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**Workplace Aggression, Psychological Distress and Job
Satisfaction among Nurses in Governmental Clinics
in Gaza Governorates**

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Workplace Aggression, Psychological Distress and Job Satisfaction among Nurses in Governmental Clinics in Gaza Governorates

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Dedication

This thesis is dedicated to:

My Parents who devoted their life for us.

My wife who was beside me in every moment.

My brothers, my sisters and my family.

My friends and colleagues.

Everyone who contributed to get this study a reality.

Thank you.

Khalil N. El Halabi

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 of its parts) has not been submitted for higher degree to any other university or institution.

Signed:

Khalil N. El Halabi

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Abstract

Workplace aggression against health care workers become serious and distrusted widespread phenomenon. The overall aim of the study was to determine the aggression in workplace against nurses in Governmental Clinics in Gaza governorates, and to examine the relationship between exposure to workplace aggression and the occurrence of psychological distress and job satisfaction.

The study design was a mixed triangulated design, 215 nurses were selected from clinics with different level at primary health care in Gaza Strip from, and the participants were selected through a simple random sampling, with respond rate 81.4%. Quantitative data was collected by using Interviewed questionnaires which , adopted from a questionnaire by World Health Organization 2003, which include three main part, workplace aggression, psychological distress with the twelve version of the General Health Questionnaire (GHQ-12) and job satisfaction was measured with the ten items Generic Job Satisfaction Scale, in addition using key informant interview (KII) for qualitative part which involved a group of victims of primary health nurses in the GS during the period of study. Data was entered and analyzed using the SPSS program for the quantitative data, descriptive and inferential was used.

Results showed that 38.2% of the participants said that they subjected to verbal abused, while 24.7% of participants said that they subjected to physically abused. 26% of the participants said that taking appropriate action against aggressors is the most important contributing factor to prevent workplace aggression.

There was a statistically significant difference in job satisfaction of nurses due to physical attack. While there were no statistically significant differences in job satisfaction of nurses due to verbal abuse, or bullied/ mobbed in workplace. The patients and the patients' relatives were the main sources of physical and verbal aggression, whereas colleagues were the main source of bullying.

There is a statistically significant difference in job satisfaction of nurses due to physical attack. While there are no statistically significant differences in job satisfaction of nurses due to verbal abuse, or bullied/ mobbed in workplace.

The study concluded that the nurses were being subjected to different types of aggression in their workplace.

The study recommended that the policy maker should pay more attention to provide educational training programs for health care workers on stress management and more training for staff about coping strategies, communication skills and conflict resolution

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List of Abbreviations

CMPH	Community Mental Health Programme
E-health	Electronic Health
EDs	Emergency Departments
FCPP	Family Child Protection Program
FGD	Focus Group Discussion
FHT	Family Health Team
FMDP	Family Medicine Diploma Programme
GBV	Gender Based Violence
GS	Gaza Strip
MBI	Maslach Burnout Inventory
MHPSS	Mental Health and Psychosocial Support services
MoH	Ministry of Health
NGOs	Non-Governmental Organizations
NIOSH	National Institute for Occupational Safety and Health
OSHA	Occupational Safety and Health Administration
PCBS	Palestinian Central Bureau of Statistics
PHC	Primary Health Care
SPSS	Statistical Package for Social Science
UNRWA	United Nations Relief and Works Agency for Palestinian Refugees in the Near East
WB	West Bank

Chapter One

Introduction

1.1 Background

Workplace aggressions towards health care workers emerge as extreme and distrusted massive phenomenon. According to the World Health Organization (WHO), violence consists of “bodily attack, murder, verbal abuse, bullying/mobbing, sexual and racial harassment, and mental pressure”. (WHO, 2003).

The National Institute for Occupational Safety and Health defines place of job violence as “violent acts (along with bodily attacks and threats of attacks) directed in the direction of individuals at paintings or on responsibility”. Violence-occupational risks in hospitals. (Centers for Disease Control and Prevention, 2002).

Health employees are at excessive hazard of violence all around the global. Between 8% - 38% of medical experts go through bodily violence in some unspecified time in the future of their careers. Many extra are threatened or uncovered to verbal aggression. Patients and site visitors perpetrate maximum violence. Also, in catastrophe and war conditions, medical experts may additionally end up the goals of collective or political violence. Categories of medical examiners maximum at danger consist of nurses and different group of workers immediately worried in affected person care, emergency room body of workers and paramedics.

In spite of the variable variety of mentioned violence, there's a assent that the maximum typically encountered violence is verbal abuse (Uzun et al., 2003). Health care employees' studies of place of job violence this absolutely have a terrible correlation with task delight and overall performance. (Hegney et al., 2003).

Such a lower in overall performance will immediately effect on affected person care and therefore the effectiveness of the fitness care gadget. (Atawneh et al., 2003).

Safe environment in all health care institutions is imperative for healthcare workers to deliver high quality care for people with different health needs. (Hegney et al., 2003).

The occurrence of patient violence in Emergency Departments (EDs) has increased to an alarming figure worldwide. Around 25% of the nurse respondents have faced bodily attack more than 20 times in the 3 years preceding Gacki-Smith and his colleagues' study (Hesketh, et al... 2003) and almost one-fifth of them experienced frequent verbal abuse.

Abuse is found in all work environments but nurses are who deals with the patients and his family first. They have the closest contact with patients and their relatives, and thus are at greatest risk of being abused in the hospital environment. (WHO, 2003).

Word wild studies have found that the prevalence of workplace violence against nurses in the hospital setting varied from 10% to 50%, and even up to 87%. (Wells, Bowers, 2002; Hegney, et al., .2003)

These studies nonetheless varied in their definition of workplace violence and the recall period. Despite the acknowledgement by international committees and governing bodies that workplace violence is a significant and serious problem in the nursing population. The daily work of nurses involves dealing with patients, relatives, supervisors, manager and other collage, with different background that may lead to aggression toward them. This aggression may be physical assaults, verbal abuse and bullying, at the workplace.

Aggression is defined as (acts of psychological mistreatment, physical assault, or threatening behavior that occur in a work setting and that cause physical or emotional harm (Gacki-Smith et al., 2009), is a prevalent problem that affects the health and productivity of many health care workers (Kwok et al., 2006).

All employees in the health care sector are faced with the risk of being a victim of violence (Occupational Safety and Health Administration-OSHA, 2002; the National advisory council on nurse education and practice). Workplace aggression may be verbal, nonverbal.

In addition to the current knowledge about workplace aggression in the health care sector, this study is the first one in Governmental Clinics in Gaza Governorates to determine the prevalence of exposure to workplace aggression and to examine whether exposure to workplace aggression is related to psychological distress.

1.2 Research Problem

Due to the unstable political situation and increasing numbers of people live in GS, there is an increasing number of patient visits to Governmental Clinics in addition to the expand of the health services provided in both quantity and quality which in turn increase patients' numbers that lead to overcrowdings in the clinics. Overcrowdings of patients and overload of work yields some degree of stress and conflict to nursing staff.

Every day nurses need to deal with different type of patients and their relatives in addition to the health care providers, working under pressure is not easy and can lead to exhaustion of nurses.

Health care employees who faced violence truly have a negative correlation with task pride and overall performance. (Hesketh, et al... 2003) Therefore, it's essential to analyze and estimate accurately the aggression in clinics so as to triumph over the reasons of place of job aggression and their impact on the nurses.

The researcher, from the reality of his work as a nurse in a primary care center, sensed the importance of research on the exposure of nurses to pressure and aggression and discussed the relationship of all of this with job satisfaction. He also felt the importance of research in the overall circumstances and factors that affect the nurses during their work from influences, variables and pressures.

1.3 Justification

There is no doubt that every job has its own risks those risks vary according to situations, culture, type of job and sensitivity. Workplace aggression is not restricted to one country or one type of job, but become global phenomena (Buss, Shackelford, 1997). It has been anticipated that 41.4% of American personnel faced mental aggression, while 6% faced bodily aggression, at their place of job each year. (Schat, et al., 2006).

For workplace bullying, approximately, about 11% of people understand themselves as sufferers of bullying (Nielsen, et al., 2010). Rates of administrative center aggression varies among nations (Nielsen et al., 2010), and it's been predicted that Middle-Eastern nations, which includes Israel, Egypt, United Arabic Emirates, Qatar, and Bahrain have rather excessive ranges of aggression on the place of job (van de Vliert, Einarsen, 2013).

An examination on hostility against medical attendants led in 210 Canadian emergency clinics demonstrated that 46% of the participant had encountered at least one kinds of animosity in the last five working schedule. The recurrence shifted by the kind of animosity as pursues: psychological mistreatment 38%, danger of attack 19%, physical strike 18%, verbal lewd behavior 7.6%, and rape 0.6%. 70% of those presented to work environment animosity showed that they had not announced it (Duncan et al., 2001). In an examination from Hong Kong, it was built up that an expansive extent of medical attendants experienced brutality in their workplace and they revealed the accompanying: tormenting 45%, physical 18%, verbal maltreatment 73%, and lewd behavior 12% (Kwok et al., 2006).

It was discoveries from an investigation of Jordanian medical attendants showed that 22% were presented to physical animosity (AbuAlRub, Al-Asmar, 2011). Another examination among Jordanian medical attendants and doctors detailed that around 15% of the members were presented to physical animosity. Most of the investigation members were exceptionally disappointed with the manner in which that Director had managed the episodes (AbuAlRub, AL Khawaldeh, 2014).

In Palestine, hospital is the principle wellspring of consideration for routine and crisis care. Some clinic specifically the open emergency clinic, are known to experience the ill effects of numerous issues including low manpower and the successive deficiency of prescription and items which cause patients to hang tight for long time before administrations (Hamdan et al., 2003), that may prompt rough act against health care workers.

(Kitaneh and Hamdan, (2012) found that 81% of Palestinian nurses and physicians were reported exposure to aggression, of those exposed, 21% had experienced instances of physical aggression, while 60% were exposed to psychological aggression.

The prevalence of workplace violence was 76% with 71.6% exposed to non-physical violence which is considering the most common type of violence. Assaulter of physical and non-physical violence were the mainly patients and their relatives 85.2% and 83.3% respectively (Abu Hamra, 2015). The main causes for violent acts were waiting time, lack of prevention measures and unmet expectations of patients.

1.4 Aim of the Study

To determine the aggression in workplace against nurses at Governmental Clinics in Gaza governorates, and to examine the relationship between exposure to workplace aggression and the occurrence of psychological distress and job satisfaction.

1.5 Specific Objectives

- 1- To assess the prevalence of different types of aggression (physical and nonphysical) against nurses working in Governmental Clinics in Gaza Governorates.
- 2- To identify causes of workplace aggression.
- 3- To assess differences in experiences aggression and its impact according to personal and organizational variable.
- 4- To assess the effects of aggression on nurse's performance and job satisfaction.
- 5- To provide a set of recommendations that possibly contributes to minimize or prevent aggression against nurses at Governmental Clinics.

1.6 Research questions:

- 1- What level of aggression on nurses in the workplace?
- 2- What types of aggression in the workplace have been found at government clinics?
- 3- How do nurses deal with aggression in the workplace?
- 4- How does the performance of the aggressive nurse affect the workplace?
- 5- What is the role of managers in aggression in the workplace?
- 6- What is the level of job satisfaction among nurses working in the public health sector?
- 7- Is there a relationship between aggression in the workplace and job satisfaction of nurses?
- 8- What is the level of psychological stress among nurses working in the public health sector?
- 9- Is there a relationship between aggression in the workplace and psychological stress among nurses?

1.7 Context of the study

1.7.1 Demographic context

The GS is a slender band of land; mendacity at the Mediterranean Sea. It is forty-five kilometers lengthy and six-12 kilometers extensive with a place of 378 rectangular kilometers that suffered from many recurrent occupations (PCBS, 2015). After the give up of the First World War, ancient Palestine becomes located under the British Mandate and from 1948 to 1967 the GS turned into under the Egyptian Administration. Then it became occupied via Israeli navy in June 1967.

Then, in keeping with Oslo settlement, the Israel formally treated the GS to the Palestinian Authority in 1994 with partial autonomy that results in development of the social and monetary reputation of the Gaza humans until the putting in of Intifada in 2000 wherein the political and socioeconomic state of affairs started out to become worse and reached to the most catastrophe. In June 2007, a horrible occasion took place “the neighborhood struggle” and Gaza human beings commenced to be afflicted by its sequences.

A tight siege has been imposed at the GS to manipulate borders, motion of products and vacationers. After that horrible occasion, Israel released 3 huge-scale aggressions at the GS, which led to lots of deaths and accidents amongst humans and harm of lots of homes, manufacture compounds, agricultural assets (MoH, 2013).

So, did this hard scenario have an effect on our human beings' belief and relationships in paintings that they choose greater social paintings surroundings? Or due to successive existence screw ups, humans' genetic elements had been reformed which harms their readiness to take part in lots of social interactions and dynamics at company (El Shaer, 2015).

Late reports show that the GS is among the most density populated territories common. As indicated by the Palestinian Central Bureau of Statistics (PCBS), in 2018 the estimated population density was 823 individual/km² in Palestine, 532 person/km² in the West Bank versus 5324 individual/km² in the GS (PCBS, 2018), the last report shows that 1,989,970 live in GS (PCBS, 2019).

1.7.2 Socioeconomic Context

The economic situation in the GS is terrible characterized by poor and low income and the unemployment rate remarkably increased to 34.4% (PCBS, 2017). The complicated

political and economic situations worsen the life of people as they suffer from tight siege that restrict passing of goods and aids across the borders. Both importing and exporting goods to and from Gaza are restricted. According to the PCBS, the primary resources of livelihood within the GS are employment on the offerings zone (specifically at authorities, UNRWA and NGOs), agriculture and farm animals rearing and fishing.

The percent of folks who are older than 15 years in labour pressure is forty.2%. 59.8% have been outdoor the labour pressure and amongst the ones in labour pressure; most effective fifty 63% had been hired.

The deterioration of each financial and social reputation inside the GS negatively impacts the fame of the Gazan populace and the financial healing have become not possible so long as the siege stays. Even if it's far lifted, it's going to take years to restore the harm and to get better the economic system.

Moreover, the demands for health services increased particularly for mothers, children, elderly, the poor and the patients who are more vulnerable than other groups.

1.7.3 Health Care System

Palestinian health care system is complex as there are four main providers for healthcare services; MoH, United Nations Relief and Works Agency (UNRWA), Non-Governmental Organizations (NGOs) and the personal for-income carrier companies. MoH is the principle fitness care issuer; it affords number one, secondary, and tertiary offerings and buys superior clinical offerings via referring sufferers to the neighboring international locations and different personal and NGO fitness care centers. It also plays a role in providing and controlling immunization scheme, public health activities, licensing and registration of health facilities. MoH is the main PHC provider that operates 472PHCs; 54 in GS and 418 in WB, While NGOs manage 210PHCs; 81 in GS and 129 PHCs in WB (MoH, 2014). Compare to UNRWA that operates 64 PHCs; 22 in GS and 42 in WB (UNRWA, 2016).

In the GS, the continuous Israel siege and the internal political division adversely affect the provision of health care services. While the primary and secondary health sector continue to function, it faces many challenges as shortage of essential drugs and consumable at MoH facilities, 38% of essential drugs were out of stock at central store level at the beginning of January 2011 (MoH, 2011).

At the give up of 2011, 148 of 480 crucial pills (31%) and 123 of seven-hundred scientific disposables (17.5%) have been at zero inventory in Gaza that places the sufferers at huge danger of scientific headaches and deterioration in fitness reputation specifically for most cancers sufferers who're requiring on-going chemotherapy. It is likewise the case with sufferers with kidney sicknesses, transplants, high blood pressure, blood situations and continual ailments who require a normal regime of medicines, a number of which might be unavailable additionally uncovered to big danger. (WHO EMRO, 2012).

This shortage leads the patients to look for other places to get their services like UNWRA which increases the workload for the staff in 2015 UNWRA clinics provide 4,010,882 of medical consultations. The average number of medical consultations per doctor per day is 86, (UNRWA, 2015).

1.7.4 Primary health care in Palestine:

Primary health care in the State of Palestine includes many health services provided to citizens, which differ from one center to another according to the level of the primary health care center. These centers are divided into: comprehensive health centers, first-, second, III and IV; accordingly, the size of the medical staff at each health center varies and the level of medical services provided varies.

Primary Health Care Centers in Palestine by Service Sector:

The variety of number one fitness care facilities in Palestine reached 743; 583 within the West Bank; a 160 inside the GS. The sizable majority of those facilities belong to the Palestinian Ministry of Health. The quantity of PHC facilities reached 466, constituting 62.7% of the entire fitness provider vendors. The quantity of fitness facilities controlled by using NGOs turned into 192, constituting 25.8% even as the range of UNRWA facilities serving the Palestinian refugees reached 65; the wide variety of navy scientific offerings facilities turned into 20. The common variety of population according to clinic in Palestine changed into five, 984. In the West Bank, it become four, 408 residents according to clinic and eleven, 725 in every of the fitness facilities inside the GS. (MoH, 2018).

1.8 Theoretical definitions

1.8.1 Workplace aggression:

Aggression isn't a unique or unitary phenomenon. Rather, it represents a group of behaviors or techniques that manifests themselves beneath pretty unique contextual situations (Buss, Shackelford, 1997). According to Buss (1961), competitive conduct may be categorized in phrases of the subsequent 3 distinct dichotomies: verbal–bodily, direct–oblique, and energetic–passive. Verbal varieties of aggression contain damage on others via phrases in place of deeds, while bodily sorts of aggression contain overt moves.

Direct forms of aggression are reflected through behaviors that are delivered directly to the victim, while indirect forms involve the actions of other agents or through assaults on persons or objects valued by the victim.

Finally, active aggression produces harm through performing the behavior, while passive aggression delivers harm through withholding the behavior. Workplace bullying occurs when an employee is systematically exposed to aggression over a prolonged time period and he or she finds it difficult to defend him–/herself against this aggressive treatment (Einarsen, Nielsen, 2015). It is also known as Acts of psychological mistreatment, physical assault, or threatening behavior that occur in a work setting and that cause physical or emotional harm (Gacki-Smith et al., 2009)

1.8.2 Violence:

The intentional use of bodily pressure or electricity, threatened or real, towards every other individual, or in opposition to a collection or network, that both bring about or has an excessive chance of ensuing in damage, loss of life, mental damage, mal-improvement or deprivation (WHO, 2019).

1.8.3 Workplace Violence:

Incident where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health (International exertions enterprise: ILO, 2013).

1.8.4 Abuse:

Behavior that humiliates degrades or in any other case suggests a loss of recognize for the respect and well worth of a man or woman. (International labor organization/ILO, 2002).

1.8.5 Physical Assault:

Is the publicity to the planned use of pressure which include (hitting, kicking, slapping, biting or pushing) via any individual and that could result in bodily, sexual, or mental damage? (International labor organization/ ILO, 2002)

1.8.6 Psychological Violence:

The intentional use of strength, inclusive of chance of bodily pressure towards worker that may bring about damage to bodily, intellectual, religious, ethical, or social improvement, consists of verbal abuse, bullying/mobbing, and threats, (International labor organization, 2013).

1.8.7 Verbal Abuse:

Any oral conversation that negatively have an effect on the respect of someone inclusive of yelling, directing insult, nodding, or humiliating based totally on age, gender race, shade, incapacity, language, faith, and financial or social repute. (International labor organization, 2002)

1.8.8 Sexual Harassment:

Any unwelcome and non–reciprocal verbal or bodily behavior of sexual nature which include insulting gesture, funny story, items, or offensive touch (International labor organization, 2013).

1.8.9 Bulling:

Is a multifaceted shape of mistreatment, basically visible in faculties and the place of job? It is characterized by means of the repeated publicity of 1 character to bodily and/or emotional aggression inclusive of teasing, call calling, mockery, threats, harassment, taunting, hazing, social exclusion or rumors. (Einarsen et al., 2003).

Chapter Two

Conceptual framework and literature review

2.1 Conceptual Framework:

The conceptual framework guides the research process, organizes the work and makes the research findings meaningful; this framework was developed by the researcher based on the available literature and previous studies.

There are various factors related and affecting the workplace aggression. For this study, the proposed framework consists of types of workplace aggression that nurses may vulnerable to it and how it affects nurses especially the psychological distress and job satisfaction.

The following figure shows the proposed conceptual framework for this study and presenting the types of work place aggression.

2.2 Types of Aggression:

The figure shows the kind if aggression as dependent variable which is of four major types: physical, non-physical aggression, psychological distress and job satisfaction.

Physical type can happen by kicking, pushing, pulling, throwing furniture, equipment or using a weapon. Non-physical aggression can be in the form of threat, verbal abuse or sexual harassment

2.3 Victim and Abuser:

The victim of this study is the nurses working at governmental clinics. The abusers are beneficiaries, beneficiary's family, and co-worker.

2.4 Risk Factor and Cases:

The researcher divided the factor that may lead to aggression into organizational and individual factors.

2.5 Individual Risk Factors:

The victim is represented here by specific characteristic include: Gender, age, education, Profession experience, stress or anxiety, behavior of patient or relative and staff attitude.

2.6 Organizational Factors:

The organizational factors include: waiting time, employment station, lack of violence reporting-system, lack of policies and prevention measures and unavailability of services.

