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**Gaza Nurses Perceptions of their Nursing Association -
Palestine**

Submitted by

Motasem Said Salah

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**Gaza Nurses Perceptions of their Nursing Association –
Palestine**

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Gaza Nurses Perceptions of their Nursing Association- Palestine

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Declaration

I certify that this thesis submitted for the degree of Master is the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same) has not been submitted for a higher degree to any another universities or institutions

Signed: -----

Motasem Said Salah

Date: March 29th 2005

In the name of Allah, Most Gracious, Most Merciful

*" Say: Truly, my prayer and my service of sacrifice, my life and
my death, are all for Allah, the cherisher of the worlds "*

The Holy Qurán, Al An'am

Dedication

*To My: Parents, Wife, Son, Daughters and
Brothers*

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Abstract

Nursing Association is a professional union usually found to increase the professional, scientific, educational and ethical level of nurses. Also it strengthens the link between nurses to defend their rights.

The purpose of this study was to assess Gaza nurses perceptions towards nursing association to improve its current and future performance. This study is the first study conducted about nurses perceptions of their nursing association, which could be return in benefits for nursing profession in the Gaza Strip.

A descriptive analytic statistical quantitative and qualitative design, with systematic probability random sample of 400 nurse were studied. A self administrated questionnaire was developed and translated into Arabic language. The response rate was 81 %. The content validity was validated by experts, the Cronbachs alpha coefficient was 0.957.

Data were analyzed using SPSS. The factor analysis extracted five dimensions of perceptions including professional role, socioeconomic & political role, policies, loyalty and availability of obstacles. The level of overall perception of nurses was 55.2%. The study reveals different levels of perception toward the study dimensions as the nurses highly perceived the availability of obstacles (97.5%), followed by loyalty (77%), policies (71.75%), socioeconomic & political role (57.25%), and professional role (55.75%).

The study reveals that males constitute 62.2% and females 37.8% while married respondents constitute 81.2%. The majority 83.1% of respondents working in governmental sectors, and about 71% working in hospitals. One third (31.5%) of participants were living in Gaza province and they constituted 31.5%. The mean age was 35.95 years. B.Sc. and practical nurses represent the highest percentage of the respondents as they constituted 44.6% of study population. About half of participants (51.3%) have experience 1-10 years in nursing professions.

The results showed that about 61% of the subjects know the current place of association, approximately 73% of the participants are having valid membership. Additionally, the majority (84.6%) participated in the last elections; about 44% participated in the last elections to support a specific block. Moreover, high percent of nurses did not visit the association in the last two years (69.2%). While, the nurses who did not receive any invitation letters to attend any meetings constitute 84.6%. Furthermore, the majority (93.5%) did not participate in any association committees, and the high percent (95%) have not attended any courses or sessions organized by the association.

An independent t-test and one way ANOVA statistical test was used to investigate the relationship between the independent study variables and sub-scales of nursing association. The identified five factors showed statistical significant relationship with many demographical and professional variables, such as age, gender, residency place, field of work, experience, and current position.

The female nurses, who reside in Rafah, with age group between 40-49 years, who work in education & rehabilitation, and have experience 1-10 years, and who work as head nurse have higher mean scores of nurses perceptions of their nursing association.

Variables such as marital status, family size, average monthly income, first nursing certificate, last nursing certificate, and place of work showed no significance relationship with nurses perceptions.

The findings of this study provide recommendations and suggestions for the members of administration board of the nursing association that could improve the perceptions of nurses toward nursing association such as: Getting away of political interference in the works of nursing association and working to raise the nursing profession to the level suit it and activate the association committees (educational, social, culture, and sports). Additionally, Increase loyalty such as paying the fees of the nursing association regularly and raising the awareness of nurses on their responsibilities towards the nursing association, nursing profession and community.

ملخص الدراسة

" اتجاهات وآراء الممرضين و الممرضات نحو نقابة التمريض في قطاع غزة "

نقابة التمريض هي جسم للدفاع عن حقوق الممرضين و عن مهنتهم وهي مهمة لرفع المستوي العلمي و المهني وتحديد معايير لأداب و أخلاقيات مهنة التمريض لكي تشارك في ترقية الممرضين و تطوير مؤهلاتهم بالتعليم المستمر والنشاط الثقافي و الاجتماعي و غيرها .

لقد تم اختيار هذا الموضوع لقللة الدراسات التي تناولت موضوع نقابة التمريض لدي الممرضين ووجهة نظرهم واتجاهاتهم نحوه. أيضا لما لهذا الموضوع من تأثير علي مهنة التمريض.

أهداف الدراسة :

تهدف الدراسة لتقييم توجهات وآراء الممرضين و الممرضات نحو نقابة التمريض ، والتعرف علي مشاركات و مساهمات نقابة التمريض لأعضائها، والتعرف إلي أي درجة من العلاقة بين النقابة و الممرضين . أيضا هدفت الدراسة للتعرف علي مدى تحقيق نقابة التمريض للأهداف التي أعلنتها . كذلك التعرف علي مواطن القوة و الضعف في نقابة التمريض. و أخيرا استخلاص التوصيات و المقترحات لكل المهتمين بشئون النقابة.

منهجية الدراسة :

هذه الدراسة هي دراسة وصفية تحليلية لعينة من الممرضين و الممرضات المنتسبين لنقابة التمريض في قطاع غزة. عينة الدراسة :

تكونت العينة من 400 ممرض و ممرضة من المنتسبين لنقابة التمريض وهي عينة منتظمة.

كيفية جمع المعلومات :

تم جمع المعلومات من خلال استبانة تحتوي علي مجموعة من المعطيات الشخصية و الإدارية و المهنية التي تؤثر علي اتجاهات ووجهة نظر الممرضين و الممرضات نحو نقابة التمريض وإعطاء الفرصة لهم لإبداء رأيهم لأي درجة يتفقون مع هذه العوامل. و من الجدير بالذكر أنه تم توزيع 400 استبانة علي عينة الدراسة وقد استجاب منهم 325 ، أي أن نسبة الاستجابة كانت 81%.

تحليل البيانات :

تم استخدام البرنامج الإحصائي "SPSS" و تم اختبار النتائج باستخدام اختبارات إحصائية مثل اختبار "T-test" و اختبار "ANOVA" وكذلك تحليل العوامل.

نتائج الدراسة :

لقد سجلت الدراسة أن هناك توجهات متباينة من قبل المشاركين نحو العوامل و المفاهيم المتعلقة بنقابة التمريض، بلغت ذروتها في وجود معيقات للاتصال بنقابة التمريض بنسبة 97.5% تم الولاء لنقابة التمريض بنسبة 77% و السياسات 71.75% أما الدور الاجتماعي و الاقتصادي و السياسي شكل نسبة 57.25% بينما الدور المهني سجل أقل نسبة من الاتجاه أي يقدر 55.75%.

لقد دلت النتائج علي أن آراء واتجاهات الممرضين و الممرضات نحو نقابة التمريض هو إيجابي بنسبة 55.2% و تعتبر هذه النسبة متدنية نسبيا مما يتطلب اتخاذ إجراءات من قبل الهيئة الإدارية للنقابة لتحسين آراء الممرضين.

لقد أظهرت الدراسة أن المنتسبين لنقابة التمريض من الذكور 62.2%، المتزوجون 81.2%، أعلى نسبة من التمريض يسكنون في محافظة غزة (31.5%)، غالبية المرضى والممرضات يعملون في القطاع الحكومي (83.1%)، تقريبا 71% يعملون في المستشفيات، متوسط أعمار المشاركين في الدراسة 35.95 سنة، الحاصلين علي درجتي البكالوريوس و علي شهادة ممرض عملي 44.6%، بينما 51.3% لديهم خبرة ما بين 1-10 سنوات في مجال التمريض.

لقد سجلت الدراسة أن الممرضين الذين يعرفون مقر نقابة التمريض 61%، وكان 73% من المشاركين عضويتهم النقابية صالحة، و غالبية الممرضين شاركوا في الانتخابات الأخيرة لنقابة التمريض بنسبة (84.6%) منهم تقريبا 44% شاركوا في الانتخابات لدعم كتلة معينة، أضف إلي ذلك أن الممرضين الذين لم يزوروا النقابة في آخر سنتين 69.2%، أما الممرضين الذين لم يتلقوا أي دعوة من قبل النقابة خلال آخر سنتين 84.6%، كما أظهرت النتائج أن غالبية الممرضين لم يشاركوا في لجان النقابة المختلفة (93.5%)، بينما الذين لم يحضروا أي دورات أو ندوات نظمت من قبل النقابة تمثل أعلى نسبة (95%).

لقد أوضحت الدراسة أن بعض المتغيرات مثل العمر، الجنس، مكان الإقامة، مجال العمل، عدد سنوات الخبرة، و المسمي الوظيفي كان لها تأثير بدلالة إحصائية علي اتجاه المشاركين نحو نقابة التمريض. من هذه المتغيرات الممرضين والممرضات الذين أعمارهم تتراوح ما بين 40-49 سنة، الإناث، المقيمين في محافظة رفح، العاملين في مجال التعليم و التأهيل، الذين لديهم خبرة في مجال التمريض من 1-10 سنوات و يعملون كرئيس قسم كان لهم تأثير بدلالة إحصائية نحو نقابة التمريض.

أظهرت الدراسة أيضا أن الحالة الاجتماعية، الدخل الشهري، الشهادة العلمية، و مكان العمل الحالي ليس لها تأثير بدلالة إحصائية علي اتجاه المشاركين نحو نقابة التمريض.

التوصيات :

- البعد عن التدخل الحزبي و السياسي في عمل النقابة و العمل علي رفع المستوي المهني لنقابة التمريض إلي المستوي الذي يليق بها.
- العمل علي توحيد و دمج نقابة التمريض في الضفة الغربية و قطاع غزة لبناء نقابة تمريض فلسطينية موحدة.
- تنشيط لجان النقابة التعليمية و الاجتماعية و الثقافية و الرياضية.
- زيادة إدراك الممرضين اتجاه مسؤولياتهم نحو كل من نقابة التمريض و مهنة التمريض و المجتمع المحلي.
- تحسين عمل النقابة من خلال دفع الرسوم بانتظام من قبل جميع الممرضين و الممرضات.
- العمل علي مشاركة الممرضين في تحديد احتياجاتهم و دعمهم ومساعدتهم من قبل الهيئة الإدارية لنقابة التمريض.
- اختيار هيئة إدارية مستقلة و مفرغة لعمل النقابة وذلك للقدرة علي اتخاذ القرارات.
- تعزيز التواصل و المشاركة الفعالة بين القطاعات الصحية الفلسطينية.
- الاتصال و التنسيق و التعاون مع النقابات العربية و الأجنبية.
- إقامة أكثر من مقر لنقابة التمريض لتسهيل الاتصال بها.

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List of Abbreviation

AAHN.....	American Association for the History of Nursing
AARN.....	Albert Association of Registered Nurses
ANA.....	American Nursing Association
ANOVA.....	Analysis of Variance
B.Sc.	Bachelor Degree in Nursing
GDP.....	Gross Domestic Product
GNP.....	Gross National Product
GS	Gaza Strip
MOH.....	Ministry of Health
MoHE.....	Ministry of Higher Education
NA	Nursing Association
NGOs.....	Non Governmental Organization
NNA.....	National Nurses Association
PHC.....	Primary Health Care
PNA.....	Palestinian National Authority
RN.....	Registered Nurse
SD.....	Standard Deviation
SPSS.....	Statistical Package for Social Science
UNRWA.....	Unites National Relief and Works Agency
USA.....	United State of American
WHO.....	World Health Organization

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Chapter (1)

Introduction

When we are talking about nurses association in Palestine, we are talking about a very important dream that we have waited for a long time and recently became a reality in Palestine. It is still in the preliminary stages, but most, if not all, nurses are ready to support this important nursing institution (Palestine Nurses Conference 1994, 196). The American Holistic Nurses Association (AHNA) embraces nursing as a lifestyle and a profession and provides means to create bonds within the nursing community. Because true healing comes from within the association recognizes that nurses must first heal themselves before they can facilitate the healing of others (AHNA 2004). To change the image of nursing, all Palestinian nurses must work to create nursing association that support the needs of profession and to increase the level of nursing and advance of the profession. One of the most important roles for the nursing association is a good coordination between nurses in Gaza Strip and West Bank, continuous education, putting regulatory and administration structure to protect the rights of nursing (Shahin 1990, 148).

Nurses associations mainly organize nurses and promote joint efforts for their improvement of training standards but also to achieve more regular conditions in care (Quinn 1983, 37). It advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and regulatory agencies on health care issues affecting nurses and the public (ANA 2001). The Palestinian Nursing Association is looking forward to a strong and effective role in drawing out Palestinian health and nursing policies. One of the association responsibilities is to upgrade the nursing profession level (Palestine Nurses Conference 1994, 157).

The goal of organized nursing is to provide safe, competent, and ethical nursing care to society. Nurses, as professionals, are committed to the development and implementation of practice standards through the ongoing acquisition, critical application, and evaluation of relevant knowledge, attitudes, skills and judgment. The establishment of nursing practice standards is essential for a self-regulating profession. Nursing practice standards represent acceptable requirements for determining the quality of nursing care (AARN 1999). The Nursing Association believes that it has a major part to play in improving the health of the community. The Palestinian Nurses Association can fulfill this role directly through activities such as participation in standard setting for education, practice and the work environment, and continuing education for nurses, all of which contribute to the development of a safe competent practitioner. A direct role of the association is to empower the community by assisting them to understand health issues and the health care system and raise their awareness of their right (Palestinian Nurses Conference 1994, 242). The aim of nursing association is to provide the best health care for the Palestinians, especially under the present difficult circumstances. The Nursing Association is looking forward to build a unified and independent association which enables nurses to improve their scientific and practical performance, it should aim at improving work conditions as well as the socioeconomic conditions through providing scholarships and organizing professional development courses inside the health institutions (Palestine Nurses Conference 1994, 157). The professional association serves as the eyes, ears, mouth, and conscience for the profession's past, present, and future. It strives to assure a professional nurturing environment with appropriate resources, and a health care system that incorporates the experts of all providers in a decision-making process centered on the patient. The nursing profession's commitment to

serve the public enhances safe patient care, which is of most importance to the profession and its members (Rowell 2003).

Overall aim

The purpose of this study was to assess Gaza nurses perceptions, attitudes, opinions, impressions and experiences about their Nursing Association. The study aims to highlight the main strength and weakness points of the nursing association. It is also to identify the role of the Nursing Association in the development and advancement of the nursing profession in Gaza and Palestine.

Objectives of the Study

- 1- To assess nurses perceptions about their nursing association.
- 2- To evaluate the perceived contributions of the nursing association to its members.
- 3- To assess the degree of mutual support between nurses perceptions and nursing association.
- 4- To recognize to which degree the nursing association meet its declared objectives as perceived by nurses.
- 5- To identify the strength and weakness points of Gaza nursing association as perceived by Gaza nurses.
- 6- To conclude recommendations for those who are concerned.

Justification of the study

The Association's initial goals were to establish and maintain a code of ethics, elevate the standard of nursing education, and promote the "*usefulness and honor, the financial and other interests of nursing*" (ANA 2001). The author in this study tries to shed light and gain information to assess nurse's perceptions towards nursing association which may return in benefits for nursing profession in the Gaza Strip.

The results of this study may activate others to conduct more specific and useful studies that make administration agency as well as nurses more understandable to nursing association and become more familiar with studies.

Palestine Nursing Association needs a comprehensive revitalization plan to advance the association as a national voice of all registered nurses. The plan includes changing the structure of the association to be considered as a home for all nurses, focusing its work and ensuring the association's financial viability in order to support its mission and vision. This study is the first one to be conducted about nurse's perceptions of their nursing association in the Gaza Strip.

Since the establishment of the nursing association in the Gaza Strip for about ten years, the assumption is that nursing association does not perform its roles. So, I have chosen this study to show the real roles of the association in order to upgrade and improve its tasks.

Background of the study

Palestine is situated on the eastern coast on the Mediterranean Sea in the Middle East. Lebanon borders it on the north and Syria and Jordan on the east and by Egypt and Mediterranean Sea on the west (MoH 1998, 2). Palestine has an important geographic and strategic location (Annex, 1). Palestinian National Authority territories comprise two areas separated geographically: West Bank and Gaza Strip. West Bank lies within an area of 5,800 square kilometers west of the Jordanian river. It has been under Israeli Military Occupation, together with East Jerusalem since June 1967. West Bank is divided into four geographical regions. The Northern area includes the districts of Nablus, Jenin and Tulkarem, the center includes the districts of Ramallah and Jerusalem, the south includes Bethlehem, Al-Khaliel district, and the sparsely populated Jordan valley including Jericho (MoH 2003, 2).

Gaza strip is a narrow piece of land lying on the coast of the Mediterranean Sea (Annex, 2). Its position on the crossroads from Africa to Asia made it a target for occupiers and conquerors over the centuries. The last of these was Israel who occupied Gaza strip from Egyptians in 1967 (MoH 2003, 2). The Gaza Strip goes along with the Mediterranean Sea between Israel and Egypt. It is about 360 square kilometer. Its length from Rafah in the south to Beit Hanoon in the north measures 50 kilometer long and (5-12) kilometer wide. The Strip administratively divided into five governorates, North, Gaza, Midzone, Khanyounis and Rafah. It has four towns, fourteen villages and eight refugee camps (MoH 2000, 3).

Demographic Context

According to MoH (2004, 1) the estimated number of Palestinians all over the World by the end of 2003 is 9.7 millions distributed as follows: 3.7 million in Palestine (38.7%) of the total Palestinians all over the World. They will increase to 6.2 million in mid 2010 and 8.2 million in 2020. The total Palestinian population size in Gaza Strip and West Bank is estimated at 3,737,895 at the end of 2003. In Gaza Strip about 1.4 million (36.7%) of the total population in Palestine are living. In West Bank about 2.3 million (63.35) of the total population in Palestine are living. About 42.6% of the population in Palestine is Refugees. While 46.0% of the population in Palestine is under 15 years. The median age in Palestine is 16 years old. Average life expectancy at birth is 70.7 years for males and 73.8 years for females (MoH 2004, 1).

Socioeconomic Context

The instability of political situations that are related to Israel acts, sanctions and pressure exerted over the Palestinian Authority and massive destruction of the infrastructure by the Israelis lead to instability of the Palestinian economy.

According to Palestinian Monetary Authority (PMA) the Gross National Product (GNP) in Palestine has been subjected to high fluctuations during the last five years.

GNP was 5,454 million United States Dollar (USD) in 1999 and decreased to 3,705 million (USD) in 2003. Gross Domestic Product (GDP) was 4,517 million (USD) in 1999 and decreased 3,257 million (USD) in 2003. Gross National Production per capita (GNP/ capita) was 1,806 (USD) in 1999 and decreased to 1,020 (USD) in 2003. Gross Domestic production per capita (GDP/capita) was 1,496 (USD) in 1999 and decreased to 896 (USD) in 2003 (MoH 2003, 3). Population density rate in the Gaza Strip is about 3,806 inhabitants per one square kilometer and 408 inhabitants in West Bank. Education is highly valued by Palestinian where the overall Literacy rate is 91%. The number of workers in Israel decreased from 135,000 in 1999 to 50,000 in 2003 in contrary the workers in Palestine also increased from 453,000 in 1999 to 474,000 in 2003 due to the political situation and recurrent crisis in Palestine. The unemployment rate in Palestine is sharply increased from 11.8% in 1999 to reached 31% with constant fluctuation during the last five years due to political situation and the occupations practices including closure of Palestinian region and cities and other constraints activities (MoH 2003, 3).

Political Context

Palestine was occupied since long time, Ottoman Empire (1517-1917), followed by British mandates since 1917 until the 1948. The creation of the state of the Israel, and as results of Arab-Israel war, thousands of Palestinian refugees scattered in many Arab countries. After the 1967 War, Israel occupied the rest of whole Palestinian territory (WB & GS), until 1993 where peace accord was signed between PLO and Israel after the first Intifada which was arisen in December 1987.

Due to the current situation (Al-Aqsa Intifada), the Palestinians are exposed to various kinds of Israel violence, terrorism and collective punishment as dividing Palestinian regions and separate and isolate cities and villages and limiting movements and transportation between Palestinian cities. In addition to murdering and destruction of homes, land and agriculture. During the Israeli occupation there was a limited opportunity for developing the nursing profession and doing upgrading programs unless small courses in few specialties. Until very recently, few government sector nurses joined the Association activities for fear that the occupation authorities would punish them and may suffer from losing their jobs. It was almost difficult for these nurses to enter the health institutions. Members of the executive committee were not given the freedom of moving around in West Bank in order to carry out their duties and responsibilities as nursing association.

Health Care System in Palestine

The Palestinian health care services provided mainly by four sectors of health providers, governmental health services (MoH & MMS), Non Governmental Organizations (NGOs), UNRWA and private sector (MoH 2004, 1). In Palestine, there are 78 hospitals of total 4,679 beds, in GS 24 hospitals making 30.77% of total 1,917 beds and 54 hospitals in WB and Jerusalem making 69.23%, of total 2,762 beds. Also MoH plays the main role of providing secondary health services, MoH had (12) hospitals in GS with 1,462 beds (55.9) of total MoH beds, and there are (11) hospitals in WB with 1,152 beds (44.1%) of total MoH beds (MoH 2004, 39). MoH is the health authority responsible for supervising, regulation, licensure, and control for whole health services.

UNRWA owns one hospital in Qalqilia with 38 beds (0.8%) of total beds in Palestine. NGOs operates 31 hospitals, 10 in GS with 416 beds 27.9% of total NGOs

beds and 21 hospitals in WB with total beds 1,073 beds 72.2% of NGOs total beds in Palestine. Private sector operates 18 hospitals in WB with 4054 beds making 78.2% of total private beds, in Jerusalem there are three private hospitals with 74 beds 14.3% of the total private beds and two hospitals in GS with 39 beds 7.5% of total private sector beds in Palestine.

The total number of registered Primary Health Care Centers (PHC) was 619 centers (103 in GS and 516 in WB). Palestinian MoH plays a prominent role in providing health services for Palestinians. MoH operates 51 primary health centers in GS and 337 primary health care centers in WB (MoH 2004, 12). The UNRWA operates 51 health services for Palestinians (17 in GS and 34 in WB). UNRWA offering health services free of charge for all Palestinian refugees. In GS NGOs own 32 primary health centers and 145 primary health care centers in WB. There are hundreds of private clinics operated by private medical professionals, physicians, dentists, pharmacists, laboratory technicians and x-ray technician.

