beliefs or expectations that makes my future life valuable	1.89	37.74	1.36	27.27	2.061	0.041
39	I am unable to satisfy my body needs	2.36	47.26	2.23	44.55	0.483	0.630
40	I take care of my health always	3.85	76.94	3.82	76.36	0.129	0.897
41	I am not interested in sexual intercourse	2.47	49.35	2.05	40.91	1.573	0.118
42	I feel tired and exhausted without reasons	2.94	58.87	2.59	51.82	1.342	0.182
43	I feel nausea and indigestion	2.69	53.87	2.59	51.82	0.325	0.745
	Total	3.68	73.62	3.92	78.35	-2.405	0.017

Critical value of t at df "145" and significance level 0.05 equal 1.98

Second question: There are statistically significant difference in the responses of nurses who work at governmental and private hospitals about Job Stress scale at significant level $\alpha=0.05$. And from this question we have the following sub-questions:

1. Are there statistically significant difference in the responses of nurses about stressors caused by dealing with the work administration at significant level $\alpha=0.05$

Researcher used independent samples t test to test if there statistically significant difference in the responses of nurses about stressors caused by dealing with the work administration due to the type of hospital (government, private) and the results shown in Table No. (4.3) as follows:

- The responses of nurses work in governmental hospital about stressors caused by dealing with the work administration

The three highest statements according to weight mean as follows:

1. In item No. (3) the weight mean equal " 77.74%", that means (I suffer from lack of effective environment to solve problems that face nursing).
2. In item No. (6) the weight mean equal " 77.74%", that means (It annoys me that people in charge don't take in consideration the psychological pressure on nurses).
3. In item No. (9) the weight mean equal " 68.87%", that means (It annoys me that people in charge don't take in consideration the health status of the nurse or any his family members).

And the three lowest statements according to weight mean as follows

1. In item No. (4) the weight mean equal " 64.52%", that means (No social support from colleagues and administration members).
2. In item No. (7) the weight mean equal " 56.61%", that means (There is not clear job description of nurses).
3. In item No. (8) the weight mean equal " 53.55%", that means (There is no consistency between nurses and administration members).

- the responses of nurses work in private hospital about stressors caused by dealing with the work administration

The three highest statements according to weight mean as follows:

1. In item No. (6) the weight mean equal " 80.00%", that means (It annoys me that people in charge don't take in consideration the psychological pressure on nurses).
2. In item No. (5) the weight mean equal " 78.18%", that means (It annoys me that administration members interfere in nurses practices).
3. In item No. (3) the weight mean equal " 71.82%", that means (I suffer from lack of effective environment to solve problems that face nursing).

And the three lowest statements according to weight mean as follows

1. In item No. (4) the weight mean equal " 55.45%", that means (there is a social support from colleagues and administration members).
2. In item No. (7) the weight mean equal " 51.82%", that means (There is not a clear job description of nurses).
3. In item No. (8) the weight mean equal " 47.27%", that means (There is no consistency between nurses and administration members).

For general the results for all items of the field show the average of opinion of nurses work in Governmental hospital about stressors caused by dealing with the work administration equal 3.33 and the weight mean equal 66.51%, and the average of the opinion of nurses work in private hospital about stressors caused by dealing with the work administration equal 3.25 and the weight mean equal 64.95%, and the value of t test equal 0.540 which is less than the critical value which is equal 1.98 and the p- value equal 0.590 which is greater than 0.05, that means there is no statistically significant difference in the responses of nurses about job stress scale due to the type of hospital (governmental, private) at significant level $\alpha=0.05$

Table (4.3)
stress caused by dealing with the work administration

No.	Statement	Government hospital		private hospital		t-value	P-value
		Mean	Weight mean	Mean	Weight mean		
1	It annoys me that there is no interaction between the nurse and one in charge	3.25	65.00	3.59	71.82	-1.230	0.221
2	It annoys me that I don't take part in decision making in the department	3.35	66.94	3.27	65.45	0.261	0.794
3	I suffer from lack of effective environment to solve problems that face nursing	3.89	77.74	3.59	71.82	1.273	0.205
4	No social support from colleagues and administration members	3.23	64.52	2.77	55.45	1.593	0.113
5	It annoys me that administration members interfere in nurses practices	3.38	67.58	3.91	78.18	-1.817	0.071
6	It annoys me that people in charge don't take in consideration the psychological pressure on nurses	3.89	77.74	4.00	80.00	-0.441	0.660
7	There is a clear job description of nurses	2.83	56.61	2.59	51.82	0.829	0.408
8	There is consistency between nurses and administration members	2.68	53.55	2.36	47.27	1.226	0.222
9	It annoys me that people in charge don't take in consideration the health status of the nurse or any his family members	3.44	68.87	3.14	62.73	1.053	0.294
Total		3.33	66.51	3.25	64.95	0.540	0.590

Critical value of t at df "144" and significance level 0.05 equal 1.98

2. Are there statistically significant difference in the responses of nurses about stressors as a result of the work system at significant level $\alpha=0.05$

Researcher used independent samples t test to test if there statistically significant difference in the responses of nurses about stressors as a result of the work system due to the type of hospital (government, private) and the results shown in Table No. (4.4) as follows:

- The responses of nurses work in governmental hospital about stressors as a result of the work system

The three highest statements according to weight mean as follows:

1. In item No. (10) the weight mean equal "82.90%", that means (No incentives for good employees).
2. In item No. (4) the weight mean equal "77.90%", that means (Lack of facilities to carry out work properly).
3. In item No. (13) the weight mean equal "77.10%", that means (Lack of promotion opportunities).

And the three lowest statements according to weight mean as follows

1. In item No. (16) the weight mean equal "63.06 %", that means (I don't advice others to work as nurses).
 2. In item No. (11) the weight mean equal "62.90 %", that means (Dealing with death cases frustrates me).
 3. In item No. (2) the weight mean equal "62.42 %", that means (It annoys me time pressure and lack of time to complete jobs).
- the responses of nurses work in private hospital about Pressures as a result of the work system

The three highest statements according to weight mean as follows:

1. In item No. (13) the weight mean equal " 77.27%", that means (Lack of promotion opportunities).

2. In item No. (11) the weight mean equal "73.64%", that means (Dealing with death cases frustrates me).
3. In item No. (10) the weight mean equal "71.82%", that means (No incentives for good employees).