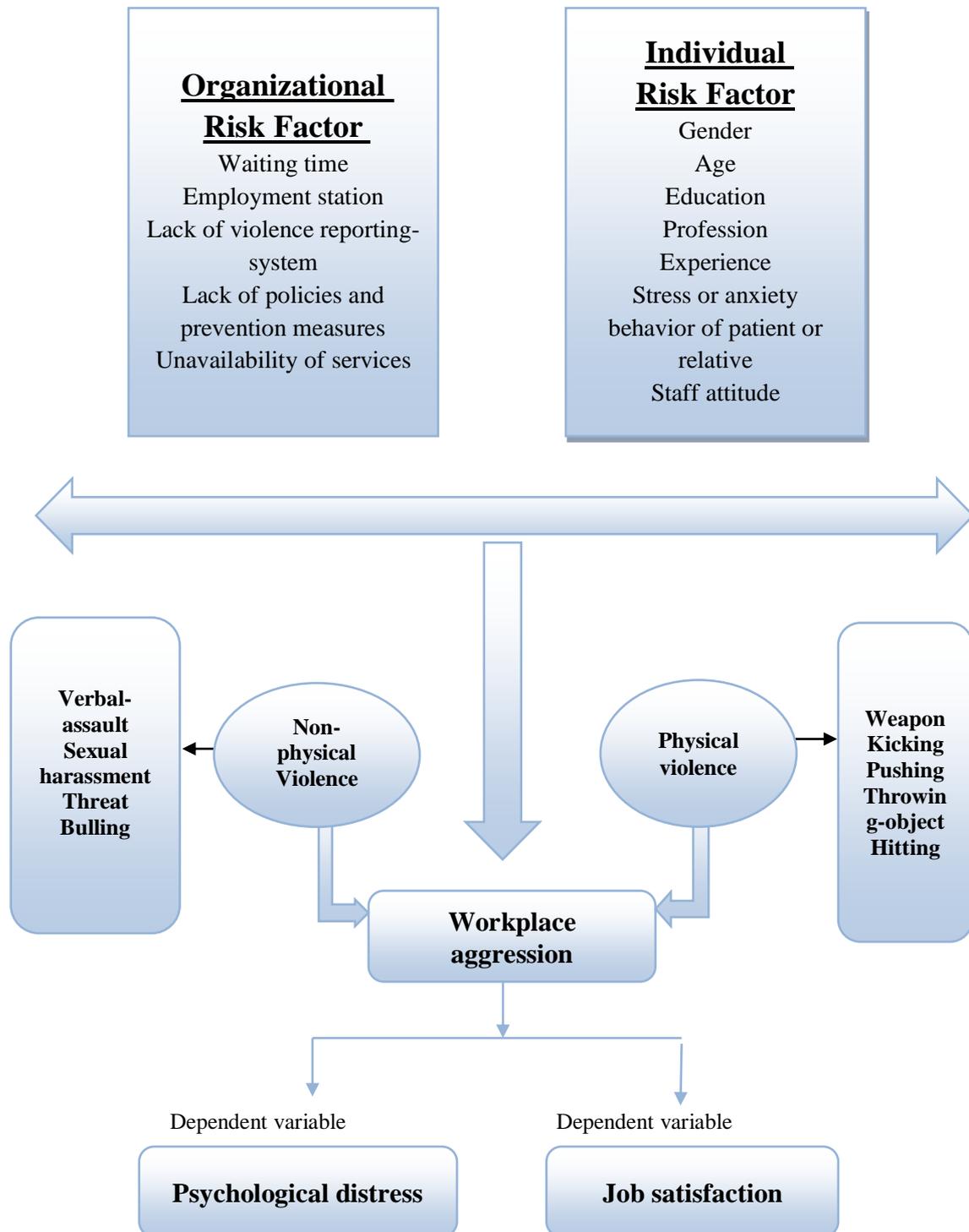


Figure 2.1: the conceptual framework (developed by the researcher)

2.7 Types of workplace aggression:

Workplace aggression is considered as a dependent variable which includes four types, the first one is physical violence like (kicking, hitting, pushing, pulling, throwing furniture, equipment, and using weapon). The second type is non-verbal violence like (threat, verbal

abuse, and sexual harassment or bullying), the third type is psychological stress and the fourth type is job satisfaction.

2.8 Literature review

2.8.1 Introduction

In this section, the researcher summarized what had been written about this subject about violence, workplace violence especially in health care system, with high concentration about nurses.

The main goal was to explore assess what had been studied to get more information and be contact with the recent situation.

2.8.2 Definition of workplace violence

According to (Waddington, et al., 2005) they factor out that a number of the definitions associated with place of business violence are so huge and inclusive that any sort of bad moves and behaviors skilled or witnessed by way of employees, ranging on a continuum from unpleasant to scary, is categorized as a violent conduct.

This variation and inclusive definition of workplace violence are problematic (Waddington, et al., 2005).

But the (WHO) outline violence as: ‘the intentional use of bodily pressure, or force, threatened or real, in opposition to oneself, every other man or woman or in opposition to a collection or network that both outcomes in or has an excessive chance of ensuing in damage, demise, mental damage, mal-improvement or deprivation. (WHO, 2002)

This description consists of now not simply bodily violence, however additionally different competitive movements and behaviors, although those behaviors do no longer reason any bodily damage or harm.

Workplace violence is any act of bodily attack, threatening or coercive conduct that happens in a piece putting and reasons bodily or emotional damage (Rippon, 2000).

Violence consists of bodily attack, murder, verbal abuse, bullying or mobbing, sexual and racial harassment and social mental misery (WHO, 2002).

It consists of incidents of verbal abuse, threats, obscene gestures and sexual harassment.

Workplace violence is an occupational danger in healthcare settings that has extreme fitness, protection and prison outcomes (NIOSH, 2002). Another definition as an announcement or conduct that offers motive for an employee to interpret as danger to exercising bodily pressure towards the employee (OSHA, 2015). Another definition of violence noted in different research considered it as which includes aggression, bullying, harassment, intimidation, and attack. Other researchers have used special phrases or terminologies, together with 'disruptive conduct' and 'bullying' (Jackson, et al., 2002).

Due to this modification of definitions Luke, Jackson, and Usher (2008) counseled to set up a selected definition of place of business violence that might beautify the comparison of information accrued and attained in studies and might permit the nurses to understand and confront the more than one episode of place of job violence greater efficaciously.

Also bullying suggests a couple of in preference to one particular conduct, which undermines, or humiliates. It is likewise regarding what's achieved, as an instance, private assaults, and what isn't carried out, like receiving wanted records and data (Rayner, Keashly, 2005).

Another examines tested bullying executed in Canada diagnosed incivility and bullying behaviors as a difficulty with reference to recruitment and retention problems. (Laschinger, Leiter, et al., 2009).

Conflict inner administrative center may also result in deterioration of offerings, (Lambert and Ito 2004) stated on nurses in Japan who enjoy battle with different nurses and their motive to depart their present-day nursing function.

This kind of violence also reported on student nurse (Thomas and Burk, 2009) that professional nurses in a clinical setting perform horizontal violence on them.

2.8.3 Classification of Workplace Violence:

OSHA (2002) divided work place violence into physical violence, which results in physical, sexual or psychological harm. In addition, it may be non-physical violence resulting in harm to physical, mental, moral or social development. Another classification done by OSHA, (2002) that depends on the worker, beneficiary and stranger.

Type one happened while a worker worried with crook outsider like theft. The 2d kind whilst a worker concerned with consumer like sufferers. Type 3 whilst worker worried with co-employee. Type 4 whilst worker worried with partner or different considerable dating.

2.8.4 Prevalence of work place aggression against nurses:

Studies reported the workplace violence prevalence of 62 to 95% against the nursing staff (Lin YH, Liu HE, 2008). The rate of workplace aggression different from country to other, depending on study for (Nielsen et al., 2010), And it's been envisioned that Middle-Eastern nations, consisting of Israel, Egypt, United Arabic Emirates, Qatar, and Bahrain have especially excessive degrees of aggression than other places of work (Van de Vliert, Einarsen, Nielsen, 2013).

Therefore, that have a look at on aggression towards nurses in 210 Canadian hospitals confirmed that 46% of the respondents had faced one or greater kinds of aggression inside the final five shifts that they labored, The frequency various with the aid of the sort of aggression as follows: emotional abuse 38%, hazard of attack 19%, bodily attack, 18%, verbal sexual harassment 7.6%, and sexual attack zero.6%, 70% of these victims of aggression indicated that that they didn't longer mentioned it (Duncan et al., 2001).

Another takes a look at from Hong Kong mentions that huge percentage of nurses' skilled violence of their paintings surroundings and that they stated the subsequent: bullying 45%, bodily 18%, verbal abuse 73%, and sexual harassment 12% (Kwok et al., 2006).

An Egyptian have a look at it became discovered that 69.5% of the nurses said publicity to verbal aggression, while 9.3% stated bodily aggression (Abbas, et al., 2010). Regarding who did it 62.8% of the competitive occasions had been carried out by patients, whilst

16.7% of activities have been performed by patient's family and 7.5% of activities have been performed via colleagues.

In a Palestinian look at carried out in hospitals confirmed that Palestinian nurses and physicians posted that 81% said publicity to aggression. And from them, 21% had faced bodily aggression, at the same time as 60% have been uncovered to mental aggression (Kitaneh & Hamdan, 2012), additionally the have a look at exhibits that 56.3% of the respondents did not record the incident, 20.4% of them orally inform their supervisors about it and 19.2% said they write it formally. People aren't reporting because of the dearth of an incident reporting coverage and control aid, preceding revel in of no motion taken, and worry of the results.

Abu Ali (2010) investigate the prevalence of violence in health care sitting in WB and measures revealed that the majority of the respondent (74.6%) had experienced verbal abuse and only 34.3% had experienced physical attack. While another study in Gaza Governorate conducted by Saqer (2011) among nurses in AL-Shifa hospital and Naser medical complex show that 69.9% of the respondents were exposed to verbal violence and only 23.1% were exposed to physical violence. However, the real occurrence of violence against health workers is unknown because there is no "standard definition" on what constitutes a violent incident in health care situations. (Adib SM, Al-Shatt 2002).

2.8.5 Consequences of workplace violence for nurses

A have a look on nurses located that the final results of task abuse could convey anger, despair, worry, tension and task dissatisfaction (Arnetz, Arnetz, 2001; Sofield, Salmond, 2003). It became hooked up that publicity to mental aggression within the shape of bullying expected a next growth in signs and symptoms of hysteria and fatigue (Reknes, et al., 2014; Reknes, et al., 2014) in line with Norwegian observe for 1582 nurses with participation of 303 registered nurses in United State to have a look at the impact of bullying end result become, 95% of respondents had skilled tension, while 72% had skilled complications, or gastrointestinal signs due to bullying (Vessey, et al., 2009).

Additionally, healthcare businesses were going through elevated team of worker's turnover and absenteeism, expanded protection and litigation expenses and instances, multiplied

unwell go away, and most significantly, decreased in duties and overall performance productiveness (Jackson, Clare & Mannix, 2002; Ramos, 2006, Vessey et al., 2009).

2.8.6 Kind of workplace violence against nurses:

In this segment, the studies well-known shows that nonphysical types of violence, together with verbal abuse and bullying are extra not unusual than bodily violence.

An American examine carried out through (Schat, Frone, & Kelloway, 2006) stated that 41.4% of American personnel revel in mental aggression. Whereas, 6% revel in bodily aggression at their place of job each 12 months.

A observe performed through Croft and Cash (2012) stated that bullying and lateral violence is deeply institutionalized and that nurse managers and groups want to create a civil place of job. Verbal abuse basically includes humiliation, derogatory feedback, threats and deprivation which creates bad perceptions, will increase apprehension and pressure, and diminishes self-assurance and self-appreciation (Rippon, 2000; Paterson, Miller, Leadbetter, & Bowie, 2008). The maximum commonplace forms of verbal aggression devoted by using different nurses had been discovered to be grievance and anger (Row & Sherlock, 2005).

Previous proof has proven that incidents of violence, aggression and abuse skilled by way of nurses, have an effect on their task overall performance, and result in improved unwell depart, reduced productiveness and deterioration of the affected person care nice (Nijman et al 2005a, 2005b, Carroll 2003, Arnetz and Arnetz 2001). Violence, particularly in opposition to nursing workforce, has a primary mental effect (Gates et al 2011; Bonner and McLaughlin 2007). Additionally, experiencing place of business violence is proved as the primary purpose for group of worker's departure (King and McInerney 2006).

Staff starts off evolved sense threatened and emotionally disturbed a reality that can have a harmful have an impact on affected person care (Gates et al 2011; Duxbury 2002). Moreover, violence among body of workers appears to have each bodily and mental effect. Higher quotes of burnout, low self-esteem and self-unfavorable aggression are amongst the standard signs and symptoms (Woefle and McCaffrey 2007).

This examine located some of non-public threat elements of administrative center violence and a few very exciting outcomes in instances of various perpetrators. Younger workforce had extended opportunity of experiencing verbal, mental and bodily violence (Whittington et al 1996). Doctors, nurses and supervisors appear to reveal extra admire to their older colleagues. These effects are extraordinarily alarming and regular with preceding research (Magin et al 2005; Wells and Bowers 2002). Even although in studies, bullying has been mentioned because the maximum not unusual violent movement among fitness care body of workers. This look at observed personnel to be at an excessive chance for all kinds of violence (Yildirim and Yildirim 2007).72% of nurses not feel safe of being assault (International Council of Nurses, 2004). Workplace violence correlates with serious human resources management problems such as employee dissatisfaction, job turnover, decreased employee productivity, and absenteeism (Luck L, Jackson D, 2008 & Winstanley S, Whittington R., 2004).

2.8.7 Relationship between violence and intention to quit:

In health care organization nursing turnover continuous to be problem (Rudman, Gustafsson and Hultell, 2014). Several researchers examined the relationship between the violent event and the tendency to stay quit Estryn-Beher, et al. (2008). This study indicated that violence was associated with intent to leave nursing and intent to change institution. This was also shown by Ahmed (2012) study as over half of the abused nurses considered leaving nursing.

2.8.8 Psychological Distress

Stress is an herbal a part of humans' each day lives. In the literature, the phrases “stressors”, “traumatic activities”, “strain”, “eustress”, and “misery” were utilized in numerous approaches. Stress has been described as an alternate in person's bodily or intellectual kingdom in reaction to conditions (stressors) that pose an undertaking or chance (Zimbardo et al. 2003). The US National Institute for Occupational Safety and Health (NIOSH) defines process pressure as "the damaging bodily and emotional responses that arise whilst the necessities of an activity do no longer fit the abilities, sources, or desires of the employee" (NIOSH, 1999).

Stress is a reaction, or response, to some boost (Everly and Lating, 2002). As indicated by Sapolsky (2004), what we ordinarily allude to as "stress" really comprises of two segments: stressors and the pressure reaction. Stressor is an occasion, involvement, operator, condition, or different improvement that makes pressure a life form (stress). It very well may be either physical or mental parts of the outer condition, or inner factors, for example, disease and expectant considerations, for example, stress (Arthur, 2007). Stressors occasions, one from two classes incorporates biogenic stressors and psychosocial stressors which either genuine or envisioned ecological occasions that "set the stage" for the elicitation of the pressure reaction. The pressure reaction speaks to a physiologic instrument of intervention, that is, a medium to achieve an outcome or impact (Everly and Lating, 2002).

Two styles of pressure had been diagnosed: eustress (fine or correct pressure) and misery (pressure reactions to the ones stressors appraised), that's unfavorable (Selye 1980). Responses are without delay associated with a person's capability to address a provided stressor. In a character's cognitive appraisal of the way translates a scenario, a stressor is associated with the traits of the stressor, the character's assets for handling the pressure, and different man or woman traits: physiological, cultural and mental elements (Lazarus & Folkman 1984). When people do no longer have the capability to evolve to a stressor, the consequences can create emotional, mental, and/or bodily headaches (Zimbardo et al. 2003). Stress can end result from any scenario or condition that calls for behavioral adjustment and may result in emotional and physiological signs (Lazarus, 2000).

2.8.9 Impact of occupational stress on health care

Social insurance laborers who experience the ill effects of business-related pressure might be unfit to give high stander human services administrations. Word related pressure can be expensive, as influenced laborers may take wiped out leave and even change employments. A multi-nation examines led by the WHO, International Council of Nurses, and the Royal College of Nursing, UK, on the worldwide relocation and portability of attendants found that insufficient working conditions are one of the principle factors driving medical caretaker movement (WHO 2003a). Another examination distinguished a range of impacts identified with word related pressure, including non-appearance, poor basic leadership, absence of innovativeness, mishaps, hierarchical breakdowns and even harm (Teasdale, 2006).

Employment pain can result from work over-burden and resolute work routines. Employment stress, work fulfillment, amasses union, and additional time chip away at ends of the week were all indicators of foreseen turnover. A past report announced that 41.5% of medical caretakers were disappointed with their employments and that 1 of every 5 attendants proposed to relinquish their profession as a result of disappointment, burnout, and stress (Aiken et al. 2002). Declined nursing quality and expanded patient mortality have been accounted for to be influenced by the dimension of word related pressure. Also, stress can expand dangers of slip-ups and work wounds (Aiken et al. 2002). This may result in expanded expenses of therapeutic social insurance (Abu Al-Rub 2004).

2.8.10 Types of Stress:

Wellbeing focused between two sorts of pressure. Misery is the ruinous sort, shown by indignation and hostility, and it is said to harm wellbeing. Eustress is the productive sort, represented by feelings related with empathic worries for other people and constructive endeavoring for profit the community, and it is said to be perfect with or defensive of good wellbeing (referred to in Lazarus, 2000).

Stress can be additionally explained as far as its seriousness and term, environment in the assortment of manners by which stress is estimated (Folkman, 2008). Besides, stress can be either intense (present moment) or interminable (long haul) (Arthur, 2007).

Perpetual pressure is commonly characterized as "a continuous issue situated with the structure of the social condition ", while injury is alluding to serious stressors that include the risk of or seeing passing or extreme real damage, happen with a generally brief timeframe (Folkman, 2008). A related develop is every day stressors, which might be minor and of moderately brief length, yet may likewise reflect endless issues, for example, continuous family problems (Conger, and Conger, 2002)

In other perspective, the kind of stressors fluctuates by age and unmistakably reflects situational requests and life arrange. Be that as it may, the frequency of life occasions as a rule may not change particularly over the life expectancy, aside from maybe for a reduction in late life (Folkman, 2008).

2.8.11 Work-related stress in nursing

Work environment stress isn't restricted to a specific calling or nation. Human services experts are exceptionally defenseless against burnout as they experience abnormal amounts of enthusiastic strain, given the upsetting workplaces exacerbated by the need to oversee and think about wiped out and passing on patients (Maslach 2003). Medical caretakers are presented to a scope of psychosocial stressors, for example, an absence of control, long work hours, move work, relational clashes, inadequate assets and poor reward frameworks. Notwithstanding insufficient frameworks for correspondence stream and work environment animosity (Laschinger and Grau 2012). Their psychosocial working conditions have consequences for their wellbeing as a rule. Also, the enthusiastic requests of nurses' occupations and their work with patients who are in consistent need of consideration add to making distressing situations (McVicar 2003).

Nursing ponderers have verified that unnecessary introduction to psychosocial stressors produces significant employment stress, bringing about different hazardous short-and long-haul results. In the previous decade, medical attendants have reliably revealed the most abnormal amounts of occupation worry of all social insurance experts. Nurses have been found to encounter larger amounts of pressure related burnout than other human services experts (Khamisa et al., 2013).

2.8.12 Job satisfaction

Occupation fulfillment is the accumulation of inclination and convictions that individuals have about their present place of employment. Individuals' dimensions of degrees of occupation fulfillment can go from extraordinary fulfillment to outrageous disappointment. Notwithstanding having frames of mind about their employments in general. Individuals likewise can have frames of mind about different parts of their employments, for example, the sort of work they do, their collaborators, bosses or subordinates and their compensation (George et al., 2008).

Employment fulfillment is an intricate and multifaceted idea which can mean diverse things to various individuals. Occupation fulfillment is generally connected with inspiration, yet the idea of this relationship isn't clear. Fulfillment isn't equivalent to inspiration. Occupation fulfillment is a greater amount of a frame of mind, an inward state.

It could, for instance, be related with an individual sentiment of accomplishment, either quantitative or subjective (Mullins, 2005).

Occupation fulfillment is a laborer's feeling of accomplishment and accomplishment at work. It is commonly seen to be legitimately connected to profitability just as to individual prosperity. Occupation fulfillment suggests carrying out a responsibility one appreciates, doing it well and being remunerated for one's endeavors. Employment fulfillment is the key fixing that prompts acknowledgment, salary, advancement, and the accomplishment of different objectives that lead to a sentiment of achievements, (Kaliski ,2007). Employment fulfillment can be characterized additionally as the degree to which a laborer is content with the prizes the individual in question escapes his or her activity, especially regarding inborn inspiration (Statt ,2004).

2.8.13 Importance of job satisfaction

The importance of job satisfaction specially emerges from many negative consequences of job dissatisfaction such a lack of loyalty, increased absenteeism, and increase number of accidents etc. (Spector, 1997) lists three important features of job satisfaction. First, organizations should be guided by human values. Such organizations would be oriented towards treating workers fairly and with respect. In such cases the assessment of job satisfaction may serve as a good indicator of employee effectiveness.

High levels of job satisfaction may be sign of a good emotional and mental state of employees. Second, the behavior of workers depending on their level of job satisfaction will affect the functioning and activities of the Organization's business. From this it can be concluded that job satisfaction will result in positive behavior and vice versa, satisfaction from the work will result in negative behavior of employees. Third, job satisfaction may serve as indicators of organizational activities. Through job satisfaction evaluation different levels of satisfaction in different organizational units can be defined, but in turn can serve as a good indication regarding in which organizational unit changes that would boost performance should be made (Nguyen, et al., 2003).

Investigated by several disciplines such as psychology, sociology, economics and management sciences, job satisfaction is a frequently studied subject in work and organizational literature. This is mainly due to the fact that many experts believe that job

satisfaction trends can affect labour market behavior and influence work productivity, work effort, employee absenteeism and staff turnover. Moreover, job satisfaction is considered a strong predictor of overall individual well-being (Diaz- Serrano, Vieira, 2005), as well as a good predictor of intentions or decisions of employees to leave a job (Gazioglu, Tansel,2002).

Beyond the research literature and studies, job satisfaction is also important in everyday life. Organizations have significant effects on the people who work for them and some of those effects are reflected in how people feel about their work (Spector, 1997). This makes job satisfaction an issue of substantial importance for both employers and employees. As many studies suggest, employers benefit from satisfied employees as they are more likely to profit from lower staff turnover and higher productivity if their employees experience a high level of job satisfaction. However, employees should also be happy in their work, given the amount of time they have to devote to it throughout their working lives” (Nguyen, et al., 2003).

2.8.14 Factors affecting job satisfaction of employees:

Job satisfaction is a broad and complex concept that is influenced and affects different aspects of organizations. Many studies have been directed to identify the factors that influence the achievement of the workers' activity. Some focused-on wage rates, management methods and working conditions. Various tests have explored the significant impact of individual traits such as age, gender, identity, education, and inspiration. The thought is that not all workers feel the equivalent of obvious factors. Representative feel happy with the high wages are not really happy with recognition and strengthening. In this way, the factors affecting the work can be arranged in two meetings.