The estimated national health expenditures per capita in WB and GS at 122 USD in 1996, which means 8.6% of GDP. The national health expenditures ranged between 6.6% and 8.2%. In 2002 MoH expenditure as percent of GNP was 3.2%. About one third of all health care expenditures are directed to MoH, health facilities (including capital expenditures), while the private providers, NGOs and UNRWA making up the rest (MoH 2003, 3). In last two years the sources of funds for CE were through international projects were the prime funding sources 44.4%, followed by government sources 29.6%, private donation 11.1% and 7.4% from fees from participants (MoH, MoHE and WA 2001, 5).

Human Resources in the Health Care System

In Palestine the health providers (MoH, NGOs, UNRWA and MMS) employ 16,935 permanent employees, 8,882 in WB (52.4%) and 8,053 in GS (47.6%) out of them 9,069 (53.6%) are working in MoH, 5,632 (33.2%) working in NGOs, 1,157 (6.8%) working in UNRWA and 1,077 (6.4%) working in MMS (MoH 2004, 45).

Out of total employees there are 11,933 (70.5%) health professional. They are distributed by specialty as 3,093 physicians, 293 dentists, and 329 pharmacists with ratio per 10,000 populations of 8.3, 0.8 and 0.9 respectively. In addition to 4,905 nurses, 574 midwives, and 2,739 paramedical, with ratio per 10,000 population 13.1, 1.5 and 7.3 respectively. The MoH employ 9,069 permanent employees in year 2004, with ratio of 24.3 per 10,000 population out of them 6,005 (66.2%) are health professional. There are 1,722 physicians with ratio 4.6 per 10,000 populations.

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 needs 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 seen in the last years.

The total number of employed nurses in Palestine 5910 at the end of 2003, out of which 2524 are working in MoH (42.7%), 1602 in NGOs (27.1%), 944 in UNRWA (16%) and 840 in Military Medical Services (14.2%) (MoH 2003, 127). More nurses were employed by the public sector in Gaza Strip (68%) than in the West Bank (40.3%). The local and International NGOs employed about 45.2% of the nursing population in the WB and 9.8% in GS. This can be attributed to the fact that the NGOs health sector represents a large constituency in the WB than in GS. The UNRWA employed 6.8% of the WB nursing personnel and 16.9% of those in GS. This is related to the fact that there are more refugees residing in Gaza Strip than in the West Bank (MoH 2003, 131). Improving the working condition for nurses, especially for aged nurses. Increased allowances, salaries, full overtime payment, active association and professional body to put the legislation and control of nursing profession. In addition of effort undertaken in the last few years to improve nursing profession, there are still many problems and challenges. These include shortage of nursing and midwives, absence of standards for nursing and midwifery practice, lack of nursing regulatory system. Nursing research is another issues needs development and support, establishing nursing information database for nursing personnel in Palestine (MoH 1999, 30).

In a recent speech the present President of ICN, Dr Margretta Styles summed up today's challenge for nursing. It is to build a profession that can realize the potential of nursing that comes from a vision based on a moral passion for the health of people and the belief that nurses are indispensable members of society. At the same time, if nursing is to fulfill its social obligations, it must become firmly rooted in a rock solid foundation of high standards of education and practice; demonstrate political skills in working with others for effective health policy and planning, show economic sense in

allocation and utilization of resources; and create a strong solidarity amongst nurses (Palestine Nurses Conference 1994, 41).

Historical overview of nursing in Palestine

Nursing has passed through four historical eras: the Turkish rule, the British Mandate, Jordanians control over the West Bank and the Egyptian control over Gaza, and the Israeli occupation of the West Bank and Gaza Strip (Shahin 1994, 2). During Turkish era, Palestine was under the Turkish rule for about 400 years. This era, called the dark period, offered little to the Palestinian health sector as well as to other sectors. The health services were poor and primitive. Superstition and magic regarding health practice were prevalent as well as treatment by native practitioners depending very much on trial and error. In most instances nurses were trained by physicians who worked in the hospital (Shahin 1994, 3). The British mandate: in this era, people continued to suffer from poverty, ignorance and sickness because primitive agriculture was the main source of living except in big cities. In 1925 in Jerusalem, the only children hospital was established which served East Jerusalem and the West Bank. In this hospital, a nurse training program was started for those wished to avail themselves children services. During the British mandate some hospitals were established in major cities in Palestine, in which British nurses taught Arab girls nursing for three years. Those girls who studied nursing were mainly from well known Christian families from major cities. In this nursing program, theory and practice were offered. Also, the British governmental hospital in Jerusalem city had nursing school which offered a three years training program for nurses till 1948. Nurses and physicians had to work together in helping and taking care of wounded soldiers and people during the war (Shahin 1994, 4).

Jordanian control over the West Bank and the Egyptian control over Gaza era: in this era the first nursing school for staff nurses was established in 1951 at Augusta Victoria Hospital in Jerusalem, this school was the main source of graduating staff nurses at the era. In Gaza the Christian missionary society started on the job training program in the early fifties where several girls from the sixth elementary were trained as nurses in the British hospital. Baptist school of nursing was established in 1956 to aid in graduating nurses to meet the tremendous needs of nursing services in the Gaza Strip. These schools were not able to cover the need for all nurses, so some hospitals used to train aid nurses. The enrollment of male nursing student's already male practicing nurses has further affected the recruitment of female nursing students. The main event affecting nursing in this era was the initiation of the Palestine Nursing Association (PNA) in 1956 in Jerusalem by the staff nurse Betty Najaj (Shahin 1994, 5). During the Israeli Occupation of West Bank and Gaza Strip- 1967 till now: in this period many factors were either external to the profession such as the political situation in the region, economic and social factors, or internal factors related to the nursing profession. Nurses who worked in the governmental institutions suffered from low salaries, poor promotions, and limited continuing education opportunities, while nurses who worked in non-governmental institutions received better salaries, but also faced problems with opportunities in continuing their education till the eighties (Shahin 1994, 8). As a result of the Israeli occupation, eight refugee camps were created and suffered from complex health and social problems; this supported the need to establish some nursing schools to fulfill the increasing need for nurses. Furthermore, the Israeli Occupation of the West Bank has affected the standards of living by increasing the cost of living in the area. So females beside male started seeking working opportunities, and some of those males and females found in nursing

a good field to work in which provided them with a stable source of income. Nursing was very much affected by the Palestinians uprising in 1987, several practical nursing schools were established, and nursing became more respected and appreciated by the Palestinian society. The absence of an active nursing association after 1967 War had a negative effect on nursing, where nurse's efforts to upgrade their profession were fragmented and unorganized. In the eighties several nurses from Arab and Western Universities returned to work in the country. This affected positively on the quality of nurses because most of them were very well qualified (Shahin 1994, 11).

Nursing Association in the West Bank

The first attempt at organizing the nursing profession in Palestine dates back to the early nineteen fifties when in 1956, the Jordanian Nursing Society was established in Amman after which the Jordanian Nursing Society joined the International Council of Nursing (ICN) 1959. The society was registered legally and was governed by Law. Between 1956-1967, the Jordanian Nursing Society main role was the issuing of licenses for practice and co-ordination of member of exchange programs with international /Arab and local institutions for the purpose of developing the Nursing Profession. In 1967, the West Bank was occupied by Israel. Although, the Jerusalem chapter of the Jordanian Nursing Society continued to exist, yet it was inactive. In 1972, the Amman chapter of the Jordanian Nursing Society changed into the Nurses and Midwives Council and laws were passed in Jordan to regulate its membership and functions. Because of the occupation, it was not possible to have a parallel development in West Bank, since there was no mechanism for Palestinians to review existing laws or enact new laws. Between 1972-1985, the Nursing Association activities were limited to issuing of licenses for those who desired, licensure was not obligatory for practice and starting a housing project from which a very limited

number of nurses benefited. It is worth mentioning that during that period no elections took place and the Jordanian authorities appointed the nurses who were in charge of the Association. Elections conducted in 1980 forming an elected body to represent nurses were not recognized by the Jordanian authorities. After the administrative separation from Jordan and in October 1992 Nurses organized and conducted elections in the West Bank (Palestine Nurses Conference 1994, 144).

Nursing Association in the Gaza Strip

There were many trials from college of nursing in the past to establish a nursing body in Gaza but their efforts had been aborted due to occupations restraints. There was an idea regarding joining Gaza nurses to Nursing association in the West Bank but this trial had failed due to many reasons due to West Bank does not include all categories of nurses just for RNs and Midwives, The Jordanian passport is essential for every members in the association because the West Bank Palestinian Association has been a branch of the Jordanian Nursing Association, and the graduates of the Qualified school of Nursing in graduation ceremony asked the Israeli Authority to agree about Nursing association establishment in Gaza, and they gave the primary agreement.

In April 1993, formal letter of refusal was received from Israeli Authority after a group of people tried to draft rules and regulations of the association (Palestine Nurses Conference 1994, 166). The Palestine Nurses Association (PNA), was founded on March 17th, 1994 by a group of nursing leader, it was formed in response to growing need for a concerned effort to address issues and concerns of Palestinian nurses in Gaza. The PNA gained recognition from the Ministry of Interior.

On May, 15th 2004 the Israeli forces fired over three rockets at the nursing association in Gaza and the institution was completely destroyed every things were demolished, computers, desks and furniture's became fragments and useless. The losses and harms

of the Institution are estimated about 30,000 US Dollars (Palestinian Nurses Association 2004). Recently, the Gaza Nursing Association declared the objectives of the association: To network with professional organizations and agencies to develop and implement educational programs relevant to nursing practice, education and research. To monitor trends in the health care system and informs registered nurses of changes affecting their practice. To improve and foster high standards for nursing practice. To strengthen recognition of the nursing community in Palestine. To serve as a base for nurses new life time education projects and to expand educational opportunities for PNA members. To conduct a research and surveys focusing on important current health issues and needs and disseminates findings to policy makers and audience. To conduct numerous news items to the mass media to enhance awareness of the nursing profession. To influence legislation and public policies which directly and indirectly affect nursing. To participate actively in community activities. To advocate for nurses rights. To collaborate with national and international organizations and agencies to facilitate the professional development. To promote activities to unify Palestinian nurses in Palestine and its territories. And, to create a positive image towards nursing profession (Palestinian Nurses Association 2004). Gaza Nursing Association believes that it must attain and maintain competence now and in the future and keep a breast of the times through continuing education for maintaining and striving for high nursing standards. Also, it believes that continuing education should be based on sound education principles, developed in accordance with total nursing education (Palestinian Nurses Association 2004).

Definition of terms

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles (ICN 2004).

Perception The ability to make sense of what one sees, hears, feels, tastes or smells. Perceptual losses are often very subtle, and the person and/or family may be unaware of them (ICN 2004).

Chapter (2)

Literature Review

This chapter reviews the literature about the nursing association, and factors that affect nurse's perceptions about nursing association. This chapter started with the conceptual framework, different definitions of nursing association, the purpose of nursing association as well as the professional role of nursing association toward nurses, such as socioeconomic & political role of nursing association towards its members. Additionally, the nurses role toward their nursing association and the obstacles and constrains facing the nursing association.

Conceptual Framework

All Palestinian nurses are in need to unify their beliefs about their needs for unity as a professional group in their local community and on the international level. A professional body needs to achieve and support human rights, promoting nurses to work continuously toward developing a general conceptual framework of the profession, professionals, and human beings without getting in conflict with social, religious and political issues (Shahin 1994, 47). The professional association serves as the eyes, ears, mouth, and conscience for the profession's past, present, and future. It strives to assure a professional nurturing environment with appropriate resources, and a health care system that incorporates the expertise of all providers in a decision-making process centered on the patient (Rowell 2003).

The nurses association fosters the improvement of health standards and the availability of health care services for all people. It also fosters high standards of nursing practice and nursing education, stimulates and promotes the professional

Development of nurses and nursing, and advances their economic and general welfare (Alaska Nurses Association 2002). The nurses' association represents nurses and the nursing profession at global and local levels. It supports all statewide nursing activities including liaison with all specialty nursing organizations. The nurses association approves and/or sponsors continuing education courses for licensure requirements (New Mexico Nurses' Association 1999).

The author assumption of the conceptual framework of Gaza nurses perceptions about nursing association illustrated in Figure 1.

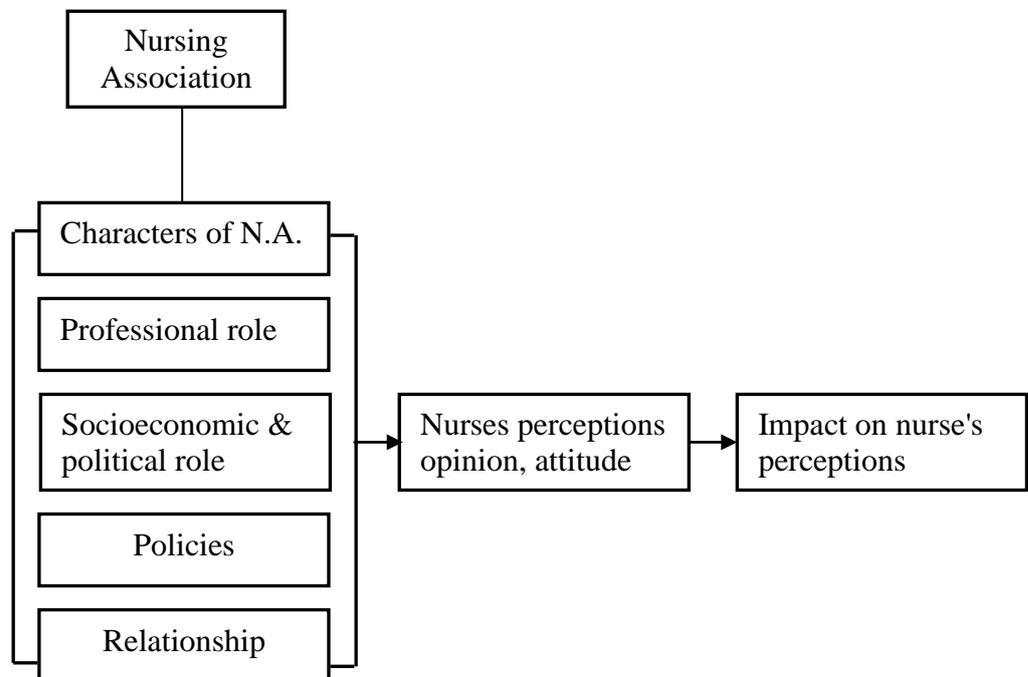


Figure 1: Conceptual framework

The self designed framework explores the characteristic of nursing association as professional, independent, non political and non profit nursing association. So nurses own these characteristics, interest, attitudes, opinions and perceptions are important in this regard. The professional role as the professional organization for nursing is recognized in the development of nursing and the planning of health care system.

Also the association improves the work conditions through providing scholarships and organizing professional development courses inside the health institutions. Also the roles of association affect on the attitude, impression and perceptions of nurses. The study intends to assess how Gaza nurses see and perceive characteristics of nursing association, their opinion, and impressions on the activities of nursing association. The framework relates how nursing association meets professional role and socioeconomic & political role and collaborative with nurses, health authorities, health institutions, and community groups.

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 (Shahin 1994, 1).

Nursing has historically been perceived as a female profession but this is an inaccurate perception. Prior to Florence Nightingale, males dominated this profession. This provides some statistics about the proportion of nurses who are males, beginning in the 1960s. There are more men entering nursing schools but the proportion of male working nurses is still in the single digits (Culley 1997).

Stewart (2001) examined the relationships between nurses' perception of common public stereotypes of their profession nurses' self-concept, self-esteem, job satisfaction, and performance. The results suggest that nurses' perception of the public stereotyping of nursing is related to the development of their self-concept, collective self-esteem, and job satisfaction, all of which are associated with their performance. The results also indicate the importance of encouraging professional socialization and cultivation of positive, personal self-esteem to ward off the negative influences of public stereotypes on nursing practice.

McCloskey (1999) assessed whether nursing is a profession or a vocation. Today's nurses are indeed members of a profession, rather than vocational workers or pursuers of an avocation. They are accountable for their own actions, and they are directly responsible for the lives of patients. Nursing is one of the few professions that continually assess its effectiveness, professionalism and true worth. This constant attention to ways to improve both patient care and nursing quality creates an environment that improves continually, without losing the ground already gained in the past. The paper lists characteristics of a profession and examines how nursing aligns with those characteristics.

The image of nurses and nursing as a profession historically fell into the more traditional female role where the majority of women went unpaid for their services. Nursing had long been considered on the outskirts of the medical community in that they were a necessary entity as a means by which the infirmed could recuperate. As time went on, the nurse's role became significantly more integral with regard to duty recognition, yet this acknowledgement was not to preclude the overwhelming psychological stresses that are associated with the image of nursing (Bulechek 1998).

The public image of nurses has been of great concern to the nursing profession. This image views nursing as a female occupation with nurses having little power over their practice. Researchers claim that the stereotypical public image of nursing could constrain nursing practice. The nurses perceived that the public viewed them more negatively than they saw themselves as professionals and the public image of nurses could be manifested within the health care environment in the form of a lack of professional recognition toward nurses. A lack of professional recognition stimulated nurses' job performance, it had a greater impact on their turnover intention. When nurses perceived their public image to be poor in addition to a lack of professional recognition at work, their intention to leave their jobs tended to increase. Three strategies to improve nurses' job performance and nursing retention are recommended. These strategies include improving the public image of nursing, encouraging professional socialization in nursing, and improving the characteristics of the health care environment (Ozbolt 1998).

Definition of Nursing Association

The Palestine Nurses Conference, define the nursing association as

" An elected, professional independent, non political and non governmental body which represents all Palestinian Nurses (Palestine Nurses Conference 1994, 145).

While the National Nurses Association (NNA) define nursing association *" are duly constituted, self governing, multipurpose voluntary bodies founded and inaugurated by the professions visionaries, developed by strong enlightened leadership, and supported, strengthened and perpetuated by committed membership"*(NNA 1990).

American Association for the History of Nursing (AHHN) defines the nursing association *" a professional organization open to everyone interested in the profession of nursing"* (AHHN 1999).

While The American Holistic Nurses Association (AHNA) defines nursing association " *are non-profit educational organization whose membership is open to nurses and other individuals interested in holistically-oriented health care practices throughout the United States and the world*".

Additionally " nursing association is a professional nursing association dedicated to the promotion of holism and healing. The AHNA believes that nurses enter therapeutic partnerships with clients, their families, and their communities to serve as facilitators in the healing process" (AHNA 2000).

The Alabama State Nurses Association (ASNA) define nurses association, it is not a governmental agency or a purely political entity. It is an organization made up of nurses. Some are staff nurses, some are educators, some are entrepreneurs, some are advanced practice nurses, some are researchers, and the list goes on (The Alabama State Nurses Association 2004).

The author concludes that the Palestine Nurses Conference and NNA definitions talk about most element of nursing association includes an elected, professional independent, non political and non governmental body, duly constituted, self governing, and inaugurated by the professions visionaries, developed by strong enlightened leadership, and supported, strengthened and perpetuated by committed membership. While the AHNA definition talks about characteristic of the association includes opening of the association for all nurses not exclude any nurses from entering in the association and its open from many purposes not for profit.

The author adopted the definition of Palestine Nurses Conference because this definition covers most elements of nursing association to become professional organization include non political, independent and nongovernmental body because

many external factors affect the work of association as political situation of Palestine, (Palestine Nurses Conference 1994, 141).

Purposes of nursing association

The purpose of nurses association is to provide a professional home for nurse working for professionalization through many activities included, development of uniform and improved nursing standards in practice and nursing education, registration and licensure of all nurses in accordance with nursing standards, welfare of nurses in working conditions and economic matters and collective bargaining (ANA 1998).

While Philippine Nurses Association to promote professional growth towards the attainment of highest standards of nursing (Philippine Nurses Association 1997).

Texas Nurses Association (TNA) plays important purpose in improving the image of nursing and persuades national women to join nursing. Adding, to respectable and challenging profession (TNA 2004). Albert Association of Registered Nurses (AARN 1999) the purpose of organized nursing in Alberta is to provide safe, competent, and ethical nursing care to society.

The most important purpose of the association is raising the awareness of members on their responsibilities towards the community (teaching, counseling, and advocacy) and developing skills in this area (Palestine Nurses Conference 1994, 242). The purpose of Nurses Association is to protect the public and to advocate for nurses and healthcare issues. Nurses association attends Board of Nursing meetings in order to have input on the issues being discussed and to keep nurses in the association informed regarding the issues that affect them directly (The Alabama State Nurses Association 2004). The Swedish Nurses' Association (SSF) is a professional association for registered nurses with the purpose of promoting research, education

and development within the field of knowledge relevant to nursing, thereby contributing to the improvement of health care and social welfare (SSF 2003).

The purpose of the American Holistic Nurses Association (AHNA) is to be the definitive voice for holistic nursing. It embraces nursing as a lifestyle and a profession and provides a means to create bonds within the nursing community. Because true healing comes from within, the AHNA recognizes that nurses must first heal themselves before they can facilitate the healing of others (AHNA 2000). The Japanese Nursing Association (JNA) purposes are to improve the working conditions of public health nurses, midwives, registered nurses and assistant nurses, to raise ethical standards in nursing and to promote nursing education and research in order to upgrade the standards of nursing care given to the public (JNA 2002). While, Canadian Nurses Association (CNA) purpose is to advance the quality of nursing in the interest of the public (CNA 1996). The role of the professional nursing association is multifaceted. The professional association develops the standards and guidelines upon which the performance and competency of the professional nurse is based; provides support to the individual nurse to maintain and enhance performance and competence through education and professional development opportunities, certification examinations and influences changes in nurse practice (ANA 1996, 53).