And the three lowest statements according to weight mean as follows

1. In item No. (1) the weight mean equal "54.55%", that means (It is not annoys me that it is difficult to take holidays).
2. In item No. (2) the weight mean equal "53.64%", that means (It is not annoys me time pressure and lack of time to complete jobs).
3. In item No. (16) the weight mean equal "47.27%", that means (I have advice others to work as nurses).

For general the results for all items of the field show the average of opinion of nurses work in Governmental hospital about stressors as a result of the work system equal 3.90 and the weight mean equal 77.90 % , and the average of the opinion of nurses work in private hospital about Pressures as a result of the work system equal 3.68 and the weight mean equal 73.64%, and the value of t test equal 1.017 which is less than the critical value which is equal 1.98 and the p- value equal 0.311 which is greater than 0.05, that means there is no statistically significant difference in the responses of nurses about Mental health scale due to the type of hospital (governmental, private) at significant level $\alpha=0.05$

Table (4.4)
stressors as a result of the work system

No.	Statement	Government hospital		private hospital		t-value	P-value
		Mean	Weight mean	Mean	Weight mean		
1	It annoys me that it is difficult to take holidays	3.43	68.55	2.73	54.55	2.391	0.018
2	It annoys me time pressure and lack of time to complete jobs	3.12	62.42	2.68	53.64	1.580	0.116
3	Misbehaviors' of patients and their family relatives	3.62	72.42	3.50	70.00	0.511	0.610
4	Lack of facilities to carry out work properly	3.90	77.90	2.91	58.18	4.331	0.000
5	Job over load exhausts me	3.81	76.13	3.05	60.91	3.241	0.001
6	Long work hours prevent me from attending social occasion	3.81	76.29	2.86	57.27	3.426	0.001
7	It annoys me not taking in consideration the social status of the nurse (married –single –divorced)when distributing work loads	3.60	72.10	3.09	61.82	1.833	0.069
8	It annoys me high frequency of night duty	3.67	73.39	2.91	58.18	2.368	0.019
9	No equal distribution of training courses and means of job development among employees	3.65	73.06	3.45	69.09	0.702	0.484
10	No incentives for good employees	4.15	82.90	3.59	71.82	2.534	0.012
11	Dealing with death cases frustrates me	3.15	62.90	3.68	73.64	-1.851	0.066
12	I'm worried about dealing with patients when suffer from contagious diseases	3.59	71.77	3.45	69.09	0.485	0.628
13	Lack of promotion opportunities	3.85	77.10	3.86	77.27	-0.037	0.971
14	I am worried about facing awkward situation at work	3.48	69.52	3.36	67.27	0.503	0.616
15	I feel that the work I do exhausts and gets me anxious	3.37	67.42	3.27	65.45	0.368	0.713
16	I don't advice others to work as nurses	3.15	63.06	2.36	47.27	2.137	0.034
	Total	3.90	77.90	3.68	73.64	1.017	0.311

Critical value of t at df "144" and significance level 0.05 equal 1.98

3. Are there statistically significant difference in the responses of nurses about job stress scale due to the socio-economic pressures at significant level $\alpha=0.05$

Researcher used independent samples t test to test if there statistically significant difference in the responses of nurses about Pressures due to the type of hospital (governmental, privet) and the results shown in Table No. (4.5) as follows:

- The responses of nurses work in government hospital about Pressures

The three highest statements according to weight mean as follows:

1. In item No. (7) the weight mean equal " 85.00%", that means (I feel annoyed when electric current cuts off).
2. In item No. (3) the weight mean equal " 83.23%", that means (I feel worried because of the siege and the political situation).
3. In item No. (2) the weight mean equal " 82.42%", that means (I feel frustrated because my salary doesn't cover life expenses(needs)).

And the three lowest statements according to weight mean as follows

1. In item No. (6) the weight mean equal " 80.65%", that means (I am in shortage of time to carry out family and social responsibilities).
2. In item No. (4) the weight mean equal "80.48%", that means (I am worried because salaries are not always available).
3. In item No. (1) the weight mean equal "78.71%", that means (Hard economic we live worries me).

- The responses of nurses work in private hospital about Pressures

The three highest statements according to weight mean as follows:

1. In item No. (2) the weight mean equal " 84.55%", that means (I feel frustrated because my salary doesn't cover life expenses(needs)).

2. In item No. (4) the weight mean equal " 84.55%", that means (I am worried because salaries are not always available).
3. In item No. (1) the weight mean equal " 77.27%", that means (Hard economic we live worries me).

And the three lowest statements according to weight mean as follows

1. In item No. (5) the weight mean equal " 71.82%", that means (I get worried about my children when I am at work).
2. In item No. (3) the weight mean equal " 69.09%", that means (I feel worried because of the siege and the political situation).
3. In item No. (6) the weight mean equal "61.82%", that means (I am in shortage of time to carry out family and social responsibilities moderately).

For general the results for all items of the field show the average of opinion of nurses work in Governmental hospital about Pressures equal 3.94 and the weight mean equal 78.71%, and the average of the opinion of nurses work in private hospital about stressors equal 3.86 and the weight mean equal 77.27%, and the value of t test equal 0.300 which is less than the critical value which is equal 1.98 and the p- value equal 0.764 which is greater than 0.05, that means there is No statistically significant difference in the responses of nurses about Mental health scale due to the type of hospital (governmental, private) at significant level $\alpha=0.05$.