Organizational Factors: Organizational variables are the conditions that are outside the ability to control of workers. They extraordinarily influence work fulfillment since they encompass the representative's work place.

- **Polices of Compensation and Benefit:** Compensation alludes to all types of pay or rewards going to workers and emerging from their business. Remuneration can be of two structures. The first is the direct monetary installment like pay rates, compensation, motivating forces, commissions and rewards. The second structure is the circuitous

money related installments, for example, protection and get-away. (Dessler, 2013). Remuneration is the measure of remuneration that the specialist anticipates from the activity. From that point forward, pay is a standout amongst the most essential factors that influence worker's fulfillment.

Many studies showed that there is a positive connection among compensation and fulfillment. Workers ought to be happy with focused compensations when contrasting and untouchables in other comparable associations. Pay rates ought to be planned and decided by an efficient methodology so as to ensure the reasonable and equivalent money related treatment for all representatives. What's more, the variety of compensations between representatives must be enticing and rationale all together for certain workers not to encourage angry and being dealt with unequally. Something else, this would be considered high rate of truancy and diminishing the profitability. Over the long haul, a few representatives may leave the activity which implies new expense of enrollment and choice just as loss of skills and encounters. (Sageer et al., 2012).

- **Promotion and Career Development:** The associations that offer chances of advancement and vocation improvement have fulfilled workers. From the worker's perspective, advancement includes more pay, specialist, obligation and freedom. In this way, it does incredibly impact fulfillment. In addition, the open door for advancement and improvement ought to be equivalent with respect to sex or race. Representatives ought to be given equivalent chances to have the fitting preparing programs and to rehearse their aptitudes and improve their capacities (Wadhawa et al 2011).

The open door for advancement is connected with the hope hypothesis. At the point when the advancement is more than anticipated, the representative feels profoundly fulfilled. Be that as it may, a sentiment of shamefulness and disappointment would be the outcome when chance of advancement is not exactly anticipated. A few specialists express that advancement dependent on execution and positive outcomes are more fulfilling and viable than advancement dependent on experience. (Saleem et al., 2013)

- **Job security:** Job security is a confirmation of workers or their certainty that they will maintain their current place of work. Professional stability is one of the uses of Maslow requirements in the hierarchy of requirements. This means that the activity

gives representatives funds representing the source to meet the requirements and to ensure current and future life.

Staff will never be satisfied when there is a possibility of persecution under illegal guidance or the possibility of being unemployed. Professional stability is affected in addition to the implementation of the occupation. Representatives who do not feel safe and secure in their professions will not be persuaded to work productively as a result of lack of duty and honesty. (Gathana et al., 2011)

- **Working conditions:** Material working conditions affect the degree of acceptance of working conditions. Staffs are very excited and satisfied with good working conditions that provide comfort and safety and perform well. Temperature, humidity, ventilation, lighting, noise, working hours, workplace cleanliness, and appropriate tools and equipment are all features that affect job satisfaction. (Kinney 2002)

On the other hand, poor working conditions can cause unhealthy working environments. This state disturbs workers and causes poor performance and high absenteeism. Whenever the working conditions were comfortable, the staff was more productive and committed.

- **Supervision:** At each stage worker need their managers' valuable analysis, introduction and directions. In this way, a great working connection among chiefs and their subordinates ought to be existed. Cordial kind association with subordinates expands the sentiment of trust, regard, confidence and acknowledgment which decidedly influence work fulfillment. What's more, the great relationship urges the representatives to express their emotions towards their work. The condition of communicating feelings and the inward state is a factor of occupation fulfillment.

Nonetheless, keeping the negative sentiments prompts disappointment and disappointment. (Sageer et al., 2012). At the point when severe supervision is the standard, the workers feel that the supervisor has no trust in them. This makes representatives work since they need to as opposed to, they need to. (Murthy, 1996)

- **Leadership Styles:** Leadership is an administration work that goes for impacting individuals and guiding them towards accomplishing the focused-on objectives. By

utilizing the proper administration styles, chiefs can influence workers' activity fulfillment and efficiency. Most investigations featured a solid positive connection between just administration style and workers' activity fulfillment, a marginally powerless positive connection between absolutist initiative style and representatives' activity fulfillment and a solid negative connection between the laissez reasonable authority style and workers' activity fulfillment. Concentrates additionally demonstrated that representatives are extraordinarily fulfilled by fair style of initiative on the grounds that just pioneers advance fellowship, regard and kind working connections among laborers. (Sageer et al., 2012)

- **Work Group:** Work bunch is a wellspring of human being's pastime achievement. Individuals are social basically, so the affiliation with colleagues is primary in institutions. Social collaboration may additionally provide representatives with benefits and solace which activates success. Then once more, if connection is not associated with blessings and social solace, strain and satisfaction might be the final results. Work bunches satisfy social wishes which result in achievement. What's greater, paintings acquire encourages representatives to be an increasing number of required at paintings. The extra they want of affiliation; the greater employment success could be prompted with the aid of paintings gatherings. (Saleem et al., 2013)
- **Nature of Work:** The nature of work superbly affects task delight and might be the most essential supply of truancy and turnover for parts staff. One basic segment of nature of work is the substance material of work and movement design. One of Herzberg's projects is process advancement which offers individuals the likelihood to practice new duties by means of vertical rebuilding of work. Employment design also comprises of errand development which fulfills the staff' wants of hard obligations and the need for notoriety. Employments which have too little mission make fatigue, and an unreasonable measure of mission makes satisfaction and feelings of disappointment. Also, it is believed that procedure pivot moreover gives faculty probabilities to get a handle on new assorted capacities and gifts which fulfills work force and makes them experience gainful to the enterprise. Moreover, employments which can be affluent with task distinguishing proof and venture significance blast process joy (Kinicki, 2002).

In addition, autonomy and comments are important elements inside the nature of labor. Feedback offers personnel with beneficial impressions and direct effects approximately their jobs. This conduct satisfies their desires for popularity and the want for boom as

nicely. Autonomy may be very critical for personnel' delight due to the fact that it's far away freedom, delegation of obligations and decentralization. As an end result, personnel will fulfill the want of which results in pleasure. Work strain results in dissatisfaction due to the fact it's miles psychologically and bodily dangerous. In addition, control ought to make stability among variety of operating hours and breaks. (Mullins ,2005)

Personal factors: Factors associated with the personal characteristics of employees are called personal factors. They greatly affect job satisfaction.

- **Personality:** Personality is taken into consideration a primary element of process pride and satisfaction. There is a surprisingly wonderful dating among widespread delight and process delight. In addition, it's been proven that neurotic tendency reasons activity dissatisfaction in jobs of extra pressure. In standard, character maladjustment is a widespread supply of process dissatisfaction. (Parvin, Kabir, 2011)

- **Age:** Many researchers have examined the relationship between age and task pleasure. The outcomes of the research confirmed exceptional correlations relying at the converting traits and desires related with age and the cultural variations as nicely. Some research found that more youthful personnel are greater glad than older age personnel for the reason that the more youthful have greater power degree. Older age personnel are disillusioned due to the fact their paintings expectancies end up confined, and that they withstand exchange and generation and do not receive new strategies. Other research confirmed a u-formed courting among age and task pride. That is, more youthful and older age personnel are greater happy than center elderly personnel. It may be stated that the connection among age and process delight is unsure. (Saleem et al., 2013).

- **Education:** performs a vast determinant of process pleasure. It may be diagnosed through specific methods. Education improves the worker's character, manner of wondering and rationality. Highly knowledgeable human beings determine conditions rationally. However, it changed into located by way of many researches that accelerated instructional stage decreases activity delight. Education which isn't related to rewards like cash, authority and status might cause dissatisfaction. (Saleem et al., 2013).

- **Gender:** The gender of personnel is an essential determinant of process pleasure. Several researchers have tested the connection among gender and job satisfaction. Most researchers have discovered that girls are possibly greater glad than guys even they're

hired inside the equal task. It is possibly due to the fact girls have much less ambition and economic wishes than guys. (Parvin, Kabir 2011)

2.8.15 Consequences of Job Satisfaction:

Job pleasure has clean relationships with different constructs inside the organizational conduct variables. These special consequences of process pride extraordinarily have an effect on the organizational conduct. The followings are the outcomes of process pride:

- **Performance:** The dating among overall performance and task delight is controversial. Many researches have proven debatable results. Researchers have discovered a susceptible courting among the 2 variables due to the fact widespread attitudes, consisting of process pride, do not expect unique behaviors thoroughly (McShane and Glinow 2003). Some analysts said that delight reasons generally speaking execution, yet movement joy individually isn't adequate to choose or find the degree of by and large execution. Another factor of view is that general execution reasons joy. That is, by and large execution achievement results in remunerations, which cause enchant. As needs be, generally executions will intention joy handiest underneath the circumstance of being pretty remunerated. (Schermerhorn et al., 2005)
- **Productivity:** other variable this is correlated to job satisfaction is productiveness. The early view regarding this trouble said that a lengthy-run task delight result in accelerated productiveness due to the fact a glad employee is an active employee. This factor of view turned into now not completely agreed-upon when you consider that there are numerous intervening variables that make the willpower of the connection among productiveness and pleasure very tough. Some personnel who're glad with their paintings are terrible performers. On the opposite hand, there is probably personnel who aren't happy, however who're outstanding performers (Robbins, 2003)
- **Absenteeism:** The third variable this is absenteeism. Organizations continually try and lessen the price of absenteeism due to the fact it's miles pricey and may negatively affect companies' effectiveness. Absenteeism is an unscheduled absence of personnel from the process. Some personnel are absent due to persuasive motives inclusive of contamination, being pregnant, or demise within the own family, however a few reasons are associated with the paintings surroundings or sincerely now not being dedicated or happy. Many researches confirmed that task onus performs an important position in a worker's choice to be absent. A disenchanted worker will maximum

possibly to be absent. However, the connection among the 2 variables isn't always continually constant due to the fact more than normal task onus will now not always bring about low absenteeism. In addition, the purpose of absenteeism is stimulated by means of many interrelated elements like loss of motivation and incapacity to return to paintings. (Kehinde, 2011)

- **Turnover:** Another variable applies that correlates with job satisfaction is turnover. Employee turnover is the percentage of employees who can leave the organization compared to the common amount of staff employed by the employer. Excessive volume is a quite expensive problem given that there may be a need to update the staff who leave the agency. The value of recruitment, selection and modern education can affect the agency's continuity, balance and achievement. Many studies have confirmed a relationship between the joy of the process and its rotation. Low-satisfaction employees are more likely to give up their jobs. It is therefore necessary to address the degree of joy as it will stimulate staff choices to stay away from the company (Mbah, Ikemefuna, 2012).
- **Organizational duty:** It alludes to how much staff feels about the association's advisory group and its objectives. The submitted workers are faithful to the organization and feel self-preservation when the association is undermined. Workers who have a low administrative duty are probably going to have solid expectations to leave the association for the principal great chance. A few examinations have appeared there is a solid connection between hierarchical duty and employment fulfillment. Actually, work fulfillment is a standout amongst the most prescient hierarchical duty. In this manner, directors should concentrate on fulfilling representatives to make them submitted and remain in the organization in troublesome occasions (Warsi, Shamim, 2009).
- **Life Satisfaction:** It is typically prominent that people who are happy with their occupations tend to be happy with various parts in their lives and ways of life in trendy. So also, people that are happy with their contemporary occupations tend to be baffled with various components in their lives as pleasantly. Scientists have demonstrated that there are 3 attainable styles of the association among action pride and presence delight. The first is overflow. It shows that task reports overflow into reality and the other way around. That is, inconveniences at residential can affect delight at works of art and issues at canvases likewise can affect household ways of life. The second shape is division. It shows that procedure reports and presence are isolated and don't affect each unique. The third is repayment, in which a man or lady tries to offer some kind of

reparation for a disappointing undertaking through searching for achievement in non-artistic creations ways of life and the other way around (Rode, 2004).

- **Job Involvement:** Job involvement is the volume of the significance of the activity in a worker's belief. Uninvolved personnel do not forget their task as an unimportant element in their lifestyles. For them, acting nicely or poorly is an unimportant remembers. Studies confirmed a sturdy correlation among process delight and process involvement. Satisfied personnel have a tendency to be influenced to proportion and correctly carry out their responsibilities. Over time, activity dissatisfaction will cause low activity involvement (Kinicki, 2002).

2.9 Previous Studies:

Havaei et. Al. (2019) for scientific-surgical and intellectual fitness nurses, more perceptions of place of work protection have been associated with employers taking note of them with appreciates to violence prevention techniques. Nurses in each setting have been much more likely to sense secure after they had been no longer predicted to bodily interfere throughout a code white scenario. Medical-surgical nurses have been much more likely to sense secure whilst code white incident critiques have been carried out and stuck alarms have been used. Mental fitness nurses had been much more likely to file feeling secure once they had sufficient well skilled code white responders on their unit.

Ozgenel, Ozgenel, Ekuklu (2018) determined the very best degree of process pleasure became located in instructional member. This look at became located that 82% of the fitness staffs said that they did no longer experience secure whilst operating, 75% had been uncovered to verbal or bodily abuse. When the delight of the individuals associated with the group wherein, they labored and the career they'd changed into tested. It became found that about 37% suggested that they notion to depart the group wherein they labored and 25% even said that they notion quitting their jobs. The standard process delight become higher in folks who had been professionals of their regions, who labored in non-public sanatorium, who cherished their career, whose operating hours had been normal, who felt themselves secure of their establishments and who labored unfastened from violence. The worst degree of activity pride turned into determined in popular practitioners.

Beattie et al. (2018) Clients can react aggressively while underneath perceived risk. Themes covered are as follows: patron pressure and trauma, preceding patron trauma, effect of care provision on patron and trauma-knowledgeable care.

Jaradat et al. (2016) to decide the superiority of place of work aggression amongst Palestinian nurses inside the Hebron zone and to take a look at move-sectional institutions among publicity to place of work aggression and the incidence of mental misery and activity pride. The pattern comprised 62% ladies and 38% men Results observed (27.1%) of the respondents pronounced publicity to place of job aggression of any type. (5%) said publicity to bodily aggression, (24.2%) suggested publicity to verbal aggression, and (7.3%) pronounced publicity to bullying. The sufferers and the sufferers' family have been the primary resources of bodily and verbal aggression, while colleagues had been the principle supply of bullying. Males said an increase occurrence of bullying than women. Younger nurses pronounced an increase incidence of publicity to bodily aggression, verbal aggression and bullying.

Abu Spetan (2013) the result showed that the relative weight for job satisfaction was 64.1% among service providers in the community mental health centers in GS. For the level of each of the job satisfaction among service providers in the community mental health centers in GS the results showed that the most common dimension was social satisfaction with relative weight equals 75.8%, then comes the dimension of self-satisfaction with relative weight equals 72.0%, then the dimension of administrative satisfaction comes with relative weight equals 55.5%, the last rank the dimension of financial satisfaction comes with relative weight equals 53.5%, and this shows that the service providers in the community mental health centers in GS have a high degrees of job satisfaction kinds. As well as the results reveal that was no statistically significant differences in the job satisfaction for a variable (gender, age, educational qualification, monthly salary, job description, marital status, experiences and governorate).

Chapter Three

Materials and Methods

3.1 Introduction:

This chapter presents the study methodology which includes, study design, study population, study setting, period of the study, sample size, sampling method, eligibility criteria and data collection as well as validity and reliability of the study instrument. In addition to the method of data collection, analysis, limitations of the study and ethical matters

3.2 Methods:

The researcher used a mixed triangulated design methodology in which data has been triangulated (quantitative & qualitative).

Quantitative part: descriptive, cross sectional one. Which deals with studying existing phenomena and existing available practices for study and measurement as they are, without the intervention of the researcher.

The researcher can interact with them with description and analysis in determining the problem of the study, which aims to study the aggression on nurses in their workplace, and job satisfaction among nurses at government clinics in GS.

Qualitative part: involved meeting and interview with participants who exposed to aggressions from primary health nurses in the GS during the period of study around of 8 cases from 43 victims agree to do the interview, the study took in consideration the diversity of them, that the researcher selected carefully the cases from different stations as Non Communicable diseases stations (NCD), immunization station, dressing room, dental station, staff nurse, family planning, preconception care and antenatal care, this will enhancing our study to be more valuable. Also, it's worth to mention that not all the nurses who agree to do the interview continue the procedure.

3.3 Study Design

The study design was mixed triangulated, cross sectional design. Descriptive study in which health related state and other variable of interest are measured in given population and analytical study can be used to investigate the association between exposure to workplace aggression and the occurrence of psychological distress and job satisfaction. It is used to assess the prevalence of this phenomenon.

3.4 Sampling process and sample size

The total community population was (455) nurses this number was obtained from the report of PHC in 2017. The sample size was (265) from different clinics level as random sample, the total sample size which was calculated according to Sample Size Calculator.

A list of clinics was prepared at each governorate to get the final number. Also each clinic the researcher prepared a list to check the whole number. Questionnaire was distributed to them with informed consent to complete the questionnaire.

For the qualitative part; 43 of nurses were agree to start an interview on voluntary basis to participate in the agreement was taken after finished the questionnaire from who faced any type of aggression. Interviews were selected in a way that ensures they represent female and male nurses, and different type of aggression.

But only 8 of them agree to do the interview after we called them, they were afraid that the management knows about that, although we insure about the confidentiality of the information and no names or personal information will used they refused. .

3.5 The Pilot Study:

The questionnaire was applied on (30) nurses out of the study sample to check the real time needed to fill the questionnaire, identify areas of ambiguity and test the suitability of the questionnaire.

3.6 Study Setting

The study was conducted at the primary governmental health care centers in GS.

3.7 Study Period

The study was finished within nine months and the starting point began after having the approval from official bodies like Al Quds University, Governmental approval from MoH, and Helsinki Committee, from the beginning of the first semester of the academic year 2018/2019. The data collection was started in March 2018 and finished in November 2018 after that the researcher started the interview with the participants.

3.8 Study tools

Interviewed questionnaire applied in the study. The researcher adopted the WHO questionnaire (WHO, 2003) the questionnaire includes workplace aggression, which previously had been tested. And to cover the psychological part the researcher used the (MBI) Maslach Burnout Inventory that gives us indicator for burnout of nurses with job satisfaction scale.

The researcher used “Workplace Aggression, Psychological Distress and Job Satisfaction among Nurses in Governmental Clinics in Gaza Governorates” questionnaire; as it included two main parts, the first one contains all the demographic data, while the other part included three main domains as follows:

- **First domain:** study the attacks on the nurses in their governmental work places in GS (physical violence, nonphysical violence and mobbing)
- **Second domain:** Includes (10) questions about the nurses’ Job satisfaction in their governmental work places in GS.
- **Third domain:** Includes (12) questions about the level of psychological stress among nurses in their governmental work places in GS.

-Qualitative data: The researcher conducted semi structure interview with each one alone inside his clinic at the end of his work after informed his manager. Prolonged engagement and propping technique were used to make sure ideas are reasonable reflected. Each interview lasted for about 30 minutes in average. During interview, the researcher introduced the study objective in short while after the first question in order not to orient or influence the primer thought of the participants. The researcher and the note-taker ensured

that everyone's inputs were express and information is kept confidential for research purpose only.

3.9 Eligibility Criteria

Inclusion criteria for employees:

- Nurses who are working at governmental health centers for one year or more.

3.10 Data Collection

The researcher by himself distributed the questionnaire to all nurses whom meeting the criteria with assistant from the head nurse in their clinics.

3.11 Data Entry and Analysis:

The questionnaires coded and entered by the researcher using the computer software (SPSS version 20). Data cleaning and data analysis done by the researcher. Frequency tables done for the study variables, measures of central tendency e.g. mean, medial, mode percentages and SD were computed for continuous numeric variables. Reliability and validity of instrument were tested.

3.12 Response rate: Response rate was 81.4%, which the researcher distrusted 265 questionnaires the total completed was 215 questionnaires.

3.13 Scientific Rigor

-Study tool reliability

In general, reliability means the degree to which an instrument measures the same way each time it is used under the same condition with the same subjects. There are many methods to measure it in order to ascertain the extent of reliability to measure what it was designed for, in this study, Cronbach's Alpha method and Split half methods have been used to calculate the reliability in the data collected through the study tool (questionnaire) and the results were shown in Table below:

- **Cronbach's Alpha Coefficient:** The questionnaire was applied on the study pilot of (30) nurses, Cronbach's Alpha coefficient was calculated to measure the reliability; the results are shown in the table below.

Table (3.1): The value of Cronbach's Alpha for every domain

Dimensions	No. of Questions	Cronbach's Alpha
Workplace Aggression	75	0.923
Job Satisfaction	10	0.836
Psychological Distress	11	0.514

Table (3.1) shows that Cronbach's Alpha's coefficient is high, which indicates that the questionnaire has high reliability coefficient.

3.14 Statistical methods:

- The researcher analyzed the questionnaire through the Statistical Package for the Social Sciences (SPSS). The following statistical methods were used:
- **Descriptive statistics:** as the percentage, the mean, the standard deviation, and the relative weight, and used mainly to determine the frequency of categories of a variable and to describe the variables of the study.
- **T-test:** to test whether there were significant differences in occurrence of psychological distress and job satisfaction of nurses due to exposure to workplace aggression..

3.15 Study tool validity:

The study tools validity means to ensure that it was suitable to measure what is required to be measured; two ways were used to prove the questionnaire reliability; face validity and internal validity.

1. Face validity

The questionnaire was organized in a way that enables the reader to read and answer it easily and smoothly, no writing mistakes and good layout. The questioner was constructed based on previously tested questionnaire from WHO, the questionnaire was mainly developed by the International Labor Office (ILO), International Council of Nurses ICN), World Health Organization (WHO), and Public Services International (PSI) (WHO, 2003).

The questionnaire was presented in its preliminary form to a group of specialists, where they expressed their opinions and observations about the appropriate clauses of the questionnaire and the extent of affiliation of questionnaire sections as well as the clarity of their language form. In the light of these views, some items were excluded and others were added.

2. Internal Validity

It means the extent to which a piece of evidence supports a claim about cause and effect, within the context of a particular study.