Professional role

Palestine Nurses Conference (1994, 245) emphasize that, the professional role of nursing association is development of nursing and planning of health care system through: Participation of the association in policy formulation for the health care system, standard setting for nursing ethics, education, practice, service and research. Representation of nurses and nursing at the national and international level on professional issues. Another professional role as, supporting the association to

develop standards for health policies, improve health services for the community, develop nursing education, cooperate with other health professionals, organization and institutions. CNA (1987) documented that, the professional role of the nursing association is the development and implementation of practice standards through the ongoing acquisition, critical application, and evaluation of relevant knowledge, attitudes, skills and judgments. Shelia (1981, 61) reported that, the professional role of nursing association involves promoting the employment interest as well as promoting their professional development, in this way the association fulfils the responsibility to promote the welfare and well being of its practitioners and to safeguard their interest. ANA (1998) stated that, the professional role of nursing association included development of uniform and improved nursing standards in practice and nursing education, registration and licensure of all nurses in accordance with nursing standards, welfare of nurses in working conditions and economic matters and collective bargaining.

Professional associations serve the role of advocate for the profession and for those served by the profession's members in this turbulent, cost-driven, cost-shifting health care environment (Rowell 2003). Blau and his colleagues (1963, 19) ensure that any success of NNA and indeed its reputation and longevity, will depend heavily on how well the three issues " advancement of the profession, promotion of nurses interests and concerns, and protection of the public" are balanced and formed in short, how effectively they are managed. ANA (2001) reported professional role of the association include establish and maintain a code of ethics, elevate the standard of nursing education, and promote the usefulness and honor, the financial and other interests of nursing. However, those role as essential to ensure a strong, tangible return on members' dues investments. Philippine Nurses Association (1997)

determine many professional role for nursing association include, development the association as a self regulatory body that sets, implements and monitors standards of professional practice, enhancement the leadership capabilities of professional nurses take on policy formulation, advocacy and consultancy roles at local, national and global levels.

Socioeconomic & political role

Establish a good relationship between nursing association and national authority lead to support the association, in order to be able to promote nurses to obtain their rights to international representation, to upgrade nurses, giving them more chances for scholarships, to establish good social relationship between nurses themselves and others. To build an independent organization when the nurse's wages are low and possibilities to pay membership fees are very limited, should relay on outside support, economic support means rights to see and control the organization, being from members or from motional, private or foreign sources (Palestine Nurses Conference 1994, 180).

Palestinian nurses as well as all nurses all over the world have the right like any social or professional group in any society to work for a better job environment in relation to the social or economic with no denial of their rights and professional duties for the purpose of guaranteeing growth and development (Shahin 1994, 46). ICN (1981) reported two main aims which guide all activities of the association, these being the promotion of the health of the population, and the improvement of socioeconomic conditions of nurses. Every association member is autonomous, but agrees and coordinates major matters. Blau and his colleagues (1963, 2) refers that, Nurses associations are part of fabric of the society within which they operate. Thus, they need to be always alert, sensitive, knowledgeable about their social, culture,

economic and geographical environment, their particular health care systems, their government and legislature, so that they act responsible and appropriately. ANA (2001) reveals that promote interaction with other nurses and nursing organizations on common issues and interests and enhancement the health and improvement health care for the beneficiaries served are the social role of association. The association's income arises from many sources. First, from ordinary or regular activities, which is usually small and generally is derived from its educational program (continuous education, training of stewards, organizational matters and publications)? Second, from investments mean assets that do not directly serve the association activities but where interests and dividends are used to finance activities. Third, from fund raising as with investing is pursued to finance association activities. Finally, from funds, the associations highest decision making body must also adopt the rules and regulations of the fund that stipulate how the funds are to be used and increased (Blau, 1963, 15). Philippine Nurses Association (1997) emphasize that the social role of nursing association is to strengthen and expand linkages and alliances with various agencies / organization locally, globally for a strong partnership and collaborative efforts in accessing and utilizing health resources. One of the most important roles for the nursing association is a good coordination between nurses in Gaza Strip and West Bank, continuous education, putting regulatory and administration structure to protect the rights of nursing (Shahin 1990, 148). NNA (1990) reported that, the association must be involved with both internal and external coordination. The internal dimension includes coordination of resources, activities and groups so that professional matters may be pursued. The interaction between different areas of the organization becomes the norm feeling of recognition and support for the work and worth of each group, committee.

And the perception of a coordinated endeavor is one of relative stability, sound management, explicit policies and facilitating structure. Recently, the coordinating efforts of one nurses association and several groups had a salutary effect in dealing with an issue of national concern affecting health care. The coordination approach attracted public support and drew responses from the country leaders. External coordination opens a window, if not also a door, for the nurses association to bring professional resources to bear upon some of the real health and social problems of the society at large.

Nursing research addresses pressing social and health needs of Japanese society and is contributing to policy development, especially in the area of community-based services for the elderly and mentally ill (Japanese Nursing Association 2002). National Nurses Associations throughout the world are working to make themselves into effective agents to meet the needs of nurses in these many domains. While at the same time creating structures and developing the skills required to influence policy and decision makers in areas that concern with the health of the national. Examining and maintaining standards for nursing and on influencing its future direction (Palestine Nurses Conference 1994, 39). Blau and his colleagues (1963, 7) reported that, each nurses association needs a specific, clearly identified and constitutionally enshrined policy making body, the policy makers need to be thoroughly familiar and knowledge about the national nurses association, cognizant of trends, aware of issues and have a grasp of parliamentary procedure to run the proceedings. Palestine Nurses Conference (1994, 245) recommended that, the role of the association, participation of the association in policy formulation for the health care system.

Availability of Obstacles

Palestine Nurses Conference (1994, 147) summarized the obstacles facing nursing association, the nursing association is faced with many constraints it was able to address and resolve either completely or partially and other constraints were governed by political and /or social conditions which are beyond the Palestinian Nursing Association control. The Conference summarized group of obstacles that facing the nursing association as: Lack of resources, structure and policies for in services education within institutions. Undermining the role of the nursing association by excluding it from participation in the setting of health policies in Palestine. Lack of constant standards as professional, administrative policies, procedures and standards at the Palestinian level. Restriction from the institutions administration over the member of executive committee of the nursing association to carry out their responsibilities.

One of the obstacles that affecting to the association to carry out its function is membership, the relationship between association and its members was very weak, so the association felt that it was their duty to strengthen the membership belongs to the association. The political situation is another obstacles affecting the association works, the occupation authority practice pressure for the members of the executive committee to carry out their responsibilities in a freedom way. The political situation and restrictions placed by the occupation authorities stood in the way forming a unified association.

ANA (1998) indicate that, despite all activities of the ANA, low membership is the main reasons: only 10% to 15% of all RNs are ANA members. A major factor in low ANA membership is cost. The ANA membership fees exceed \$200, and many nurses feel that the ANA does not return an amount of service equal to that fee to individual

members. However, far too many nurses do not belong to any professional organizations, and this limits the impacts organization have on the professionalization of nursing. Blau (1963, 7) reported that, the policy making bodies should not be passive instruments waiting on boards or staff to give them ideas or meeting to rubber-stamp foregone conclusions. They need to be active and vigorous, strong and effective bodies leading the way through thoughtful deliberations. After all, they make the decisions that are fundamental to every life of the nurses association and single its strength, purpose and orientation. No association can be effectively managed without competent and adequate staff, whether voluntary or paid. Many associations would not have survived without support and sacrificial undertaking. However, the challenges confronting nurses associations today are more complex, persistent and of a different genre than in earlier time. And these problems are not likely to simplify or disappear (Blau 1963, 7).

Ensuring the long-term financial health of the association is essential to accomplishing the goals. Because ANA relies on membership fees for more than 65 percent of its income, flat membership has resulted in flat dues revenue. As a result, ANA has had to tap its reserves to fund its operations for the past few years. In 1999, the ANA staff reduced association expenses by reducing the staff complement and implementing other savings measures. These expense reductions were recognized as necessary, however, earlier this year the board of the association also proposed increase in the portion of individual member fees paid to ANA to support work at the national level (ANA 2001).

Role of nurses towards nursing association

Nurses should speak with one voice both nationally and internationally. Membership is vital for nurses in every country to be represented by a strong, representative and effective national professional association.

The Swedish Nursing association recognizes that the nursing students of today are nurse leaders tomorrow and actively promotes cooperation between students and nursing association through the national nurses association (Sheila 1981, 37). Increasing the number of members in professional nurse association with proper channeling of efforts will positively influence future health. Additionally, nursing must continue to increase its involvement in national health care policy through nursing association. Nurses must be viewed as regular and expected participants in policy making and plan of health services (Shahin 1994, 32).

The Nursing Council of Thailand (1997) summarized the responsibility of members, Apply for a registration of license in the professions of nursing, midwifery, or nursing-midwifery and request a written statement or certificate of competency in nursing and/or midwifery in accordance with the association regulations. Give written document for suggestion, opinion or complaint toward any activities of the association. Vote, be a candidate, and serve as an elected member on the Nursing Association Committee. Maintain professional dignity and act according to the Professional Nursing and Midwifery Act.

The nurses association is a strong advocate for the interest of nurses as a professional nurse. So the nurse's members by joining with nurses association have the opportunity to directly influence health policy and legislation. The membership of nurses in nursing association, along with the involvement and participation, advances both nursing career and the nursing profession (Colorado Nurses Association 1999).

Individual licensure exists to protect the public and assure that the practitioner is directly accountable to his/her client. Over the years, nursing has fought to preserve individual licensure and protect the scope of nursing practice (Huntington 1997).

Nurses, as professionals, are committed to the development and implementation of practice standards through the ongoing acquisition, critical application, and evaluation of relevant knowledge, attitudes, skills and judgments. Nurses are accountable and responsible for their practice (CNA 1987). The registered nurse is personally responsible and accountable for ensuring that her/his nursing practice and conduct meet the standards of the profession and legislative requirements.

The registered nurse continually strives to acquire knowledge and skills to provide competent, evidence-based nursing practice. The Code of Ethics serves as a means for self-evaluation and reflection regarding ethical nursing practice, and provides a basis for peer review initiatives. The code not only educates nurses about their ethical responsibilities, but also informs other health care professionals and members of the public about the moral commitments expected of nurses. The registered nurse provides nursing service in collaboration with the client, significant others, and other health professionals Albert Association of Registered Nurses (AARN 1998).

Chapter (3)

Methodology

This chapter addresses issues relating to methodologies used to answer the research questions. The chapter commences with study design, study population, study setting, period of the study, sample size, sampling method and method of the study. Then, it presents construction of the questionnaire, piloting, ethical consideration and procedures, data collection and data analysis. Further, it illustrates the validity and reliability of the study instrument, eligibility criteria and limitation of the study.

Study design

The design of this study is descriptive analytic statistical quantitative and qualitative design. This design would be useful for descriptive analysis of study construct. It is less expensive than other design and enables the researcher to meet the study objectives in a short time (Coggen et al. 1993, 18). It is suitable in term of time, people, money, and resources and it is relatively practical and easily managed (Holm and Liewellyn 1986, 36). It's also, provide detailed information and stimulate further research or studies.

Study Population

The target population consists of all nurses who have membership in the nursing association irrespective to the place of work. The total number of nurses who have been membership in the nursing association at the end of 30/ 12 / 2003 was about 1971 nurse in the Gaza Strip (Annex, 3). This number was obtained from nursing association records and include both nurses whose membership is valid or invalid.

Setting of the Study

This study was carried out at different health institutions in the Gaza Strip including hospitals, PHC, UNRWA clinics, NGOs, private sectors, universities as well as nurses home.

Period of the Study

The study was conducted in the period between September 2004 and May 2005.

Sample Size

The sample size was calculated using the WHO sample size manual. To calculate the desired sample size the author propose 95% Confidence Interval (CI) as significant at 5% level, with absolute precision at 5% if the proportion of nurse's perception was 5% (Lwanga 1991, 2). The sample size equal 384 subjects, the author add other 16 subjects to compensate any missing.

Sampling Procedures

The author used a systematic random probability sample to select the sample. Systematic random sample serves to fairly represent all members of the population from which they are selected (Bell 1995, 32). Every subject name was given a consequence number, and then the researcher randomly selected the starting number and chose every fifth number. The sampling interval (k) was (5).

Response Rate

The number of respondents was 325 subjects from the total number of sample size (400) with response rate of 81%, about 30 subjects of the sample not determining the residency place or the place of work, this lead to obstacles to send the instrument for 30 subjects.

Inclusion and Exclusion Criteria

Inclusion criteria:

Nurses were included in the study if they fit the following criteria:

- Nurses who have membership.

Exclusion criteria:

Nurses were excluded from the study in the following conditions:

- Newly graduated nurses and under training program.
- Nurses who are not recorded in the nursing association.

Construction of Questionnaire

The author developed a structured, close ended self administered questionnaire (Annex, 4), the questionnaire has been designed to be clear with no complex terms, leading, duplication and double parallel questions were avoided. The questionnaire translated into Arabic Language (Annex, 5) where it was distributed to the study subjects to facilitate understanding and to ensure validity of data collection and credibility of answers.

The questionnaire consists of three parts, the first part included two groups of questions, first group includes sixteen questions 1- 16 that cover the information related to personal, demographical and social data such as (Age, sex, address, marital status, family size, income and so on) professional and nursing education profile data such as: experience, first and last graduation place, place & field of work and current position. The second group in the first part include 26 questions 17-43 that cover the information related to the nursing association such as, date of affiliation to nursing association, reasons of affiliation, current place of nursing association, the validity of membership, fees of nursing association, introducing to the goals and rules of nursing association, participation in elections and reasons for participation in elections,

visiting and any invitation letter to attend meeting, and any of participation in the committees of nursing association.

The second part includes 59 a Likert scale questions with 5 options (strongly disagree = 1, disagree = 2, uncertain = 3, agree = 4, strongly agree = 5)

The part covers information about nurse's perceptions, attitudes, experience, and opinion about nursing association. Professional, socioeconomic and political role of nursing association. Role of nurses towards nursing association. Difficulties and obstacles to communicate with nursing association.

The third part of questionnaire include 6 open-ended questions which reflect the nurses comments and perceptions about nursing association, strength and weak points of nursing association, how can improve the performance of the nursing association, role and participation of nurses and any suggestion.

Pilot Study

A pilot study was conducted before starting data collection as a pretest to point out weaknesses in wording, predict response rate, determine the real time needed to fill the questionnaire and identify areas of ambiguity and to test the validity and suitability of questionnaire. Fifteen nurses who have membership in nursing association were chosen from both sex and from different place of work. All of them received clear explanation about the study purpose. Individual meeting was conducted for each one who participated in the pilot study to listen to their comments. Therefore, some changes and modification were considered and introduced. Worth noting, nurses who were participated in pilot study were not included in the study sample.

Ethical Considerations

An official letter of approval to conduct the study was obtained from Helsinki Committee which is the only ethical committee in Gaza Strip (Annex, 6). An official letter of request was obtained from the Chairman of Nursing Association to conduct the study (Annex, 7). Every participant was provided with an explanatory form about the study include the purpose of the study, confidentiality of information and some instruction. Additionally consent form was obtained from each participant in the study. All the ethical concepts were considered, respect for all people and respect for truth, anonymity and confidentiality were given. Statement about peoples right to participate or to refuse to participate in the study, the subjects agree voluntarily to participate and the questionnaire returned back without subjects name in an envelop and enough time to complete the questionnaire was given.

Data Collection

The researcher distributed the questionnaires and explained to each subjects as previously mentioned. He gave each subject an envelope and asked him to complete the questionnaire and return it back to the researcher in enclosed the envelope without write name or number. The author by himself distributed the questionnaire with cooperation of key persons from nursing staff. The researcher and his key persons distributed the questionnaire to the study sample and asked them to complete that questionnaire. Brief explanations were given about the purpose, objectives and how to collect the questionnaire with respect to confidentiality and anonymity of the subjects. Questionnaire was collected and the author looked over the completed questionnaires to ensure completion of all information needed. The process of data collection was continued for 3 weeks.

Data analysis

After over viewing the questionnaire, each one was coded. The usable number of questionnaire was 325. This step was followed by designing an entry model using the Statistical Package for Social Sciences (SPSS) version 11.0 program. The coded questionnaire was entered by the author using the computer software. Cleaning of data was done, checking out a random numbers of questionnaires and through frequency tables for all variables. Then, the data was analyzed; frequency tables were conducted for the study variables. Means and standard deviation were computed for the continuous numeric variables, reliability and validity of the instrument were tested. Then, factor analysis done for Likert scale questions. An independent t-test and one way ANOVA statistical test was used to investigate the relationship between the independent and dependent variables.

Validity

Validity is defined as "*the extent to which a measuring instrument measures what is supposed to measure*" (Mark 1996, 106). When the instruments measure what are designed for, this considered being of great importance for their reliability. The researcher administered different types of validity as follow:

Content validity

Content validity is defined as "*the extent to which a test reflects the variable it seeks to measure*" (Holm and Liewehyn 1986, 118). It's conducted before data collection by the help of experts to ensure relevancy, clarity and completeness. Content validity is a subjective estimate of measurement based on judgment rather than statistical analysis. In order to validate the instrument used, the designed questionnaire with covering letter, title and objectives of the study were sent to 13 experts from different backgrounds including researchers, managers, experts in management field and

experts in association works. The experts were asked to estimate the relevance, clarity and completeness of each item; some questions were modified with the help of the supervisor. A total of 43 items were considered in the final design for the first part, 59 items for the second part "questions of the scale" and the 6 open ended questions followed them.

Construct validity

Construct validity examines the fitness between the conceptual definitions and operational definitions of variables and determines if the instrument actually measures the theoretical construct that it purpose to measure (Burns and Grove 1997, 36). Construct validity assesses whether the instrument adequately measures the domain of interest or universe of concern (Nunnally 1978, 74). The researcher evaluated the construct validity of the scaled questions by using factor analysis. Factor analysis is a method for identifying clusters of related variables or items on a scale (Pilot and Hungler 1993, 45). Using SPSS program the scaled item, were subjected to a principle component factor analysis "extraction method". The rotation method was Varimax with Kaiser Normalization, and all factors possessed an Eigenvalue equal 1.0. The cutoff points of 0.5 for Eigenvalue and factor loading was used. This method is the most accurate, common and suitable for attitudinal research study (Pilot and Hungler 1999, 39). As a result of factor analysis and five factors were extracted, socioeconomic & political role, professional role, loyalty, availability of obstacles and policies.

Reliability

Reliability is the degree of consistency, which measures the attribute it is supposed to measure (Cronbach 1951, 299). Reliability refers to the consistency or stability of

measurement (Holm and Liewellyn 1986, 96). In this study statistical test results used for the internal consistency was Cronbachs Alpha coefficient.

The reliability coefficient for the study instrument as a whole was 0.9578. Cronbachs Alpha was computed for the instruments sub-scales table (1)

Table 1: Factor sub-scale reliability estimates.

Factor No.	Factor name	No. of subjects	No. of items	Cronbachs Alpha
1-	Socioeconomic & political role	325	19	0.9567
2-	Professional role	325	12	0.9549
3-	Loyalty	325	11	0.8917
4-	Availability of obstacles	325	7	0.7444
5-	Policies	325	3	0.6040

Limitations of the study

- Limited resources such as educational materials, journals and books.
- Political situation that faced the association in the past led to minimize the documentation and the documentational history of the association.
- Unusual political difficulties to reach some member.
- Our study does not include the perceptions of the unaffiliation nurses because of the non-existence of comprehensive nursing body including all the nursing members.

Chapter (4)

Results

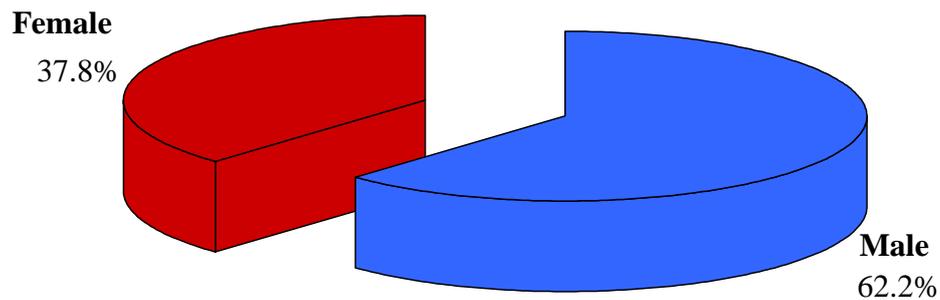
This chapter presents the results of the descriptive statistical analysis of the data including, characteristics of the study sample and nursing association profile. In addition to the results of relevant inferential statistical tests to explore and identify the relationship between different study variables.

Characteristic of the study population

Gender distribution

Figure 2, shows that male subjects represents 62.2% of the study population, while female subjects represents 37.8% of the total respondents.

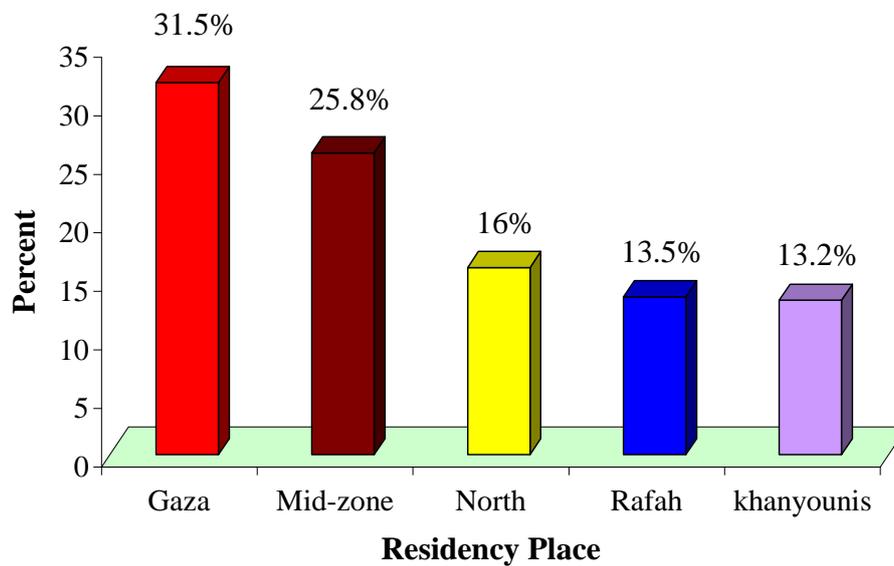
Figure 2: Distribution of subjects by gender



Distribution of study population by residency place

As depicted in Figure 3, about one third (31.5%) of subjects were living in Gaza city, and about one quarter (25.8%) were residing in Mid-Zone Province, about 16% were from North Province, 13.5% were from Rafah province and 13.2% were from Khanyounis.