Table (4.5)
Social &economic stressors

No.	Statement	Government hospital		privet hospital		t-value	P-value
		Mean	Weight mean	Mean	Weight mean		
1	Hard economic we live worries me	3.94	78.71	3.86	77.27	0.300	0.764
2	I feel frustrated because my salary doesn't cover life expenses(needs)	4.12	82.42	4.23	84.55	-0.572	0.568
3	I feel worried because of the siege and the political situation	4.16	83.23	3.45	69.09	3.343	0.001
4	I am worried because salaries are not always available	4.02	80.48	4.23	84.55	-0.719	0.473
5	I get worried about my children when I am at work	4.08	81.61	3.59	71.82	2.224	0.028
6	I am in shortage of time to carry out family and social responsibilities	4.03	80.65	3.09	61.82	3.325	0.001
7	I feel annoyed when electric current cuts off	4.25	85.00	3.68	73.64	2.527	0.013
8	Salaries are paid late	4.11	82.26	3.77	75.45	1.329	0.186
9	Social view for a women nurse is wrong	4.09	81.79	3.74	74.77	2.540	0.012
	Total	3.94	78.71	3.86	77.27	0.300	0.764

Critical value of t at df "144" and significance level 0.05 equal 1.98

4.Are there statistically significant difference in the responses of nurses about job stress scale due to the type of hospital (governmental, privet) at significant level $\alpha=0.05$

Researcher used independent samples t test to test if there statistically significant difference in the responses of nurses about job stress scale due to the type of hospital (government, private) and the results in Table No. (4.6) show that the average of opinion of nurses work in private hospital about job stress scale equal 3.64 and the weight mean equal 72.87 % , and the average of the opinion of nurses work in private hospital about

job stress scale equal 3.34 and the weight mean equal 66.82%, and the value of t test equal 2.456 which is greater than the critical value which is equal 1.98 and the p-value equal 0.015 which is less than 0.05, that means there is a statistically significant difference in the responses of nurses about job stress scale due to the type of hospital (governmental, private) at significant level $\alpha=0.05$

Table No. (4.6)
job stress scale

No.	Statement	Government hospital		privet hospital		t-value	P-value
		Mean	Weight mean	Mean	Weight mean		
1	stressors caused by dealing with the work administration	3.33	66.51	3.25	64.95	0.540	0.590
2	stressors as a result of the work system	3.13	62.52	2.98	59.66	1.903	0.059
3	stressors	4.09	81.79	3.74	74.77	2.540	0.012
	Total	3.64	72.87	3.34	66.82	2.456	0.015

Critical value of t at df "144" and significance level 0.05 equal 1.98

Third question : Are there statistically significant difference about the mental health scale and job stress scale due to the personal variables (Age, Qualification, years of service in the nursing profession, marital status , Place of residence , Monthly salary (NIS) , Type of housing) at significant level $\alpha =0.05$ And this question divided into sub-hypotheses as the following:

-Are there statistically significant difference about the mental health scale and job stress scale due to age at significant level $\alpha =0.05$

To test this question researcher used one way ANOVA and the result illustrated in table No.(4.7) which show that the p-value for mental health scale and job stress scale equal 0.349 , 0.112 respectively which is greater than 0.05 and the value of F test for mental

health scale and job stress scale equal 1.059 , 2.221 respectively which is less than the value of critical value which is equal 3.06, that means there are not statistical differences about the mental health scale and job stress scale respectively due to years of service in the nursing professional , and for general the p-value for both mental health scale and job stress scale equal 0.816 which is greater than 0.05 and the value of F test equal 0.204 which is less than the value of critical value which is equal 3.06 that's means There are not statistical differences about the mental health scale and job stress scale together due to age.

Table No.(4.7)

One way ANOVA test for difference about the mental health scale and job stress scale due to age

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
Mental health scale	Between Groups	0.622	2	0.311	1.059	0.349
	Within Groups	41.989	143	0.294		
	Total	42.611	145			
Job stress scale	Between Groups	0.815	2	0.407	2.221	0.112
	Within Groups	26.226	143	0.183		
	Total	27.040	145			
The two scales together	Between Groups	0.033	2	0.016	0.204	0.816
	Within Groups	11.575	143	0.081		
	Total	11.608	145			

Critical value of F at df "2,143" and significance level 0.05 equal 3.06

- Are there statistically significant difference about the Mental health scale And Job stress scale due to Qualification at significant level $\alpha = 0.05$

To answer this question researcher used one way ANOVA and the result illustrated in table No.(4.8) which show that the p-value for mental health scale and job stress scale equal 0.030 , 0.112 respectively and the value of F test for mental health scale and pressures of work scale equal 3.306 , 0.834 respectively that means There are a statistical differences about mental health scale only due to Qualification ,and from scheffe test table No.(4.9) show that the difference between " Top of the Bachelor of Nursing " , and each of " Nursing Diploma ", and " Bachelor of Nursing " and the difference in favor of " post high education " . For general the p-value for both mental health scale and job stress scale equal 0.454 which is greater than 0.05 and the value of F test equal 0.794 which is less than the value of critical value which is equal 3.06 that's means There are not statistical differences about the mental health scale and job stress scale together due to Qualification.

Table No.(4.8)

**One way ANOVA test for difference about the mental health scale
and job stress scale due to Qualification**

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
mental health scale	Between Groups	2.046	2	1.023	3.606	0.030
	Within Groups	40.565	143	0.284		
	Total	42.611	145			
Job stress scale	Between Groups	0.312	2	0.156	0.834	0.437
	Within Groups	26.729	143	0.187		
	Total	27.040	145			
The two scales together	Between Groups	0.128	2	0.064	0.794	0.454
	Within Groups	11.480	143	0.080		
	Total	11.608	145			

Critical value of F at df "2,143" and significance level 0.05 equal 3.06

Table No.(4.9) Scheffe test

Mean difference	Nursing Diploma	Bachelor of Nursing	Post high education
Nursing Diploma		-0.017	-0.500*
Bachelors of Nursing	0.017		-0.483*
Post high education	0.500*	0.483*	

***The difference is significant at 0.05 level**

- Are there statistically significant difference about the Mental health scale and job stress scale due to years of service in the nursing professional significant level $\alpha = 0.05$

To answer this question researcher used the one way ANOVA and the result illustrated in table No.(4.10) which show that the p-value for mental health scale and job stress scale equal 0.076 , 0.752 respectively which is greater than 0.05 and the value of F test for mental health scale and job stress scale equal 2.342 , 0.402 respectively which is less than the value of critical value which is equal 2.67, that means there are not statistical differences about the mental health scale and job stress scale respectively due to years of service in the nursing professional. and for general the p-value for both mental health scale and job stress scale equal 0.345 which is greater than 0.05 and the value of F test equal 1.115 which is less than the value of critical value which is equal 2.67 that's means There are not statistical differences about the mental health scale and job stress scale together due to years of service in the nursing professional.