The researcher calculated the internal validity of the questionnaire using Pearson correlation coefficients between every section and its main section.

3.16 Ethical and administration considerations

This approval was submitted to Al Quds University-School of public health research committee for discussion and academic approval. An ethical approval was obtained from Helsinki Committee. Another administrative approval was obtained from the chief department of MoH. All participants were informed voluntarily participating, were informed about the study objectives and were informed asked to sign a consent form before participating. A special form was attached to the questionnaire for each participant. Confidentiality and anonymity were maintained. There was only minimal burden of time. Participation in the study was voluntary.

3.17 Limitations of the Study

- The study faced some limitations such; the participants as the study handled some sensitive issues like sexual harassment so we omitted from the questioner.
- Some evident and incidents of violence and aggression underreported.
- Culturally might be difficult to report about some incidents such as sexual harassment.so the researcher cancelled it from the questionnaire after collection data from the pilot study.
- Financial constrains because the study is self-funded.

- The drop out of the participants because they didn't complete the interview or refused to do it after completes the questioner, 43 agree to do the interview but only 8 participants continue the interview.

- managerial obstacle faced the researcher due to UNWRA decision that prevent any research inside her facilities, the researcher communicate with the decision maker but it was useless, so the researcher shift it into governmental clinics.

Chapter Four

Results and Discussion

4.1 Introduction:

This chapter addresses the results of the descriptive statistical analysis represented in the description of the study sample, as well as displaying the most important statistical results that have been reached about the problem of the study, which aims to assess the aggression in workplace among nurses at governmental clinics in Gaza governorates and to examine the relationship between exposure to workplace aggression and the occurrence of psychological distress and job satisfaction.

4.2 The study Results:

Table (4.1): Distribution of the study participants according to Demographic variables (n. 215)

Variable	Item	Frequency	Percentage
Gender	Male	70	32.6
	Female	145	67.4
Age	24 - 29 year	6	2.8
	30 - 39 year	73	34.0
	40- 49 year	65	30.2
	50 and more	71	33
Educational level	Diploma	98	45.6
	Bachelor	107	49.7
	High level certificate	10	4.7
Job title	Nurse	78	36.3
	Midwife	31	14.4
	Staff nurse/supervisor	106	49.3
Years of experience	2 - 9 years	16	7.4
	10 – 19 years	108	50.2
	20- 29 years	59	27.5
	30-39 years	32	14.9
Governorate	South	46	21.4
	Middle	49	22.8
	North	7	3.3
	Gaza	113	52.6

Table (4.1) shows number of study participants was 215:

67.4% of the participants are females, while 32.6% of them were males; this indicates that employment of female in primary health care is more preferable than male that reflects the vision of nursing administration due to services provided in primary health care as: FP, ANC, MCH and other services that can share with male. And 34% of the participants are between 30 and 39 years old, 33% of them between (50 and more) years old, 30.2% of them between 40 and 49 years old, and 2.8% of them between 24 to 29 years old. According to this table the MoH looking for experienced personal for working in PHC IN 64% have ages more than 30 years old. And 49.8% of the participants have bachelor degree in nursing, 45.6% of them have diploma, and 4.7% of them have high level certificates. And 54.4% of the samples have bachelor or high-level education that reflects the desire for more learning.

49.3% of the participants' job title is head nurse or staff nurse, 36.3% of them are nurses, and 14.4 % of them are midwives. And 50.2% of the participants have 10-19 years of experience, 27.5% of them have 20 -29 years of experience, and 14.9 % of them have 30-39 years of experience, and 7.4% of them have 2- 9 years of experience.

According to this table, we can see the vision of MoH toward hiring newly nurses in hospital and transfer the experience nurses to PHC. And 52.6% of the participants live in Gaza, 22.8% in the middle governorate, 21.4% live in live in the south, and 3.3% live in the north governorate. That table matches with the high population in Gaza area that depends on governmental PHC services for most of population. **775,558** visits from all visit 1,779,604 in 2016 (MoH.2016) which about 43.6% of all visits done in Gaza governorates.

Table (4.2): Distribution of the study participants according to Work-related Variables:

Variable	Item	Frequency	Percentage
station (Type of work)	Dental	15	7.0
	Dressing/ injection	72	33.5
	Vaccination room	45	20.9
	Chronic diseases	23	10.7
	Maternity section	34	15.8
	Supervisor room	9	4.2
	Family planning	17	7.9
patients they deal with	Children	147	32.4
	Adults	180	39.6
	Elderly	127	28.0
gender they deal with	Male	51	23.7
	Female	43	20.0
	Both gender	121	56.3
Dealing with other categories	Yes	174	80.9
	No	41	19.1

Table (4.2) shows that:

33.5% of the participants work in dressing section, 20.9% work in vaccination section, 15.8% of them work in maternity section, 10.7% work in chronic disease section, 7.9% of them work in family planning section, 7% work in dental section, and 4.2% work in supervising room.

The dressing /injection room take the highest rank due to increase the number of injuries from the great march return that follow up in PHC, and most of the clinics have one room for dressing and injection. And 9.6% of the participants deal with adults, and 32.4% deal with children, and 28% of them deal with elderly.

56.3% of the participants deal with male and female patients, while 23.7% of the deal with male patients, and 20% of them deal with female patients. According to the previous table, we can see that more than half of the sample 56.3% is dealing with both gender, which give us a hint for developing special policy and needs especially privacy.

And 80.9% of the participants deal with other categories like (daughter, son, brother, sister, mother, father, grandfather, grandmother), and 19.1% of them don't deal with any other categories.

Table (4.3): The distribution of the study participant according to their opinion shows how concerned they are about the violence in their workplace

how concerned they are about the violence in their workplace	Frequency	Percentage
Not worried	91	42.3
worried	81	37.7
Don't know	43	20.0
Total	215	100.0

Table (4.3) shows that 42.3% of the participants said they are not worried about violence in their workplaces, while 37.7% of them said they are worried and 20% don't know about that. In this table more than third of the sample 37.7% concerned about violence in their work, although in study of (Ozgenel, F.2018) in TRUKY was led that 82% of the health staffs mention that they didn't feel secure while working. Also, 72% of nurses not feel safe of being assault (International Council of Nurses, 2004).

Table (4.4): The distribution of the study participant according to their opinion about existing of procedures for violence reporting in their workplace

existing of procedures for violence reporting in their workplace	Frequency	Percentage
Yes	136	63.2
No	69	32.1
Don't know	10	4.7
Total	215	100.0

Table (4.4) shows that 63.2% of the participants said there are procedures for violence reporting in their workplace, while 32.1% of them said that there aren't any procedures, and 4.7% said that they don't know.

More than third of the participant don't know one of the basic of their rights and how to use it, 36.8% don't know or if their procedures for violence reporting which need more effort from human resources and supervisors to learn the employees about their right and how to deal with critical situations.

Table (4.5): The distribution of the study participant according to their opinion about knowing the way to use

their opinion about knowing the way to use reporting procedures	Frequency	Percentage
Yes	136	62.8
No	79	37.2
Total	215	100.0

Table (4.5) shows that 62.8% of the participants said that they know the way to use, while 37.2% of them said that they do not. The researcher noted that third of the sample do not know if there is procedure to report the violence or how to use it, which consider one of the basic for any organization.

(Kitaneh & Hamdan, 2012) said that 56.3% of the respondents did not report the incident, 20.4% of them orally reported the incident to direct supervisors and 19.2% reported the incident in writing. People are not reporting due to the lack of an incident reporting policy and management support, previous experience of no action taken, and fear of the consequences.

Table (4.6): The distribution of the study participant according to their opinion if there is encouragement to report workplace aggression

Existing of encouragement to report workplace aggression	Frequency	Percentage
Yes	165	76.7
No	50	23.3
Total	215	100.0

Table (4.6) shows that 76.7% of the participants said that there is encouragement to report workplace aggression, while 23.3% of them said that there are not.

We can see the good relationship that built in trust between the supervisors and the employees and how they support them in critical situations.

Table (4.7): The distribution of the study participant according to their opinion about who encourage

Their opinion	Frequency	Percentage
Managers	148	89.7
Syndicate of Nurses	8	4.8
Family	5	3.0
Mates	4	2.5
Total	165*	100.0

*The total is less than 215 because this question is related to the previous one answered with yes, and they were 165

Table (4.7) shows that 89.7% of the participants said that the manager encourages reporting workplace aggression, while 4.8% of them said that the syndicates of nurses encourage them, 3% of them said that their families encourage them, and 2.5% of them said that their mates encourage them to report.

By a quick look to previous table we can see the manager get the first one who encourage for reporting (89.7%) while the mates get the last one (2.5%).

4.3 Answering questions:

4.3.1 First question: What is the level of attacks against nurses in the workplace?

To answer this question, the researcher calculated the duplicates and the percentage for each section of the first domain “Attacks against the nurses in their workplaces in GS and the next tables clarify that:

4.3.1.1 First: Physical abuse

Table (4.8): The opinion about already being physically abused in their workplaces

Item	Frequency	Percentage
Yes	53	32.7
No	162	75.3
Total	215	100.0

Table (4.8) shows that: 75.3% of the participants said that have never been physically abused in their workplaces, while 32.7% of them said that they already have physically abused. According to this table third of the sample was been attacked, this percentage close to the result done by (Abu Hamra, 2015) in the emergency department in Gaza governorates that 37.1% of participate expose to physical violence. While only 5% reported to be physically abuse in Hebron according to (Jaradat et.al. 2016). Also, result from a study of Jordanian nurses indicated that 22% were exposed to physical aggression (AbuAlRub & Al-Asmar, 2011).

“I asked a father to wait his turn and respect the other patients, he refuses and he insisted to cross the line we refuse his way and try to talk with him then he started to shout and throw the child note in my face then left without any interaction or follow up from management. I was shocked don’t know what to do, I went home told my husband and he contact with the management to transfer me to another clinic.” (Personal communication, kii, working in vaccine room)

An American study conducted by (Schat, Frone, & Kelloway, 2006) 6% experience physical aggression at their workplace every year.

Table (4.9): The opinion about the violence type

Their opinion	Frequency	Percentage
Pushing	44	33.1
Kicking	31	23.3
Beating	42	31.6
Throwing things	9	6.8
Stabbing	5	3.7
Others	2	1.5
Total	133*	100.0

***Cause of being related to the previous question about those who answered yes, they were 53 duplicates and cause of multiple answers.**

Table (4.9) shows that 31.6% of the participants said that the type of violence was beating, 29.3% said the type of violent was pushing, 33.1% the type of violence was kicking, and 7.5% said the type of violence was stabbing, 6.8% was throwing things, and 1.5% others.

Table (4.10): The distribution of participant according to their opinion if thist violence is common in their workplaces

Their opinion	Frequency	Percentage
Yes	29	54.7
No	21	39.7
Don't know	3	5.6
Total	53*	100.0

***related to question 13 about those who answered yes, they were 53**

Table (4.10) shows the opinions of those whom been attacked that 54.7% of the participants consider this violence common in their workplaces, while 39.7% of them told that it is not, and 5.6% of them don't know whether it is common or not.

Table (4.11): The distribution of participant according to their about who attacked them

Their opinion	Frequency	Percentage
Patient	7	24.1
Patient's relatives	22	75.9
Total	29*	100.0

***the question is related to question 15 about those who said yes = 29**

Table (4.11) shows that 75.9% of the participants said that they were attacked by the patient's relatives, while 24.1% of them told that they were attacked by the patient. According to (Jaradat et. al., 2016) co-worker was responsible for 23.5% of the physical aggression; the patients were responsible for 29.4% of the physical aggression,

Similarly found in study for (AbuAlRub & Al-Asmar, 2011) that patients conducted 62.8% of the aggressive events.

(Abu Hamra, 2015) study assaulters were mainly patients and their relatives 85.2% and 83.3% relatively.

Table (4.12): The sample distribution according to attack place

Their opinion	Frequency	Percentage
Inside the clinic	27	93.1
Out of the clinic	2	6.9
Total	29*	100.0

***the question related to question 15 about those who said yes = 29**

Table (4.12) shows that 93.1% of the participants said that the violence happened inside the clinic or the health care center, while 6.9% of them told that it happened outside.

That may give us a clue that event happened spontaneously due to some unwelcome factor.

Table (4.13): The distribution of participant according to their reaction towards the violence

Their opinion	Frequency	Percentage
took no action	11	3.5
tried to pretend it never happened	32	10.3
told the person to stop	44	14.2
tried to defend myself physically	29	9.4
told friends/family	49	15.8
Counseling	37	11.9
told a colleague	31	10.0
reported it to health center management	22	7.1
sought help from Nursing Syndicate	10	3.2
I submitted a formal complaint to the Department	25	8.1
informed police	20	6.5
Total	310*	100.0

***cause of multiple answers**

Table (4.13) shows that, 15.8% of the respondents said that they responded to the event through telling friends or family, 14.2% said that they responded to the incident by telling the abused person to stop, 11.9% said that they responded by counseling, 10.3% said they responded by pretending that nothing happened, 10% said that they told their mates, 9.4%

said they responded to the event by physically defending themselves, 8.1% said they responded to the event by filing a formal complaint to the administration, 7.1% said that they reported the matter to the Health Administration Center, 6.5% complain to the police, 3.5% said that they respond by doing nothing, and 3.2% said he was responding to the event by asking for help from the Nurses Syndicate.

" a patient refuse to wait for his turn, I try to spoke to him but he pushed me to the wall then I try to defense myself, the police came and took them the, my management didn't do any things. I went home and pretended that nothing had happened". (Personal communication, kii, nurse working in dental room)

Table (4.14): The distribution of participant according to their opinion whether/

Variable	Their opinion	Frequency	Percentage
whether that violence could have been prevented	Yes	44	83.0
	No	8	15.1
	Don't know	1	1.9
	Total	53*	100.0
were injured as a result of that violence	Yes	10	18.9
	No	43	81.1
	Total	53*	100.0
they asked for financial compensation for the injuries	Yes	2	20.0
	No	8	80.0
	Total	10*	100.0

***the question is related to question 13 about those who said yes = 53**

Table (4.14) shows the opinions of the participates, that 83% of them said that violence could be prevented, while 15.1% of them don't think so, and 1.9% of them don't know. And 81.1% of the participants said that they weren't injured, while 18.9% of that they were injured by that attack. Also, 80% of the participants asked for financial compensation for the injuries, while 20% of that they didn't.

Table (4.15): clarifies the mean, standard deviation, relative weight and order about some of the problems or claims from others who have violence experience as you

Problem and claims	Mean	Standard deviation	Relative weight	Level
Memories, thoughts and perceptions are repetitive and disturbing about the event	2.667	1.082	53.33	2
Avoid talking or thinking about the event, and avoid remembering any feelings about the event	2.000	1.000	40.00	3
Always stay cautious and worried	3.000	1.000	60.00	1
The feeling that everything you achieved is worthless	2.000	1.732	40.00	3
General mean	2.417	1.203	48.33	

Table (4.15) shows that Paragraph (3): “Always stay cautious and worried” has the first rank with a relative weight of 60%. Paragraph (1): “Memories, thoughts and perceptions are repetitive and disturbing about the event” has the second rank with a relative weight of 53.33%. Paragraph (2): “Avoid talking or thinking about the event, and avoid remembering any feelings about the event” has the third rank with a relative weight of 40%. Paragraph (4): “The feeling that everything you achieved is worthless” has the fourth rank with a relative weight of 40%. The relative weight for some of the problems or claims from others who have violence experience as you 48.33%.

Table (4.16): The distribution of participant according to have support from their manager

Item	Frequency	Percentage
Advice	18	34.0
The opportunity to talk about the subject	17	32.1
Report the event	13	24.5
Other support	5	9.4
Total	53*	100.0

***related to question 13 about those who said yes = 53**

Table (4.16) shows that 34% of the sample said their manager support them with advice, while 32.1% of them said that their manager support them with giving them the opportunity

to talk about the incident, 24.5% of them said that their manager report it, and 9.4% of them told that their managers support them with other ways.

Table (4.17): The distribution of participant according to /

Variable	Item	Frequency	Percentage
what extent they are satisfied with the way the incident dealt with	Strongly dissatisfied	10	18.9
	Dissatisfied	17	32.1
	Don't know	7	13.2
	Satisfied	11	20.8
	Strongly satisfied	8	15.1
	Total	53*	100.0
reasons lead them to never report	It was not important	10	9.1
	Felt ashamed	11	10.0
	Felt guilty	18	16.4
	Afraid of negative consequences	27	24.5
	Useless	15	13.6
	Did not know how to report	29	26.4
	Total	110**	100.0

***related to question 13 about those who answered yes = 53. **related to question 13 about those who answered yes = 53 and cause of multiple answers**

Table (4.17) shows that: 32.1% of the sample said that they are dissatisfied with the way the incident dealt with, while 20.8% of them said that they are satisfied, 18.9% of them they are strongly dissatisfied, 15.1% of them told that they are strongly satisfied, and 13.2% don't know. Also, the biggest number of nurses who exposed to violence in Jordan was not happy with the way that administrators had dealt with the incidents (Abu AlRub & AL Khawaldeh, 2014).

26.4% of the sample said that do not know how to report, while 24.5% of them said that they were afraid of negative consequences, 16.4% of them they felt guilty, 13.6% of them told that it is useless, 10% of them felt ashamed and 9.1% of them said that it was not important to be reported.

4.3.1.2 Second: Verbal Abuse

Table (4.18): The opinion of participant about already being verbal abuse in their workplaces

Their opinion	Frequency	Percentage
Yes	69	38.2
No	112	61.8
Total	181	100.0

Table (4.18) shows that 61.8% of the participants said that have never been verbal abused in their workplaces, while 38.2% of them said that they already have verbal abused. This result match with (Uzun et al., 2003) study that is a consensus that the most commonly violence is verbal abuse.

Table (4.19): The opinion of participant about the number of verbally abused

Variable	Their opinion	Frequency	Percentage
times verbally abused	1 - 3 times	6	46.1
	4 – 6	4	30.8
	10 and more	3	23.1
	Total	*13	100.0
their opinion if that violence is common in their workplaces	Yes	9	69.2
	No	4	30.8
	Total	*13	100.0
their opinion about who attacked them	Patient or customer	5	38.5
	Patient's relatives	7	53.8
	staff member	1	7.7
	Total	*13	100.0
verbal abused attack in place	Inside the clinic	13	100.0
	Total	*13	100.0

*Cause of being related to the previous question about those who answered yes, they were 13 duplicates.

Table (4.19) shows that:

46.1% of the participants were verbal abuse in the workplace (1 - 3) times, 30.8% were verbal abuse in the workplace (4 - 6) times, 21.3% verbal abuse in the workplace 10 and more times. And 69.2% of the participants said that they consider this violence common in their workplaces, while 30.8% of them told that it is not. Also, 38.5% of the participants said that they were verbal abused by the patient's relatives, 53.8% of them told that they were verbal abused by the patient or the customer, while 7.7% of them told that they were verbal abused by the staff member.

And 100% of the participants said that the violence happened inside the clinic or the health care center.

Table (4.20): The distribution of participant according to their reaction towards the violence

Their opinion	Frequency	Percentage
took no action	3	21.4
tried to pretend it never happened	1	7.1
Counseling	1	7.1
told a colleague	1	7.1
reported it to health center management	3	21.4
I submitted a formal complaint to the Department	2	14.3
informed police	1	7.1
Total	12*	100.0

***cause of multiple answers**

Table (4.20) shows that 7.1% said that they responded by counseling, 7.1% said they responded by pretending that nothing happened, 7.1% said that they told their mates, 14.3% said they responded to the event by filing a formal complaint to the administration, 21.7% said that they reported the matter to the Health Administration Center, 7.1% complain to the police, and 21.4% said that they respond by doing nothing.

" sometimes we hear insults from patients or their relative but try to pretend we didn't, it made me nervous, I can't do nothing but ignore them because the general situation

around us and poverty make every one very nervous." (Personal communication, kii, Supervisor working in administration room).

Table (4.21): Clarifies the mean, standard deviation, relative weight and order about some of the problems or claims from others who have violence experience as you

Problem and claims	Mean	Standard deviation	Relative weight	Level
Repeated, disturbing memories, thoughts, or images of the attack?	1.8333	1.11464	36.67	3
Avoiding thinking about or talking about the attack or avoiding having feelings related to it?	1.3333	0.49237	26.67	4
Being "super-alert" or watchful and on guard?	2.8333	1.6967	56.67	1
Feeling like everything you did was in vain?	2.4167	1.62135	48.33	2
General mean	2.1042	0.66962	42.08%	

Table (4.21) shows that: Paragraph (3): “Being "super-alert" or watchful and on guard” has the first rank with a relative weight of 56.67%. Then Paragraph (4): “Feeling like everything you did was in vain” has the second rank with a relative weight of 48.33%. Then Paragraph (1): “Repeated, disturbing memories, thoughts, or images of the attack” has the third rank with a relative weight of 36.67%.

Then Paragraph (2): “Avoiding thinking about or talking about the attack or avoiding having feelings related to it” has the fourth rank with a relative weight of 26.67%. The relative weight for some of the problems or claims from others who have violence experience as you are 42.08%.

Table (4.22): The sample distribution of participant according whether they take time off from work after being abused

Their opinion	Frequency	Percentage
Yes	2	15.4
No	11	84.6
Total	13*	100.0

***the question is related to question 31 about those who said yes = 13**

Table (4.22) shows that 15.4% of the participants took time off from work after being attacked on the same day, while 84.6% did not take time off from work after being attacked on the same day.

Table (4.23): Shows the number of days off from work after being abused.

Their opinion	Frequency	Percentage
one day	2	15.4
They did not take time off from work	11	84.6
Total	13*	100.0

***the question is related to question 31 about those who said yes = 13**

Table (4.23) shows that it is clear that 15.4% of respondents took time off from work after being attacked for one day only.

The commitment of nurses is high that while they were abused but still give their services, which more need support from their management.

Table (4.24): The sample distribution of participant according whether there were any movements to find out the causes of the verbal abuse

Their opinion	Frequency	Percentage
Yes	6	46.2
No	7	53.8
Total	13*	100.0

***the question is related to question 31 about those who said yes = 13**

Table (4.24) shows that 46.2% of the respondents had movements to find out the causes of the verbal abuse, while 53.8% had no movement to find out the causes of the verbal abuse.