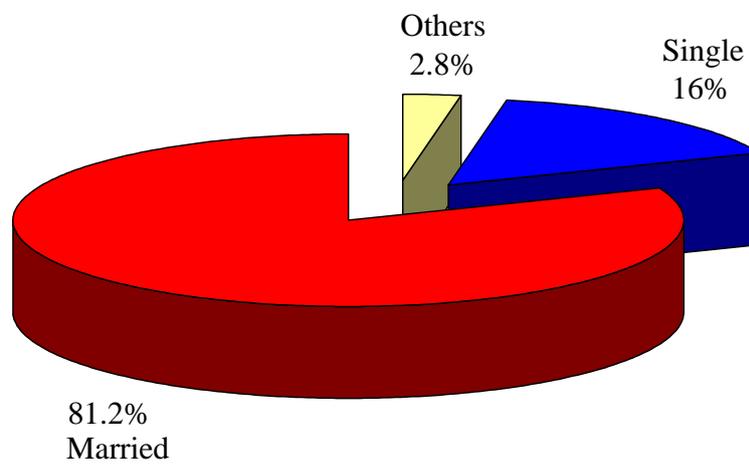
Figure 3: Distribution of subjects by residency place



Distribution of study population by marital status

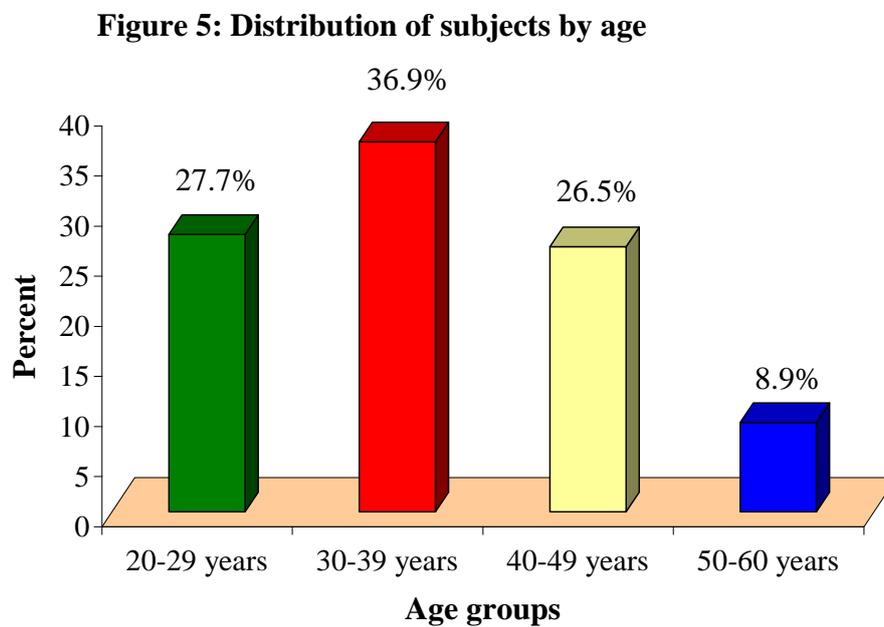
Figure 4, shows that the majority of respondents were married (81.2%), while single subjects represented 16% and the least category were those who divorced or widowed represented 2.8% of the study population.

Figure 4: Distribution of subjects by marital status



Age distribution

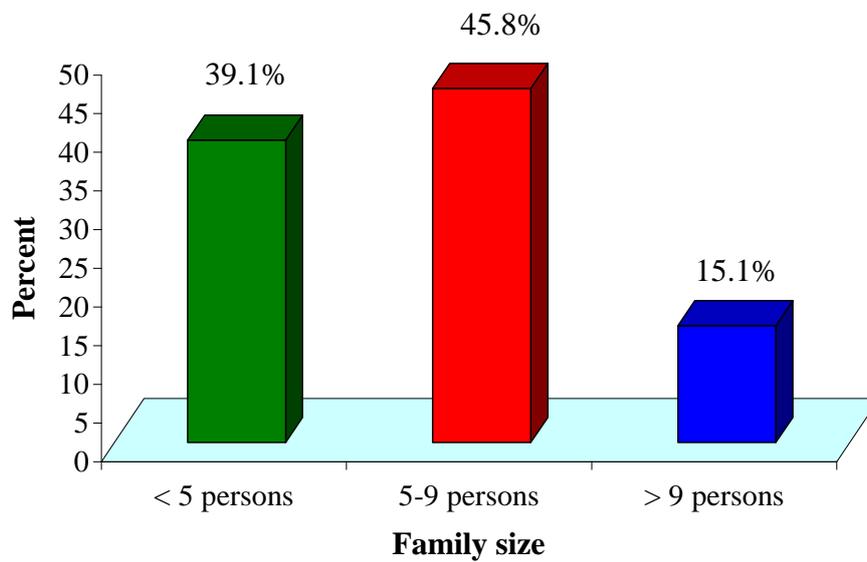
As shown in Figure 5, about 37% of study population were lies in the age group from (30-39) years, where the youngest age group (20-29) years represents only 27.7%, while 26.5% of the study population lies in the age group from (40-49) years, and 8.9% of study population lies in the age group from (50-60) years of age. However the mean age of study population was 35.95, SD \pm 8.7 years.



Distribution of subjects by family size

Figure 6, shows that about half (45.8%) of respondents were having 5-9 persons, and those with family size less than five persons represented 39.1% of the study population, while 15.1% of subjects only having more than nine persons. The mean of family size was 6.4, $SD \pm 3.05$ persons.

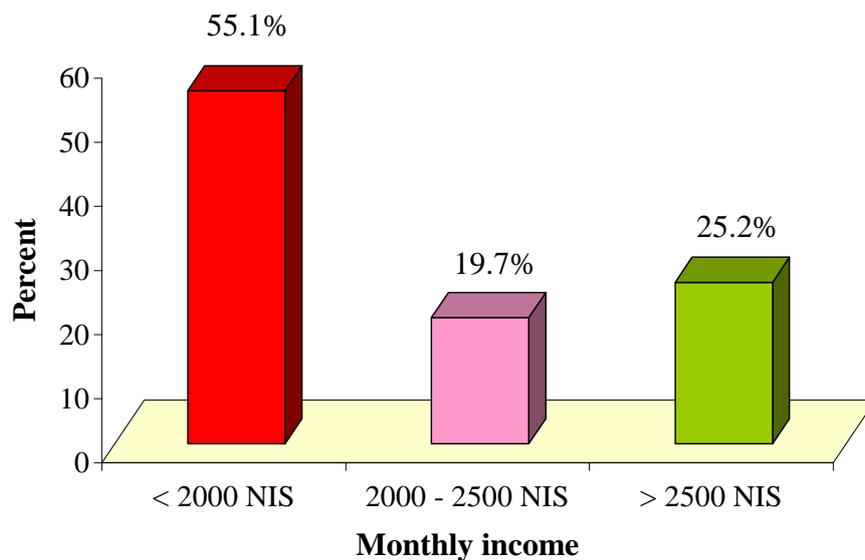
Figure 6: Distribution of subjects by family size



Monthly average income

Figure 7, shows that slightly more than half of the study population (55.1%) having monthly salary less than 2000 NIS (New Israel Shekel), then 19.7% of respondents average monthly income was from 2000-2500 NIS, where about one quarter (25.2%) of respondents monthly income was more than 2500 NIS. The median average monthly income was 2000 NIS, SD \pm 848.41 NIS.

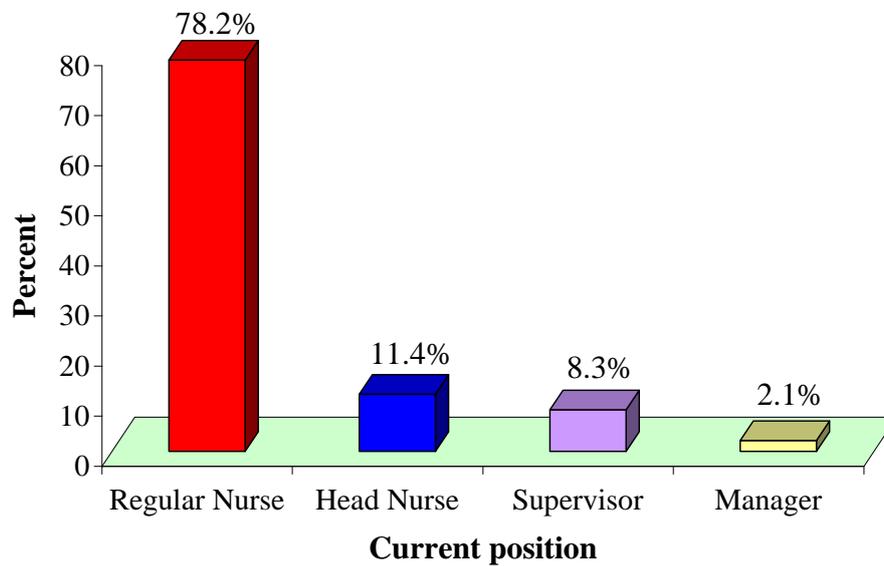
Figure 7: Distribution of subjects by average monthly income



Nursing positions

Figure 8, illustrates that the majority of subjects (78.2%) were working as a regular nursing staff, the remaining proportion (21.8%) were working in managerial positions (Head nurse, nursing supervisor and manager).

Figure 8: Distribution of subjects by their current position



The distribution of participants is according to the first nursing certificate, graduation place, and year of graduation. The highest percent (42.2%) were licensed practical nurse, while three years diploma, bachelor degree, and midwife (RN and practical) represented 32.9%, 20.9% and 4.0% respectively of the total study population (Annex, 8). The same Annex shows that the highest percent (35.1%) of respondents were graduated from Palestine College of Nursing. While those who were graduated from Shifa Nursing School, Islamic University of Gaza, Egypt, and Baptist School represented 24.2%, 20.3%, 11.1% and 3.1% respectively. Additionally, about 6.2% were graduated from other universities and institutions (West bank, America, UNRWA, and others). Nearly half of subjects (51.7%) were graduated after 1990, while 32.9% of respondents were graduated between year 1981 & 1990 and only 15.4% of respondents were graduated before year 1981 (Annex, 8).

The distribution of participants is according to the last nursing certificate, graduation place, and year of graduation. The highest percent (44.6%) were practical nurse and 44.6% were bachelor degree, while high diploma constituted 8.3% and master degree constituted only 2.5% (Annex, 9). The same Annex shows that 34.5% of participants were graduated from the Palestine College of Nursing, while those who graduated from Islamic University of Gaza, Shifa hospital, Egypt, and Al Quds University represented 28.3%, 15.7%, 9.2% and 4.0% respectively. About 8.3% were graduated from other universities and institutions (Baptist School of nursing, Jordan, Australia, West bank and others).

The highest percent of respondents (73.5%) were graduated after 1990, while 17.3% of respondents were graduated between year 1981 & 1990 and only 9.2% of respondents were graduated before 1981(Annex, 9).

Table 2: Distribution of subjects by work and experience.

Variables	No.	%
Place of work		
Government	270	83.1%
UNRWA	24	7.4%
Private	18	5.5%
NGOs	13	4.0%
Total	325	100%
Field of current work		
Hospitals	232	71.4%
Primary Care	83	25.5%
Others	10	3.1%
Total	325	100%
Experience in years		
1-10	167	51.3%
11-20	99	30.5%
> 20	59	18.2%
Total	325	100%

As shown in table 2, the majority of the respondents (83.1%) were working in governmental sectors, while 7.4%, 5.5% and 4.0% were working in the UNRWA, private sectors and NGOs respectively.

Additionally, the same table shows that the majority of respondents (71.4%) were working in hospitals, 25.5% of respondents were working in primary health care and the least proportion (3.1%) were working in rehabilitation or education department.

The same table, shows that nearly half (51.4%) of respondents have had experience from 1-10 years, where 30.5% have had experience from 11-20 years and only 18.3% have had experience more than 20 years.

Nursing association profile

Table 3: Distribution of subjects by date and reasons of affiliation to nursing association.

Variables	No.	%
Date of affiliation		
Before 2000	153	47.1%
After 2000	172	52.9%
Total	325	100%
Reasons of affiliation (more than one answer)		
Protect nurses rights	170	52.3%
License for profession	149	45.8%
Professional support	104	32.0%
Participate in elections	104	32.0%
Participate in activities	68	20.9%

As illustrated in table 3, about 47% of subjects are affiliated to nursing association before year 2000 and about 53% of subjects affiliated after year 2000.

From those affiliated to nursing association, about half (52.3%) of the respondents affiliated to protect nurses rights, for getting driving license for profession 45.8%, and about one third (32.0%) of subjects affiliation to get professional support and to participate in association elections, and about 21% to participate in nursing association activities.

Table 4: Distribution of subjects by validity of membership and reasons of not updating membership of association.

Variables	No.	%
Validity of membership		
Valid	237	72.9%
Invalid	88	27.1%
Total	325	100%
Reasons of not updating (more than one answer)		
Carelessness of association	75	23.1%
No benefit of the paid	23	7.1%
The fees is high	9	2.8%

As illustrated in table 4, the majority of subjects (72.9%) their membership was valid and about 27.1% of subjects their membership was invalid. Additionally, about 23.1% of subjects were not updating their membership because of carelessness of association, while no benefit of the paid sum and the fees is high represented 7.1% and 2.8% respectively.

Table 5: Distribution of subjects by knowledge of nursing association place and visiting the association within the last two years.

Variables	Frequency	Percent
Knowledge of (NA) place		
Yes	199	61.2%
No	126	38.8%
Total	325	100%
Visit the association		
Yes	100	30.8%
No	255	69.2%
Total	325	100%
The reason of your last visit		
Personal document credit	28	8.6%
To make and renew the association membership	24	7.4%
To acquaintance for the association conditions	21	6.5%
To participate in the association activities	18	5.5%
To pay back the fees	9	2.8%
Total	100	30.8%

As shown in table 5, about 61% of subjects know the current place of the nursing association.

The same table shows that 30.8% of subjects visited the association within the last two years, and the majority (69.2%) of respondents did not visit the association. The reasons of visiting the association within the last two years of those who had visited, 8.6% to credit personal document, while 7.4% of subjects to make and renew the association membership, only 6.5% of subjects to acquaintance for the association conditions, while 5.5% of subjects to participate in the association activities and only 2.8% of subjects to pay back the fees.

Table 6: Distribution of subjects by pay back the fees and acquaintance on the goals and rule of nursing association at affiliation.

Variables	No.	%
Paying back the fees		
Yes	125	38.5%
No	200	61.5%
Total	325	100%
Source of payment		
Yourself	108	33.2%
Specific nursing block	17	5.3%
Total	125	38.5%
Acquaintance to goals and rules		
Yes	101	31.1%
No	224	68.9%
Total	325	100%
Who is made acquaintance?		
Chairman of nurses	18	5.5%
Administration body member	63	19.4%
Nurse outside administration body	9	2.8%
Association secretary	11	3.4%
Total	101	31.1%

As shown in table 6, high percent of subjects (61.5%) don't pay the fees for the nursing association regularly while 38.5% of subjects pay the fees regularly. Nearly one third (33.2%) of respondents paid themselves the fees and only 5.2% of subjects paid the fees by specific nursing block for the nursing association.

In addition, the majority (68.9%) of subjects have not acquainted on the goals and rules of nursing association at affiliation, while about 31.1% of subjects acquainted to goals and rules from the chairman, administration body members, and nurse outside administration body represented 5.5%, 19.4% and 2.8%. and 3.4% from the association secretary.

Table 7: Distribution of subjects by participation in the last elections of the association

Variables	No.	%
Participation		
Yes	275	84.6%
No	50	15.4%
<i>Total</i>	<i>325</i>	<i>100%</i>
The reason for participation (more than one answer)		
To support specific block	144	44.3%
To preserve the association body	119	36.6%
To express opinion	99	30.5%
To nominate my self	15	4.6%

Table 7, shows that the majority of respondents (84.6%) are participated in the last nursing elections while 15.4% of respondents did not participate in the last nursing elections. Approximately about 44% were participated to support specific block in the last elections, nearly more than one third (36.6%) of subjects to preserve the association body, while 30.5% of participants to express their opinions and only 4.6% to nominate them self.

Table 8: Distribution of subjects by receiving invitation, participation in committees, attending courses or sessions, help in solve problem and improve income by nursing association.

Variables	Frequency	Percent
Received an invitation		
Yes	50	15.4%
No	275	84.6%
<i>Total</i>	<i>325</i>	<i>100%</i>
Number of invitation		
< 4 times	44	13.6%
> 4 times	6	1.8%
<i>Total</i>	<i>50</i>	<i>15.4%</i>
Participate in committees.		
Yes	21	6.5%
No	304	93.5%
<i>Total</i>	<i>325</i>	<i>100%</i>
Attend courses or seminars organized by the association.		
Yes	17	5.2%
No	308	94.8%
<i>Total</i>	<i>325</i>	<i>100%</i>
Has the association ever helped you in solving any problem?		
Yes	12	3.7%
No	313	96.3%
<i>Total</i>	<i>325</i>	<i>100%</i>
Has the association any role in improving your income		
Yes	21	6.5%
No	304	93.5%
<i>Total</i>	<i>325</i>	<i>100%</i>

Table 8, shows that the majority of respondents (84.6%) did not receive any invitation letter to attend meeting of the association within the last two years while only 15.4% of respondents received an invitation letter to attend meetings within the last two years. The subjects are distributed to two categories according to the number of times they received invitation letter to attend the meeting, only 13.6% of subjects are received invitation less than four times, while 1.8% of subjects are received invitation letter more than 4 times. According to participation in committees the majority of respondents (93.5%) did not participate in any association committees while only 6.5% of respondents participated in the association committees. Moreover, approximately 95% of subjects did not attend any courses or sessions organized by the association, while only 5.2% of respondents attend courses and sessions organized by the association. The highest percent in the study (96.3%) the association did not help members in solve any problem.

The majority of subjects (93.5%) the association did not play any role in improving the income of nurses.

Factor analysis and related sub-scale dimensions

Varimax rotated principle factor analysis was used to identify nurse's perceptions.

Factor analysis extracted five components, factor loading over 0.5 were selected. The extracted factors were socioeconomic & political role of nursing association, professional role, loyalty, availability of obstacles to communicate with the nursing association and policies (Annex, 10).

As a result of factor analysis, five factors were emerged and they were labeled by the researcher as the following:

Domains of nurse's perceptions

1- Socioeconomic & political role: composed of 19 items, which included questions (56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74)

It reflects the social role of nursing association towards nurses as communication and coordination between all concerns, adopt, support and solve problems, in addition, to economic and political role of nursing association towards nurses as support the nurses economic and facilitate job creation for nurses (Annex, 10).

2- Professional role: composed of 12 items, which included questions (44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55.). These items illustrated the professional role of nurses towards nurses as, raise level of nursing professionally, practically, support research, raise nursing standards and improve the view of community towards nursing profession (Annex, 10).

3- Loyalty: composed of 11 items, which included questions (83, 84, 85, 86, 87, 88, 89, 90, 91, 94, 95.). It reflects the nurses role towards nursing association as, participation of nurses in supporting nursing association, visiting the association, pay the installment regularly and cooperate with colleagues in the nursing profession to achieve the association goals (Annex, 10).

4- Availability of Obstacles: composed of 7 items (96, 97, 98, 99, 100, 101, 102,).

These items reflect the obstacles that face the nurses to communicate with nursing association as, existence only one location, party interference in the works of the nursing association, economic situation of nurses and different interval shifts in the work (Annex, 10).

5- Policies: composed of 3 items which included questions (75, 76, 92,)?

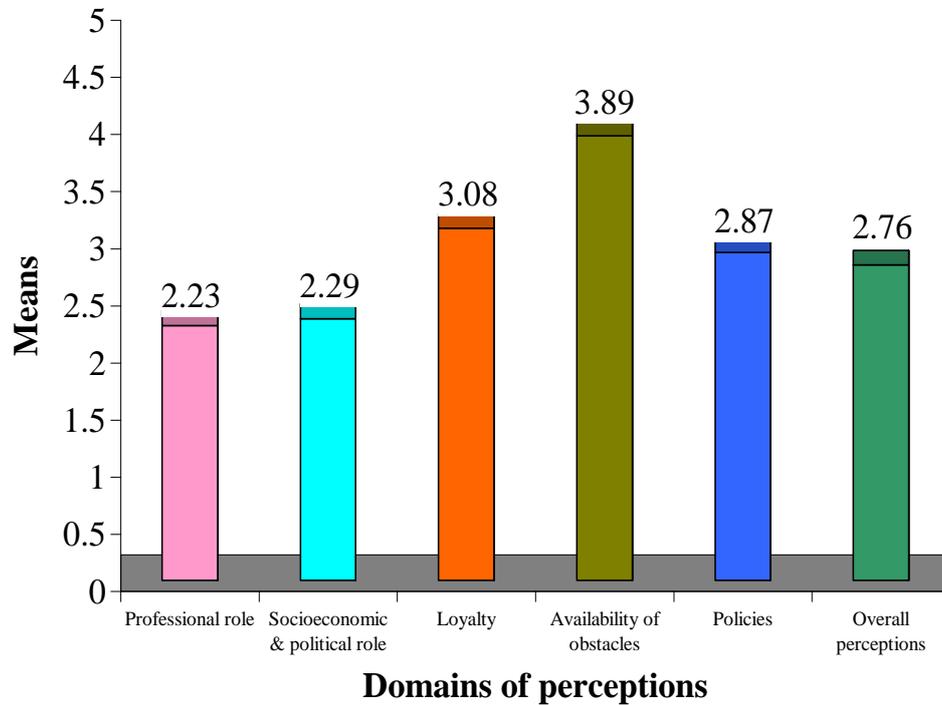
This items explains the opinions of nurses towards union between Gaza association and West bank association, choosing members for the administration agency should be freed for the works of association and about election of chairman by nurses member (Annex, 10).

6- Overall perceptions: The total perceptions score (Overall perceptions) reflects the summation of all scores of perceptions items and were divided by the number of items, created a mean of total score and sub score for each of the dimensions of perceptions which are professional role, socioeconomic & political role, loyalty, availability of obstacles and policies.

Table 9: Factor labels, means, standard deviation, and variance.