Table No.(4.10)

One way ANOVA test for difference about the mental health scale and job stress scale due to years of service in the nursing professional

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
mental health scale	Between Groups	2.009	3	0.670	2.342	0.076
	Within Groups	40.603	142	0.286		
	Total	42.611	145			
Job stress scale	Between Groups	0.228	3	0.076	0.402	0.752
	Within Groups	26.812	142	0.189		
	Total	27.040	145			
The two scales together	Between Groups	0.267	3	0.089	1.115	0.345
	Within Groups	11.340	142	0.080		
	Total	11.608	145			

Critical value of F at df "3,142" and significance level 0.05 equal 2.67

- Are there statistically significant difference about the Mental health scale and job stress scale due to social Status at significant level $\alpha = 0.05$

To answer question researcher used the one way ANOVA and the result illustrated in table No.(4.11) which show that the p-value for mental health scale and job stress scale equal 0.005 , 0.934 respectively and the value of F test for mental health scale and job stress scale equal 4.389 , 0.143 respectively that means There are a statistical differences about mental health scale only due to social Status . And from scheffe test table No.(4.12) show that the difference between " single " , and " Divorced " in favor of " Divorced " . For general the p-value for both mental health scale and job stress scale equal 0.011 which is

less than 0.05 and the value of F test equal 2.67 which is greater than the value of critical value which is equal 2.67 that's means There are a statistical differences about the mental health scale and job stress scale together due to marital Status And from scheffe test table No.(4.12) show that the difference between " single " , and " Divorced " in favor of " Divorced " .

Table No.(4.11)

**One way ANOVA test for difference about the mental health scale
and job stress scale due to marital Status**

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
mental health scale	Between Groups	3.616	3	1.205	4.389	0.005
	Within Groups	38.995	142	0.275		
	Total	42.611	145			
Job stress scale	Between Groups	0.081	3	0.027	0.143	0.934
	Within Groups	26.959	142	0.190		
	Total	27.040	145			
The two scales together	Between Groups	0.867	3	0.289	3.822	0.011
	Within Groups	10.740	142	0.076		
	Total	11.608	145			

Critical value of F at df "3,142" and significance level 0.05 equal 2.67

Table No.(4.12)

Scheffe test for multiple comparison due to marital Status

Scale	Mean difference	Miss	marred	Divorced	widow
Mental health	Single		-0.372	-0.496*	-0.049
	marred	0.372		-0.123	0.324
	Divorced	0.496*	0.123		0.447
	widow	0.049	-0.324	-0.447	
Job stress scale	Single		-0.173	-0.231*	0.049
	marred	0.173		-0.058	0.222
	Divorced	0.231*	0.058		0.281
	widow	-0.049	-0.222	-0.281	

***The difference is significant at 0.05 level**

- Are there statistically significant difference about the Mental health scale and Job stress scale due to Place of residence at significant level $\alpha = 0.05$

To answer this question researcher used the one way ANOVA and the result illustrated in table No.(4.13) which show that the p-value for mental health scale and job stress scale equal 0.307 , 0.434 respectively which is greater than 0.05 and the value of F test for mental health scale and job stress scale equal 1.214 , 0.918 respectively which is less than the value of critical value which is equal 2.67, that means there are not statistical differences about the mental health scale and job stress scale respectively due to Place of residence . and for general the p-value for both mental health scale and job stress scale equal 0.614 which is greater than 0.05 and the value of F test equal 0.604 which is less than the value of critical value which is equal 2.67 that's means There are not statistical differences about the mental health scale and job stress scale together due to Place of residence

Table No.(4.13)

**One way ANOVA test for difference about the mental health scale
and job stress scale due to Place of residence**

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
Mental health scale	Between Groups	1.066	3	0.355	1.214	0.307
	Within Groups	41.545	142	0.293		
	Total	42.611	145			
Job stress scale	Between Groups	0.515	3	0.172	0.918	0.434
	Within Groups	26.526	142	0.187		
	Total	27.040	145			
The two scales together	Between Groups	0.146	3	0.049	0.604	0.614
	Within Groups	11.461	142	0.081		
	Total	11.608	145			

Critical value of F at df "3,142" and significance level 0.05 equal 2.67

- Are there statistically significant difference about the Mental health scale and job stress scale due to Monthly salary (NIS) at significant level $\alpha = 0.05$

To answer question researcher used the one way ANOVA and the result illustrated in table No.(4.14) which show that the p-value for mental health scale and job stress scale equal 0.145 , 0.594 respectively which is greater than 0.05 and the value of F test for mental health scale and job stress scale equal 1.954 , 0.523 respectively which is less than the value of critical value which is equal 3.06, that means there are not statistical differences about the mental health scale and job stress scale respectively due to Monthly salary (NIS) . and for general the p-value for both mental health scale and job stress scale equal

0.613 which is greater than 0.05 and the value of F test equal 0.491 which is less than the value of critical value which is equal 3.06 that's means There are not statistical differences about the mental health scale and job stress scale together due to Monthly salary (NIS)

Table No.(4.14)

One way ANOVA test for difference about the mental health scale and job stress scale due to Monthly salary (NIS)

Field	Source	Sum of Squares	df	Mean Square	F value	Sig.(P-Value)
mental health scale	Between Groups	1.133	2	0.567	1.954	0.145
	Within Groups	41.478	143	0.290		
	Total	42.611	145			
Job stress scale	Between Groups	0.196	2	0.098	0.523	0.594
	Within Groups	26.844	143	0.188		
	Total	27.040	145			
The two scales together	Between Groups	0.079	2	0.040	0.491	0.613
	Within Groups	11.528	143	0.081		
	Total	11.608	145			