More than half of attack finished without any action taken to know that lead to insecurity at work and decrease job satisfaction among nurses.

Table (4.25): The sample distribution of participant according whether there were any movements to find out the causes of the verbal abuse, by whom?

Their opinion	Frequency	Percentage
management / employer	5	83.3
Police	1	16.7
Total	6*	100.0

***Cause of being related to the previous question about those who answered yes, they were 6 duplicates.**

Table (4.25) shows that 83.3% of the participant said that there were movements to find out the causes of the violence by the management/ employer, 16.7% said that there are movements to find out the causes of violence by the police.

Table (4.26): The sample distribution of participant according to the nature of the consequences for the abuser.

Their opinion	Frequency	Percentage
none	4	30.8
verbal warning issued	4	30.8
reported to police	3	23.1
Suspension from work	1	7.7
Other	1	7.7
Total	13*	100.0

***the question is related to question 31 about those who said yes = 13**

Table (4.26) shows that 30.8% of the respondents did not take action against the aggressor, 30.8% took action against the aggressor verbal warning issued, 23.1% took action against

the aggressor by reported to police, 7.7% took action against the aggressor by suspension from work.

We can see that third of the attacks finished without any consequences that may leads to repeat the action again and again.

Table (4.27): The sample distribution of participant according to have support from their manager

Their opinion	Frequency	Percentage
Advice	5	38.5
The opportunity to talk about the subject	2	15.4
Report the event	1	7.7
Other support	5	38.5
Total	*13	100.0

***related to question 31 about those who said yes = 13**

Table (4.27) shows that 38.5% of the sample said their manager support them with advice, while 15.4% of them said that their manager support them with giving them the opportunity to talk about the incident, 7.7% of them said that their manager report it, and 38.5% of them told that their managers support them with other ways.

"my room very crowded every day I deal with irritable women and sometimes their husbands, once husband insulted me, I hear bad words never hear before, I was afraid he will attack me, I close my room and called the manager, then went home." (Personal communication, kii, Midwife working in maternity section).

Table (4.28): The sample distribution of participant according to what extent they are satisfied with the way the incident dealt with

Their opinion	Frequency	Percentage
Strongly dissatisfied	10	18.9
Dissatisfied	17	32.1
Don't know	7	13.2
Satisfied	11	20.8
Strongly satisfied	8	15.1
Total	53*	100.0

***related to question 13 about those who answered yes = 53**

Table (4.28) shows that 23.1% of the sample said that they are dissatisfied with the way the incident dealt with, while 30.8% of them said that they are satisfied, 15.4% of them they are strongly dissatisfied, 23.1% of them told that they are strongly satisfied, and 7.7% don't know.

More than the third victims were satisfaction of the way it ends perhaps because they feel their works was for nothing or there wasn't any action was taken.

Table (4.29): The sample distribution of participant according to the reasons leads them to never report

Sample opinion	Frequency	Percentage
It was not important	4	33.33
Afraid of negative consequences	1	8.33
Useless	7	58.33
Total	12*	100.0

***related to question 31 about those who answered yes = 13 and cause of multiple answers**

Table (4.29) shows that 58.33% of them told that it is useless, while 33.3% of them said that it was not important to be reported and 8.33% of them said that they were afraid of negative consequences.

4.3.1.3 Third: Bullying or administrative bullying:

Table (4.30): The sample distribution of participant according to being attacked in their workplaces

Sample opinion	Frequency	Percentage
Yes	57	26.5
No	158	73.5
Total	215	100.0

Table (4.30) shows that 73.5% of the participants said that they have never been attacked in their workplace, while 26.5% of them said that they were attacked with average of 3 times in the last 12 months.

"I'm working in dressing room sometimes patients asked me for gauze and gauze role I told them I can't there is shorting in supplies they didn't believe me and staring to shouting and cursing, I really touch, I don't deserve this treatment, I won't whom crying, no one help or support me except my husband" (Personal communication, kii, nurse working in dressing room)

While the study of (Jaradat et al., 2016) in HEBRON the result was 7.3%, that differences may be due to the different situations found in GS and W.B for people and employees.

Table (4.31): The sample distribution of participant according to the last time bullied, whether using power and who abused you

Sample opinion	Frequency	Percentage
Patient's relatives	35	61.4
Supervisors	22	38.6
Total	57*	100.0

***related to question 44 about those who answered yes = 57**

Table (4.31) shows that 61.4% of the participants said that they were bullied by that patient's relatives, while 38.6% of them said that they were bullied by their supervisors.

"Some patient wants from me to do surgical dressing for their old father the dressing was need hospital I asked them to go to doctor for referral they refuse and insisted to do her, I told them it infected need admission to hospital, then they hit me with the chair. I was nervous and angry, I pushed them away from me and other patients separated us. I went to hospital and told the police. I take vacation from the work for 5 days." (Personal communication, kii, Nurse working in dressing room).

Table (4.32): The sample distribution of participant according to whether they thought is that incident common in their workplaces

Sample opinion	Frequency	Percentage
Yes	43	75.4
No	9	15.8
I don't know	5	8.8
Total	57*	100.0

***related to question 44 about those who answered yes = 57**

Table (4.32) shows that 75.4% of the participants said that it is common, while 15.8% of them said that they it is not and 8.8% of them said they don't know.

Table (4.33): The sample distribution of participant according to the place the incident occurred

Sample opinion	Frequency	Percentage
Inside the clinic or health care center	54	94.7
Outside	3	5.3
Total	57*	100.0

***related to question 44 about those who answered yes = 57**

Table (4.33) shows that 94.7% of the participants said that the incident happened in the clinic, while 5.3% of them said that it happened outside.

Most of the accident happened inside the health centers that give us a hint it happened as spontaneously or reaction to another stimulus if discovered can prevent it.

Table (4.34): The sample distribution of participant according to their reaction

Sample opinion	Frequency	Percentage
Took no action	15	4.1
Tried to pretend it never happened	44	12.2
Told the person to stop	50	13.8
Tried to defend myself physically	35	9.7
Told friends/family	30	8.3
Sought counseling	37	10.2
Told a colleague	31	8.6
Reported it to health center management	32	8.8
Sought help from Nursing Syndicate	29	8.0
Completed incident/accident form	39	10.8
Informed police	20	5.5
Total	632*	100.0

***related to question 44 about those who answered yes = 57 and cause of multiple answers.**

Table (4.34) shows that 13.8% of the participants said that they asked the attack to stop, while 12.2% of them tried to pretend it never happened, 10.8% of them completed incident/accident form for the manager, 10.2% of them sought counseling, 9.7% of them tried to defend themselves physically, 8.8% of them reported it to health center management, 8.6% of them told a colleague, 8.3% of them told family or friends, 8% of them sought help from Nursing Syndicate, 5.5% of them informed police, and 4.1% of them did nothing.

These different reactions different from one to another deepened on the personality at first place, the experience and if they have especial or formal training also the nature of attack.

Some of others (who have the same attack) claims or problems

Table (4.35): clarifies the mean, standard deviation, relative weight and order about some of the problems or claims from others who have violence experience as you

Problem and claims	Mean	Standard deviation	Relative weight	Level
Memories, thoughts and perceptions are repetitive and disturbing about the event	3.962	1.280	79.23	1
Avoid talking or thinking about the event, and avoid remembering any feelings about the event	2.077	1.262	41.54	4
Always stay cautious and worried	2.615	1.699	52.31	3
The feeling that everything you achieved is worthless	2.885	1.818	57.69	2
General mean	2.885	1.515	57.69	

Table (4.35) shows that: Paragraph (1): “Memories, thoughts and perceptions are repetitive and disturbing about the event” has the first rank with a relative weight of 79.23%. Paragraph (4): “The feeling that everything you achieved is worthless” has the second rank with a relative weight of 57.69%. Paragraph (3): “Always stay cautious and worried” has the third rank with a relative weight of 52.31%. Paragraph (2): “Avoid talking or thinking about the event, and avoid remembering any feelings about the event” has the fourth rank with a relative weight of 41.54%. The relative weight for some of the problems or claims from others who have violence is 57.69%.

Table (4.36): The sample distribution according to whether they thought is that incident could be prevented

Sample opinion	Frequency	Percentage
Yes	42	73.7
No	8	14.0
I don't know	7	12.3
Total	57*	100.0

*related to question 44 about those who answered yes = 57

Table (4.36) shows that 73.7% of the participants said that it could be prevented, while 14% of them said that they don't think so, and 12.3% of them said they don't know.

Table (4.37): The sample distribution according to have support from their manager

Sample opinion	Frequency	Percentage
Report the event	14	24.6
The opportunity to talk about the subject	13	22.8
Advice	22	38.6
Other support	8	14.0
Total	57*	100.0

***related to question 44 about those who said yes = 57**

Table (4.37) shows that 38.6% of the sample said their manager support them with advice, while 24.6% of them said that that their manager report it, 22.8% of them said that their manager their manager support them with giving them the opportunity to talk about the incident, and 14% of them told that their managers support them with other ways.

Table (4.38): The sample distribution according to what extent they are satisfied with the way the incident dealt with

Sample opinion	Frequency	Percentage
Strongly dissatisfied	11	19.3
Dissatisfied	21	36.8
Don't know	6	10.5
Satisfied	9	15.8
Strongly satisfied	10	17.6
Total	57*	100.0

***related to question 44 about those who answered yes = 57**

Table (4.38) shows that 36.8% of the sample said that they are dissatisfied with the way the incident dealt with, while 19.3% of them said that they are strongly dissatisfied, 17.6% of them they are strongly satisfied, 15.8% of them told that they are satisfied, and 10.5% don't know.

"I felt humiliated, weak and powerless from my supervisor words; the way he deals with me I go home close myself and cry, I'm very depressed I wish death. Always I hear from him bad words like: you don't deserve to be her, you are very slow at work take tramadol to get faster. I spoke to

management but they don't believe me they think that am laying. I try to come late so they transfer me to another clinic and try to finish my day work at any way" (Personal communication, kii, nurse working in NCD room).

Table (4.39): The sample distribution according to the reasons leads them not report

Sample opinion	Frequency	Percentage
It was not important	14	8.0
Felt ashamed	17	9.7
Felt guilty	27	15.4
Afraid of negative consequences	28	16.0
Useless	57	32.6
Did not know how to report	32	18.3
Total	175*	100.0

***related to question 44 about those who answered yes = 57 and cause of multiple answers**

Table (4.39) shows that 32.6% of the sample said that it is useless, while 18.3% of them said that they do not know how to report, 16% of them they were afraid of negative consequences, 15.4% of them told that felt guilty is the main reason of not reporting, 9.7% of them felt ashamed and 8% of them said that It was not important to be reported.

4.3.1.4 Fourth: Workplace:

Has the employer developed specific policies?

Table (4.40): clarifies the mean, standard deviation, relative weight and order about some of the problems or claims from others who have violence experience as you

Variable	Mean	Standard deviation	Relative weight	Level
Safety and health protection	1.851	0.708	61.71	3
Physical workplace violence	1.828	0.614	60.93	5
Verbal abuse	1.842	0.658	61.40	4
Bullying/Mobbing	2.088	0.681	69.61	2
Threat	2.153	0.717	71.78	1
General mean	1.953	0.676	65.09	

Table (4.40) shows that: Paragraph (5): “Threat” has the first rank with a relative weight of 71.78%. Paragraph (4): “Bullying/Mobbing” has the second rank with a relative weight of 69.61%. Paragraph (1): “Safety and health protection” has the third rank with a relative weight of 61.71%. Paragraph (3): “Verbal abuse” has the fourth rank with a relative weight of 61.40%. Paragraph (2): “Physical workplace violence” has the fifth rank with a relative weight of 60.93%. The relative weight for some of the problems or claims from others who have violence is 65.09%.

Table (4.41): The sample distribution according to whether they received any training related to deal with violence in workplace

Existing of procedures for violence reporting in their workplace	Frequency	Percentage
No	136	63.3
Yes	79	36.7
Total	215	100.0

Table (4.41) shows that 63.3% of the participants said they didn’t receive any training related to deal with violence in workplace, while 36.7% of them said that they did.

Table (4.42): The sample distribution according to measures to deal with workplace violence exist in your workplace

existing of procedures for violence reporting in their workplace	Frequency	Percentage
Security measures (e.g. guards, alarms, portable telephones)	61	9.2
Improve surroundings (e.g. lighting, noise, heat, cleanliness, privacy)	88	13.3
Patient screening (to record and be aware of previous aggressive behavior)	71	10.7
appropriate staff numbers	48	7.3
Check-in procedures for staff (especially for home care)	18	2.7
Special equipment or clothing (e.g. uniform or absence of uniform)	163	24.7
Reduced periods of working alone	85	12.8
Training (e.g. workplace violence, coping strategies, communication skills, conflict resolution, self-care)	92	13.9
Investment in human resource development (training for career advancement, retreats, rewards for achievement, promotion of healthy environment)	36	5.4
Total	662*	100.0

** Cause of multiple answers

Table (4.42) shows that 24.7% of the participants said that Special equipment or clothing (e.g. uniform or absence of uniform) is the most important measure to deal with workplace violence exist in their workplaces, while 13.3% of them said that Improve surroundings (e.g. lighting, noise, heat, cleanliness, privacy) is the most important, 13.3% of them said that training (e.g. workplace violence, coping strategies, communication skills, conflict resolution, self-care) is the most important,

12.8% of them said that reduced periods of working alone is the most important, 10.7% of them said that patient screening (to record and be aware of previous aggressive behavior) is the most important, 9.2% of them said that security measures (e.g. guards, alarms, portable telephones) is important, , 7.3% of them said that appropriate staff numbers is important, 5.4% said that investment in human resource development (training for career advancement, retreats, rewards for achievement, promotion of healthy environment)is one of the existing procedures to deal with violence in their workplaces, and 2.7% said that Check-in procedures for staff (especially for home care) is an existing procedure to deal with that.

Table (4.43): The sample distribution according to changes in their workplaces setting in the last 2 years after aggression attacks

Sample opinion	Frequency	Percentage
None	33	37.9
Restructuring / reorganization	12	13.8
Additional services	7	8.0
Don't know	35	40.2
Total	87*	100.0

Table (4.43) shows that 40.2% of the participants said they don't know the change applied, while 37.9% of them said that no change was applied, 13.8% of them said that restructuring / reorganization is applied after the violence attacks in the last two years, and 8% said that additional services were added.

Table (4.44): The sample distributions according to the impact have the above changes had on their daily work

Sample opinion	Frequency	Percentage
None	33	37.9
Work situation for staff improved	6	6.9
Work situation for staff worsened	3	3.4
Improved situation for patients/clients	8	9.3
Worsened situation for patients/clients	2	2.3
Don't know	35	40.2
Total	87*	100.0

Table (4.44) shows the changes had happened after attacked , 40.2% of the participants said they don't know the change impact on their daily work, while 37.9% of them said that no impact of the changes on their daily work, 9.3% of them said that the changes improved situation for patients/clients, 6.9% said that work situation for staff improved, 3.4% of them said that Work situation for staff worsened, and 2.3% of them said that the changes worsened situation for patients/clients.

4.3.1.5 Fifth: opinions about violence in workplace:

Table (4.45): The sample distribution of participant according to the most important contributing factors to physical violence in their workplaces

Sample opinion	Frequency	Percentage
Bad communication with reviewers and colleagues at work	109	25
There is no clear system that determines how the workflow works	71	16.3
Lack of adequate treatment	118	27.1
Psychological stress	135	31.0
Others	3	0.6
Total	436*	100.0

***multiple answers**

Table (4.45) shows implies the reasons that cloud be related to physical violence according to victims perspective, that 31% of the participants said psychological stress is to the most important contributing factor, while 27.1% of them said that lack of adequate treatment is the most important, 25% of them said that bad communication with reviewers and colleagues at work is the most important factor, 16.3% said that there is no clear system

that determines how the workflow works which affect increasing the physical abuse and 0.6% said that there are other factors.

While in (Abu Hamra, 2015) study, the main causes for violent acts were waiting time, lack of prevention measures and unmet expectations of patients.

Table (4.46): The sample distribution of participant according to the most important contributing factors to nonphysical violence in their workplaces

Sample opinion	Frequency	Percentage
Bad communication with reviewers and colleagues at work	121	27.8
There is no clear system that determines how the workflow works	85	19.5
Lack of adequate treatment	101	23.2
Psychological stress	123	28.2
Others	6	1.4
Total	436*	100.0

***multiple answers**

Table (4.46) shows implies the reasons that cloud be related to non-physical violence according to victims perspective that 28.2% of the participants said that psychological stress is the most important contributing factor, while 27.8% of them said that bad communication with reviewers and colleagues at work is the most important factor, 23.2% of them said that lack of adequate treatment is the most important, 19.5% of them said that there is no clear system that determines how the workflow works which affect increasing the nonphysical abuse, and 1.4% said that there are other factors.

Table (4.47): The sample distribution of participant according to the most important preventive measures should be taken to prevent workplace aggression/violence

Sample opinion	Frequency	Percentage
Having a clear system determines the responsibility of each one	157	25.2
Improve salary	148	23.8
Conduct self-discharge sessions for employees	148	23.8
Take appropriate action against aggressors	162	26.0
Others	7	1.2
Total	622*	100.0

***multiple answers**

Table (4.47) shows the most preventive measure to prevent workplace aggression according to their experience that 26% of the participants said that taking appropriate action against aggressors is the most important contributing factor, while 25.2% of them said that having a clear system determines the responsibility of each one is the most important factor, 23.8% of them said that improving salary is the most important, and 1.2% said that there are other factors.

4.3.2 Second question: what the extent of job satisfaction?

To answer this question, the researcher calculated the mean value, standard deviation, relative weight and order for each paragraph of the section “measure the job satisfaction” and the next table clarifies that:

Table (4.48): Result Analysis of Job Satisfaction

No.	Item	Mean	SD	Rel. Weight	Level
1.	I receive recognition for a job well done	3.383	1.238	67.66	8
2.	I feel close to the people at work	4.150	0.808	82.99	2
3.	I feel good about working at this company	3.907	1.021	78.13	6
4.	I feels secure about my job	4.075	0.916	81.50	4
5.	I believe management is concerned about me	3.173	1.152	63.46	9
6.	On the whole, I believe work is good for my physical health	4.145	0.829	82.90	3
7.	My wages are good	1.981	1.122	39.63	10
8.	All my talents and skills are used at work	3.864	1.081	77.29	7
9.	I get along with my supervisors	3.921	0.860	78.41	5
10.	I feel good about my job	4.421	0.557	88.41	1
All Item		3.702	0.959	74.04	

Table (4.48) shows that the mean value for the participants’ answers in the governmental clinics on all the paragraphs of this section (3.70) with a relative weight of 74.04%, which indicates a high level of satisfaction between the nurses working in the governmental clinics in GS while in study of (Abu Spetan, 2013) the result showed that the relative weight for job satisfaction was 64.1% among service providers in the community mental health centers in GS. For the level of each of the job satisfaction, as the highest five paragraphs and the lowest ones was as follows:

The highest five paragraphs: Paragraph (10): “I feel good about my job” has the first rank with a relative weight of 88.41%. Paragraph (2): “I feel close to the people at work” has the second rank with a relative weight of 82.99%. Paragraph (6): “On the whole, I believe work is good for my physical health” has the third rank with a relative weight of 82.9%. Paragraph (4): “I feels secure about my job” has the fourth rank with a relative weight of 81.5%. Paragraph (9): “I get along with my supervisors” has the fifth rank with a relative weight of 78.41%.

And the lowest five paragraphs: Paragraph (3): “I feel good about working at this company” has the sixth rank with a relative weight of 78.13%. Paragraph (8): “All my talents and skills are used at work” has the seventh rank with a relative weight of 77.29%. Paragraph (1): “I receive recognition for a job well done” has the eighth rank with a relative weight of 67.66%. Paragraph (5): “I believe management is concerned about me” has the ninth rank with a relative weight of 63.46%. Paragraph (7): “My wages are good” has the tenth rank with a relative weight of 39.63%.

The overall job satisfaction of all nurses with their job was at a very a high level. Some paragraphs have reached "I feel good about my job" has the first rank with a relative weight of 88.41%. "I feel close to the people at work" has the second rank with a relative weight of 82.99%. Believe work is good for my physical health” has the third rank with a relative weight of 82.9%. "I feel secure about my job” has the fourth rank with a relative weight of 81.5%. "I get along with my supervisors” has the fifth rank with a relative weight of 78.41%.

This result is like a study done in Islamabad by Sultana et al. (2011) which showed that 37.14% of the participants had a low level of job satisfaction. Methodology difference among the studies might have contributed to the result. However, it is lower than the result of studies done in Australia by Holland et al (2012), California by Wild (2006), and India by Saini et al (2005) where nurses were highly satisfied. This might be due to difference in socio-economic status and organizational policies including staff handling and infrastructure between the study setups.

4.3.3 Third question: what the extent of psychological stress?

To answer this question, the researcher calculated the mean value, standard deviation, relative weight and order for each paragraph of the section “measure the psychological stress” and the next table clarifies that:

Table (4.49): Result Analysis of General health questionnaires

No.	Item	Mean	SD	Rel. Weight	Level
1.	Have you been able to concentrate on whatever you're doing?	3.636	0.821	72.71	7
2.	Have you lost much sleep over worry?	2.958	1.045	59.16	10
3.	Have you been felt that you have playing useful part?	4.299	0.728	85.98	2
4.	Have you felt that you capable to take decisions?	4.430	0.567	88.60	1
5.	Have you been felt that you under strains?	3.439	1.106	68.79	8
6.	Have you recently felt you couldn't overcome difficulties?	4.140	0.756	82.80	3
7.	Have you enjoyed your daily activities?	3.883	0.757	77.66	6
8.	Have you been able to face your problem?	4.117	0.793	82.34	4
9.	Have you been unhappy and under stress?	3.210	1.001	64.21	9
10.	Have you lost your confidence?	1.533	0.570	30.65	11
11.	Have been feeling reasonably happy?	3.986	0.653	79.72	5
All Item		3.603	0.800	72.06	

Table (4.49) shows that the mean value for the participants' answers in the governmental clinics on all the paragraphs of this section (3.603) with a relative weight of 72.06%, which indicates a high level of psychological stress between the nurses working in the governmental clinics in GS, as the highest five paragraphs and the lowest ones was as follows:

The highest five paragraphs: Paragraph (4): “Have you felt that you capable to take decisions?” has the first rank with a relative weight of 88.6%. Paragraph (3): “Have you been felt that you have playing useful part?” has the second rank with a relative weight of 85.98%. Paragraph (6): “Have you recently felt you couldn't overcome difficulties?” has the third rank with a relative weight of 82.8%. Paragraph (8): “Have you been able to face

your problem?” has the fourth rank with a relative weight of 82.34%. Paragraph (11): “Have been feeling reasonably happy?” has the fifth rank with a relative weight of 79.72%.