<i>Factor name</i>	<i>No. of Item</i>	<i>Mean</i>	<i>Standard deviation</i>	<i>Variance</i>
Socioeconomic & political role	19	2.29	0.8499	0.72
Professional role	12	2.23	0.9128	0.83
Loyalty	11	3.08	0.7921	0.63
Availability of obstacles	7	3.89	0.878	0.77
Policies	3	2.87	0.8209	0.67
Overall perceptions	52	2.76	0.5544	0.31

Figure 9: Means of nurse's perception about nursing association as identified by factor analysis.



The highest perception level was observed in availability of obstacles factor (3.8964) whereas the lowest perception level was observed with professional role factor (2.2287) (Table 9 and Figure 9).

Table 10: Comparison between age and nurses perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Age group	Mean	Indep. Var. <i>Age groups</i>	Sum of Squares	df	Mean Square	F	P.value
Socioeconomic and political role	20-29	2.114	Between Groups	6.247	3	2.082	2.934	.034 *
	30-39	2.275	Within Groups	227.787	321	.710		
	40-49	2.598						
	50-60	2.275	Total	234.034	324			
Professional role	20-29	2.112	Between Groups	4.040	3	1.347	1.626	.183
	30-39	2.224	Within Groups	265.917	321	.828		
	40-49	2.537						
	50-60	2.252	Total	269.957	324			
Availability of obstacles	20-29	3.220	Between Groups	3.744	3	1.248	2.008	.113
	30-39	3.004	Within Groups	199.543	321	.622		
	40-49	3.104						
	50-60	2.981	Total	203.288	324			
Policies	20-29	3.870	Between Groups	.095	3	.032	.041	.989
	30-39	3.902	Within Groups	250.084	321	.779		
	40-49	3.914						
	50-60	3.896	Total	250.179	324			
Loyalty	20-29	2.743	Between Groups	2.127	3	.709	1.053	.369
	30-39	2.890	Within Groups	216.222	321	.674		
	40-49	2.965						
	50-60	2.935	Total	218.350	324			
Overall perceptions	20-29	2.705	Between Groups	0.764	3	.255	.827	.480
	30-39	2.749	Within Groups	98.834	321	.308		
	40-49	2.865						
	50-60	2.803	Total	99.598	324			

* Statistically significance

Age

One way ANOVA was used to examine the difference between the respondent's age groups and their perceptions towards nursing association. Table 10, shows that age group between 40-49 years show higher mean than other age groups.

The results revealed that there is a significant statistical difference between age groups and socioeconomic & political role (P value 0.034). Although, Scheffe test revealed no significance statistical difference between age groups and perception scores.

Table 11: Comparison between gender and nurses perception scores of nursing association.

Depend. Var.	Indep. Var.	N	Mean	SD	t	P.value
<i>Nurses perception</i>						
	Socioeconomic and political role	Male	202	2.1860	.87401	-2.763
	Female	123	2.4519	.78454		
Professional role	Male	202	2.1221	.92882	-2.725	.007 *
	Female	123	2.4038	.86122		
Availability of obstacles	Male	202	2.9986	.83919	-2.605	.010 *
	Female	123	3.2218	.68906		
Policies	Male	202	3.9257	.92055	0.771	.441
	Female	123	3.8482	.80668		
Loyalty	Male	202	2.8708	.81461	0.065	.948
	Female	123	2.8647	.83453		
Overall perceptions	Male	202	2.7122	.56451	-0.095	.593
	Female	123	2.8443	.52953		

* Statistically significance

Gender

An independent t-test was used to compare between gender and nurses perception of nursing association. Table 11 shows that female had higher mean scores than male in socioeconomic & political role, professional role, and availability of obstacles. The result revealed that there was a strong significance statistical differences between the gender and socioeconomic & political role, professional role and availability of obstacles factors (P value 0.006 , 0.007 & 0.010 respectively).

Table 12: Comparison between residency place and nurses perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Resid- place	Mean	Indep. Var. <i>Residency place</i>	Sum of Squares	df	Mean Square	F	P.value
Socioeconomic and political role	North	2.227	Between Groups	1.301	4	.325	.447	.774
	Gaza	2.270						
	Mid Z	2.251	Within Groups	232.733	320	.727		
	Khany	2.324						
	Rafah	2.429	Total	234.034	324			
Professional role	North	2.086	Between Groups	1.969	4	.492	.588	.672
	Gaza	2.194						
	Mid Z	2.272	Within Groups	267.988	320	.837		
	Khany	2.333						
	Rafah	2.289	Total	269.957	324			
Availability of obstacles	North	2.807	Between Groups	9.322	4	2.331	3.845	.005 *
	Gaza	3.053						
	Mid Z	3.158	Within Groups	193.965	320	.606		
	Khany	2.990						
	Rafah	3.402	Total	203.288	324			
Policies	North	3.897	Between Groups	6.831	4	1.708	2.246	.064
	Gaza	3.895						
	Mid Z	4.095	Within Groups	243.348	320	.760		
	Khany	3.643						
	Rafah	3.765	Total	250.179	324			
Loyalty	North	2.849	Between Groups	1.132	4	.283	.417	.796
	Gaza	2.858						
	Mid Z	2.942	Within Groups	217.217	320	.679		
	Khany	2.748						
	Rafah	2.890	Total	218.350	324			
Overall perceptions	North	2.666	Between Groups	1.346	4	.336	1.096	.359
	Gaza	2.746						
	Mid Z	2.830	Within Groups	98.252	320	.307		
	Khany	2.699						
	Rafah	2.841	Total	99.598	324			

* Statistically significance

Residency place

As shown in table 12 One way ANOVA statistical test reveals significance statistical differences between residency place and availability of obstacles (P value 0.005).

Scheffe test indicates that those who reside in Rafah Province show higher positive

level of perception than other province. However, there was no significance statistical difference between the remaining sub-scale of perceptions and residency place.

Table 13: Comparison between marital status and nurse's perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Marital status</i>	Sum of Squares	df	Mean Square	F	P.value
Socioeconomic and political role	Between Groups	1.286	3	.429	.591	.621
	Within Groups	232.748	321	.725		
	Total	234.034	324			
Professional role	Between Groups	2.506	3	.835	1.003	.392
	Within Groups	267.451	321	.833		
	Total	269.957	324			
Availability of obstacles	Between Groups	1.272	3	.424	.674	.569
	Within Groups	202.015	321	.629		
	Total	203.288	324			
Policies	Between Groups	2.951	3	.984	1.277	.282
	Within Groups	247.228	321	.770		
	Total	250.179	324			
Loyalty	Between Groups	4.347	3	1.449	2.174	.091
	Within Groups	214.002	321	.667		
	Total	218.350	324			
Overall perceptions	Between Groups	0.818	3	.273	.886	.449
	Within Groups	987.780	321	.308		
	Total	99.598	324			

Marital status

As shown in table 13 there is no significance statistical difference between marital status and nurse's perception in all sub-scale dimension. This will reflects that the marital status does not affect the perception of nurses towards nursing association. However, Sheffe test revealed that the single shows higher mean than other group of marital status.

Table 14: Comparison between family size and nurse's perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Family size</i>	Sum of Squares	df	Mean Square	F	P.value
Socioeconomic and political role	Between Groups	3.791	2	1.895	2.651	.072
	Within Groups	230.243	322	.715		
	Total	234.034	324			
Professional role	Between Groups	1.947	2	.974	1.170	.312
	Within Groups	268.010	322	.832		
	Total	269.957	324			
Availability of obstacles	Between Groups	2.284	2	1.142	1.830	.162
	Within Groups	201.003	322	.624		
	Total	203.288	324			
Policies	Between Groups	.763	2	.381	.492	.612
	Within Groups	249.416	322	.775		
	Total	250.179	324			
Loyalty	Between Groups	3.197	2	1.599	2.392	.093
	Within Groups	215.153	322	.668		
	Total	218.350	324			
Overall perceptions	Between Groups	0.937	2	.468	1.528	.218
	Within Groups	98.661	322	.306		
	Total	99.598	324			

Family size

One-way ANOVA was used to examine the difference between respondent's family size and their perception towards nursing association. The respondents family size categorized into three groups , less than 5 person, 5-9 person and more than 9 persons. As shown in table 14 there was no significance statistical difference between family size and nurses perception in all sub scale dimension. However, Sheffe test revealed that the family size group between 5-9 persons shows higher mean score than other family size group.

Table 15: Comparison between monthly income and nurse's perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Monthly income</i>	Sum of Squares	df	Mean Square	F	P.value
Socioeconomic and political role	Between Groups	.996	2	.498	.688	.503
	Within Groups	233.038	322	.724		
	Total	234.034	324			
Professional role	Between Groups	1.583	2	.791	.950	.388
	Within Groups	268.374	322	.833		
	Total	269.957	324			
Availability of obstacles	Between Groups	.770	2	.385	.612	.543
	Within Groups	202.518	322	.629		
	Total	203.288	324			
Policies	Between Groups	3.538	2	1.769	2.309	.101
	Within Groups	246.642	322	.766		
	Total	250.179	324			
Loyalty	Between Groups	1.399	2	.699	1.038	.355
	Within Groups	216.951	322	.674		
	Total	218.350	324			
Overall perceptions	Between Groups	.159	2	.079	.257	.773
	Within Groups	99.439	322	.309		
	Total	99.598	324			

Monthly average income

One-way ANOVA was used to investigate the variation between monthly income and perceptions towards the nursing association. The respondents were divided into three groups according to monthly income in NIS (< 2000 NIS), (2000 – 2500) & (> 2500). Table 15 shows that there is no significance statistical difference between monthly income and nurse's perception in all sub scale dimension. However, Sheffe test revealed that the respondent's average monthly income > 2500 NIS shows higher mean than the other group.

Table 16: Comparison between first nursing certificate and nurse's perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>First nursing certificate</i>	Sum of Squares	df	Mean Square	F	P.value
Socioeconomic and political role	Between Groups	5.404	4	1.351	1.891	.112
	Within Groups	228.630	320	.714		
	Total	234.034	324			
Professional role	Between Groups	5.421	4	1.355	1.639	.164
	Within Groups	264.536	320	.827		
	Total	269.957	324			
Availability of obstacles	Between Groups	3.410	4	.852	1.365	.246
	Within Groups	199.878	320	.625		
	Total	203.288	324			
Policies	Between Groups	3.811	4	.953	1.237	.295
	Within Groups	246.369	320	.770		
	Total	250.179	324			
Loyalty	Between Groups	2.369	4	.592	.878	.478
	Within Groups	215.980	320	.672		
	Total	218.350	324			
Overall perceptions	Between Groups	1.065	4	.592	.865	.485
	Within Groups	98.533	320	.672		
	Total	99.598	324			

First nursing certificate

One-way ANOVA was used to examine the difference between the first nursing certificate and perceptions towards nursing association. The study populations have had different nursing certificate as nurse < 18 months, three years diploma nurse, Bachelor degree and midwife. Table 16 shows that there is no significance statistical difference in all sub scale dimension. Sheffe test revealed that the Midwife shows higher mean score than the other certificates.

Table 17: Comparison between last nursing certificate and nurse's perception scores nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Last nursing certificate</i>	Sum of Squares	df	Mean Square	F	P.value
Socioeconomic and political role	Between Groups	5.772	4	1.443	2.023	.091
	Within Groups	228.262	320	.713		
	Total	234.034	324			
Professional role	Between Groups	6.173	4	1.543	1.872	.115
	Within Groups	263.784	320	.824		
	Total	269.957	324			
Availability of obstacles	Between Groups	3.009	4	.752	1.202	.310
	Within Groups	200.279	320	.626		
	Total	203.288	324			
Policies	Between Groups	6.153	4	1.538	2.017	.092
	Within Groups	244.026	320	.763		
	Total	250.179	324			
Loyalty	Between Groups	4.387	4	1.097	1.640	.164
	Within Groups	213.963	320	.669		
	Total	218.350	324			
Overall perceptions	Between Groups	1.506	4	.377	1.228	.299
	Within Groups	98.092	320	.307		
	Total	99.598	324			

Last nursing certificate

One-way ANOVA was used to examine the difference between the last nursing certificate and perceptions towards nursing association. The study populations have had different nursing certificate as practical nurse, Bachelor degree, high diploma nurse and master degree. Table 17 shows that there is no significance statistical difference in all sub scale dimension. However, Sheffe test revealed that the Bachelor degree graduates shows higher mean score than the other certificates.

Table 18: Comparison between place of work and nurses perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Place of work</i>	Sum of Squares	df	Mean Square	F	P.value
Socioeconomic and political role	Between Groups	1.487	3	.496	.684	.562
	Within Groups	232.547	321	.724		
	Total	234.034	324			
Professional role	Between Groups	6.105	3	2.035	2.476	.061
	Within Groups	263.852	321	.822		
	Total	269.957	324			
Availability of obstacles	Between Groups	1.963	3	.645	1.029	.380
	Within Groups	201.351	321	.627		
	Total	203.288	324			
Policies	Between Groups	3.370	3	1.123	1.461	.225
	Within Groups	246.809	321	.769		
	Total	250.179	324			
Loyalty	Between Groups	2.531	3	.844	1.255	.290
	Within Groups	215.818	321	.672		
	Total	218.350	324			
Overall perceptions	Between Groups	.884	3	.295	.959	.413
	Within Groups	98.714	321	.308		
	Total	99.598	324			

Place of work

The respondents of the study were working in different organization that belongs to government, UNRWA, NGOs and private sector. Table 18 shows that there is no significance statistical difference in all sub scale dimension. However, Sheffe test revealed that the respondents working in private sector show higher mean score than other places.

Table 19: Comparison between field of work and nurses perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Field work	Mean	Indep. Var. <i>Field work</i>	Sum of Squares	df	Mean Square	F	P.value
Socioeconomic and political role	Hospital	2.217	Between Groups	5.0870	3	2.540	3.572	.029 *
	PHC	2.447	Within Groups	228.954	321	.711		
	Others	2.689	Total	234.034	324			
Professional role	Hospital	2.146	Between Groups	6.697	3	2.849	3.471	.032 *
	PHC	2.416	Within Groups	263.260	321	.821		
	Others	2.575	Total	269.957	324			
Availability of obstacles	Hospital	3.094	Between Groups	.924	3	.312	.496	.610
	PHC	3.029	Within Groups	202.664	321	.629		
	Others	3.271	Total	203.288	324			
Policies	Hospital	3.886	Between Groups	.475	3	.237	.306	.736
	PHC	3.943	Within Groups	249.704	321	.775		
	Others	3.733	Total	250.179	324			
Loyalty	Hospital	2.835	Between Groups	1.728	3	.864	1.285	.278
	PHC	2.916	Within Groups	216.621	321	.673		
	Others	3.227	Total	218.350	324			
Overall perceptions	Hospital	2.725	Between Groups	1.249	3	.624	2.044	.131
	PHC	2.837	Within Groups	98.349	321	.305		
	Others	2.980	Total	99.598	324			

* Statistically significance

Field of work

The respondents of the study were working in different filed work that belongs to hospitals, primary care, and others (education and rehabilitation). Table 19 shows that there is significance statistical difference between the field of work and socioeconomic role and professional role (P value 0.092 and 0.032). All Scheffe test

revealed no significance difference between filed of work and perception scores. However, the results show that who work in other categories (education and rehabilitation) show higher mean score than other fields with socioeconomic & political role and professional role.

Table 20: Comparison between experience and nurses perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Exper-ience	Mean	Indep. Var. <i>Experience</i>	Sum of Squares	df	Mean Square	F	P.value
Socioeconomic and political role	1-10	2.335	Between Groups	5.731	2	2.865	4.041	.018 *
	11-20	2.463	Within Groups	228.303	322	.709		
	> 20	2.165	Total	234.034	324			
Professional role	1-10	2.349	Between Groups	2.493	2	1.246	1.501	.225
	11-20	2.248	Within Groups	267.464	322	.831		
	> 20	2.150	Total	269.957	324			
Availability of obstacles	1-10	3.181	Between Groups	3.380	2	1.690	2.722	.067
	11-20	3.001	Within Groups	199.908	322	.621		
	> 20	2.963	Total	203.288	324			
Policies	1-10	3.942	Between Groups	.368	2	.184	.237	.789
	11-20	3.866	Within Groups	249.811	322	.776		
	> 20	3.866	Total	250.179	324			
Loyalty	1-10	3.020	Between Groups	3.968	2	1.984	2.980	.052 *
	11-20	2.895	Within Groups	214.382	322	.666		
	> 20	2.769	Total	218.350	324			
Overall perceptions	1-10	2.834	Between Groups	.852	2	.426	1.389	.251
	11-20	2.767	Within Groups	98.746	322	.307		
	> 20	2.717	Total	99.598	324			

* Statistically significance

Experience in years

Respondents divided into three categories regarding their experience in years as (1-10 years, 11-20 and more than 20 years). To compare the differences between experience and perception towards nursing association, the results showed a significance statistical differences between experience in years and socioeconomic & political role and marginally significant loyalty (P value 0.018 and 0.052) respectively. Sheffe test shows that those who had experience (1-10 years) reported higher level of positive perceptions with socioeconomic & political role and loyalty, while those with the lowest level of perceptions were observed in the group more than 20 years with the above mentioned factor.

Table 21: Comparison between current position and nurse's perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Current position	Mean	Indep. Var. <i>Current position</i>	Sum of Squares	df	Mean Square	F	P.value
Socioeconomic and political role	Regular nurse	2.069	Between Groups	9.815	4	2.454	3.502	.008 *
	Head N	2.587	Within Groups	224.219	320	.701		
	Supervisor	2.391						
	Manager	2.143	Total	234.034	324			
Professional role	Regular nurse	2.011	Between Groups	9.603	4	2.401	2.951	.020 *
	Head N	2.452	Within Groups	260.354	320	.814		
	Supervisor	2.204						
	Manager	2.012	Total	269.957	324			
Availability of obstacles	Regular nurse	3.148	Between Groups	1.281	4	.320	.507	.730
	Head N	2.946	Within Groups	202.006	320	.631		
	Supervisor	3.079						
	Manager	3.184	Total	203.288	324			
Policies	Regular nurse	4.072	Between Groups	6.528	4	1.632	2.143	.075
	Head N	3.892	Within Groups	243.652	320	.761		
	Supervisor	3.963						
	Manager	3.666	Total	250.179	324			
Loyalty	Regular nurse	2.8223	Between Groups	1.862	4	.465	.688	.601
	Head N	3.029	Within Groups	216.488	320	.677		
	Supervisor	3.000						
	Manager	2.740	Total	218.350	324			
Overall perceptions	Regular nurse	2.716	Between Groups	.815	4	.204	.660	.620
	Head N	2.866	Within Groups	98.783	320	.309		
	Supervisor	2.815						
	Manager	2.643	Total	99.598	324			

* Statistically significance

Current position

One-way ANOVA statistical test was used as shown in table 21, the results showed a strong significance statistical differences between current position and socioeconomic & political role and professional role (P value 0.008 and 0.02). Sheffe test shows that

those who were working as a head nurse shows high levels of positive perception while regular nurse shows the lowest level of perception with socioeconomic & political role and professional role.

Table 22: Comparison between knowledge of nursing association place and nurses perceptions scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Knowing place of association</i>	N	Mean	SD	t	P.value
Socioeconomic and political role	Yes	199	2.4663	.83285	4.960	0.01 *
	No	126	2.0029	.80065		
Professional role	Yes	199	2.3752	.91475	3.707	0.01 *
	No	126	1.9974	.86377		
Availability of obstacles	Yes	199	3.0438	.76395	-1.124	.262
	No	126	3.1451	.83397		
Policies	Yes	199	3.9866	.80042	2.240	.026 *
	No	126	3.7540	.97632		
Loyalty	Yes	199	3.0626	.76237	5.601	0.01 *
	No	126	2.5620	.81947		
Overall perceptions	Yes	199	2.8720	.50810	4.627	0.01 *
	No	126	2.5887	.5765		

* Statistically significance

Knowledge of current place of nursing association.

As shown in table 22, an independent t-test was used to compare between knowing the current place of association and mean scores of perceptions towards nursing association. There were a significance statistical differences between knowing the current place of association and socioeconomic & political role, professional role, policies, loyalty and overall perceptions (P value 0.01, 0.01, 0.026, 0.01 and 0.01) respectively. The result revealed that those who knew the current place of the association had higher mean scores than the others.

Table 23: Comparison between validity of membership and nurses perceptions scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Validity of membership</i>	N	Mean	SD	t	P.value
Socioeconomic and political role	Yes	237	2.3340	.86127	1.653	.01 *
	No	88	2.1591	.80949		
Professional role	Yes	237	2.2665	.93440	1.226	.221
	No	88	2.1269	.84861		
Availability of obstacles	Yes	237	3.0675	.82081	-.581	.562
	No	88	3.1250	.71176		
Policies	Yes	237	3.9887	.83297	2.963	.004 *
	No	88	3.6477	.95272		
Loyalty	Yes	237	2.9467	.82108	2.847	.005 *
	No	88	2.6581	.78711		
Overall perceptions	Yes	237	2.8084	.56147	2.4833	.014 *
	No	88	2.6378	.51787		

* Statistically significance

Validity of membership

An independent t-test was used to compare between validity of membership and the means of perception towards nursing association. As shown in table 23, there were a strong significance statistical differences between validity of membership and socioeconomic role, policies, loyalty and overall perceptions (P value 0.01, 0.004, 0.005 and 0.014) respectively. The result revealed that nurses whose memberships are valid, have more positive perceptions towards nursing association than the others.

Table 24: Comparison between paying the membership fees and nurses perceptions scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>paying installments</i>	N	Mean	SD	t	P.value
Socioeconomic and political role	Yes	125	2.4775	.84062	3.247	.001 *
	No	200	2.1674	.83580		
Professional role	Yes	125	2.3907	.84524	2.550	.011 *
	No	200	2.1275	.94055		
Availability of obstacles	Yes	125	3.0697	.77901	-.240	.810
	No	200	3.0914	.80201		
Policies	Yes	125	3.9707	.83711	1.205	.229
	No	200	3.8500	.90272		
Loyalty	Yes	125	3.0509	.75093	3.299	.001 *
	No	200	2.7545	.84375		
Overall perceptions	Yes	125	2.8768	.50911	2.982	.003 *
	No	200	2.6905	.57059		

* Statistically significance

Paying the fees

An independent t-test was used to compare between paying the fees and the means of perception towards nursing association. As shown in table 24, there were strong significance statistical differences between paying the fees and socioeconomic & political role, professional role, loyalty and overall perceptions

(P value 0.001, 0.011, 0.001 and 0.003) respectively. The result revealed that, nurses who paid back the fees, have more positive perception towards nursing association than those who did not pay back the fees.