Critical value of F at df "2,143" and significance level 0.05 equal 3.06

- Are there statistically significant difference about the Mental health scale and job stress scale due to type of housing at significant level $\alpha = 0.05$

To answer question researcher used the Independent Samples Test and the result illustrated in table No.(4.15) which show that the p-value for mental health scale and job stress scale equal 0.137 , 0.320 respectively which is greater than 0.05 and the value of T test for

mental health scale and job stress scale equal 1.495 , 0.998 respectively which is less than the value of critical value which is equal 1.98, that means there are no statistical differences about the mental health scale and job stress scale respectively due to type of housing. For general the p-value for both mental health scale and pressures of work scale equal 0.684 which is greater than 0.05 and the value of T test equal 0.408 which is less than the value of critical value which is equal 1.98 that's means There are not statistical differences about the mental health scale and job stress scale together due to type of housing .

Table No.(4.15)

Independent Samples Test for difference about the mental health scale and job stress scale due to type of housing

Scale	type of housing	N	Mean	Std. Deviation	T	P-value
Mental health scale	Property house	124	3.570	0.550	-1.495	0.137
	Rent house	22	3.757	0.478		
Job stress scale	Property house	124	3.732	0.408	0.998	0.320
	Rent house	22	3.632	0.552		
The two scales together	Property house	124	3.660	0.291	-0.408	0.684
	Rent house	22	3.687	0.239		

Critical value of t at df "144" and significance level 0.05 equal 1.98

- There are statistically significant difference about the mental health scale and job stress scale due to type of hospital at significant level $\alpha = 0.05$

To answer question researcher used the Independent Samples Test and the result illustrated in table No.(4.16) which show that the p-value for mental health scale and job stress scale equal 0.015 , 0.017 respectively which is less than 0.05 and the value of T test for mental health scale and job stress scale equal 2.456 , 2.405 respectively which is greater than the value of critical value which is equal 1.98, that means there are a statistical differences about the mental health scale and job stress scale respectively due to type of hospital . For general the p-value for both mental health scale and job stress scale together equal 0.979 which is greater than 0.05 and the value of T test equal 0.026 which is less than the value of critical value which is equal 1.98 that's means There are No statistical differences about the mental health scale and job stress scale together due to type of hospital

Table No.(4.16)

Independent Samples Test for difference about the mental health scale and job stress scale due to type of hospital

Scale	type of hospital	N	Mean	Std. Deviation	T	P-value
Mental health scale	Government	124	3.644	0.551	2.456	0.015
	Privet	22	3.341	0.410		
Job stress scale	Government	124	3.681	0.437	-2.405	0.017
	Privet	22	3.918	0.345		
The two scales together	Government	124	3.665	0.290	0.026	0.979
	Privet	22	3.663	0.242		

***Critical value of t at df "144" and significance level 0.05 equal 1.98**

Chapter Five

Discussion the findings and recommendations

- ❖ **Introduction**

 - 5.1 Discussion of the Findings**

 - 5.2 Conclusion**

 - 5.3 Recommendations**

- ❖ **Summary**

Introduction

Following are the results that were obtained using the tools of the study and the statistical treatments. Further, results will be analyzed based on the research questions and the results of previous studies...

5.1 Discussion the results:

-In general, the results for all items of the field show an average opinion of nurses who work in governmental hospitals about Mental health scale equal 3.68 and the weight mean is equal to 73.62 %, and the average of the opinion of nurses who work in private hospitals about Mental health scale is equal to 3.92, and the weight mean equal 78.35%

-There is no statistically significant difference in the responses of nurses about job stress scale due to the type of hospital (governmental and private) at a significant $\alpha=0.05$ level.

-In general, the results for all items of the field show an average of opinion of nurses who work in governmental hospitals about pressures as a result of the work system equal 3.90 and the weight mean is equal to 77.90 %. The average opinion of nurses who work in private hospitals reassures as a result the work system is equal to 3.68 and the weight mean is equal to 73.64%.

-There is no statistically significant difference in the responses of nurses about mental health scale due to the type of hospital (governmental and private) at a significant level $\alpha=0.05$.

-In general, the results for all items of the field show an average of opinion of nurses who work in governmental hospitals about pressures is equal to 3.94 and the weight mean is equal to 78.71 %, and the average of the opinion of nurses who work in private hospitals about pressures equal 3.86 and the weight mean equal 77.27%.

-There is no statistically significant difference in the responses of nurses about Mental health scale due to the type of hospital (governmental and private at significant level $\alpha=0.05$.

-The average of opinion of nurses who work in private hospitals about job stress scale is equal 3.64 and the weight mean is equal to 72.87%, and the average opinion of nurses who work in private hospitals about pressures of work scale is equal to 3.34 and the weight mean is equal 66.82%.

-There is a statistically significant difference in the responses of nurses about job stress scale due to the type of hospital (governmental and private) at significant level $\alpha = 0.05$.

-There are no statistical differences between the mental health scale and job stress scale together due to type of hospital.

- High Job stress scale **in favor of female** nurses who work in governmental hospitals.

- High mental health scale in favor of female nurses who work in private hospitals.

This can be an interpretation of the pressure generated by the excess burden and the lack of resources that affects mental health.

There is a negative significant correlation relationship between job stress and mental health in favor of female nurses who work in governmental hospitals due to:

- High number of patients visiting governmental hospitals leads to higher stress on nurses.

- Administrators are not more concerned about owners there governmental hospitals, so they try to support their nurses.

- Patients in private sector are generally in better financial situations which may cause more flexible with nurses, this leads to less pressure.

- Critical medical cases, war injuries and casualties are generally received in governmental hospitals, consequently nurses are hurt physically as they make much effort to help those people; and psychologically, they watch those patients suffering or dying.

- The equipment in the governmental hospitals are not as of a high quality as those in the private hospitals. This affects the level of performance of nurses in governmental hospitals and causes their dissatisfaction. In addition, low quality or lack of equipment requires nurse to exert more effort and time.