And the lowest five paragraphs: Paragraph (1): “Have you been able to concentrate on whatever you’re doing?” has the sixth rank with a relative weight of 72.71%. Paragraph (5): “Have you been felt that you under strains?” has the seventh rank with a relative weight of 68.79%. Paragraph (9): “Have you been unhappy and under stress?” has the eighth rank with a relative weight of 64.21%. Paragraph (2): “Have you lost much sleep over worry?” has the ninth rank with a relative weight of 59.16%. Paragraph (10): “Have you lost your confidence?” has the tenth rank with a relative weight of 30.65%.

This confirms that nurses are subjected to many psychological stresses affecting their ability to make decisions, overcome difficulties both in work and in public life. As well as their ability to cope with problems, and overall their sense of happiness at the level of work or at the level of public life. There is no doubt that the psychological stress surrounding the nurse, whether financial or social, are generally related to stress in work to affect the nurse and his performance.

"I become nervous in home I can't tolerate my children if I got angry I beat them because I still think in work and my supervisor he doesn't respect me or my work, I can't do anything that make him feel good about me, I tried to do health education sessions he refuses he said it worthless and I not good enough for this job." (Personal communication, kii, nurse working in vaccination room)

4.3.4 Fourth Question: What level of aggression on nurses in the workplace?

Table (4.50): The sample opinion about being abused in their workplaces

Sample opinion	Frequency	Percentage
Yes	123	26.5
No	341	73.5
Total	464*	100.0

***cause of multiple answers**

Table (4.50) shows that 73.5% of the participants said that have never been abused in their workplaces, while 26.5% of them said that they already have abused.

Performed comparable research in 7 nations (Brazil, Bulgaria, Lebanon, Portugal, Thailand, South Africa, and Australia) concerning all fitness care vendors, the use of comparable contraptions. A majority of fitness care people have been determined to have faced at the least one incident of bodily or mental violence within the preceding yr.: 75.8% in Bulgaria, sixty-seven.2% in Australia, sixty-one% in South Africa, 60% in a sanatorium and 37% in a health center in Portugal, fifty-four% in Thailand, and forty-six.7% in Brazil (Di Martino, 2002).

Our look at found out 33% bodily violence is in our look at. The bodily violence changed into 27% in England (Winstanley & Whittington, 2004), 32.3% in Australia (Hills et al., 2012), and 15.9% in Japan (Fujita et al., 2012).

(Di Martino, 2002) said that incidents of bodily violence among 2.6% (Portugal) and 17% (South Africa) in 7 nations. Physical violence in Turkey is just like Brazil (6.4%), Lebanon (5.8%), and Bulgaria (7.5%).

4.3.5 Fifth question: Are there statistically significant differences in job satisfaction of nurses due to exposure to workplace aggression?

Find a solution to this question the researcher used T-test; to test whether there were significant differences in job satisfaction of nurses due to exposure to workplace aggression (physical attack, verbal abuse, and bullied / mobbed in workplace). The following table shows this.

Table (4.51): Result of T-test to test differences in job satisfaction of nurses due to exposure to workplace aggression.

	Exposure to aggression	N	Mean	SD	T-test	Sig.
Have you been physically attacked in your workplace?	Yes	53	3.53	0.640	2.386	0.018*
	No	162	3.76	0.606		
Have you ever been verbally abused in your workplace?	Yes	69	3.70	0.666	0.044	0.965
	No	112	3.71	0.559		
Have you been bullied / mobbed in your workplace?	Yes	26	3.70	0.721	0.004	0.997
	No	186	3.70	0.610		

***Significant at the 0.05 level**

Table (4.51) shows (T-test) result, where we note that there is a statistically significant difference in job satisfaction of nurses due to physical attack, where the significance level is less than level 5%. While there are no statistically significant differences in job satisfaction of nurses due to verbal abuse, or bullied/ mobbed in workplace, where the significance level is larger than level 5%.

The study confirmed that nurses can accept patients when they say bad words or annoy them, but if it comes to physical abuse it affects their acceptance of patients and affects their job satisfaction, and sometimes the nurse feels frustrated that he belongs to the nursing profession.

Study by Abo Gad & Elkazeh (2013) results revealed that high percent of emergency hospital nurses and community health nurses who experienced any type of violence were with total items of satisfaction at their work, as represented by the majority of emergency hospital nurse high percent of community health nurse were job dissatisfied. Workplace abuse and violence in fitness care settings, mainly towards nurses, is increasingly more diagnosed as a hassle of epidemic proportions, with terrible implications for nurses' process pleasure and potential to offer care efficaciously (Henderson, 2008).

4.3.6 Six Questions: Are there statistically significant differences in occurrence of psychological distress of nurses due to exposure to workplace aggression?

To answer this question, the researcher used T-test; to test whether there were significant differences in occurrence of psychological distress of nurses due to exposure to workplace aggression (physical attack, verbal abuse, and bullied / mobbed in workplace). The following table shows this.

Table (4.52): Result of T-test to test differences in occurrence of psychological distress of nurses due to exposure to workplace aggression.

	Exposure to aggression	N	Mean	SD	T-test	Sig.
Have you been physically attacked in your workplace?	Yes	52	3.60	0.255	0.045	0.964
	No	162	3.60	0.263		
Have you ever been verbally abused in your workplace?	Yes	69	3.57	0.226	0.123	0.903
	No	112	3.58	0.287		
Have you been bullied / mobbed in your workplace?	Yes	26	3.61	0.299	0.122	0.903
	No	186	3.60	0.257		

Table (4.52) shows (T-test) result, where we note that there are no statistically significant differences in occurrence with psychological distress of nurses due to exposure to workplace aggression, where the significance level is larger than level 5% thus conclude that there is no difference in occurrence of psychological distress of nurses due to exposure to workplace aggression (physical attack, verbal abuse, and bullied/ mobbed in workplace).

This confirms that the nurses can control themselves and control their feelings, and do their work to the fullest, and the problems of work do not affect their psychological status, and this indicates that they have a high level of psychological intelligence and social and makes them adapt to any psychological or social effects at work.

However, Hauge et al. (2007) located that pressure within the place of work surroundings may additionally arouse aggression, consequently in this example; paintings pressure is the purpose in preference to the end result. This may additionally create a cycle of violence and paintings strain, and is supported by way of the findings that paintings surroundings have a first-rate function inside the charge of violent incidents (Spector et al., 2007). According to (Itzhaki et al., 2015), the hazardous paintings surroundings of nurses' does no longer simplest effect paintings strain however additionally reduces lifestyles delight. This remaining impact is probably counterbalanced by means of improving emotions of protection and aid, in addition to selling collaboration among the nursing group (Melnikov et al, 2013).

Chapter Five

Conclusion and Recommendations

5.1 Conclusion:

The aims were to determine the prevalence of Workplace Aggression among Nurses in Governmental Clinics in Gaza Governorates and to the associations between exposure to workplace aggression and the occurrence of psychological distress and job satisfaction.

The study explores different types of aggression that nurses faced in their daily work that effects their job satisfaction, psychological distress & the role of institution.

The sample of the study consists of 215 nurses 70 male and 145 females; it was divided as the following: 78 practical nurse, 31 midwifery diploma, 106 staff nurses.

Regarding to demographic variables, the results show that, most of the study sample, 34% are between ages 30-39 years.

Regarding the work experience at the PHC, the results revealed that more half of the participants 50.2% having experience from 10-19 years, on the other hand 52.6% and 3.3% of the study sample are living in Gaza and north respectively.

The results also show that, 49.7% of the study samples were from Bachelor degree holders while 45.6% were from diploma. And finally 4.7% were master & high diploma.

As regarding study domains, the results revealed that 73.5% of the participants said that they have never been abused in their workplaces, while 26.5% of them said that they already have abused.

About nurses' perceptions about physically abused in their workplaces 75.3% of them said that they have never been, while 32.7% of them said that they already have physically abused.

Regarding the verbal abused 61.8% of the participants said that they have never been verbal abused in their workplaces, while 38.2% of them said that they already have verbal abused. The patients and the patients' relatives were the main sources of physical and verbal aggression, whereas colleagues were the main source of bullying.

The average value of the responses of participants in government clinics in all psychological stress was 3.603 with a relative weight of 72.06%. This indicates the high level of psychological tension between nurses working in governmental clinics in the GS.

There is a statistically significant difference in job satisfaction of nurses due to physical attack. While there are no statistically significant differences in job satisfaction of nurses due to verbal abuse, or bullied/ mobbed in workplace. On another hand there are no statistically significant differences in occurrence of psychological distress of nurses due to exposure to workplace aggression, thus conclude that there is no difference in occurrence of psychological distress of nurses due to exposure to workplace aggression (physical attack, verbal abuse, and bullied/ mobbed in workplace).

The main results of interviews are the occurrence of different types of violence from patients, their families, and even employers. This is due to many reasons, including patients' lack of understanding of the services provided by primary care centers.

5.2 Research Recommendations:

According to the study findings, the researcher recommends the following:

- Recommendations to Policy maker:
 - Should establish a precaution measures for preventing the occurrence of work violence and take series actions against who did it.
 - Provide formal educational training programs for health care workers on stress management.
 - Other preventive measures can include training in coping strategies, communication skills and conflict resolution.
 - Improving working conditions to ensure that nurses are more secure and able to perform their functions successfully.

*Future research is needed on a full range of workplace violence, including the impact on the victim's personal life, the financial situation and the costs of absenteeism.

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Appendices

Appendix (1) Consent form (Arabic)



كلية الصحة العامة

استبانة

الأخ الفاضل/الأخت الفاضلة

تحية تقدير واحترام وبعد،

أنا الباحث خليل نبيل الحلبي طالب ماجستير بجامعة القدس كلية الدراسات العليا- برنامج الصحة العامة تخصص إدارة صحية أقوم بإجراء هذا البحث كمتطلب رئيسي من متطلبات الحصول على شهادة الماجستير، حيث أن الدراسة تهدف إلى التعرف على العدوان في مكان العمل والاضطراب النفسي والرضا الوظيفي لدى الممرضين في العيادات الحكومية في محافظات غزة.

وذلك من أجل دعم أخذ القرار وصياغة السياسات والاجراءات اللازمة للحد من العنف وحماية الممرضين.

لقد تم اختيارك للمشاركة في هذا البحث عشوائيا ولمطابقتك لشروط البحث العلمي. إن إجراء هذا البحث لا يتطلب عمل أي تحاليل مخبريه أو تناول أي نوع من الأدوية.

لذلك يرجى التكرم بالموافقة على الإجابة على جميع أسئلة الاستبانة بكل أمانة وصدق، مع العلم أن مشاركتك في هذه الدراسة طوعية، كما يمكنك الإجابة على كل أو بعض الأسئلة أو التوقف متى شئت كما أن البيانات التي سيتم جمعها منك أو من الملف الطبي الخاص بك سيتم استخدامها للبحث العلمي فقط ولن يطلع عليها أحد.

علما أن التقييم والمقابلة يحتاجان بحد أقصى 15 دقيقة لاستكمالهما مهما تكن المعلومات التي تعطيها سوف تبقى سرية وطي الكتمان.

مع جزيل الشكر والتقدير لسيداتكم

الباحث/ خليل نبيل الحلبي

0599752206

Appendix (2) Approval of the Ministry of Health

State of Palestine
Ministry of health



دولة فلسطين
وزارة الصحة

التاريخ: 18/03/2018
رقم المراسلة 202024

السيد: رامي عبد سليمان العبداله المحترم

مدير عام بالوزارة/الإدارة العامة لتنمية القوى البشرية - /وزارة الصحة

السلام عليكم و،،،

الموضوع/ تسهيل مهمة الباحث// خليل الحلبي

التفاصيل //

بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحث/ خليل نبيل الحلبي
الملتحق ببرنامج ماجستير الصحة العامة - جامعة القدس أوديس في إجراء بحث بعنوان:-

"Workplace Aggression, Psychological Distress and Job Satisfaction among Nurses in Governmental Clinics in Gaza Governorates"

حيث الباحث بحاجة لتعبئة استبانة وإجراء مقابلات مع عدد من الممرضين العاملين في مراكز الرعاية الأولية الحكومية في قطاع غزة، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، ودون تحمل الوزارة أي أعباء أو مسئولية.

وتفضلوا بقبول التحية والتقدير،،،

ملاحظة / تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة 5 شهر من تاريخه.

محمد ابراهيم محمد السرساوي

مدير دائرة/الإدارة العامة لتنمية القوى البشرية -



التحويلات

إجراء اتكم بالخصوص (18/03/2018)	← رامي عبد سليمان العبداله (مدير عام بالوزارة)	▪ محمد ابراهيم محمد السرساوي (مدير دائرة)
إجراء اتكم بالخصوص (18/03/2018)	← ماهر محمود عبد الهادي شامية (مدير عام بالوزارة)	▪ رامي عبد سليمان العبداله (مدير عام بالوزارة)
لعمل اللازم (19/03/2018)	← جهاد محمد محمد مطر (مدير دائرة)	▪ ماهر محمود عبد الهادي شامية (مدير عام بالوزارة)
لعمل اللازم (19/03/2018)	← زياد حمدي احمد المصري (اداري)	▪ محمد احمد محمود ابو سماعيل (مدير دائرة)
لعمل اللازم (19/03/2018)	← نضال صلاح محمد المصري (رئيس قسم اداري)	▪ محمد احمد محمود ابو سماعيل (مدير دائرة)
لعمل اللازم (19/03/2018)	← محمد عمر محمود خليل (رئيس قسم اداري)	▪ محمد احمد محمود ابو سماعيل (مدير دائرة)
لعمل اللازم (19/03/2018)	← عبد الناصر حمد موسى ابو جزر (رئيس قسم اداري)	▪ محمد احمد محمود ابو سماعيل (مدير دائرة)
لعمل اللازم (19/03/2018)	← اياد عبد الله عبد اللطيف حمد (رئيس شعبة اداري)	▪ محمد احمد محمود ابو سماعيل (مدير دائرة)
لعمل اللازم (19/03/2018)	← حسناء احمد محمد الشريف (مدير دائرة)	▪ محمد احمد محمود ابو سماعيل (مدير دائرة)
لعمل اللازم (19/03/2018)	← كفاح عبد الفتاح احمد طومان (مدير دائرة)	▪ محمد احمد محمود ابو سماعيل (مدير دائرة)
لعمل اللازم (19/03/2018)	← طارق عامر حسن السعافين (مدير دائرة)	▪ محمد احمد محمود ابو سماعيل (مدير دائرة)
لعمل اللازم (19/03/2018)	← نهله صقر سليمان جلس (مدير دائرة)	▪ محمد احمد محمود ابو سماعيل (مدير دائرة)
لعمل اللازم (19/03/2018)	← مجدي ابراهيم اشتوي ضهير (مدير دائرة)	▪ محمد احمد محمود ابو سماعيل (مدير دائرة)
لعمل اللازم (19/03/2018)	← معين احمد محمد الكريزي (مدير دائرة)	▪ محمد احمد محمود ابو سماعيل (مدير دائرة)
لعمل اللازم (19/03/2018)	← سامي حسين محمد لبد (مدير دائرة)	▪ محمد احمد محمود ابو سماعيل (مدير دائرة)
لعمل اللازم (19/03/2018)	← كامل عبد المنعم كامل صايه (طبيب مقيم)	▪ محمد احمد محمود ابو سماعيل (مدير دائرة)

Gaza (19/03/2018) Tel. (+970) 8-2846949 ← عماد محمد عبدالله العالول (مدير) (+970) 8-2846949
فاكس: (+970) 8-2826295 فاكس: (+970) 8-2826295

Appendix (3) Approval of the Palestinian Medical Council



المجلس الفلسطيني للبحوث الصحي Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار

Developing the Palestinian health system through institutionalizing the use of information in decision making

Helsinki Committee For Ethical Approval

Date: 2017/08/07

Number: PHRC/HC/246/17

Name: KHALIL N. ELHALABI

الاسم:

We would like to inform you that the committee had discussed the proposal of your study about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:

Workplace Aggression, Psychological Distress and Job Satisfaction among Nurses in UNRWA Clinics in Gaza Governorates.

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/246/17 in its meeting on 2017/08/07

و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

Signature

Member

Member

Chairman

General Conditions:-

1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-

E-Mail: pal.phrc@gmail.com

Gaza - Palestine

غزة - فلسطين

شارع النصر - مفترق العيون

Appendix (4) Approval of the Palestinian Medical Council



المجلس الفلسطيني للبحوث الصحي Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار

Developing the Palestinian health system through institutionalizing the use of information in decision making



Helsinki Committee For Ethical Approval

Date: 04/02/2019

Number: PHRC/HC/494/19

Name: KHALIL N. ELHALABI

الاسم:

We would like to inform you that the committee had discussed the proposal of your study about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:

Workplace Aggression, Psychological Distress and Job Satisfaction among Nurses in Government Clinics in Gaza Governorates.

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/494/19 in its meeting on 04/02/2019

و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

Signature

Member

د. خالد ن. الخلابي
4/2/2019

Chairman

Dr. Assaf
2019

Member

Dr. Jehia Abed
04/02/2019

General Conditions:-

1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-

E-Mail: pal.phrc@gmail.com

Gaza - Palestine

غزة - فلسطين

شارع النصر - مفترق العيون

Appendix (5) Names of the Arbitrators

No	Name	Occupation
1	Dr.Bassam Abu Hammed	Al-Quds University
2	Dr.Khitam Abu Hammed	Al-Quds University
3	Dr.Mahmoud Shaker	Ex- Deputy Chief Health Program -UNWRA
4	Dr.Zuheir El-Kkhati	Deputy Chief Health Program-UNWRA
5	Dr.Rihab Quqa	Area Health Officer-UNWRA
6	Dr.Mustafa Shaath	Senior Medical Officer -UNWRA
7	Dr.Tayseir El-Ammassi	Senior Medical Officer -UNWRA
8	Ms. Faiza El-Sherif	Field Nursing Services Officer
9	Ms.Hala El –Mghary	Deputy Field Nursing Services Officer
10	Dr.Ahmed El- Shaer	Islamic university-Gaza
11	Mr.Jehad Mater	Director of nursing in PHC-MoH

Appendix (6) Clinics where applied

Name	Name
Sheikh Radwan Martyrs Center	Sobha Al Harazin Center
Alramal Martyrs Center	Sourani Center
Al - Daraj Martyrs Center	Jabalia Martyrs Center
Al - Zaitoun Martyrs Center	Al-Maghazi Center
Beit Lahia Martyrs Center (Shaimaa)	Center of the dome
Center of Atatra and Safa	Rafah Martyrs Center
Al Bureij Central Center (Old)	Small Abasan Center
Al - Qarara Center	Greater Abasan Center
Al Sawarha Center	The Khan Younis Martyrs Center
Western Nusseirat Center	Center of Martyrs Bani Suhaila
Al - Zahraa Martyrs Center	Tal El Sultan Center

Appendix (7) Questionnaire

Workplace Aggression, Psychological Distress and Job Satisfaction among Nurses in Governmental Clinics in Gaza Governorates Interviewed Questionnaire

Serial Number:

1	Age in years.....	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
2	level of education: <input type="checkbox"/> Diploma <input type="checkbox"/> B.S.N <input type="checkbox"/> Postgraduate degree	
3	Years of graduation: Collage:.....	
4	Tittle : <input type="checkbox"/> Practical nurses <input type="checkbox"/> midwife <input type="checkbox"/> Head nurse	
5	Years of experience?	
6	Current clinic: Governorate:..... Station(Type of work) <input type="checkbox"/> NCD <input type="checkbox"/> vaccine <input type="checkbox"/> dressing/ injection <input type="checkbox"/> dental <input type="checkbox"/> maternal <input type="checkbox"/> family planning <input type="checkbox"/> supervisor room	
7	The patients you dealing with most frequently are: <input type="checkbox"/> children <input type="checkbox"/> adults <input type="checkbox"/> elderly <input type="checkbox"/> adolescent	
8	The gender of patients you dealing with more: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> both	
9	Are you dealing with other family member? <input type="checkbox"/> yes <input type="checkbox"/> No if yes please determine.....	
Physical violence		
10	How worried are you about violence in your workplace? <input type="checkbox"/> not worried <input type="checkbox"/> worried <input type="checkbox"/> don't know	
11	Are their procedures for reporting of violence in your workplace <input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/> don't know If yes, do you know how to use them? <input type="checkbox"/> yes <input type="checkbox"/> no	
12	Is there encouragement to report workplace aggression? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes by whom: <input type="checkbox"/> manager <input type="checkbox"/> nursing syndicate <input type="checkbox"/> own family <input type="checkbox"/> colleagues	
13	Have you been physically attacked in your workplace? <input type="checkbox"/> yes , please answer the following questions from 16-32 <input type="checkbox"/> no , please go to question 33	