Table 25: Comparison between acquaintance to goals and rules of nursing association and nurses perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Awareness to goals and rules</i>	N	Mean	SD	t	P.value
Socioeconomic and political role	Yes	101	2.7681	.79158	7.406	.001 *
	No	224	2.0695	.78496		
Professional role	Yes	101	2.6436	.86105	5.769	.001 *
	No	224	2.0417	.87465		
Availability of obstacles	Yes	101	3.1103	.74090	.416	.678
	No	224	3.0708	.81545		
Policies	Yes	101	4.0198	.68770	1.919	.056 *
	No	224	3.8408	.94858		
Loyalty	Yes	101	3.2232	.69360	5.826	.001 *
	No	224	2.7086	.82507		
Overall perceptions	Yes	101	3.0317	.48732	6.218	.001 *
	No	224	2.6407	.54073		

* Statistically significance

Acquaintance to goals and rules

The subjects were asked if he/she gets acquaintance to goals and rules of nursing association. As shown in table 25, There were significance statistical difference between awareness to goals and rules and socioeconomic role & political role, professional role, policies, loyalty and overall perceptions (P value 0.001, 0.001, 0.056, 0.001 and 0.001) respectively. The results revealed that the nurses who got acquaintance to goals and rules of nursing association have higher mean scores in overall factors and socioeconomic role, professional role, policies and loyalty.

Table 26: Comparison between participation in last nursing elections and nurses perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Participation in election</i>	N	Mean	SD	t	P.value
Socioeconomic and political role	Yes	275	2.2932	.84458	.326	.744
	No	50	2.2505	.88649		
Professional role	Yes	275	2.2152	.91502	-.628	.531
	No	50	2.3033	.90598		
Availability of obstacles	Yes	275	3.1029	.78926	1.056	.292
	No	50	2.9743	.80693		
Policies	Yes	275	3.9842	.83184	4.341	.001 *
	No	50	3.4133	.97720		
Loyalty	Yes	275	2.9098	.81814	2.135	.034 *
	No	50	2.6418	.80695		
Overall perceptions	Yes	275	2.7895	.54296	2.091	.037 *
	No	50	2.6122	.59748		

* Statistically significance

Last nursing elections

As shown in table 26, an independent t-test was used to compare between participation in the last nursing elections and mean scores of perceptions towards nursing association. There were a strong significance statistical differences between the participation in the last nursing elections and policies, loyalty and overall perceptions (P value 0.01, 0.034 and 0.037) respectively. The result revealed that those who participated in the last nursing elections had higher mean scores than those who not participated in the last nursing elections.

Table 27: Comparison between visiting the association within the last two years and nurse's perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Visiting association</i>	N	Mean	SD	t	P.value
Socioeconomic and political role	Yes	100	2.6684	.90632	5.300	.001 *
	No	225	2.1170	.76671		
Professional role	Yes	100	2.5358	.98667	3.904	.001 *
	No	225	2.0922	.84503		
Availability of obstacles	Yes	100	3.0014	.74618	-1.280	.216
	No	225	3.1194	.81065		
Policies	Yes	100	3.9233	.78404	.368	.713
	No	225	3.8844	.91909		
Loyalty	Yes	100	3.2118	.84573	5.226	.001 *
	No	225	2.7160	.76332		
Overall perceptions	Yes	100	2.9502	.55909	4.177	.001 *
	No	225	2.6786	.53263		

* Statistically significance

Visiting the association

An independent t-test was used to compare between visiting nursing associations within the last two years and mean scores of perception towards nursing association. As shown in table 27, there were a strong significance statistical differences between visiting the nursing association and socioeconomic & political role, professional role, loyalty and overall perceptions (P value 0.001, 0.001, 0.001 and 0.001) respectively. The result revealed that those who visited the nursing association had slightly higher mean scores than those who did not visit the association.

Table 28: Comparison between receiving invitation letter from nursing association within the last two years and nurses perceptions scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Receiving invitation</i>	N	Mean	SD	t	P.value
Socioeconomic and political role	Yes	50	2.7284	.95108	3.650	.001 *
	No	275	2.2063	.80640		
Professional role	Yes	50	2.6283	1.00088	3.125	.003 *
	No	275	2.1561	.87844		
Availability of obstacles	Yes	50	3.0771	.78151	-.057	.954
	No	275	3.0842	.79542		
Policies	Yes	50	3.9933	.89719	.848	.397
	No	275	3.8788	.87583		
Loyalty	Yes	50	3.1545	.90523	2.704	.007 *
	No	275	2.8165	.79543		
Overall perceptions	Yes	50	2.9965	.59745	3.298	.001 *
	No	275	2.7196	.53649		

* Statistically significance

Receiving invitations

An independent t-test was used to compare between receiving invitation letter from nursing association within the last two years and mean scores of perception towards nursing association. As shown in table 28, there were a strong significance statistical differences between receiving invitation the nursing association and socioeconomic & political role, professional role, loyalty and overall perceptions (P value 0.001, 0.001, 0.001 and 0.001) respectively. The result revealed that those who received invitations had higher mean scores than those who did not receive.

Table 29: Comparison between participating in the meeting of the nursing association within the last two years and nurses' perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Participation in meeting</i>	N	Mean	SD	t	P.value
Socioeconomic and political role	Yes	34	3.0155	.81253	5.520	.001 *
	No	291	2.2015	.81384		
Professional role	Yes	34	2.8039	.94323	3.971	.001 *
	No	291	2.1615	.88675		
Availability of obstacles	Yes	34	3.0294	.73079	-.417	.667
	No	291	3.0893	.79990		
Policies	Yes	34	3.9510	.85333	.382	.703
	No	291	3.8900	.88286		
Loyalty	Yes	34	3.3636	.79600	3.792	.001 *
	No	291	2.8107	.80544		
Overall perceptions	Yes	34	3.1084	.54662	3.932	.001 *
	No	291	2.7217	.54199		

* Statistically significance

Participating in meeting

An independent t-test was used to compare between participating in the meeting of the nursing association within the last two years and mean scores of perception towards nursing association. As shown in table 29, there were a strong significance statistical differences between participating in meeting and socioeconomic & political role, professional role, loyalty (P value 0.001, 0.001, 0.001 and 0.001) respectively. The result revealed that those who participated in meeting had higher mean scores than those who did not participate.

Table 30: Comparison between participation in different nursing committees and nurse's perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Participation in different committees</i>	N	Mean	SD	t	P.value
Socioeconomic and political role	Yes	21	3.0677	.86741	4.481	.001 *
	No	304	2.2327	.82312		
Professional role	Yes	21	2.9603	.97169	3.879	.001 *
	No	304	2.1782	.88824		
Availability of obstacles	Yes	21	3.0272	.80764	-.334	.739
	No	304	3.0869	.79223		
Policies	Yes	21	4.1270	.79914	1.244	.214
	No	304	3.8805	.88294		
Loyalty	Yes	21	3.5844	.64448	4.239	.001 *
	No	304	2.8191	.80947		
Overall perceptions	Yes	21	3.2243	.49039	4.042	.001 *
	No	304	2.7303	.54498		

* Statistically significance

Participating in different committees

An independent t-test was used to compare between participating in different committees and mean scores of perception towards nursing association. As shown in table 30, there were a strong significance statistical differences between participating in different committees and socioeconomic & political role, professional role, loyalty and overall perceptions (P value 0.001, 0.001, 0.001 and 0.001) respectively. The result revealed that those who participated in different committees had higher mean scores than those who did not participate.

Table 31: Comparison between attending training courses or seminars and nurse's perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Attending training courses or seminar</i>	N	Mean	SD	t	P.value
Socioeconomic and political role	Yes	17	3.0341	.90683	3.801	.001 *
	No	308	2.2454	.82875		
Professional role	Yes	17	2.8480	.90342	2.906	.004 *
	No	308	2.1945	.90244		
Availability of obstacles	Yes	17	2.9664	.74150	-.623	.533
	No	308	3.0895	.79544		
Policies	Yes	17	4.0588	.93716	.782	.435
	No	308	3.8874	.87613		
Loyalty	Yes	17	3.3857	.75988	2.747	.006 *
	No	308	2.8394	.81542		
Overall perceptions	Yes	17	3.3152	.55667	2.881	.004 *
	No	308	2.7416	.54785		

* Statistically significance

Attending training courses or seminars

An independent t-test was used to compare between attending training courses or seminars and mean scores of perception towards nursing association. As shown in table 31, there were a strong significance statistical differences between participating in meeting and socioeconomic & political role, professional role, loyalty and overall perceptions (P value 0.001, 0.001, 0.001 and 0.001) respectively. The result revealed that those who attending training courses or seminars had higher mean scores than those who did not attend.

Table 32: Comparison between solving the problems of nurses by the association and nurse's perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Assisting in solving problems</i>	N	Mean	SD	t	P.value
Socioeconomic and political role	Yes	12	3.3772	.68654	4.673	.001 *
	No	313	2.2448	.82825		
Professional role	Yes	12	3.1875	.80648	3.783	.001 *
	No	313	2.1920	.89755		
Availability of obstacles	Yes	12	2.667	.60405	-1.863	.063
	No	313	3.0990	.79484		
Policies	Yes	12	4.5000	.57735	2.443	.015 *
	No	313	3.8733	.88066		
Loyalty	Yes	12	3.7045	.49812	3.663	.001 *
	No	313	2.8365	.81436		
Overall perceptions	Yes	12	3.3531	.35851	3.841	.001 *
	No	313	2.7395	.54841		

* Statistically significance

Assisting in solving problems

An independent t-test was used to compare between solving the problems of nurses by the association and mean scores of perception towards nursing association. As shown in table 32, there were a strong significance statistical differences between assisting in solving problems and socioeconomic & political role, professional role, policies, loyalty and overall perceptions (P value 0.001, 0.001, 0.015, 0.001 and 0.001) respectively. The result revealed that those who assisted in solving problems had higher mean scores than those who did not assist in solving problems.

Table 33: Comparison between improving income of nurses by the association and nurse's perception scores of nursing association.

Depend. Var. <i>Nurses perception</i>	Indep. Var. <i>Improving income</i>	N	Mean	SD	t	P.value
Socioeconomic and political role	Yes	21	3.3734	.75263	6.424	.001 *
	No	304	2.2116	.80466		
Professional role	Yes	21	3.1310	.85941	4.843	.001 *
	No	304	2.1664	.88424		
Availability of obstacles	Yes	21	3.2245	.73481	.846	.398
	No	304	3.0733	.79611		
Policies	Yes	21	4.1764	.63787	1.503	.134
	No	304	3.8772	.89055		
Loyalty	Yes	21	3.6364	.72386	4.565	.001 *
	No	304	2.8155	.80147		
Overall perceptions	Yes	21	3.3730	.46150	5.446	.001 *
	No	304	2.7200	.53572		

* Statistically significance

Improving income

An independent t-test was used to compare between improving incomes of nurses by the association and mean scores of perception towards nursing association. As shown in table 33, there were a strong significance statistical differences between improving income and socioeconomic & political role, professional role, loyalty and overall perceptions (P value 0.001, 0.001, 0.001 and 0.001) respectively. The result revealed that those who improved income had higher mean scores than those who did not improve income.

Qualitative findings

The second part of questionnaires is followed by open ended questions relevant to perceptions towards the nursing association. The respondents had a large number of opinions, so the researcher ranks some relevant answers in a descending order according to its important and most answers repeated in all questionnaires.

In response to the question about things you have got from the nursing association, the most frequently response was:

- Getting professional practice certificate.
- Raising salary value upon applying civil service law.
- Making nursing body and recognition it as other careers.
- Contacting and recognizing all nursing members.

From your own experience in response to the question about the strongest elements in the nursing association, the most frequently responses were:

- Ability to join great number of nurses to nursing association.
- Arrangement for association regular election although difficult circumstances.
- Establishment of the association and have a location for it although the difficult circumstances.
- Represent nursing and trying to do pressure on some parties to get nurses rights.
- Connecting the association with nursing administration and its close relation with it.

From your own experience in response to the question about the weakest elements in the nursing association, the most frequently responses were:

- Political interference at the association works for the sake of certain party and not for the nursing profession. Such political interference affects on the free work of the association.
- Some members of the administration board use to prefer their personal interest rather than the interest of nurses.
- Non awareness of administration board members for the nursing association works. The association has no role in the field of information. Moreover there is no regular magazine for the nursing association.
- Controlling of nursing administration and Ministry of Health at the decisions of the association. So most decisions are taken by the order of higher authorities of nursing administration.
- Most of administration board members who appointed at the nursing administration are governmental employees and they are not free for the nursing association works.
- There are no visits by association board members to the work sites of nurses to look forward for their needs. Also the association has no any role in appointing nurses at work filed.
- There are not specific budget for the nursing association to support its activities.
- The general association members have no role in evaluation about of the work of association administration board. In addition the nursing crowds are careless towards the activities and work of the administration board.
- There is no clear law to identify the works and the goals of the association.

Please, mention four of your participations and what have you offered to the nursing association, the most frequent response was:

- Participation in elections to choose association members.
- Payment of fees.
- Participation and elections propaganda to success certain block to continue works of nursing association.
- Participation and information activities during association shelling.
- Follow up regular circulars of nursing association when distributing it to other institutions.
- Attendance some meeting of the nursing association if it in sometimes invited.

In your opinion, how can we improve the performance of the nursing association, the most frequent response was:

- Activating the association role in seminars, workshops and courses.
- Working to raise the economical and social nursing level.
- Choosing independent administration board and free for association works. They should have experience and qualification in the role of association works
- Supporting the nursing crowd and increasing their awareness on the association activities and encouraging of the participation of nursing crowd in the association activities
- Getting away in political interference of the association works and working to raise the nursing profession to the level suit it.
- Establishment of more locations for the nursing association to make easy access for them.

- Issuing regular circulars to reach every member at his work to get familiar with the important issue.
- The elections should be free and far from political directions.
- Annexing and unifying of West Bank and Gaza Strip Association and clear determination of goals and law of the nursing association.
- Disseminate of cultural awareness at the community and getting familiar with nursing works and its necessary and working to raise economical and social level of nursing.
- Financial and abstract support for the association works.
- Regular meeting between association and nursing crowds and honor old nurses and who have experience.
- Communication and coordination at local level between the association and nursing crowds and at global level with Arab and foreign associations.
- Laying roles, regulation for professional practice.

Chapter (5)

Discussion

The aim of this study was to evaluate Gaza nurses perceptions and opinions about nursing association. In this chapter, the author attempts to discuss data presented in the literature with the findings of the study. Also in this chapter the author gives interpretations of the finding of this study in the light of other studies and the researcher well suggestions and implications that might help nurse's association boards of nursing association to improve the perceptions of nurses towards the association.

Perception and professional variables

This part of discussion examines the relationship between the respondent's demographic factors and perceptions towards nursing association. In addition, linking the results of this study with other studies. However, there are many other contributing factors, but at least a number of these demographic factors could affect the perceptions of the participants with respect many to issues like economic status, political situation, values, beliefs, expectations, rules, regulation, and natural condition of nursing and Palestinian culture. These issues might affect the responsibility of consistent or inconsistent relationship between demographic factors and participant perceptions.

The study findings shows that demographic characteristic of the respondent including marital status, family size and monthly income, showed no significance statistical difference in such analysis. This reflects that the perceptions of the participants are relatively similar in professional, social and economic situation. Gaza Strip is relatively small and narrow piece of land and people live almost in the same circumstances.

Regarding the relationship between perception of nurses towards nursing association and age, there was a significance statistical difference between age group with socioeconomic & political role. The study reveals that respondents with age group 40-49 years shows high mean score of positive perception, this means that this age group became more familiar with the role of association towards nurses and considered the group whose established the nursing association.

The results showed that there were significance statistical difference between gender and perception of nurses towards nursing association in socioeconomic & political role, professional role and availability of obstacles. The result reveals that female shows high level of perceptions with socioeconomic & political role, professional role and availability of obstacles, this means that nursing was and still perceived as a female profession which reflects women characteristics in the social process. This is consistent with Shahin (1994, 38) which claims that the Palestinian popular uprising "Intifada", directed towards independence and freedom which assisted women in general and nurses in particular to gain chance in sharing with men in social and political roles. Additionally, the Palestinian nurses can benefit from women's movement "female activities" and the concept of raised female consciousness in getting support and solidarity for their struggle to achieve acquired social-political change.

The finding of this study showed that there was significance statistical relationship between residency place in availability of obstacles factor and perception of nurses towards nursing association. This indicates that those who reside in Rafah Province shows high mean score of perception than other provinces. This finding may indicate absence of any location to nursing association in South Gaza and political situation from Israeli checkpoint and closure of roads.

This is consistent with Palestinian Nurses Conference (1994, 150) the conference showed that political situation and the restrictions placed by the Occupation Authority stood in the way of association works.

Professional variables refer to the variables related to nursing education, qualification, field of work, place of work, experience and nursing position. These variables might affect the respondent's perceptions towards nursing association.

Regarding the relationship between perception of nurses towards nursing association and both first nursing certificate and last nursing certificate of the participant, the study shows no significance statistical difference. This reflects that nursing certificate does not affect the perceptions of nurses towards nursing association.

Regarding the place of work, the finding showed that there is no significance statistical difference between the place of work and the perception of nurses towards nursing association. The study reveals that the association represents all nurses regardless the place of work, this reflects that the place of work does not affect to the perceptions of nurses towards nursing association. This is consistent with Florida Nurses Association (2002) which revealed that, nursing association is the only nursing organization representing all of nursing regardless of specialty or practice area.

The results showed that there was significance statistical difference between field of work and perception of nurses towards nursing association in socioeconomic & political role and professional role. Education and rehabilitation category show high mean score of perception with both socioeconomic & political role and professional role, the result was not surprising hence, most of those who are working in education and rehabilitation were members of nursing association.

The finding of this study showed that there was significance statistical relationship between the years of experience in the profession and perception of nurses towards nursing association with socioeconomic & political role and loyalty. Respondents with experience 1-10 years show the highest mean score of perception with socioeconomic & political role and loyalty. This indicates that the nurses who had experience from 1-10 have more creativity, production and interaction.

Regarding the current position of the respondents and their perceptions with nursing association, the study shows that there is significance statistical difference of perception with socioeconomic & political role and professional role. Head nurses reported high mean score of perception with socioeconomic & political role and professional; this may be explained by that, nursing association have influence on the head nurses, consequently the relationship between nurses and nursing association is good and some of head nurses work in nurses association boards.

While a regular nurse show the lowest level of perception with socioeconomic & political and professional role, this interpret that the members of administration board failed to adopt or influence the nurses.

The findings of this study showed that there is significance statistical difference between knowing the current place of association and overall perception of nurses towards nursing association and in all-sub-scale dimensions except obstacles dimension. The nurses who knew the current place of association had high mean scores of perception than others. This finding indicates that the nurses who knew the place of association can participate and contact with any activity of association. These activities are positively influence nurses perceptions and attitudes.

The study revealed that there is significance statistical difference between the validity of membership and socioeconomic & political role, policies, loyalty and overall perceptions of nurses towards nursing association. The nurse whose membership was valid had more positive perception than others in the previous mentioned sub-scale dimensions. This finding indicates that the nurse whose membership was valid due to influence of specific party which led to high score of nurses perceptions.

There are significance statistical differences between the paying of fees and the nurse's perceptions towards nursing association. The nurses who paid the fees had more positive perceptions towards nursing association than others in respect to socioeconomic & political role, professional role, loyalty and overall perceptions. This explained by: The nurses who paid the fees due to effect of specific party or nursing association.

The study revealed that there was significance statistical difference between awareness to goals and rules and socioeconomic & political role, professional role, loyalty and overall perceptions of nurses towards nursing association. The nurses who were aware of goals and rules of nursing association had higher mean score than others. This indicates that the nurses who were aware of goals are more oriented to their responsibilities towards nursing association and their right. So the nurses who oriented to the goals and rules of association are positively affected on the perceptions.

There was a significance statistical difference between the participation in the last nursing elections and activities, loyalty, and overall perceptions of nurses towards nursing association. The nurses who participated in the last nursing elections had higher mean scores than those who did not participate. This indicates that the nurses who participated in the last nursing elections shared in the success of these elections

to preserve the nursing body to represent nursing profession. Consistently, the descriptive data revealed that the majority of the subjects participated in the last nursing elections; This related to the effect of political interference on the nursing association; Each party of nurses tries to obtain the success for a specific block to advocate nursing rights. Therefore, success of specific party on the nursing elections affect positively on the perceptions and attitudes of some nurses.

The study showed significance statistical difference between visiting the nursing association within the last two years and socioeconomic & political role, professional role, loyalty and overall perceptions of nurses towards nursing association. The nurses who visited the nursing association had higher mean scores than who did not visit. This result indicates that: Firstly, some of the nurses who visited the nursing association to achieve personal interest affect on the nurses perceptions. Secondly, the nurses who visited the nursing association are due to the influence of nursing association and this did not reflect the wide base of nurses who did not visit the association.

The study revealed that there was significance statistical difference between receiving invitation letter from nursing association within the last two years and socioeconomic & political role, professional role, loyalty and overall perceptions of nurses towards nursing association. The nurses who received invitation had higher mean scores than those who did not receive. This indicates that the nursing association is concerned with group of nurses who received such invitation. This affect on the perception of nurses towards nursing association.

The findings of this study showed that there is significance statistical difference between participation in meeting of the nursing association within the last two years and socioeconomic & political role, professional role, loyalty and overall perception

of nurses toward nursing association. The nurses who participated in the meeting of nursing association had higher mean scores than those who did not participate. This may be showed that nursing association was concerned with some nurses and participation of the small group in meeting is due to influence of nursing association and this does not reflect the wide base of nurses whose did not participate in meeting.

The study revealed that there is significance statistical relationship between participation in different nursing committees and socioeconomic & political role, loyalty and overall perceptions of nurses towards nursing association. The nurses who participated in different committees had higher mean scores than those who did not participate. This clarifies that the nurses shared in the success and development of committees to preserve the nursing association body, this lead to positive perceptions toward nursing association. This is consistent with Palestine Nurses Conference (1994, 156) the conference recommended that the association needs for establishing a committees to represent the nurses needs, to make their efforts for more satisfaction heard, in order to promote nursing services, to cooperate with nursing association, to meet educational needs to support the future nursing institutions.