-There are not statistical differences between the mental health scale and job stress scale together due to age. This can be interpretation of the lack of resources, tools and risk faced by nurses, regardless of age, there is no into account in the treated of elderly.

-There are not statistical differences between the mental health scale and work pressure scale together due to Qualification.

This can be interpretation of the workload equally to all nurses regardless of their qualification.

There is no reduction in the number of working hours or holidays for those who have graduate degrees.

The level of job stress is equal among all nurses regardless of their qualifications.

-There are no statistical differences between the mental health scale and job stress scale together due to years of service in the nursing professional.

This can be interpreted that workers in the nursing profession with new experience are dealing with a large number of patients as well as the same is required of nurses with old experience.

There are no extra rest periods for those who have long experience in the nursing field.

-There are a statistical differences between the mental health scale and job stress scale together due to marital Status and from Schaffe test table (24) show that the difference between "Single" and "Divorced" in favor of "Divorced".

This can be interpretation of the negative social attitude towards divorced working women.

Divorced women face family pressure when they go to work and especially if they work night shifts and sometimes work pressure and night shift can cause family issues that lead to divorce.

-There are no statistical differences between the mental health scale and job stress scale together due to Place of residence.

This can be seen as that workers in the nursing profession are pressuring themselves for patients care. Hence, the distance between the place of residence and their workplace does not matter compared to the nature of their profession and duty towards the patients.

-There are no statistical differences between the mental health scale and job stress scale together due to monthly salary.

This can be interpreted that the humanitarian aspect of this profession comes at the first place.

-There are no statistical differences between the mental health scale and job stress scale together due to the type of housing.

-There are no statistical differences between the mental health scale and pressures at work scale together due to type of hospital.

5.2 Conclusion:

The study results show that there is a significant correlation relationship between job stress and mental health, which agrees with the previous studies conducted by Hajaj (2007), Abu Alamarn (2008), Abed adeen (2010), Keva and Tonia (2009), Alnas Omar (2005) Chang and Hancock (2006), Kmala Raj (2008).

Meanwhile, there is a negative relationship between job stress and mental health, which coincide with the findings of Keva (2009).

The results of this study show that there are no statistical differences between job stress and mental health scale due to socio-demographic factors such as (age, type of housing, work place, type of hospital, qualification and years of experience). These results agree with the results found in the study of Hajaj (2007), Abu Alamarn (2008), and they disagree with findings found in a study conducted by Alnas (2005). It also disagrees with the study conducted by Abu Alamarn (2008) in the sense that there is statistical relationship between mental health due to economic status that favor nurses who work in governmental hospitals, and is statistical differences between job stress and mental health due to marital status

5.3 Recommendations:

In light of the outcome of study results for nurses work at Governmental hospitals about job stress was equals 66.51% and about mental health equals 73.62 %, The average of the opinion of nurses work in private hospitals about job stress equals 64.95% and mental health 78.35%.

Researcher interpreted these results for the following causes:

- High number of patients visiting governmental hospitals leads to higher stress on nurses.
- Administrators are not more concerned about owners there governmental hospitals, so they try to support their nurses.
- Patients in private sector are generally in better financial situations which may cause more flexible with nurses, this leads to less pressure.

- Critical medical cases, war injuries and casualties are generally received in governmental hospitals, consequently nurses are hurt physically as they make much effort to help those people; and psychologically, they watch those patients suffering or dying.
- The equipment in the governmental hospitals are not as of a high quality as those in the private hospitals. This affects the level of performance of nurses in governmental hospitals and causes their dissatisfaction. In addition, low quality or lack of equipment requires nurse to exert more effort and time.

After clarifying the reasons the researcher recommends to:

- Increase the allocations of nursing personnel in Palestinian hospitals.
- Improve work conditions and environment (hardware, tools and equipment)
- Apply the control cycle of risk assessment and management through the identification, analysis and management of risks, and protection of workers.
- Ensure workloads correspond to workers' capabilities and resources.
- Clearly define workers' responsibilities.
- Design work duties so that workers can make decisions, take responsibility, and feel empowered.
- Seek out value improvement ideas from workers.
- Improve communication channels.
- Provide for mentoring and on the job training.
- Provide for long-term job security, salary increases, and promotions.

Summary:

This study examined the levels of job stress and mental health among female nurses who work in governmental and private in Gaza Strip hospitals.

Findings show the inverse relationship between job stress and mental health. The study also indicates that female nurses who work in governmental hospitals suffer from job stress at the rate of 72.87 % more than female nurses who work in private hospitals 66.82%.

Further, female nurses who work in governmental hospitals have mental health rate 73.62%, which is less than female nurses who work in private hospitals 78.35%.

There are no significant statistical differences between job stress, mental health scale and socio-demographic factors for female nurses who work in governmental and private hospitals. However, findings show significant statistical between job stress, mental health and marital status.

The researched gives some recommendations to improve nursing work, to decrease job stress and to improve mental health among nurses.

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Thursday,31,2013-8:20pm.
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Need/Thenursingprocess.html](http://www.nursingworld.org/EspeciallyForYou/What-is-Nursing/Tools-You-Need/Thenursingprocess.html)) Thursday,31,2013-9:18pm

Appendixes

Annex one: Socio Demographic Factors

بسم الله الرحمن الرحيم

أختي الممرضة ... تحية تقدير واحترام وبعد

تقوم الباحثة بإجراء دراسة ميدانية للتعرف على (مصادر ضغوط العمل والصحة النفسية لدى الممرضات العاملات في المستشفيات الخاصة والحكومية في قطاع غزة) .ولذلك نرجو مساهمتك في تحديد هذه المصادر أملين ان تنسم إجاباتك بالدقة والموضوعية لما لها من أهمية كبيرة على متخذي القرار , علماً أن المعلومات التي سيتم الحصول عليها هي طي الكتمان ومخصصة لأغراض البحث العلمي فقط وذلك استكمالاً للحصول على درجة الماجستير في الصحة النفسية المجتمعية التي تعد لها الباحثة من الجامعة الإسلامية في غزة .