14	Please specify what type of violence and how many times? Type... number.....					
15	Do you consider this to be common incident of violence in your workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> don't					
16	Who attacked you? <input type="checkbox"/> patient/client <input type="checkbox"/> relatives of patient/client <input type="checkbox"/> staff member <input type="checkbox"/> management <input type="checkbox"/> supervisor					
17	Where did the incident take place? <input type="checkbox"/> inside health institution or facility <input type="checkbox"/> outside (on way to work / health visit / home)					
18	If happened please specify the date and time. Day:..... o'clock.....					
19	How did you respond to the incident? <u>Please tick all relevant boxes</u> <input type="checkbox"/> took no action <input type="checkbox"/> tried to pretend it never happened <input type="checkbox"/> told the person to stop <input type="checkbox"/> tried to defend myself physically <input type="checkbox"/> told friends/family <input type="checkbox"/> sought counseling <input type="checkbox"/> told a colleague <input type="checkbox"/> reported it to health center management <input type="checkbox"/> asked to transferred to another place <input type="checkbox"/> sought help from Nursing Syndicate <input type="checkbox"/> completed incident/accident form <input type="checkbox"/> informed police <input type="checkbox"/> completed a compensation claim other:_____					
20	Do you think the incident could have been prevented? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know					
21	.Were you injured as a result of the violent incident? <input type="checkbox"/> No; if NO, please go to question 30 Yes <input type="checkbox"/>					
22	IF YES, did you ask financial compensation for the injuries? No <input type="checkbox"/> Yes <input type="checkbox"/>					
23	The below list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered. For each item, please indicate how bothered you have been by these experiences since you were attacked. Please tick one option per question.					
	Since you were attacked, Have you been bothered:	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely
	Repeated, disturbing memories, thoughts, or images of the attack?	<input type="checkbox"/>				
	Avoiding thinking about or talking about the attack or avoiding having feelings related to it?	<input type="checkbox"/>				
	Being "super-alert" or watchful and on guard?	<input type="checkbox"/>				
	Feeling like everything you did was in vain?	<input type="checkbox"/>				

24	Did you have to take time off from work after being attacked in the same day? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, for how long? (Days)
25	Were there any actions taken to investigate the causes of the incident? yes <input type="checkbox"/> no <input type="checkbox"/> don't know <input type="checkbox"/> IF YES, by whom: <input type="checkbox"/> management / employer <input type="checkbox"/> police
26	What were the actions against the attacker?(you tick one or more) <input type="checkbox"/> none <input type="checkbox"/> verbal warning issued <input type="checkbox"/> suspension of care <input type="checkbox"/> reported to police <input type="checkbox"/> Suspension from work <input type="checkbox"/> transfer to other clinic <input type="checkbox"/> other: _____
27	Did your employer or supervisor offers to provide you with: Counselling <input type="checkbox"/> yes <input type="checkbox"/> no Opportunity to speak about <input type="checkbox"/> yes <input type="checkbox"/> no report it <input type="checkbox"/> yes <input type="checkbox"/> no Other support? <input type="checkbox"/> yes <input type="checkbox"/> no
28	How satisfied are you with the manner in which the incident was handled? <input type="checkbox"/> Strongly dissatisfied <input type="checkbox"/> dissatisfied <input type="checkbox"/> Don't know <input type="checkbox"/> satisfied <input type="checkbox"/> strongly satisfied
29	If you did not report or tell about the incident to others, why not? Please tick every relevant box <input type="checkbox"/> it was not important <input type="checkbox"/> Felt ashamed <input type="checkbox"/> felt guilty <input type="checkbox"/> afraid of negative consequences <input type="checkbox"/> useless <input type="checkbox"/> did not know who to report to <input type="checkbox"/> Other, <i>please specify</i> : _____
30	Have you witnessed incident of workplace violence and reported it? <input type="checkbox"/> yes <input type="checkbox"/> no Do your manager encourages you to report violence against other in your workplace? <input type="checkbox"/> yes <input type="checkbox"/> no IF YES, have you been disciplined for reporting an incident of workplace violence? <input type="checkbox"/> yes <input type="checkbox"/> no
	Each form of psychological violence would be addressed separately with the same questions. This is important for getting a detailed understanding of the workplace violence you experienced. Please answer at least the first question of each section. In case of "NO", you are directed to the next section.
	Verbal Abuse
31	Have you ever been verbally abused in your workplace? <input type="checkbox"/> Yes , please answer the following questions 32-43 <input type="checkbox"/> No, please go to section C II. BULLYING / MOBBING, page 5

32	How many times you were verbally abused? Times.....					
33	Please think of the last time you were verbally abused in your place of work. Who verbally abused you? <input type="checkbox"/> patient/client <input type="checkbox"/> relatives of patient/client <input type="checkbox"/> staff member <input type="checkbox"/> management / supervisor <input type="checkbox"/> external colleague/worker					
34	Do you consider this to be a common incident in your workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No					
35	Where did the verbal abuse take place? <input type="checkbox"/> outside (on way to work/health visit/home) <input type="checkbox"/> inside health institution or facility					
36	How did you respond to the incident? <u>Please tick all relevant boxes</u> <input type="checkbox"/> took no action <input type="checkbox"/> tried to pretend it never happened <input type="checkbox"/> told the person to stop <input type="checkbox"/> tried to defend myself physically <input type="checkbox"/> told friends/family <input type="checkbox"/> sought counseling <input type="checkbox"/> told a colleague <input type="checkbox"/> reported it to health center management <input type="checkbox"/> asked to transferred to another place <input type="checkbox"/> sought help from Nursing Syndicate <input type="checkbox"/> completed incident/accident form <input type="checkbox"/> informed police <input type="checkbox"/> completed a compensation claim <input type="checkbox"/> other:_____					
37	Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered. For each item, please indicate how bothered you have been by these experiences since you were attacked. Please tick one option per question.					
Since you were attacked, Have you been bothered:		Not at All	A Little Bit	Moderately	Quite a Bit	Extremely
Repeated, disturbing memories, thoughts, or images of the attack?		<input type="checkbox"/>				
Avoiding thinking about or talking about the attack or avoiding having feelings related to it?		<input type="checkbox"/>				
Being "super-alert" or watchful and on guard?		<input type="checkbox"/>				
Feeling like everything you did was in vain?		<input type="checkbox"/>				

49	<p>How did you respond to the incident? <u>Please tick all relevant boxes</u></p> <p><input type="checkbox"/> took no action <input type="checkbox"/> tried to pretend it never happened <input type="checkbox"/> told the person to stop</p> <p><input type="checkbox"/> tried to defend myself physically <input type="checkbox"/> told friends/family <input type="checkbox"/> sought counseling</p> <p><input type="checkbox"/> told a colleague <input type="checkbox"/> reported it to health center management</p> <p><input type="checkbox"/> asked to transferred to another place <input type="checkbox"/> sought help from Nursing Syndicate</p> <p><input type="checkbox"/> completed incident/accident form <input type="checkbox"/> informed police <input type="checkbox"/> completed a compensation claim</p>																														
50	<p>Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered. For each item, please indicate how bothered you have been by these experiences since you were bullied / mobbed. Please tick one option per question.</p> <table border="1" data-bbox="331 667 1369 1182"> <thead> <tr> <th data-bbox="331 667 751 768">Since you were attacked, Have you been bothered:</th> <th data-bbox="751 667 831 768">Not at All</th> <th data-bbox="831 667 919 768">A Little Bit</th> <th data-bbox="919 667 1086 768">Moderately</th> <th data-bbox="1086 667 1182 768">Quite a Bit</th> <th data-bbox="1182 667 1369 768">Extremely</th> </tr> </thead> <tbody> <tr> <td data-bbox="331 768 751 880">Repeated, disturbing memories, thoughts, or images of the attack?</td> <td data-bbox="751 768 831 880"><input type="checkbox"/></td> <td data-bbox="831 768 919 880"><input type="checkbox"/></td> <td data-bbox="919 768 1086 880"><input type="checkbox"/></td> <td data-bbox="1086 768 1182 880"><input type="checkbox"/></td> <td data-bbox="1182 768 1369 880"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="331 880 751 1014">Avoiding thinking about or talking about the attack or avoiding having feelings related to it?</td> <td data-bbox="751 880 831 1014"><input type="checkbox"/></td> <td data-bbox="831 880 919 1014"><input type="checkbox"/></td> <td data-bbox="919 880 1086 1014"><input type="checkbox"/></td> <td data-bbox="1086 880 1182 1014"><input type="checkbox"/></td> <td data-bbox="1182 880 1369 1014"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="331 1014 751 1093">Being "super-alert" or watchful and on guard?</td> <td data-bbox="751 1014 831 1093"><input type="checkbox"/></td> <td data-bbox="831 1014 919 1093"><input type="checkbox"/></td> <td data-bbox="919 1014 1086 1093"><input type="checkbox"/></td> <td data-bbox="1086 1014 1182 1093"><input type="checkbox"/></td> <td data-bbox="1182 1014 1369 1093"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="331 1093 751 1182">Feeling like everything you did was in vain?</td> <td data-bbox="751 1093 831 1182"><input type="checkbox"/></td> <td data-bbox="831 1093 919 1182"><input type="checkbox"/></td> <td data-bbox="919 1093 1086 1182"><input type="checkbox"/></td> <td data-bbox="1086 1093 1182 1182"><input type="checkbox"/></td> <td data-bbox="1182 1093 1369 1182"><input type="checkbox"/></td> </tr> </tbody> </table>	Since you were attacked, Have you been bothered:	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely	Repeated, disturbing memories, thoughts, or images of the attack?	<input type="checkbox"/>	Avoiding thinking about or talking about the attack or avoiding having feelings related to it?	<input type="checkbox"/>	Being "super-alert" or watchful and on guard?	<input type="checkbox"/>	Feeling like everything you did was in vain?	<input type="checkbox"/>																
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Being "super-alert" or watchful and on guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Feeling like everything you did was in vain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
51	<p>Do you think the incident could have been prevented?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Was any action taken to investigate the causes of the bullying/mobbing?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know</p>																														
52	<p>Was any action taken to investigate the causes of the bullying/mobbing?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know. If NO or DON'T KNOW, please go to question 59</p> <p>If YES, by whom:</p> <p><input type="checkbox"/> management / employer <input type="checkbox"/> police</p> <p><input type="checkbox"/> other: _____</p> <p>If YES, what were the consequences for the person who bullied / mobbed you?</p> <p><input type="checkbox"/> none <input type="checkbox"/> verbal warning issued <input type="checkbox"/> care discontinued <input type="checkbox"/> reported to police</p> <p><input type="checkbox"/> aggressor prosecuted <input type="checkbox"/> other: _____</p>																														
53	<p>Did your employer or supervisor offer to provide you with:</p> <p>Counselling <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Opportunity to speak about report it <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Other support? <input type="checkbox"/> yes <input type="checkbox"/> no</p>																														

54	<p>How satisfied are you with the manner in which the incident was handled?</p> <p><input type="checkbox"/> Strongly dissatisfied <input type="checkbox"/> dissatisfied <input type="checkbox"/> not known <input type="checkbox"/> satisfied <input type="checkbox"/> strongly satisfied</p>
55	<p>If you did not report or tell about the incident to others, why not?</p> <p>Please tick every relevant box</p> <p><input type="checkbox"/> it was not important <input type="checkbox"/> Felt ashamed <input type="checkbox"/> felt guilty</p> <p><input type="checkbox"/> afraid of negative consequences <input type="checkbox"/> useless <input type="checkbox"/> did not know who to report to</p> <p><input type="checkbox"/> Other, <i>please specify</i>: _____</p>
Health Sector Employer	
56	<p>Has your employer developed specific policies on:</p> <p>Safety and health protection <input type="checkbox"/>yes <input type="checkbox"/> no <input type="checkbox"/> don't know</p> <p>Physical workplace violence <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know</p> <p>Verbal abuse <input type="checkbox"/> yes <input type="checkbox"/>no <input type="checkbox"/> don't know</p> <p>Bullying/Mobbing <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know</p> <p>Threat <input type="checkbox"/>yes <input type="checkbox"/> no <input type="checkbox"/> don't know</p>
57	<p>Have you received any training related to deal with violence in workplace?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/> No <input type="checkbox"/> don't know</p>
58	<p>What measures to deal with workplace violence exist in your workplace?</p> <p>Please tick every relevant box?</p> <p><input type="checkbox"/> Security measures (e.g. guards, alarms, portable telephones)</p> <p><input type="checkbox"/> Improve surroundings (e.g. lighting, noise, heat, cleanliness, privacy)</p> <p><input type="checkbox"/> Patient screening (to record and be aware of previous aggressive behavior)</p> <p><input type="checkbox"/> appropriate staff numbers</p> <p><input type="checkbox"/> Check-in procedures for staff (especially for home care)</p> <p><input type="checkbox"/> Special equipment or clothing (e.g. uniform or absence of uniform)</p> <p><input type="checkbox"/> Reduced periods of working alone</p> <p><input type="checkbox"/> Training (e.g. workplace violence, coping strategies, communication skills, conflict resolution, self-care)</p> <p><input type="checkbox"/> Investment in human resource development (training for career advancement, retreats, rewards for achievement, promotion of healthy environment)</p> <p><input type="checkbox"/> None of these</p>
69	<p>Which of the following changes, if any, have occurred in the workplace setting in the last 2 years after aggression attacks?</p> <p><input type="checkbox"/> none <input type="checkbox"/> restructuring / reorganization</p> <p><input type="checkbox"/> staff cuts <input type="checkbox"/> increased staff numbers</p> <p><input type="checkbox"/> restriction of services <input type="checkbox"/> additional services</p> <p><input type="checkbox"/> don't know <input type="checkbox"/> other</p> <p>_____</p>

60	<p>In your opinion, what impact have the above changes had on your daily work? Please tick any relevant box</p> <p><input type="checkbox"/> none</p> <p><input type="checkbox"/> work situation for staff worsened <input type="checkbox"/> work situation for staff improved</p> <p><input type="checkbox"/> worsened situation for patients/clients <input type="checkbox"/> improved situation for patients/clients</p> <p><input type="checkbox"/> don't know <input type="checkbox"/> Other</p>
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opinions on workplace violence

61	<p>In your opinion, what are the four most important contributing factors to physical violence in your work setting?</p> <p>1- 2- 3-</p>
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62	<p>In your opinion, what are the four most important contributing factors to (Non-physical) violence in your work setting?</p> <p>1- 2- 3-</p>
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63	<p>In your opinion, what are the four most important preventive measures should be taken to prevent workplace aggression/violence?</p> <p>1- 2- 3-</p>
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Job Satisfaction

	Strongly Disagree غير موافق بشدة	Disagree غير موافق	Don't Know لا اعرف	Agree موافق	Strongly Agree موافق بشدة
1. I receive recognition for a job well done	1	2	3	4	5
2. I feel close to the people at work	1	2	3	4	5
3. I feel good about working at this company	1	2	3	4	5
4. I feel secure about my job	1	2	3	4	5
5. I believe management is concerned about me	1	2	3	4	5
6. On the whole, I believe work is good for my physical health	1	2	3	4	5
7. My wages are good	1	2	3	4	5
8. All my talents and skills are used at work	1	2	3	4	5
9. I get along with my supervisors	1	2	3	4	5
10. I feel good about my job	1	2	3	4	5

General health questionnaires (GHQ-12)

	Strongly Disagree غير موافق بشدة	Disagree غير موافق	Don't Know لا اعرف	Agree موافق	Strongly Agree موافق بشدة
1. Have you been able to concentrate on whatever you're doing?	1	2	3	4	5
2. Have you lost much sleep over worry?	1	2	3	4	5
3. Have you been felt that you have playing useful part?	1	2	3	4	5
4. Have you felt that you capable to take decisions ?	1	2	3	4	5
5. Have you been felt that you under strains?	1	2	3	4	5
6. Have you recently felt you couldn't overcome difficulties ?	1	2	3	4	5
7. Have you enjoy your daily activities ?	1	2	3	4	5
8. Have you been able to face your problem ?	1	2	3	4	5
9. Have you been unhappy and under stress?	1	2	3	4	5
10. Have you lost your confidence ?	1	2	3	4	5
11. Have you been thinking yourself as worthless ?	1	2	3	4	5
12. Have been feeling reasonably happy?	1	2	2	4	5

Appendix (8) Questionnaire in Arabic

العدوان في مكان العمل والاضطراب النفسي والرضا الوظيفي لدى الممرضين في العيادات الحكومية في محافظات غزة

الرقم المتسلسل

1	العمر في سنوات.....	الجنس <input type="checkbox"/> ذكر <input type="checkbox"/> أنثى
2	المستوى التعليمي: <input type="checkbox"/> دبلوم <input type="checkbox"/> بكالوريوس العلوم في التمريض <input type="checkbox"/> شهادة عليا	
3	سنة التخرج الكلية.....	
4	المسمى الوظيفي: <input type="checkbox"/> ممرض/ة <input type="checkbox"/> قابلة <input type="checkbox"/> حكيم/مشرف	
5	سنة سنوات الخبرة	
6	العيادة الحالية المحافظة	
	القسم (طبيعة العمل)	
	<input type="checkbox"/> الأمراض المزمنة <input type="checkbox"/> رعاية الحوامل <input type="checkbox"/> التطعيم <input type="checkbox"/> الغيار/الحقن <input type="checkbox"/> الاسنان	
	<input type="checkbox"/> تنظيم الأسرة <input type="checkbox"/> غرفة الادارة	
7	طبيعة المرضى الذين تتعامل معهم : <input type="checkbox"/> أطفال <input type="checkbox"/> بالغين <input type="checkbox"/> كبار السن	
8	نوع الجنس الي تتعامل معه : <input type="checkbox"/> ذكر <input type="checkbox"/> أنثى <input type="checkbox"/> الاثنين معا	
9	هل تتعامل مع فئات اخرى: <input type="checkbox"/> نعم <input type="checkbox"/> لا اذا كانت الاجابة نعم ، يرجى الاختيار (ابن- ابنة - اخ- اخت- ام- اب -جد - جدة)	
10	كم انت قلق بشأن العنف في مكان عملك ؟ <input type="checkbox"/> لست قلقا <input type="checkbox"/> قلق <input type="checkbox"/> لا اعلم	
11	هل هناك وسائل للإبلاغ عن العنف في مكان عملك ؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا اعلم اذا كانت الإجابة بنعم ، هل تعرف طريقة الاستخدام ؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا	
12	هل هناك تشجيع للإبلاغ عن العنف في مكان العمل ؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا اذا كانت الاجابة نعم ، بواسطة من <input type="checkbox"/> المدير <input type="checkbox"/> نقابة الممرضين <input type="checkbox"/> العائلة الخاصة بك <input type="checkbox"/> الزملاء	
13	الاعتداء الجسدي	
	هل تمت مهاجمتك جسديا أثناء عملك ؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا اذا كانت الاجابة نعم، يرجى اجابة الأسئلة من 14-30 اذا كانت الاجابة لا ، يرجى الذهاب الى سؤال رقم 31	
14	يرجى تحديد نوع العنف وعدد مرات حدوثه.(دفع-ركل-ضرب-طعن-القاء اشياء-اطلاق نار) <input type="checkbox"/> غير ذلك...يرجى التحديد النوع..... عدد المرات.....	
15	هل تعتبر هذا العنف ظاهرة شائعة في مكان عملك ؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا اعلم	
16	من الذي قام بمهاجمتك ؟ <input type="checkbox"/> مريض /زبون <input type="checkbox"/> أقارب المريض <input type="checkbox"/> عضو من الموظفين <input type="checkbox"/> الادارة (المشرف)	
17	أين حدث العنف / مكان حدوث العنف؟ <input type="checkbox"/> داخل المؤسسة الصحية او احد المرافق <input type="checkbox"/> بالخارج (في طريق الذهاب للعمل / زيارة صحية / للمنزل)	
18	اذا تم حدوث العنف ، يرجى تحديد اليوم <input type="checkbox"/> اول الشهر <input type="checkbox"/> منتصف الشهر <input type="checkbox"/> اخر الشهر اليوم..... الساعة.....	

19	<p>كيف تجاوبت مع الحدث؟ <u>يرجى اختيار كل الصناديق المتعلقة بالإجابة</u></p> <p><input type="checkbox"/> لم أفعل أي شيء <input type="checkbox"/> تظاهرت بأن شيئاً لم يكن <input type="checkbox"/> أخبرت الشخص المعتدي بالتوقف <input type="checkbox"/> حاولت الدفاع عن نفسي جسدياً <input type="checkbox"/> أخبرت أصدقائي <input type="checkbox"/> العائلة <input type="checkbox"/> طلبت النصيحة / المشورة <input type="checkbox"/> أخبرت زميل <input type="checkbox"/> بلغت عن الموضوع لمركز الإدارة الصحية <input type="checkbox"/> طلبت المساعدة من نقابة الممرضين <input type="checkbox"/> قدمت شكوي رسمية للإدارة <input type="checkbox"/> ابلغت الشرطة <input type="checkbox"/> قدمت مطالبة تعويض <input type="checkbox"/> طلبت نقل لعيادة أخرى</p>																														
20	هل تعتقد بأنه يمكن منع العنف؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا أعلم																														
21	هل جرحت كأثر من هذا العنف؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا ، إذا كانت الإجابة لا يرجى الذهاب لسؤال رقم 30																														
22	إذا كانت الإجابة نعم ، هل طلبت تعويض مالي عن الإصابات؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا																														
23	<p>القائمة بالأسفل توضح بعض المشاكل و الشكاوي من قبل بعض الناس الذين مروا بنفس تجربتك في العنف، يرجى تحديد كيف كان كانت هذه التجربة و كيف واجهتها كما يرجى اختيار خيار واحد لكل سؤال</p> <table border="1"> <thead> <tr> <th>منذ ان تمت مهاجمتك ، هل عانيت من</th> <th>أبداً</th> <th>أحياناً</th> <th>غالباً</th> <th>قليلاً</th> <th>كثيراً</th> </tr> </thead> <tbody> <tr> <td>ذكريات، افكار او تصورات متكررة و مزعجة عن الحدث</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>تجنب الحديث او التفكير بالحدث، وتجنب تذكر أي مشاعر تجاه الحدث</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>البقاء حذراً دائماً و قلق</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>الشعور بأن كل شيء أنجزته بلا قيمة</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	منذ ان تمت مهاجمتك ، هل عانيت من	أبداً	أحياناً	غالباً	قليلاً	كثيراً	ذكريات، افكار او تصورات متكررة و مزعجة عن الحدث	<input type="checkbox"/>	تجنب الحديث او التفكير بالحدث، وتجنب تذكر أي مشاعر تجاه الحدث	<input type="checkbox"/>	البقاء حذراً دائماً و قلق	<input type="checkbox"/>	الشعور بأن كل شيء أنجزته بلا قيمة	<input type="checkbox"/>																
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24	هل أخذت إجازة من العمل بعد ان تمت مهاجمتك بنفس اليوم؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا إذا نعم ، ما هي عدد الأيام؟.....																														
25	هل كان هناك أي تحركات لمعرفة أسباب حدوث العنف؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا أعلم إذا كانت الإجابة نعم ، بواسطة من؟ <input type="checkbox"/> الإدارة / صاحب العمل <input type="checkbox"/> الشرطة <input type="checkbox"/> المجتمع																														
26	ما هي طبيعة الإجراءات ضد المعتدي (بإمكانك اختيار واحد أو أكثر) <input type="checkbox"/> لا شيء <input type="checkbox"/> تحذير لفظي <input type="checkbox"/> توقيف الاهتمام <input type="checkbox"/> تبليغ الشرطة <input type="checkbox"/> الإيقاف عن العمل <input type="checkbox"/> النقل لعيادة أخرى أخرى..... <input type="checkbox"/>																														
27	هل دعمك مدير/ك/ مشرفك ب: <input type="checkbox"/> النصيحة و المشورة <input type="checkbox"/> الفرصة للتحدث عن الموضوع <input type="checkbox"/> التبليغ عن الحدث <input type="checkbox"/> دعم آخر																														
28	ما هي درجة رضائك عن الطريقة التي تمت معالجة الحدث بواسطتها؟ <input type="checkbox"/> لست راضياً البتة <input type="checkbox"/> غير راض <input type="checkbox"/> لا أعلم <input type="checkbox"/> راض <input type="checkbox"/> راض تماماً																														
29	في حالة عدم إبلاغك عن الحدث ، ما هي الأسباب التي دعتك لذلك (يمكن أن تحدد أكثر من خيار) <input type="checkbox"/> لم يكن بالأمر الهام <input type="checkbox"/> الشعور بالخجل <input type="checkbox"/> الشعور بالذنب <input type="checkbox"/> الخوف من نتائج / تبعات سلبية <input type="checkbox"/> لا فائدة من ذلك <input type="checkbox"/> عدم المعرفة بطريقة التبليغ <input type="checkbox"/> أخرى ، يرجى التحديد																														
30	هل كنت شاهداً على العنف في مكان العمل و قمت بالتبليغ عنه هل يشجعك المدير على التبليغ عن العنف ضد الآخرين في العمل؟ هل كنت مدرباً ضد أحداث العنف في العمل؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> نعم <input type="checkbox"/> لا																														
	سوف يتم عرض كل شكل من أشكال العنف بشكل خاص به ، هذا مهم من أجل معرفة تفاصيل العنف في مكان العمل ، يرجى الإجابة على الأقل عن السؤال الأول من كل قسم. في حالة كانت الإجابة لا ، يرجى التوجه لقسم آخر.																														

