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Emotional Intelligence and its Relationship with Job Stress and Organizational Commitment among Nurses in Governmental Hospitals in the Gaza Strip.

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Dedication

To the greatest man I have in my life, the sum of my life… my lovely father

To the biggest heart with the most loving care, who sacrificed a lot for me to become what I am now, my mother

To my wife who supported me through each step of the way and for being for me the greatest source of inspiration… my beloved wife "Haneen"

To the light of my eyes… my kids "Kamel & Malika"

To all those who encouraged, supported, and helped me all the way

To my uncle and friend Abu Ahmed (father of wife), who encouraged me and instilled in me the spirit of perseverance to accomplish this work.

I dedicate this research for all of them…

Mohammed Kamel AL Asmar

Declaration

I certify that this thesis submitted for the degree of master is the result of my research, except where otherwise acknowledged, and this study (or any part of the same) has not been submitted for a higher degree from any other university or institution.

Signed:

Mohammed Kamel Al Asmar

Date: 31/5/2021

Acknowledgment

First and foremost, I must acknowledge my limitless thanks to Allah, the ever-magnificent; the ever-thankful, for his help and bless. I am totally sure that this work would have never become truth, without his guidance.

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With respect,

Mohammed AL Asmar

Abstract

Nursing is a stressful profession and nurses face multiple stressors in their work environment daily and continuously. Emotional Intelligence had a very important effect on job stress and organizational commitment. This study aims to identify the role of emotional intelligence and its relationship with job stress and organizational commitment among nurses in governmental hospitals in the Gaza Strip. This study is quantitative, descriptive cross sectional design; 318 nurses completed self-administered questionnaire from 340 with 93.5% response rate. Sample was selected using a stratified proportionate random sample from five governmental hospitals. The researcher used international scales for emotional intelligence, organizational commitment and nursing stress scale.

Data were analyzed by SPSS using a variety of descriptive and inferential statistics including independent sample t-test, one-way ANOVA, Pearson correlation test, and Multiple Linear Regression were performed at a significance level of P-value < 0.05.

Findings showed that there is a significant positive relationship between participants' emotional intelligence and their job stress (R Square = 0.116, p-value=0.039), The results revealed that there is no significant relationship between participants' emotional intelligence and their organizational commitment (R Square = 0.109, p-value=0.052), and that there is a significant inverse relationship between participants' job stress and their organizational commitment (R Square = -0.179, p-value=0.001). The results revealed that the high scores in emotional intelligence, organizational commitment and nursing stressors frequency & severity, 59.7%, 68.2% and 47.0% & 87.5% respectively. For emotional intelligence dimensions; motivation domain scored the highest (69.25%). Regarding organizational commitment dimensions; normative commitment scored the highest (69.80%). With regard to nursing stressor frequency; workload domain scored the highest (51.5%). In addition, the highest nursing stressor severity was noted is "Uncertainty concerning treatment" (94.5%). Additionally, there is a relationship between socio-demographic characteristics and emotional intelligence toward years of experience (F = 6.072, P = 0.000), salary (F = 2.897, P = 0.035) and educational level (F = 4.521, P = 0.001). Also there is a relationship between socio-demographic characteristics and organizational commitment: age (F = 3.620, P = 0.007), marital status (F = 4.376, P = 0.005), salary (F = 3.211, P = 0.023) and years of experience (F = 11.466, P = 0.000).

Finally, the study concludes that contribute of nurses' job stress and emotional intelligence to their organizational commitment, which showed that an increase in job stress among nurses, leads to a decrease in the organizational commitment by (76.0%). Moreover, with an increase in the nurses' empathy, their organizational commitment increases by (14.9%) and with an increase in the nurses' self-awareness, also their organizational commitment increases by (11.7%).