شكراً لكِ أختي الممرضة على حسن تعاونك .

الباحثة

سماهر جمال البسيوني

إرشادات

أخواتي الممرضات الكريمات عليكن قراءة الاستبانة التي بين أيديكن بدقة , ثم الإجابة عن الأسئلة بها مع مراعاة ما يلي:

القسم الأول : يشتمل على مجموعة من الأسئلة المتعلقة بالمعلومات الشخصية عن لذا يرجى اختيار الإجابة التي تنسجم والمعلومات المتعلقة بك من خلال وضع إشارة (x) في المكان المحدد لذلك .

القسم الثاني : يحتوي على (34)فقرة , تتضمن معلومات تتعلق بمصادر ضغوط العمل التي تتعرضن لها , بحيث تحتل كل فقرة خمس إجابات متدرجة من (وافق بشدة) إلى (أعارض بشدة) , لذا أرجو اختيار المستوى الذي تعتقدي أنه يناسب تصورك لكل فقرة , بحيث يتم وضع إشارة (x) في مقابل الفقرة التي توافقت مع رأيك تجاهها , على أن تأخذ كل فقرة إجابة واحدة فقط .

القسم الثالث : يحتوي على (43) فقرة , تتضمن معلومات عن المظاهر الايجابية والسلبية للصحة النفسية التي يشعر بها الفرد

● ملاحظة : لا داعي لذكر الاسم إطلاقاً .

القسم الأول : البيانات الشخصية

تتضمن الاسئلة التالية معلومات خاصة بكِ تنتظر الباحثة ان تستفيد منها لأغراض المعالجة الإحصائية ,لذا يرجى وضع اشارة (x) في المكان الذي يلائم كل جملة تتوافق مع المعلومات الشخصية الخاصة بكِ .

العمر : ()

(1) المؤهل العلمي :

أ- أقل من دبلوم تمريض () ب- دبلوم تمريض ()

ج- بكالوريوس تمريض () د- أعلى من بكالوريوس تمريض ()

(2) سنوات الخدمة في مهنة التمريض :

أ- أقل من 3 سنوات () ب- من 3 سنوات إلى أقل من 6 سنوات ()

ج- من 6 سنوات إلى أقل من 9 () د- من 9 سنوات فأكثر ()

(3) الحالة الاجتماعية :

أ- أنسة () ب- متزوجة () ج- مطلقة () د- أرملة ()

(4) مكان السكن :

أ- محافظة الشمال () ب- مدينة غزة () ج- الوسطى () د- محافظة الجنوب ()

(5) قيمة الدخل الشهري بفئة الشيفل :

أ) 500-1000 () ب) 1000-1500 () ج) من 1500 فما فوق ()

(6) نوع السكن :

أ- بيت ملك () ب- بيت إيجار ()

(7) اسم المستشفى :

أ- مستشفى كمال عدوان () ب- مستشفى العودة () ج- مستشفى الشفاء ()

د- مستشفى ناصر () هـ- مستشفى القدس () و- مستشفى الأوربي ()

ي- مستشفى بيت حانون ()

Annex Two: Job Sress

استبانة ضغوط العمل

الرقم	العبارة	لا أوافق	نادراً	أحياناً	أوافق	أوافق بشدة
أولاً : ضغوط بسبب تعامل الإدارة في العمل :						
1-	يضايقني عدم وجود تواصل بين الممرض والمسئول					
2-	يزعجني عدم مشاركتي في القرارات الخاصة في القسم					
3-	أعاني من عدم توفر بيئة وأساليب فعالة لحل المشكلات التي تواجه التمريض					
4-	فقدان الدعم الاجتماعي من قبل الزملاء والإداريين					
5-	يضايقني تدخل الإداريين في عمل الممرضين أكثر من المطلوب					
6-	يضايقني عدم مراعاة المسئولون للضغوط النفسية للممرضات					
7-	يوجد توصيف وظيفي واضح لمهام الممرضين					
8-	يوجد توافق بين الإداريين والممرضات					
9-	يضايقني عدم مراعاة المسئولون للوضع الصحي للممرض أو لأحد أفراد أسرته					

الرقم	العبرة	لا أوافق	نادراً	أحياناً	أوافق	أوافق بشدة
ثانياً: ضغوط بسبب نظام العمل :						
10-	يزعجني صعوبة أخذ الإجازات والأعياد					
11-	يزعجني ضغط الوقت وعدم كفايته لإنجاز العمل					
12-	سوء التصرف من قبل المريض وأهله					
13-	أعاني من عدم توفر الإمكانيات التي تساعد على أداء العمل بالشكل المطلوب					
14-	يرهقني زيادة عبء العمل					
15-	أعاني من ساعات العمل الطويلة التي تعيق حضوري للمناسبات الاجتماعية					
16-	يزعجني عدم الاهتمام بالحالة الاجتماعية للمرضى كونها (متزوجة -مطلقة-أرملة) من قبل المسؤولين في توزيع أوقات العمل					
17-	يزعجني كثرة العمل بالمناوبات الليلية					
18-	يضايقني عدم المساواة بين العاملين في الدورات العلمية والطرق المتاحة لتطوير العامل					
19-	يضايقني عدم توفر محفزات للعمل الجيد					

الرقم	العبرة	لا أوافق	نادراً	أحياناً	أوافق	أوافق بشدة
-20	يحبطني التعامل مع حالات الوفاة					
-21	يفلقني التعامل مع مرضى يعانون من أمراض معدية					
-22	يضايقتني الافتقار إلى فرص الترقية					
-23	يفلقني التعرض لمواقف صعبة في العمل					
-24	أشعر بأن العمل الذي أقوم به يسبب إجهادي وتوتري					
-25	لا أنصح أصدقائي بالعمل في مهنة التمريض					
ثالثاً : الضغوط الاقتصادية والاجتماعية :						
-26	أشعر بالقلق بسبب صعوبة الوضع الاقتصادي الذي نعيشه					
-27	أشعر بالإحباط لأن العائد المادي لمهنتي في المستشفى غير كافٍ لمتطلبات الحياة الكريمة					
-28	أشعر بالضيق بسبب انقطاع التيار الكهربائي في مكان العمل					
-29	أشعر بالقلق بسبب عدم توفر الرواتب					
-30	أشعر بالقلق بسبب الوضع السياسي والحصار المستمر					