2-الإساءة اللفظية																															
31	هل تمت الإساءة لك لفظيا في مكان العمل ؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا إذا كانت الاجابة نعم، يرجى اجابة الأسئلة من 32- 43 إذا كانت الاجابة لا ، يرجى الذهاب الى صفحة رقم (5)																														
32	كم عدد المرات التي تمت الإساءة لك لفظيا ؟.....																														
33	الرجاء تذكر آخر مرة تمت الإساءة لك لفظيا ، من الذي أساء لك ؟ <input type="checkbox"/> مريض /زبون <input type="checkbox"/> أقارب المريض <input type="checkbox"/> عضو من الموظفين <input type="checkbox"/> الإدارة (المشرف)																														
34	هل تعتبر هذا الحدث ظاهرة شائعة في مكان عملك ؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا اعلم																														
35	أين تمت الإساءة اللفظية (مكان حدوث الإساءة) داخل المؤسسة الصحية او احد المرافق <input type="checkbox"/> بالخارج (في طريق الذهاب للعمل / زيارة صحية / للمنزل) <input type="checkbox"/>																														
36	كيف تجاوبت مع الحدث ؟ يرجى اختيار كل الصناديق المتعلقة بالإجابة <input type="checkbox"/> لم أفعل أي شيء <input type="checkbox"/> تظاهرت بأن شيئا لم يكن <input type="checkbox"/> أخبرت الشخص المعتدي بالتوقف <input type="checkbox"/> حاولت الدفاع عن نفسي جسديا <input type="checkbox"/> أخبرت أصدقائي / العائلة <input type="checkbox"/> طلبت النصح / المشورة <input type="checkbox"/> أخبرت زميل <input type="checkbox"/> بلغت عن الموضوع لمركز الإدارة الصحية <input type="checkbox"/> طلبت المساعدة من نقابة المرضيين <input type="checkbox"/> قدمت شكوي رسمية للإدارة <input type="checkbox"/> أبلغت الشرطة <input type="checkbox"/> قدمت مطالبة تعويض <input type="checkbox"/> طلبت نقل لعيادة أخرى																														
37	القائمة بالأسفل توضح بعض المشاكل و الشكاوي من قبل بعض الناس الذين مروا بنفس تجربتك في العنف ، يرجى تحديد كيف كان كانت هذه التجربة و كيف واجهتها كما يرجى اختيار خيار واحد لكل سؤال.																														
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38	هل اخذت اجازة من العمل بعد ان تمت مهاجمتك بنفس اليوم؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا ، اذا كانت الاجابة لا يرجى التوجه لسؤال ل رقم 44 اذا نعم ، ما هي عدد الأيام ؟.....																														
39	هل كان هناك أي تحركات لمعرفة أسباب حدوث العنف ؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا اعلم إذا كانت الاجابة نعم ، بواسطة من ؟ <input type="checkbox"/> الادارة / صاحب العمل <input type="checkbox"/> الشرطة <input type="checkbox"/> المجتمع																														
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43	في حالة عدم ابلاغك عن الحدث ، ما هي الأسباب التي دعتك لذلك (يمكن أن تحدد أكثر من خيار) لم يكن بالأمر الهام <input type="checkbox"/> الشعور بالخجل <input type="checkbox"/> الشعور بالذنب <input type="checkbox"/> الخوف من نتائج / تبعات سلبية <input type="checkbox"/> لا فائدة من ذلك <input type="checkbox"/> عدم المعرفة بطريقة التبليغ <input type="checkbox"/> أخرى ، يرجى التحديد _____																														

3-البطجة / التمر / التسلط الاداري																															
44	نعم ، يرجى الاجابة عن الاسئلة التالية <input type="checkbox"/> لا يرجى التوجه لقسم 3 <input type="checkbox"/> هل تمت مهاجمتك في مكان العمل ؟																														
45	. كم عدد المرات التي تمت الاساءة اليك في ال 12 شهر الماضية؟																														
46	الرجاء تذكر آخر مرة تم التمر عليك/ سوء استعمال السلطة ، من الذي أساء لك ؟ <input type="checkbox"/> مريض /زبون <input type="checkbox"/> أقارب المريض <input type="checkbox"/> عضو من الموظفين <input type="checkbox"/> الادارة (المشرف)																														
47	هل تعتبر هذا الحدث ظاهرة شائعة في مكان عملك ؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا اعلم																														
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49	كيف تجاوبت مع الحدث؟ <u>يرجى اختيار كل الصناديق المتعلقة بالإجابة</u> <input type="checkbox"/> لم أفعل أي شيء <input type="checkbox"/> تظاهرت بأن شيئا لم يكن <input type="checkbox"/> أخبرت الشخص المعتدي بالتوقف <input type="checkbox"/> حاولت الدفاع عن نفسي جسديا <input type="checkbox"/> أخبرت أصدقائي / العائلة <input type="checkbox"/> طلبت النصح / المشورة <input type="checkbox"/> أخبرت زميل <input type="checkbox"/> بلغت عن الموضوع لمركز الإدارة الصحية <input type="checkbox"/> طلبت المساعدة من نقابة الممرضين <input type="checkbox"/> قدمت شكوي رسمية للإدارة <input type="checkbox"/> ابلغت الشرطة <input type="checkbox"/> قدمت مطالبة تعويض <input type="checkbox"/> طلبت نقل لعيادة أخرى																														
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51	هل تعتقد بأنه كان من الممكن منع حدوث الحدث ؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا اعلم																														
52	هل كان هناك أي تحركات لمعرفة أسباب حدوث العنف ؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا اعلم اذا كانت الاجابة نعم ، فبواسطة من : <input type="checkbox"/> الادارة <input type="checkbox"/> الشرطة <input type="checkbox"/> المجتمع المحلي اذا كانت الاجابة نعم، ماذا كانت التبعات او النتائج ؟ <input type="checkbox"/> لا شيء <input type="checkbox"/> تحذير لفظي <input type="checkbox"/> توقف الاهتمام <input type="checkbox"/> تبليغ الشرطة <input type="checkbox"/> محاكمة المعتدي <input type="checkbox"/> اخرى																														
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4-مكان العمل	
56	<p>هل طور رب العمل سياسات خاصة ب الامان و الحماية <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا اعلم</p> <p>العنف الجسدي في مقر العمل <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا اعلم</p> <p>الاساءة اللفظية <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا اعلم</p> <p>التسلط الاداري <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا اعلم</p> <p>التهديد/الترهيب <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا اعلم</p>
57	هل تلقيت أي تدريب له علاق بالعنف داخل العمل؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا اعلم
58	<p>ما هي الإجراءات الموجودة للتعامل مع العنف الموجود في مقر العمل؟ <u>يحق للمشارك اختيار أكثر من اجابة</u></p> <p><input type="checkbox"/> التدابير الأمنية (مثل الحراس ، وأجهزة الإنذار ، والهواتف المحمولة)</p> <p><input type="checkbox"/> تحسين المناطق المحيطة (مثل الإضاءة والضوضاء والحرارة والنظافة والخصوصية)</p> <p><input type="checkbox"/> فحص المرضى (لتسجيل وإدراك السلوك العدواني السابق)</p> <p><input type="checkbox"/> أرقام الموظفين المناسبة</p> <p><input type="checkbox"/> إجراءات تسجيل الوصول للموظفين (خاصة بالنسبة للرعاية المنزلية)</p> <p><input type="checkbox"/> معدات أو ملابس خاصة (مثل الزي الرسمي أو عدم وجود الزي الرسمي)</p> <p><input type="checkbox"/> تقليل فترات العمل وحيدا</p> <p><input type="checkbox"/> التدريب (على سبيل المثال ، العنف في مكان العمل ، استراتيجيات المواجهة ، مهارات الاتصال ، حل النزاعات ، الرعاية الذاتية</p> <p><input type="checkbox"/> الاستثمار في تنمية الموارد البشرية (التدريب للتقدم الوظيفي ، الخلوات ، المكافآت من أجل الإنجاز ، تعزيز البيئة الصحية)</p> <p><input type="checkbox"/> لا شيء مما ذكر <input type="checkbox"/></p>
69	<p>ما هي التغييرات التي حدثت بعد اخر سنين من حدوث العنف؟ <u>يحق للمشارك اختيار أكثر من اجابة</u></p> <p><input type="checkbox"/> لا شيء <input type="checkbox"/> اعادة تنظيم العمل <input type="checkbox"/> تحديد/قطع الخدمات <input type="checkbox"/> تعزيز عد الموظفين <input type="checkbox"/> تقليل عدد الموظفين</p> <p><input type="checkbox"/> اضافة خدمات اخرى <input type="checkbox"/> لا اعلم</p>
60	<p>في رأيك ماذا كان تأثير التغييرات المذكورة بالأعلى على يومك في العمل؟ <u>يحق للمشارك اختيار أكثر من اجابة</u></p> <p><input type="checkbox"/> لا شيء <input type="checkbox"/> بيئة العمل أصبحت افضل للموظفين <input type="checkbox"/> بيئة العمل أصبحت أسوأ للموظفين <input type="checkbox"/></p> <p><input type="checkbox"/> تحسنت الظروف بالنسبة للمراجعين <input type="checkbox"/> الظروف اصبحت أسوأ للمراجعين <input type="checkbox"/></p> <p><input type="checkbox"/> لا أعلم <input type="checkbox"/> اخري.....</p>
4- اراء حول العنف في مركز العمل.	
61	<p>في رأيك ، ما هي أكثر العوامل المؤثرة على العنف الجسدي في مكان العمل؟</p> <p style="text-align: right;">-1</p> <p style="text-align: right;">-2</p> <p style="text-align: right;">-3</p>

62	<p>في رأيك ، ما هي العوامل المؤثرة على العنف غير الجسدي في مكان العمل؟</p> <p>-1</p> <p>-2</p> <p>-3</p>																																																																		
63	<p>في رأيك ما هي الاجراءات التي قد تقلل او تحد من حدوث العنف / العدوان في مقر العمل؟</p> <p>-1</p> <p>-2</p> <p>-3</p>																																																																		
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="331 719 427 869" style="width: 10%;">موافق بشدة</th> <th data-bbox="427 719 523 869" style="width: 10%;">موافق</th> <th data-bbox="523 719 619 869" style="width: 10%;">لا اعرف</th> <th data-bbox="619 719 715 869" style="width: 10%;">غير موافق</th> <th data-bbox="715 719 810 869" style="width: 10%;">غير موافق بشدة</th> <th data-bbox="810 719 1369 869" style="width: 50%;">العبارة</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1. أتلقى اعترافاً بتقدير العمل الجيد للوظيفة</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2. اشعر بالقرب من الاشخاص في العمل</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3. أشعر بالرضا عن العمل في هذه المؤسسة</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>4. أشعر بالأمان في العمل</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>5. أشعر بان الادارة مهتمة بي</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>6. بشكل عام، أشعر بأن هذا العمل مناسب لقدرتي الجسدية</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>7. أجري جيد</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>8. كل مواهبي وقدراتي تستخدم في العمل</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>9. أشعر بالانسجام مع مشرفي</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>10. أشعر بالرضا عن عملي</td> </tr> </tbody> </table>		موافق بشدة	موافق	لا اعرف	غير موافق	غير موافق بشدة	العبارة						1. أتلقى اعترافاً بتقدير العمل الجيد للوظيفة						2. اشعر بالقرب من الاشخاص في العمل						3. أشعر بالرضا عن العمل في هذه المؤسسة						4. أشعر بالأمان في العمل						5. أشعر بان الادارة مهتمة بي						6. بشكل عام، أشعر بأن هذا العمل مناسب لقدرتي الجسدية						7. أجري جيد						8. كل مواهبي وقدراتي تستخدم في العمل						9. أشعر بالانسجام مع مشرفي						10. أشعر بالرضا عن عملي
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مقياس الضغوط النفسية
General Health Questionnaires (GHQ-12)

موافق بشدة	موافق	لا اعرف	غير موافق	غير موافق بشدة	نريد أن نسألك بعض الأسئلة العامة حول صحتك في الفترة الأخيرة
					1. هل كنت قادرا على التركيز
					2. هل اضطرب نومك بسبب القلق
					3. هل شعرت بأنك قمت بدور مهم في الحياة
					4. هل شعرت بأنك قادر علي اتخاذ القرارات
					5. هل شعرت بأنك تحت الضغط بشكل مستمر
					6. هل شعرت بأنك قادر علي تجاوز المصاعب
					7. هل استمتعت بنشاطاتك اليومية العادية
					8. هل كان لديك القدرة على مواجهة مشاكلك
					9. هل شعر بأنك غير سعيد أو مكتئب
					10. هل فقدت الثقة في نفسك
					11. هل شعرت بأنك سعيد علي وجه العموم

Appendix (9) Qualitative parts – English

Dear colleagues / welcome to you all in this interview to hear and know your opinions and recommendation regarding the effects of aggression you faced in your workplace and its impact on you, which is core of my studies to obtain a master's degree in public health (health management):

- What kind of your work in the clinic?
- Can you tell us what happened with you?
- What was your reaction?
- How did you handle with that situation?
- Was there any chance to prevent it?
- Was your work affected after this event?
- Was your home affected after this event?
- How did the administration deal with this event and what is your opinion about that?
- How can we avoid this in the future?
- in your opinion what are the factors that lead to such behavior by the patients or their families?

Appendix (10) Qualitative parts – Arabic

الجزء الثاني الأسئلة النوعية:

الأخوة الزملاء/ أرحب بكم في هذه المقابلة لمعرفة آراءكم وملاحظاتكم وتوصياتكم بخصوص أثر الاعتداءات التي تتعرضون لها في أماكن عملكم وتأثيرها على الاضطراب النفسي والرضا الوظيفي لدى الممرضين في عيادات الرعاية الأولية في قطاع غزة وهي محور دراستي للحصول على درجة الماجستير في الصحة العامة:

- ما هي طبيعة عملك في العيادة؟
- هل يمكنك ان تخبرنا ماذا حدث؟
- ماذا كانت ردة فعلك؟
- كيف تعاملت مع الحدث؟
- هل كانت هناك إمكانية لمنع حدوث ذلك؟
- هل تأثر عملك بعد هذا الحدث؟
- هل تأثر بيتك بعد هذا الحث؟
- كيف تعاملت الإدارة مع هذا الحدث وما هو رأيك بذلك؟
- كيف يمكن تجنب ذلك مستقبلاً؟
- برأيك ما هي الدوافع أو العوامل التي تؤدي إلى ذلك السلوك من قبل لمرضى وذويهم؟

Appendix (11) Abstract Arabic

العنوان: العدوان في مكان العمل والاضطراب النفسي والرضا الوظيفي لدى الممرضين العاملين في العيادات

الحكومية في محافظات غزة

الباحث خليل نبيل الحلبي

إشراف: د. يوسف محمود عوض

ملخص:

* إن العدوان في مكان العمل ضد العاملين في مجال الرعاية الصحية أصبح ظاهرة خطيرة وعلى نطاق واسع ووفقاً لمنظمة الصحة العالمية، يشمل العنف "الاعتداء البدني، القتل، الإيذاء اللفظي، والتسلط / المضايقات، والتحرش الجنسي، والعرق، والإجهاد النفسي، البيئة الآمنة في جميع مؤسسات الرعاية الصحية أمر حتمي للعاملين في الرعاية الصحية لتقديم رعاية عالية الجودة للأشخاص ذوي الاحتياجات الصحية المختلفة.

* المنهجية: استخدم الباحث المنهج الوصفي التحليلي الذي يتعامل مع دراسة الظواهر الموجودة والممارسات المتاحة للدراسة والقياس كما هي، دون تدخل الباحث.

* بلغ حجم العينة (215 ممرضة) من الممرضين، وهم جميع العاملين في العيادات المصنفة مستوى ثالث ورابع من عيادات حكومية عاملة تتوافق مع معايير الأهلية. تم إعداد قائمة بالممرضين العاملين في كل عيادة وتوزيع الاستبيان عليهم، وتم تطبيق الاستبيان على (30) ممرض من عينة الدراسة للتأكد من صدق وثبات الأداة وصلاحيته تطبيقها على مجتمع الدراسة.

أداة الدراسة:

* استخدم الباحث استبيان "العدوان في مكان العمل والاضطراب النفسي والرضا الوظيفي لدى الممرضين العاملين في العيادات الحكومية في محافظات غزة"؛ حيث تضمن الجزء الأول جزأين رئيسيين، يحتوي الجزء الأول على جميع البيانات الديموغرافية، بينما تضمن الجزء الآخر ثلاثة محاور رئيسية على النحو التالي:

أولاً: الاعتداءات على الممرضين العاملين في أماكن عملهم الحكومية في قطاع غزة.

ثانياً: يتضمن (10) فقرات لدراسة الرضا الوظيفي للممرضين العاملين في أماكن عملهم الحكومية في قطاع غزة.

ثالثاً: يتضمن (12) فقرة لدراسة مستوى الضغوط النفسية لدى الممرضين في أماكن عملهم الحكومية في قطاع غزة.

* إدخال البيانات وتحليلها: تم ترميز الاستبيانات وإدخالها بواسطة الباحث باستخدام برنامج الاحصاء SPSS نسخة 20 كما تم اختبار صلاحية الأداة ومدى الثبات.

* النتائج:

أظهرت الدراسة أن 38.2% منهم تعرضوا بالفعل لسوء المعاملة اللفظية. وأن 24.7% منهم تعرضوا للإيذاء البدني بالفعل.

* القيمة المتوسطة لإجابات المشاركين في العيادات الحكومية حول الرضا الوظيفي (3.70) بوزن نسبي 74.04%، مما يدل على مستوى عال من الرضا بين الممرضين العاملين في العيادات الحكومية في قطاع غزة.

* بلغ متوسط قيمة ردود المشاركين في العيادات الحكومية في جميع الضغوط النفسية 3.603 مع وزن نسبي قدره 72.06%. هذا يدل على ارتفاع مستوى التوتر النفسي بين الممرضين العاملين في العيادات الحكومية في قطاع غزة.

* هنالك فرق دال إحصائياً في عدم الرضا الوظيفي للممرضات بسبب الاعتداء الجسدي، حيث يكون مستوى الأهمية أقل من (0.05) في حين لا توجد فروق ذات دلالة إحصائية في عدم الرضا الوظيفي للممرضين بسبب الإساءة اللفظية، أو تخويف / مهاجمة في مكان العمل، حيث يكون مستوى الأهمية أكبر من المستوى (0.05) .

لا توجد فروق ذات دلالة إحصائية في حدوث الضائقة النفسية للممرضين العاملين بسبب التعرض لعدوان في مكان العمل، حيث يكون مستوى الأهمية أكبر من المستوى 5 ٪ وبالتالي يستنتج أنه لا يوجد فرق في حدوث الضائقة النفسية للممرضين العاملين بسبب التعرض لمكان العمل العدوان (الاعتداء الجسدي، والاعتداء اللفظي، والتخويف في مكان العمل)

* توصيات الدراسة:

* على المدير والموظفين المسؤولين دعم العاملين في مجال الرعاية الصحية، لا سيما عندما يثيرون قضايا حول مصادر الإجهاد وظروف العمل.

* يفضل توفير برامج للتدريب العملي للعاملين في مجال الرعاية الصحية على إدارة التوتر والضغط النفسي للممرض وللمراجعين ومهارات الاتصال وحل النزاعات.

* يمكن أن تشمل التدابير الوقائية التدريب على استراتيجيات المواجهة ومهارات التواصل وحل النزاعات. يجب تقييم التدخلات المختلفة وتقييمها.

* وضع تدابير احترازية لمنع حدوث عنف العمل.

* ينبغي معالجة ظروف العمل والعدوان في مكان العمل، تهدف إلى تحسين ظروف العمل لضمان أن الممرضين أكثر أماناً وقدرة على أداء وظائفهم بنجاح، وبالتالي تحسين الخدمة الصحية.

* هناك حاجة إلى إجراء دراسات وأبحاث مستقبلية حول أنواع العنف في مكان العمل، بما في ذلك التأثير على حياة الضحية الشخصية.