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List of abbreviations

ANOVA	One Way Analysis of Variance
EGH	European Gaza Hospital
EI	Emotional Intelligence
GDP	Gross Domestic Product
GS	Gaza Strip
H.C.S	Health Care System
ICUs	Intensive Care Units
MoH	Ministry of Health
NGO	Non-Governmental Organizations
NSS	Nursing Stress Scale
OC	Organization Commitment
PCBS	Palestinian Central Bureau of Statistics
PHC	Primary Health Care
SPSS	Statistical Package for Social Science
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
USD	United States Dollar
WB	West Bank
WHO	World Health Organization

Chapter One

Introduction

1.1 Background

Nursing is a stressful profession and nurses face multiple stressors in their work environment daily and continuously. These stressors include job overload, shift work, dealing with deaths, lack of social support, conflicts with doctors and other colleagues, and ambiguity in the level of authority; and they are exposed to a high level of stress every day (Rakhshani et al., 2018). Job stress remains an important organizational challenging issue among nursing professionals due to its adverse consequences on staff outcomes and patient safety. Continuous exposure and failure to manage stress are associated with negative consequences on nurses such as fatigue, emotional exhaustion, job dissatisfaction, turnover intention, and poor psychological health. Persistent exposure to stress not only affects negatively the health of nurses, but also with their decision-making process that may potentially affect staff, patients, and organizational commitment (Labrague et al., 2018).

Nurses are considered the core of health care organizations and keeping nurses in the organization remains a challenge for nurse's profession. Therefore, organizational commitment (OC) is an important element that determines nurses' job performance, productivity, reduction in burnout, decrease in work fatigue, and impact of organizational effectiveness and efficiency (North et al., 2013). Nurses' commitment is very important for health care institutions, not only for the quality of care, but also for patients' satisfaction. Because nurses' middle OC can be a warning alarm for that organization, and they might lose their working motivation and adverse changes might be created on their clinical competence level (Labrague et al., 2018).

OC is how strongly employees are involved in and identify with the organization, which includes three major components; normative, continuance, and emotional commitment. Emotional commitment represents the desire and attachment of the individual to the organization, emotional connection with the organization, and willingness to participate actively in it. Continuance commitment shows the individual subjection to the organization and the costs of leaving the organization, which presented in two forms of the absence of adequate job opportunities and loss of experience. Normative commitment has been

describe as a sense of loyalty to the values and vision of the organization (Khalilzadeh, 2017).

Nurses should have the ability to deal with and manage their emotions to make accurate decisions and ensure effective and high-quality healthcare outcomes. Therefore, it is important for nurses to learn interpersonal skills as well as to understand people's emotions, behaviors, and attitudes. Those nurses with these abilities considered emotionally intelligent (Wassif et al., 2016). Emotional Intelligence (EI) can enhance the nurses' abilities to be a good leader and helps the nurse to have a more positive attitude, better relationships and increase adaptability. In the modern world, high emotional intelligence is vital to satisfy the demands of patient-centric care in nursing. (Ohlson and Anderson, 2015; Spear, 2015). At 1995, Goleman defined EI as "*the ability to recognize your emotions, understand what they are telling you, and realize how your emotions affect the people around you"*. This definition was revised at 1997 to become *"Emotional Intelligence involves the ability to perceive accurately, appraise, and express emotions; the ability to access and/or generate feelings when they facilitate thoughts; the ability to understand emotion and emotional knowledge, and the ability to regulate emotions that promote emotional and intellectual growth"* (Muhraji and Yussef, 2017; Prufeta, 2017).

The EI had a very important effect on OC, job stress, and job satisfaction. The employees with high EI will experience high job satisfaction and that will lead to the best performance at the workplace. Job stress is completely dependent on the level of EI that a person may require and an employee’s optimistic features will improve his control of stress. The EI had a positive relationship with three components of OC, which were pointed as affective commitment, continuance commitment, and normative commitment. The employee with high EI will understand and control the emotion of his own and others that give an important contribution to the productivity of the workplace and with high EI shows less job stress and higher OC (Navas & Vijayakumar, 2018). Therefore, this study aims to identify the role of emotional intelligence and its relationship with job stress and organizational commitment among nurses in governmental hospitals in the Gaza Strip (GS).