الرقم	العبارة	لا أوافق	نادراً	أحياناً	أوافق	أوافق بشدة
31-	التأخر في موعد صرف الراتب					
32-	أعاني من عدم كفاية الوقت للقيام بالمهام الأسرية والمشاركة الاجتماعية					
33-	أشعر بالقلق على أطفالي أثناء فترة الدوام					
34-	يضايقني نظرة المجتمع الخاطئة عن طبيعة عمل الممرضة					

Annex Three: Mental Health

استبانة الصحة النفسية

أوافق بشدة	أوافق	أحياناً	نادراً	لا أوافق	العبارة	الرقم
					أشعر بالرضا عن الذات	1
					أشعر بالثقة بالنفس	2
					أشعر بالرضا عن حياتي السابقة	3
					أشعر بأن حياتي تسير في المسار الصحيح	4
					أود التغيير في حياتي	5
					أشعر بالإحباط	6
					أشعر بالوحدة	7
					أشعر بعدم الرضا عن نفسي	8
					أشعر بأن شيء ما خطأ في حياتي	9
					أتمنى أن أكون غير ما الذي أنا عليه	10
					أشعر بأن سنوات عمري انقضت	11
					تربطني بالآخرين علاقة ود وثقة	12
					أتمنى السعادة للآخرين	13
					أتعاطف مع الآخرين	14
					علاقاتي مع الآخرين محدودة	15
					لا أثق بالآخرين	16
					أشعر بالعزلة الاجتماعية	17
					لا أرغب في توثيق علاقتي بالناس	18
					أشعر بالاستقلال الذاتي	19
					أستطيع اتخاذ القرار بنفسي دون تردد	20
					لدي المقدرة على مقاومة الضغوط الاجتماعية	21
					يهمني تقييم الآخرين لي	22
					أتعامل بصدق مع الآخرين	23

أوافق بشدة	أوافق	أحياناً	نادراً	لا أوافق	العبارة	الرقم
					أعتمد على الآخرين في اتخاذ القرار	24
					أشعر بالضعف أمام الضغوط الاجتماعية	25
					أشعر بأني دائم التطور	26
					لدي الاستعداد لممارسة تجارب جديدة	27
					أشعر بتطور وتحسن في سلوكي عبر الزمن	28
					أشعر بعدم التحسن أو التطور عبر الزمن	29
					أشعر بالملل وعدم الرغبة في الحياة	30
					أشعر بالعجز عن تحسين توجهاتي وسلوكي	31
					لدي هدف واضح في الحياة أسعى إليه	32
					أشعر بأن حياتي لها قيمة	33
					أستمتع كثيراً عندما أكون مركز اهتمام الآخرين	34
					معتقداتي تجعل لحياتي معنى	35
					لا أشعر بمعنى للحياة	36
					لا أرى قيمة لحياتي السابقة	37
					ليس لدي معتقدات أو تطلعات تعطي قيمة لحياتي المستقبلية	38
					أشعر بعدم استطاعتي على اشباع حاجاتي الجسمية	39
					أحافظ دائماً على سلامة جسمي	40
					أشعر بفقدان الرغبة الجنسية	41
					أشعر بالتعب والارهاق دون سبب	42
					غالباً ما أشعر بالغثيان أو سوء الهضم	43

Annex Four: List if abbreviators

أسماء المحكمين :

الرقم	اسم المحكم	اسم الجامعة
1	د: يوسف الجبش	الجامعة الإسلامية - غزة
2	د: جميل الطهراوي	الجامعة الإسلامية - غزة
3	د: أشرف الجدي	الجامعة الإسلامية - غزة
4	د: عايش سمور	مستشفى الطب النفسي - غزة
5	د: عاطف الأغا	الجامعة الإسلامية - غزة
6	د: نجوى ابراهيم	الكلية الجامعية للعلوم المهنية والتطبيقية - غزة
7	د: عايدة صالح	جامعة الأقصى - غزة

Annex Five: Hospitals names.

أسماء المستشفيات التي شملت عينة الدراسة (الممرضات العاملات في المستشفيات الحكومية والخاصة)

- مستشفى الشفاء - مدينة غزة
- مستشفى الطب النفسي - مدينة غزة
- مستشفى القدس - مدينة غزة
- مستشفى كمال عدوان -شمال قطاع غزة
- مستشفى بيت حانون - شمال قطاع غزة
- مستشفى العودة -شمال قطاع غزة
- مستشفى ناصر - جنوب قطاع غزة
- مستشفى الأوروبي - جنوب قطاع غزة

Annex Six: Approval Letter.


الهاتف داخلي: 1150

الجامعة الإسلامية - غزة
The Islamic University - Gaza

عمادة الدراسات العليا

الرقم ج. م. 35/ع
2012/05/15
التاريخ

الأخ الدكتور/ ناصر رأفت أبو شعبان
مدير عام تنمية القوى البشرية
السلام عليكم ورحمة الله وبركاته،
حفظه الله،

الموضوع/ تسهيل مهمة طالبة ماجستير

تهديكم عمادة الدراسات العليا أعطر تحياتها، وترجو من سيادتكم التكرم بتسهيل مهمة
الطالبة/ سماهر جمال حسن البسيوني، برقم جامعي 220090020 المسجلة في برنامج الماجستير
بكلية التربية تخصص صحة نفسية ومجتمعية- تمرير نفسي ، وذلك بهدف الحصول على
المعلومات التي تساعد في إعداد رسالتها والمعونة بـ.

**Job stress and mental health among female nurses Working
in Gaza strip**

والله ولي التوفيق...

عميد الدراسات العليا
أ.د. فؤاد علي العاجز



صورة إلى
ف.د.

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