The findings of this study revealed that there is significance statistical difference between attending training courses or seminars and socioeconomic & political role, professional role, loyalty and overall perceptions of nurses towards nursing association. The nurses who attended training courses or seminars had higher mean scores than those who did not attend. This indicates that the nurses who attended training courses or seminars are due to influence of nursing association and this did not reflect the wide base of nurses who did not attend any courses or seminar.

The study revealed that there is significance statistical difference between the association solving the problems of nurses and socioeconomic & political role,

professional role, policies, loyalty and overall perceptions of nurses towards nursing association. Those who assisted in solving problems had higher mean scores than those who did not assist in solving problems. This explained by: The nurses who solved problems mean the importance of presence of nursing association in supporting nurses. Supporting and assisting nurses in solving problems affects positively on the perceptions of nurses. This is consistent with Palestine Nurses Conference (1994, 157) the conference recommended that the association to look forward to solve problems that face nurses in their work field.

There are significance statistical differences between the association improving income of nurses and socioeconomic & political role, professional role, loyalty and overall perceptions. Those who improved income had higher mean scores than those who did not improve income. This indicates that the improving income is one of the most important issues that affect on the perception of nurses especially the income of nurses in Gaza Strip. The nursing association is playing an important role through communication with all concerned to increase and improve the income of nurses. In fact, the nursing association was concerned with a group of nurses in improving their income and this does not include the wide base of nurses whose incomes have not been improved.

Domains of Gaza nurses perception about nursing association

The domains of Gaza nurses perceptions extracted by factor analysis were five dimensions, socioeconomic & political role (57.25%), and professional role (55.75%), availability of obstacles (97.5%), policies (71.75%), and loyalty (77.0%).

The factor of availability of obstacles dimension has the highest level of perception, (3.89) while the lowest level of perception was the professional role (2.23). The

following paragraph will discuss the implications of these domains in relation to the results of this study.

Socioeconomic & political role

The domain related to the socioeconomic & political role of nursing association towards nurses members. The respondents reported that the low level of perception with socioeconomic & political role (57.25%) when compared with other dimension. However, qualitative data, revealed that the association did not support the nurses neither social nor economic "*there is no visiting by association to the work sites of nurses and acquaints their needs*". In other side, the association budget was and still so far very low to support the needs of their members "*there are not specific budget for nursing association to support its activities*". Regardless to the shortage of the budget, the members of the association need support from nurse's association board. This is consistent with Alaska Nurses Association (2002) who declared that the association helps nurses with issues such as wages, benefits, and reimbursement of services.

One of the items to improve the perception of nurses towards the association, make seminars and workshops related to the implementation of newly developed labor law for the Palestinian State. This was supported by qualitative data, some recommend to "*Activating the association role in seminars, workshops and courses*"

The level of perceptions towards socioeconomic & political role was low because the association did not formulate any health policies related to the nursing profession. So to improve the perception of nurses, the association needs to make and formulates policies related to profession of health. This is consistent with Colorado Nurses Association (1999) the association indicates that by joining with association, the nurses have the opportunity to directly influence health policy and legislations. Other

study reported that the association Advocate for nurses through legislative, regulatory, and policy making endeavors (New Mexico Nurses Association, 1999).

Professional role

This domain refers to items related to the professional role of nursing association, such as setting standards for nursing ethics, education, practice, service, research, development of nursing profession, and representation of nurses and nursing at the national and international level of professional issues. The respondents reported that the lowest level of perceptions with professional role (55.75%) when compared with other dimensions. Palestine Nurses Conference (1994) reported that the factors may contribute to this lowest level of perceptions of professional role in Palestine as: Undermining the role of the nursing association by excluding it from participation in the setting of the health policies and standards in Palestine, lack of constant standards at the Palestinian level, lack of professional and administrative policies, procedures and standards, restrictions from the institutions administration over the members of executive committee of the nursing association in order to carry out their responsibilities mainly when they are on duties. Professional role is an important role and it plays a significance role in nurse's perceptions.

Delaware Nurses Association (2003) reported the professional role of nursing association as: work for improvement of health standards and the availability of health care services for the people, promote high standards of nursing, stimulate and promote the professional development of nurses, represent and speak for the nursing profession with allied health groups, state organizations, promote research in nursing and support innovative approaches to the delivery of health care, protect and promote the advancement of human rights related to health care and nursing, these roles shall be

unrestricted by consideration of age, color, creed, disability, gender, health status, lifestyle, nationality, race and religion.

Loyalty

This dimension illustrates the role of nurses towards nursing association, their support, relationship, and cooperation with nursing association. The staff reported relatively good level of perceptions with loyalty (77.0%) when compared with other dimensions. This finding denotes that the majority of the nurses supported the association in the activities declared from the association, participation in election to choose association members, payment fees regardless the weak points in the association to preserve the association body. In fact, many nurses of the nursing association neither know what are their responsibilities towards nursing association to support their association, nor realize what the purpose of the association. This is consistent with qualitative data, "*there is not clear law identify the work and the goals of the association*".

Availability of obstacles

This domain refers to items related to availability of obstacles and difficulties that faced nursing association, such as lack of resources, political situation in Palestine, inability to take decision, and administration agency not free for the association work.

The respondents reported the highest level of perception with availability obstacles (97.5%) when compared with other dimensions. This is consistent with Palestine Nurses Association (2004) reported that one of the obstacles that faced nursing association is political situation. As an example in May 17th 2004, Israeli military air forces attacked Palestinian Nursing Association. This led to total destruction of the infrastructure of the association and the absence of any location to the nursing association and stopped all the activities of the nursing association. In addition to the

political situation, the closure of roads and divisions of Gaza Strip to isolated provinces made it very difficult for nurses to communicate with nursing association.

Lack of resources is another difficulty to commit the purpose of association such as conducting meeting, holding courses or seminars; Any activity in the association needs resources and the only source of budget for the association is the fees of membership, these fees are not enough for requirement and the needs of the association. The nurses association board unable to take decision because are employed in government. This is consistent with the qualitative data, "*most of administration board members are governmental employees appointed at nursing administration, controlling of nursing administration at the decisions of association, and decisions are taken on order of higher authorities of nursing administration*". So, the power of administration board come from the independence of the members, this is consistent with qualitative data, the nurses recommended to "*choosing administration board outside the ministry of health and nursing administration to be able to take decisions*".

The author assumes another obstacle that faces the nursing association is political interference in the work of the association, this interference lead to divisions of nursing crowd to many parts, each part works for the sake of his party not for the nursing association and their profession. This is consistence with qualitative data; "*political interference at the association and working for the sake of a certain party and not for the nursing profession*" is considered one of the weakness points of the nursing association.

Policies

The employees reported that the relatively good perception regarding policies dimension (71.75%) in comparison with other dimensions.

The item of policies includes the opinions of nurses towards election of chairman, union between West bank association and Gaza association and choosing members for the administration board should be free for the works of the association.

Major policy issues that face nursing into the 21st century include protection and improvement of health care safety and quality. This includes measures to ensure that the health care industry does not drastically cut RN staff and replace them with lower paid non-skilled staff to the point where patient safety is compromised (Patricia 1992, 287). This is consistent with qualitative data, the nurses recommended that "*Annexing and unifying of West Bank and Gaza association, completely free of the administration agency to the association work*". This is consistent with Palestine Nurses Conference (1994) that recommended that the collaboration among the Palestinian nurses from the West Bank, Gaza Strip and the Diaspora should be reported to develop the nursing services and their profession; this must be reflected in the creation of a single professional organization to represent all the Palestinian nurses. The policy focus must to be break down the many barriers to nursing practice and payment for nursing service to maximize the use of nurses in the emerging managed care environment (Patricia 1992, 287).

Chapter (6)

Conclusion and Recommendation

Conclusions

In order to assess and appraise the perceptions and opinions of Gaza nurse towards nursing association. A descriptive, analytic, quantitative and qualitative study was conducted to assess nurse's perceptions and opinions towards nursing association. It is worth to remember that this study is the first study that has been conducted in Gaza Strip for this purpose. The study finding could help in improving the weak areas of nursing association in Gaza Strip.

The sample size was 400 participants, with 81% response rate. The majority of participants were males, married, working in hospitals and governmental sector. The highest percent of participant were lived in Gaza province and they constituted 31.5%. The mean age was 35.95 years. B.Sc. and practical nurses represent the highest percentage of the respondents as they constituted 44.6% of study population. Nurses whose graduated from Palestine College of Nursing 34.5% while graduated from the Islamic University of Gaza 28.3%. About half of participant (51.3%) having experience 1-10 years in nursing profession.

Study population was of different nursing posts and titles as: regular staff nurses were 78.2%, head nurses 11.4%, supervisors 8.3% and managers 2.1%.

Factor analysis as a result five dimensions of perceptions were extracted to include socioeconomic & political role, professional role, and availability of obstacles, policies and loyalty. The staff reported that highest level of perception with availability of obstacles domain (3.89) followed by loyalty (3.08), policies (2.87), socioeconomic & political role (2.29), and professional role (2.23).

While the age group between 40-49 shows statistically significance of perception with socioeconomic & political role. The study reveals that females shows high level of perception of socioeconomic & political role, professional role and availability of obstacles than males. Also the study reveals that who reside in Rafah shows higher level of perception of obstacles than other provinces. The study reveals that who work in primary health care shows high level of perception with socioeconomic & political role and professional role.

The study showed that the respondents who had experience 1-10 years reported higher level of positive perception with socioeconomic & political role and loyalty. Those who work as head nurses show high level of perception with socioeconomic & political role, and professional role. The study revealed that those who knew the current place of association have higher perception in socioeconomic & political role, professional role, policies, loyalty and overall perceptions.

The study showed that nurses whose membership was valid had more positive perception in socioeconomic & political role, policies, loyalty and overall perceptions. Those who paid the fees have more positive perception in socioeconomic & political role, professional role, loyalty and overall perceptions.

The study revealed that nurses who got awareness to goals and rules of nursing association had higher scores in socioeconomic & political role, professional role, policies, loyalty and overall perceptions. Those who participated in the last nursing elections had higher positive perception in policies, loyalty and overall perceptions.

The study showed that those who visited the nursing association had higher positive perception in socioeconomic & political role, professional role, loyalty and overall perceptions. Those who received invitations had higher scores in socioeconomic & political role, professional role, loyalty and overall perceptions.

The study showed that those who participated in the meeting of nursing association had higher perception in socioeconomic & political role, professional role, loyalty and overall perceptions. Those who participated in different committees had higher scores in socioeconomic & political role, professional role, loyalty and overall perceptions. Also, those who attended training courses or seminars had higher positive perception in socioeconomic & political role, professional role, loyalty and overall perceptions.

The study revealed that those who had been assisted by the nursing association in solving their problems had higher positive perceptions in socioeconomic & political role, professional role, loyalty and overall perceptions. Those whose income had been improved, had higher scores in socioeconomic & political role, professional role, loyalty and overall perceptions.

However, the qualitative data showed that the strongest elements of nursing association were as the following: ability to join great number of nurses to nursing association, established the association and have a location for it although the difficult circumstances and represent nursing and trying to do pressure on some parties to get nurses' rights. Also, the qualitative data showed that the following weakest elements which were: No commitment to the promise of goals laid by the association, get use of some members at the administration board for the personal interest, the nurses association board are governmental employees, and the elected members are not free for the association work. The participation of nurses towards nursing association: Payment of fees, participation in elections, following up regular circulars of nursing association. Also, the respondents mentioned, that they can improve the association through: Activating the association roles, choosing administration board free for the works of association, getting away of political interference, establishing more locations.

Recommendations

The study provided the author the opportunity to make a number of recommendations that base on the study findings and can be achieved with the nursing association.

General recommendations:

- ❖ Getting away of political interference in the works of nursing association and working to raise the nursing profession to the level suit it.
- ❖ Annexing and unifying West bank and Gaza Nursing Associations to build together the Palestinian Nursing Association.
- ❖ Activating the association committees (educational, social, culture, and sports).
- ❖ Increase loyalty such as paying the fees of the nursing association regularly and raising the awareness of nurses on their responsibilities towards the nursing association, nursing profession and community.
- ❖ Involvement of nurses in the identification of their own needs and to be assisted and supported by the administration board of nursing association.
- ❖ Choosing independent and free administration board for the works of nursing association to be able to take decisions.
- ❖ Fostering communication and effective participation among the Palestinian health sectors.
- ❖ Communication, cooperation and coordination with Arab and foreign associations to support the Gaza Nursing Association.
- ❖ Establishing more sites for the nursing association to make easy access for nurses.

- ❖ Further qualitative studies to test and examine changes in nurses perceptions towards nursing association
- ❖ Further study is needed to compare the perceptions of nurses about both nursing association in Gaza Strip and the West Bank.

Chapter (7)

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Annexes

(Annex, 1)



Moh-HMIS, Introduction, Health Status in Palestine 2000, July 2001

(Annex, 2)



(Annex, 3)

State of Palestine
Palestinian Nursing Association
Gaza Governorates



دولة فلسطين
نقابة التمريض الفلسطينية
محافظات غزة

بسم الله الرحمن الرحيم

الأخ / معتصم صلاح
المحترم
عضو نقابة التمريض

بالإشارة لطلبكم المقدم بتاريخ 21 / 1 / 2005 م بخصوص عدد التمريض المنتسب لنقابة التمريض محافظات غزة ، حتى نهاية عام 2003 م وهي الشريحة التي تريد أن تقوم بعمل دراسة حول اتجاهات و آراء الممرضين و الممرضات اتجاه نقابة التمريض .
أحيطكم علما بان العدد الإجمالي للمنتسبين لنقابة التمريض حتى نهاية عام 2003م هو 1971 ممرض و ممرضة .

وفقكم الله و إلي الأمام
وشكراً

جليل اشتيوي
نقيب التمريض
2011/1/21



(Annex, 4)

Questionnaire

Gaza Nurses perceptions of their Nursing Association

Explanatory Letter

Serial No: -----

Code No: -----

Dear colleague:

- I will appreciate your participation in this project.
- This questionnaire is part of my study at the school of public health "Nursing Management".
- The aim of this study is to assess the perceptions of nurses toward the nursing association.
- This tool may reflect your opinion, attitude and perception toward nursing association.
- Confidentiality will be provided and maintained and no need to write down your name.
- Please answer all questions according to your feeling, no right or wrong answer.
- Filling this questionnaire takes 20 minutes.
- Even though I welcome your participation, participation is optional.
- After filling in the questionnaire, please back it in the attached envelop.

Thank you for your cooperation

The researcher

Motasem Said Salah

Gaza Nurses perceptions of their Nursing Association

Please read carefully the following statements and then respond according accordingly.

1- Age: ----- years.

2- Gender

Male

Female

3- Address:

North Gaza Governorate

Gaza Governorate

Middle-Zone Governorate

Khanyounnis Governorate

Rafah Governorate

4- Marital status:

Single

Married

Divorced

Widow

Others -----

5- Number of family members: -----

6- Monthly average income (from all sources):----- NIS.

7- First nursing certificate:

Practical nurse (less than 2 years)

Three year diploma

Bachelor degree

Practical midwife

Registered midwife

Others -----

8- Date of graduation:

Year ----- Location -----

9- The last nursing certificate:

Register nurse

Practical midwife

Bachelor degree

High diploma

Master degree

Others -----

10- The graduation place of last nursing certificate you have gained in nursing:

Place ----- year -----

11- Have you gained another scientific degree other than nursing:

Yes No

12- Date of appointment: ----- year.

13- Place of work:

Government UNRWA NGOs
Private sector More than sector Others -----

14- Field of current work:

Hospitals Primary care Rehabilitation
Education Others -----

15- The whole experience in nursing field: -----year.

16- Current position:

Manager Supervisor Head nurse
Staff nurses Practical nurse Others -----

17- Date of affiliation to nursing association in Gaza strip:-----.

18- Reason of affiliation for nursing association (more than one answer is possible):

For getting driving license for profession To protect nurses rights
To get professional support To participate in nursing association activities
To participate in association election Others -----

19- Do you know the current place of nursing association:

Yes No

20- Is your membership valid:

Yes No

If the Answer in Q 20 was Yes move to Q22.

21- What is the reason of not updating membership of association (more than one answer is possible):

The fees of membership is high No benefit of the paid sum
Carelessness of association Others -----

22- Do you pay back the fees for association regularly:

Yes No

If the Answer in Q 22 was No move to Q25.

23- When did you paid the last fees -----

24- Whose paid the fees for nursing association:

Yourself Specific nursing block
Organization(governmental or private) Others -----

25- Have you been acquainted on the goals and rule of nursing association at affiliation:

Yes No

If the Answer in Q 25 was No move to Q27.

26- who is the person who acquainted you on the goals and rule of association at affiliation:

Chairman of nurses Administration board member
Association secretary Nurse outside administration body
Others -----

27- Have you participate in the last elections of the association:

Yes No

If the Answer in Q 27 was No move to Q29.

28- The reason of your participation in the last nursing association elections (more than one answer is possible)

To support specific block To nominate my self
To preserve the association body To express my opinion Others

29- Did you visit the association within the last two years:

Yes No

If the Answer in Q 29 was No move to Q32.

30- How many times have you been to the association-----

31- The reason of your last visit for the nursing association:

To pay back the fees Personal document credit
To make and renew the association membership
To acquaintance for the association conditions
To participate in the association activities Others

32- Did you receive an invitation letter to attend the meeting of the association within the last two years.

Yes No

If the Answer in Q 32 was No move to Q34.

33- How many times were you invited to attend the association meeting-----

34- Did you participate in the meeting of the nursing association within the last two years: Yes No

If the Answer in Q 34 was No move to Q38.

35- How many times did you participate in the association meeting-----

36- When was the last participate in the association meeting -----

37- What was the aim of these meeting:

- Meeting general corps Response to invitation
The meeting of the social, culture and professional activities
The association council meeting(if you were an elected member) Others

38- Did you participate in any association committees:

- Yes No

39- Have you attend courses or sessions organized by association:

- Yes No

If the Answer in Q 39 was No move to Q41.

40- What kind of these courses or sessions which were organized by the association:

- Profession sessions courses in the profession and health field
Computer courses Profession nurses courses English language courses
Others

41- Has the association ever helped you in solving any problem:

- Yes No

If the Answer in Q 41 was No move to Q43.

42- Which kind of problem:

- Professional problem health problem Social problem
Economic problem Others

43- Has the association any role in improving your income:

- Yes No

Please read the following statement, and put (*) under the answer that you see it is correct. There is neither correct nor wrong answer please pay attention to:

- **Column number one means: Strongly disagree.**
- **Column number two means: Disagree.**
- **Column number three means: Neither agree nor disagree.**
- **Column number four means: Agree.**
- **Column number five means: Strongly agree.**

No.	Statement	1	2	3	4	5
44.	Gaza nursing association raises the level of nursing professionally.					
45.	Gaza nursing association raises the standards of nursing profession practically.					
46.	Our nursing association raises the nursing association scientifically.					
47.	Our association works to develop the nurses scientifically.					
48.	Our association supports the research of nursing profession.					
49.	The association appeared scientifically through seminars and lectures.					
50.	Our association works to emerge the latest science reached in different fields.					
51.	Our association was a role in placing laws and regulations for the practice of nursing profession.					
52.	The association contributes in nursing polices.					
53.	The association increases the awareness of nurses to their rights.					
54.	Our association works to develop the association to reach the accepted level.					
55.	The association work to improve the view of community toward the nurses through different means.					
56.	Gaza nursing association work to increase interaction and communication among its members.					
57.	The association communicates and coordinates with the ministry of health and its organizations					
58.	Our association works to cooperate with other professions.					
59.	The association communicates with national and foreign faculties.					
60.	Our association works to coordinate with other associations related to nursing profession.					
61.	Our association adopts nursing problem in the filed work.					
62.	Our association contributes in solving the problems that face nurses.					

63.	Our association works to support the nurses socially .					
64.	Our association works to support the nurses economically.					
65.	Our association assists to facilitate job creation for nurses.					
66.	Our association works to improve the conditions and situations of nurses.					
67.	There is a good communication and interaction between the administration board and nurses in Gaza.					
68.	Our association holds frequent meetings to connect the agency board with administration one.					
69.	Administration board seeks to visit the nurses and to recognize their problem as well as their needs and follow up them.					
70.	Our association placed incentives system to honor the old nurses and favor owner distinguish persons.					
71.	Gaza nursing association is a body to defend nurses and their professions.					
72.	I believe that association decisions are free and independent in Gaza.					
73.	The association represents a bridge between the community and nursing member.					
74.	Our association is a house gathering the nurses and protecting their rights.					
75.	I prefer a union between the West Bank association and Gaza association.					
76.	The nursing association is more effective if the elected members are free for the work of association.					
77.	Gaza nursing is more effective if its not involve in the political direction.					
78.	Our association has active important role on affecting of the ministry decisions and council to gain achievement to nursing profession.					
79.	Our association a role in nursing legislation.					
80.	Our association protecting legally and professionally nurses.					
81.	The association placed ethical standards and profession behavior of nursing.					
82.	Our association issue periodic magazine.					
83.	My participation in Gaza nursing association enables me to support the nursing profession.					
84.	I participate socially in work to support the association.					
85.	My participation in our association leads me to communicate with others health sectors.					

86.	I refuge to our association to solve my professional problems.					
87.	I move to our association building when it is exposed to the Israel shelling.					
88.	Our collogues cooperate in the nursing profession to achieve the association goals.					
89.	There is increase in the nurse's awareness towards the nursing association.					
90.	I pay visits for the nursing association regularly.					
91.	I advise me collogues in participating and supporting nursing association.					
92.	I prefer to elect association chairman though nurses member in Gaza strip.					
93.	I support the association in making regularly nursing magazine.					
94.	The collogues follow up the association news through the email of nursing association.					
95.	I participate in supporting and updating the information on email of the nursing association.					
96.	Non awareness of the association work is one of the obstacles to communicate with nursing association.					
97.	The existence of only one location for nursing association is one for the difficulties with the nursing association.					
98.	The political interference in the association performance is one of the obstacles to communicate with nursing association.					
99.	The political conditions such as Intifida existence is one of the difficulties to communicate with nursing association.					
100.	The non existence of personal persuasions towards the nursing association is one of the obstacles to communicate with nursing association.					
101.	The economic situation is one of the difficulties that faced me to communicate with nursing association.					
102.	The different intervals shifts are one of the difficulties that faced me to communicate with nursing association.					

103- Please, mention the most important four things you have got from the nursing association?

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

104- From your own experience, mention the strongest four elements in the nursing association?

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

105- From your own experience, mention the weakest four elements in the nursing association?

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

106- Please, mention four of your participations and what have you offered to the nursing association?

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

107- In your opinion, how can we improve the performance of the nursing association?

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

108- Things you need to add in order to enrich the thesis.

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

إستبانة

"إستبانة حول اتجاهات وآراء الممرضين و الممرضات نحو نقابة التمريض في قطاع غزة"

" Gaza Nurses Perceptions of their Nursing Association "

الرقم المسلسل:.....

الرقم المبرمج:.....

الزميل/ الزميلة المحترمون تحية طيبة

- يسعدني جدا موافقتكم علي المشاركة في هذا البحث الذي هو جزء من رسالة الماجستير من كلية المهن الصحية – الدراسات العليا – جامعة القدس تخصص " إدارة تمريض " .
- الغرض من هذه الدراسة هو معرفة اتجاهات و آراء الممرضين حول نقابة التمريض.
- هذه الإستبانة أداة تعكس اتجاهاتكم وآرائكم حول نقابة التمريض الذي قد يعود بالفائدة للنهوض و الارتقاء بمهنة التمريض.
- السرية التامة مكفولة، ولا داعي لكتابة الاسم علي الإستبانة.
- يرجى الإجابة علي جميع الأسئلة و فق ما تراه ، حيث أنه لا توجد إجابات أو آراء صحيحة وأخرى خاطئة.
- قد تستغرق الإجابة علي ما ورد في هذه الإستبانة حوالي (20) دقيقة.
- رغم أنني أرحب بمشاركاتكم إلا أنه من حقك عدم المشاركة إذا أردت ذلك.
- أرجو إعادة الإستبانة بعد تعبئتها في المظروف المرفق.

شكرا لتعاونكم

الباحث

معتصم سعيد صلاح

بسم الله الرحمن الرحيم

" إستبانة حول إتجاهات وآراء الممرضين والممرضات نحو نقابة التمريض في قطاع غزة "

من فضلك أجب عن الأسئلة التالية.

١ - العمر:----- سنة

٢ - الجنس: ذكر أنثى

٣ - العنوان:

محافظة الشمال محافظة غزة محافظة الوسطى

محافظة خان يونس محافظة رفح

٤ - الحالة الاجتماعية:

أعزب/ أنسة متزوج/ة مطلق

أرمل/ة أخرى

٥ - عدد أفراد الأسرة التي تعيلها بما فيها أنت:-----

٦ - متوسط الدخل الشهري لك (من كل مصادر الدخل):----- شيكل

٧ - أول شهادة حصلت عليها في مجال التمريض:

شهادة تمريض عملي (أقل من سنتين) دبلوم ثلاث سنوات بكالوريوس

قابلة عملية قابلة قانونية أخرى

٨ - تاريخ التخرج:

سنة----- جهة التخرج-----.

٩ - آخر درجة علمية حصلت عليها في التمريض:

ممرض قانوني قابلة قانونية بكالوريوس

دبلوم عالي ماجستير أخرى

١٠ -الجهة التي حصلت منها على آخر مؤهل علمي في التمريض----- سنة-----

١١ -هل حصلت علي درجة علمية أخرى غير التمريض:

نعم لا

١٢ تاريخ التعيين:----- سنة

١٣ قطاع العمل:

<input type="checkbox"/>	حكومي	<input type="checkbox"/>	وكالة الغوث	<input type="checkbox"/>	مؤسسات غير حكومية
<input type="checkbox"/>	قطاع خاص	<input type="checkbox"/>	أكثر من قطاع	<input type="checkbox"/>	أخرى

١٤ مجال العمل الحالي:

<input type="checkbox"/>	مستشفيات	<input type="checkbox"/>	رعاية أولية	<input type="checkbox"/>	تأهيل
<input type="checkbox"/>	تعليم	<input type="checkbox"/>	آخري	-----	

١٥ للخبرة الكلية في مجال التمريض:----- سنة

١٦- الوظيفة الحالية " المسمى الوظيفي ":

<input type="checkbox"/>	مدير	<input type="checkbox"/>	مشرف	<input type="checkbox"/>	رئيس قسم
<input type="checkbox"/>	حكيم جامعي	<input type="checkbox"/>	ممرض	<input type="checkbox"/>	أخري

١٧ تاريخ الانتساب لنقابة التمريض في قطاع غزة -----

١٨ سبب الانتساب لنقابة التمريض في قطاع غزة (احتمال أكثر من إجابة):

<input type="checkbox"/>	للحصول علي رخصة لمزاولة المهنة	<input type="checkbox"/>	لحماية حقوق الممرضين	<input type="checkbox"/>	للحصول علي الدعم المهني
<input type="checkbox"/>	للمشاركة في نشاطات النقابة	<input type="checkbox"/>	للمشاركة في انتخابات النقابة	<input type="checkbox"/>	أخري

١٩- هل تعرف مقر نقابة التمريض الحالي:

<input type="checkbox"/>	نعم	<input type="checkbox"/>	لا
--------------------------	-----	--------------------------	----

٢٠ هل عضويتك النقابية سارية المفعول:

<input type="checkbox"/>	نعم	<input type="checkbox"/>	لا
--------------------------	-----	--------------------------	----

إذا كانت الإجابة نعم في سؤال 20 أنتقل إلى السؤال 22

٢١ ما هو سبب عدم تجديد عضوية النقابة (احتمال أكثر من إجابة):

<input type="checkbox"/>	رسوم العضوية عالية	<input type="checkbox"/>	عدم الاستفادة من المبلغ المدفوع
<input type="checkbox"/>	عدم اهتمام من النقابة	<input type="checkbox"/>	أخري

٢٢ هل تقوم بتسديد الأقساط للنقابة بشكل منتظم:

<input type="checkbox"/>	نعم	<input type="checkbox"/>	لا
--------------------------	-----	--------------------------	----

إذا كانت الإجابة لا في سؤال 22 أنتقل إلى السؤال 25 :

٢٣ متى دفعت آخر قسط: -----

٢٤- من دفع لك آخر قسط لنقابة التمريض:

<input type="checkbox"/>	كتلة تمريضية معينة	<input type="checkbox"/>	نفسك
<input type="checkbox"/>	أخرى	<input type="checkbox"/>	مؤسسة (حكومية أو خاصة)

25- هل تم تعريفك على أهداف و قانون النقابة عند الإنتساب:

نعم لا

إذا كانت الإجابة لا في سؤال 25 أنتقل إلى السؤال 27

26- من هو الشخص الذي قام بتعريفك على أهداف و قانون النقابة عند الانتساب:

<input type="checkbox"/>	سكرتير النقابة	<input type="checkbox"/>	أحد أعضاء الهيئة الإدارية	<input type="checkbox"/>	نقيب الممرضين
<input type="checkbox"/>	أخرى	<input type="checkbox"/>	ممرض خارج الهيئة الإدارية		

27- هل شاركت في آخر انتخابات للنقابة:

نعم لا

إذا كانت الإجابة لا في سؤال 27 أنتقل إلى السؤال 29

28- سبب مشاركتك في آخر انتخابات لنقابة التمريض (احتمال أكثر من إجابة):

<input type="checkbox"/>	المحافظة على الجسم النقابي	<input type="checkbox"/>	لترشيح نفسي	<input type="checkbox"/>	لدعم كتلة معينة
<input type="checkbox"/>	أخرى	<input type="checkbox"/>	لإبداء رأي		

29- هل زرت النقابة في آخر سنتين:

نعم لا

إذا كانت الإجابة لا في سؤال 29 أنتقل إلى السؤال 32

30- كم مرة زرت النقابة -----

31- سبب زيارتك للنقابة في آخر مرة:

<input type="checkbox"/>	لتسديد الرسوم	<input type="checkbox"/>	اعتماد وثائق شخصية	<input type="checkbox"/>	لعمل و تجديد عضوية النقابة
<input type="checkbox"/>	للاطلاع على أوضاع النقابة	<input type="checkbox"/>	للمشاركة في فعاليات النقابة	<input type="checkbox"/>	أخرى

32- هل تلقيت دعوة لحضور اجتماعات للنقابة في آخر سنتين:

نعم لا

إذا كانت الإجابة لا في سؤال 32 أنتقل إلى السؤال 34

33- كم مرة دعيت لحضور اجتماعات النقابة

34- هل اشتركت في اجتماعات نقابة التمريض في آخر سنتين:

نعم لا

إذا كانت الإجابة لا في سؤال 34 أنتقل إلى السؤال 38

35- كم مرة اشتركت في اجتماعات النقابة

36 متى كانت آخر مشاركة في اجتماعات النقابة:

37- و ما هو الهدف من هذه الاجتماعات:

اجتماع الهيئة العامة اجتماع الأنشطة المهنية و الثقافية و الاجتماعية لتلبية دعوات
حضور المجلس النقابي (إذا كنت عضو منتخب) أخرى

38- هل شاركت في إحدى لجان النقابة المختلفة: نعم لا

39- هل حضرت دورات أو ندوات نظمتها النقابة:

نعم لا

إذا كانت الإجابة لا في سؤال 39 أنتقل إلى السؤال 41

40- ما هي هذه الدورات أو الندوات:

دورات تخصصية لمجال العمل الصحي و المهني دورات كمبيوتر
دورات تمريض تخصصية التمريض دورات لغة انجليزية أخرى

41- هل ساعدتك النقابة في حل مشكلة تعرضت لها:

نعم لا

إذا كانت الإجابة لا في سؤال 41 أنتقل إلى السؤال 43

42- ما هي هذه المشكلة:

مشكلة مهنية مشكلة صحية مشكلة اجتماعية
مشكلة اقتصادية أخرى

43- هل كان للنقابة دور في تحسين معاشك:

نعم لا

أقرأ العبارات التالية وضع علامة صح أمام الإجابة التي تناسبك، علما بأنه لكل عبارة خمس إجابات كما هو مبين في الجدول التالي، فيما يتعلق بنقابة التمريض.

الرقم	العبارة	غير موافق بشدة	غير موافق	غير محدد	موافق	موافق بشدة
44-	نقابة التمريض في قطاع غزة ترفع المستوي المهني لمهنة التمريض.					
45-	نقابة التمريض في قطاع غزة ترفع من معايير مهنة التمريض عمليا.					
46-	نقابتنا ترفع من معايير مهنة التمريض علميا.					
47-	نقابتنا تعمل علي تطوير الممرضين علميا.					
48-	نقابتنا تعمل علي دعم البحث العلمي لمهنة التمريض.					
49-	ظهرت النقابة إعلاميا و علميا من خلال الندوات و المحاضرات و ورشات العمل.					
50-	تعمل نقابتنا علي إبراز آخر ما توصل إليه العلم في مختلف المجالات.					
51-	نقابتنا لها دور في وضع قوانين وضوابط لمزاولة مهنة التمريض					
52-	تساهم نقابتنا بوضع السياسات التمريضية.					
53-	نقابتنا تزيد من إدراك الممرضين لحقوقهم.					
54-	نقابتنا تسعى إلي الرقي بهذه المهنة إلي المستوي الذي يليق بها.					
55-	تقوم النقابة بالعمل علي تحسين نظرة المجتمع تجاه التمريض من خلال وسائل متعددة.					

الرقم	العبرة	غير موافق بشدة	غير موافق	غير محدد	موافق	موافق بشدة
88-	يتعاون الزملاء في مهنة التمريض لتحقيق أهداف نقابة.					
89-	هناك ازدياد في الوعي النقابي لدى الممرضين.					
90-	أقوم بزيارة لنقابة التمريض في قطاع غزة بانتظام.					
91-	انصح زملائي بالمشاركة و مساندة نقابة التمريض.					
92-	أفضل انتخاب رئيس للنقابة عن طريق جمهور التمريض في قطاع غزة.					
93-	أدعم النقابة في عمل مجلة دورية للتمريض.					
94-	الزملاء يتابعون أخبار النقابة عن طريق البريد الالكتروني لنقابة التمريض.					
95-	أشارك النقابة في دعم و تحديث المعلومات علي البريد الالكتروني لنقابة التمريض.					
96-	عدم الوعي للعمل النقابي هو أحد المعوقات للاتصال بنقابة التمريض.					
97-	وجود مقر واحد لنقابة التمريض هو من الصعوبات التي واجهتني للاتصال بنقابة التمريض في قطاع غزة.					
98-	التدخل الحزبي في أداء النقابة كان من المعوقات للاتصال بنقابة التمريض.					
99-	الأوضاع السياسية هي من الصعوبات للاتصال بنقابتنا.					
100	من المعوقات للاتصال بمهنة التمريض عدم الاقتناع بأهمية وجود نقابة للتمريض.					
101	الناحية الاقتصادية كانت من الصعوبات التي واجهتني للاتصال بنقابة التمريض في قطاع غزة.					
102	وجود فترات مختلفة من الدوام كانت من الصعوبات التي واجهتني للاتصال بنقابة التمريض في قطاع غزة.					

103- من فضلك أذكر أهم أربعة أشياء استفادتها من نقابة التمريض؟

-1

-2

-3

-4

104- من تجربتك الخاصة، ما هي أكثر أربع عناصر قوة في نقابة التمريض؟

-1

-2

-3

-4

105- من تجربتك الخاصة، ما هي أكثر أربع عناصر ضعفا في نقابة التمريض؟

-1

-2

-3

-4

106- من فضلك، أذكر أربع من مشاركاتك و ماذا قدمت لنقابة التمريض؟

-1

-2

-3

-4

107- حسب رأيك كيف يمكن تحسين نقابة التمريض؟

-1

-2

-3

-4

108- من فضلك دون أي اقتراحات إضافية لإثراء موضوع البحث؟

-1

-2

-3

-4

Palestinian National Authority
Ministry of Health
Helsinki Committee

بسم الله الرحمن الرحيم

السلطة الوطنية الفلسطينية
وزارة الصحة
لجنة هلسنكي



Date: 19/12/2004

التاريخ: 2004/12/19

Mr ./ Motasem Salah

السيد: معتصم صلاح

I would like to inform you that the committee
has discussed your application about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم
حول:-

Gaza Nurses perceptions about nursing
association.

اتجاهات و آراء الممرضين والممرضات نحو نقابة التمريض
في قطاع غزة.

In its meeting on December 2004
and decided the Following:-

و ذلك في جلستها المنعقدة لشهر ديسمبر 2004

و قد قررت ما يلي:-

To approve the above mention research study.

الموافقة على البحث المذكور عاليه.



Signature

توقيع

Member

Member

Chairperson

عضو

عضو

Conditions:-

- ❖ Valid for 2 years from the date of approval to start.
- ❖ It is necessary to notify the committee in any change in the admitted study protocol.
- ❖ The committee appreciate receiving one copy of your final research when it is completed.

(Annex, 7)

State of Palestine
Palestinian Nursing Association
Gaza Governorates



دولة فلسطين
نقابة التمريض الفلسطينية
مخافظات غزة

بسم الله الرحمن الرحيم

المحترم

الأخ / معتصم صلاح
عضو نقابة التمريض

تحية الوطن و بعد ،،،

بالإشارة لكتابتكم بتاريخ 30 / 11 / 2004 م بخصوص الموافقة علي القيام بدراسة حول اتجاهات و آراء الممرضين و الممرضات اتجاه نقابة التمريض نرجو التكرم بالعلم بأنه لا مانع لدينا من ذلك بل و نشجع هذا البحث و كل الأبحاث العلمية عامة و خصوصا ما يتعلق بنقابة التمريض. و نرجو العلم بان إمكانيات النقابة ومعلوماتها تحت تصرفكم في أي وقت للمساعدة في هذا العمل.

و بالتوفيق

نقيب التمريض

محفوظ عبيد

٢٠٠٤/١٤/٢٦



(Annex, 8)

Distribution of subjects by 1st nursing certificate, graduation place and years of graduation.

Variables	No.	%
Certificate		
Licen practical nurse	137	42.2%
Three years diploma nurse	107	32.9%
Bachelor degree nurse	68	20.9%
Midwife (RN and practical)	13	4.0%
Graduation place		
Palestine College of Nursing	114	35.1%
Shifa Nursing School	79	24.2%
Islamic University of Gaza	66	20.3%
Egypt	36	11.1%
Baptist School of Nursing	10	3.1%
Other Universities and Institution	20	6.2%
Year of graduation		
Before 1981	50	15.4%
1981 – 1990	107	32.9%
After 1990	168	51.7%

(Annex, 9)

Distribution of subjects by last nursing certificate, graduation place and year of graduation.

Variables	No.	%
Last nursing certificate		
Practical nurse	145	44.6%
Bachelor degree	145	44.6%
High diploma	27	8.3%
Master degree	8	2.5%
Graduation place		
Palestine College of Nursing	112	34.5%
Islamic University of Gaza	92	28.3%
Shifa Hospital School	51	15.7%
Egypt	30	9.2%
Al Quds University	13	4.0%
Other Universities and Institutions	27	8.3%
Year of graduation		
Before 1981	30	9.2%
1981 – 1990	56	17.3%
After 1990	239	73.5%

(Annex, 10)

Factor name	Questions	Factor loading	Mean	SD.
1.Socioeconomic and political role	Q56- Gaza nursing association work to increase interaction and communication among its members	.667	2.3785	1.1921
	Q57- The association communicates and coordinates with the ministry of health and its organizations	.705	2.7723	1.1044
	Q58- Our association works to cooperate with other professions.	.724	2.4708	1.1152
	Q59- The association communicates with national and foreign faculties.	.585	2.5754	1.1672
	Q60- Our association works to coordinate with other associations related to nursing profession.	.675	2.5631	1.0886
	Q61- Our association adopts nursing problem in the filed work.	.756	2.3446	1.1646
	Q62- Our association contributes in solving the problems that face nurses.	.806	2.3385	1.1795
	Q63- Our association works to support the nurses socially .	.731	2.1262	1.0856
	Q64- Our association works to support the nurses economically.	.722	1.9385	0.9857
	Q65- Our association assists to facilitate job creation for nurses.	.560	2.2185	1.5270
	Q66- Our association works to improve the conditions and situations of nurses.	.746	2.0892	1.0220
	Q67- There is a good communication and interaction between the administration board and nurses in Gaza.	.707	2.1169	1.0387
	Q68- Our association holds frequent meetings to connect the agency board with administration one.	.652	2.2431	0.997
	Q69- Administration board seeks to visit the nurses and to recognize their problem as well as their needs and follow up them.	.721	1.9077	0.9415
	Q70- Our association placed incentives system to honor the old nurses and favor owner distinguish persons.	.664	2.0492	1.0471
	Q71- Gaza nursing association is a body to defend nurses and their professions.	.635	2.4462	1.2451
	Q72- I believe that association decisions are free and independent in Gaza.	.616	2.1692	1.1135
	Q73- The association represents a bridge between the community and nursing member.	.589	2.3046	1.1288
	Q74- Our association is a house gathering the nurses and protecting their rights.	.665	2.3938	1.2639

2. Professional role	Q44- Gaza nursing association raise the level of nursing professionally.	.662	2.2554	1.1809
	Q45- Gaza nursing association raise the standards of nursing profession practically.	.693	2.2492	1.1122
	Q46- Our nursing association raise the nursing association scientifically.	.718	2.1354	1.0716
	Q47- Our association works to develop the nurses scientifically.	.760	2.1262	1.0421
	Q48- Our association support the research of nursing profession.	.748	2.1415	1.0708
	Q49- The association appeared scientifically through seminars and lectures.	.668	2.1754	1.0614
	Q50- Our association works to emerge the latest science reached in different fields.	.687	1.9415	0.9492
	Q51- Our association was a role in placing laws and regulations for the practice of nursing profession.	.594	2.4154	1.1901
	Q52- The association contributes in nursing polices.	.638	2.2585	1.1281
	Q53- The association increases the awareness of nurses to their rights.	.565	2.2738	1.1793
	Q54- Our association works to develop the association to reach the accepted level.	.611	2.4062	1.1842
	Q55- The association work to improve the view of community toward the nurses through different means.	.575	2.3662	1.2139
3. Loyalty	Q83- My participation in Gaza nursing association enables me to support the nursing profession.	.545	3.5569	1.1442
	Q84- I participate socially in work to support the association.	.594	2.8708	1.1501
	Q85- My participation in our association leads me to communicate with others health sectors.	.686	3.1508	1.1858
	Q86- I refuge to our association to solve my professional problems.	.715	2.6708	1.2787
	Q87- I move to our association building when it is exposed to the Israel shelling.	.671	2.9938	1.3123
	Q88- Our collogues cooperate in the nursing profession to achieve the association goals.	.637	2.8092	1.1496
	Q89- There is increase in the nurses awareness towards the nursing association.	.583	2.9231	1.2109
	Q90- I pay visits for the nursing association regularly.	.604	2.3108	1.1078

	Q91- I advise me collogues in participating and supporting nursing association.	.540	3.344 6	1.2563
	Q94- The collogues follow up the association news through the email of nursing association.	.580	2.3846	1.1096
	Q95- I participate in supporting and updating the information on email of the nursing association.	.632	2.5385	1.1369
4. Availability of obstacles	Q96- Non awareness of the association work is one of the availability of obstacles to communicate with nursing association.	.508	3.2492	1.2358
	Q97- The existence of only one location for nursing association is one for the difficulties with the nursing association.	.733	3.347 7	1.2444
	Q98- The political interference in the association performance is one of the obstacles to communicate with nursing association.	.572	3.4800	1.3137
	Q99- The political conditions such as Intifida existence is one of the difficulties to communicate with nursing association.	.671	3.1262	1.3027
	Q100- The non existence of personal persuasions towards the nursing association is one of the obstacles to communicate with nursing association.	.557	2.6462	1.3127
	Q101- The economic situation is one of the difficulties that faced me to communicate with nursing association.	.671	2.5785	1.1749
	Q102- The different intervals shifts is one of the difficulties that faced me to communicate with nursing association.	.562	3.1538	1.2352
5. Policies	Q75- I prefer a union between the West Bank association and Gaza association.	.635	3.8492	1.2833
	Q76- The nursing association is more effective if the elected members are free for the work of association.	.687	3.8369	1.1972
	Q92- I prefer to elect association chairman though nurses member in Gaza strip.	.576	4.0031	1.0349