1.2 Problem Statement

Job stress is a widespread problem, which affects all professionals and individuals in society. It is responsible for a lot of mental and physical illnesses such as depression, anxiety, psychological and physiological disease, and even suicide in the worst cases. In addition, it is costly to organizations and companies that affect negatively on performance of the employees, increased absence from work, burnout, medical costs and disability of the workers (Rakhshani et al., 2018). Healthcare providers especially nurses have a lot of job stress since they are in a direct contact with patients. Job stress in nursing is common worldwide; with rates of 9.20%-68.0% of nurses suffering from stress (Regi et al., 2018). There is an abundance of literature in relation to nursing stress in different world regions, but very little in Arab countries, especially Palestine. Nurses in Gaza are working under difficult occupational conditions: traumatic wounds care, lack of salary, shortage of medical supplies and drugs, insecurity, and political conflicts. They are not only exposed to occupational stress, but also to traumatic stress particularly during and after the wars between Israel and Gaza (Alhajjar, 2013).

Job stress also contributes to the high turnover of nurse's results in a shortage of nurses, which leads to work overload for the remaining nurses. The high turnover of nurses is attributed to a lack of job satisfaction and poor OC, which is associated with occupational stress. There can be many consequential impacts on the organization as turnover may lead to low productivity in nurses, poor nursing care, and added costs to the organization (Labrague et al., 2018).

Studies demonstrate a positive relationship between EI and job satisfaction of the nurses. Nurses with high EI are more likely to have higher levels of job satisfaction; also supports the positive relationship between EI and OC, so the absence of EI mean poor commitment and job dissatisfaction (Gu¨leryu¨z et al., 2008). More importantly, nurses have stress because they are engaged in daily different procedures and they are managing patient issues and many issues within their departments; thus, they have to reach a satisfactory level of EI to overcome this stress. The issue of EI and its relationship with job stress and OC have not been considered among nurses and other healthcare providers in previous studies in the Gaza Strip. So, the researcher in this study came to considered this issue. Therefore, this study will be the baseline for a future research study to help decision-makers in enhancing the level of OC among nurses in the Governmental hospitals.

1.3 Justification of the study

After reading several related studies, the researcher has noticed that job stress affects directly on the employees and contribute directly on the burnout of nurses. Also, the complexity of healthcare services and workload can be a source of stress. Numerous studies have regarded stress as an indicator of various negative outcomes, such as depression, anxiety, psychological and physiological disease, and even suicide in the worst cases, while emotional intelligence directly and indirectly leads to reduced burnout and already lead to reduce stress (Choi, et al, 2019).

Although, several studies were conducted to explore the issue of job stress and other tried to tackle the issue of OC, but no study tried to EI and its relationship with job stress and OC among nurses. Therefore, this study will be the baseline for a more advanced research studies using different populations or designs to help decision-makers in enhancing the level of OC among nurses professional.

The researcher hopes that the findings of this study should add value to the nursing profession globally and in Palestine partially in many areas. In practice, this study will provide suggestions to hospital policymakers to improve practices and management of job stress and OC by enhancing the EI level among nurses. In education, this study will serve as the basis for review of the nursing curriculum in universities and in-service training in medical and nursing education to include EI. For Al-Quds University and the College of Public Health, this study will be the first study to target the EI and its relationship with job stress and OC. In addition, the study will be an addition and contribute to enriching the university library. Additionally, few studies have been conducted in the Palestine about the EI but no study of them conducted on the EI and its relationship with job stress and OC, especially in governmental hospitals in the GS.

In research, this study will built a body of knowledge-based of many types of research and will inspire for further research. In addition, in nursing care, this study will provide a baseline to deal with patients and react positively with their emotions. Hence, this study aims to identify the role of emotional intelligence and its relationship with job stress and organizational commitment among nurses in governmental hospitals in the GS.

1.4 General Objective

The study aims to identify the role of emotional intelligence and its relationship with job stress and organizational commitment among nurses in governmental hospitals in the GS.

1.5 Specific Objectives

1. To determine levels of organizational commitment, emotional intelligence and job stresses among nurses working in governmental hospitals in GS.
2. To explore the relationship between some of socio-demographic characteristics with the levels of emotional intelligence and organizational commitment among nurses working in governmental hospital in GS.
3. To identify the relationships between emotional intelligence and job stresses and organizational commitment among nurses working in governmental hospitals in GS.
4. To determine the relative contribution of emotional intelligence and job stresses in predicting the status of organizational commitment among nurses working in governmental hospitals in GS.

1.6 Research Questions

1. What are the levels of organizational commitment, emotional intelligence and job stress among nurses working in governmental hospitals in GS?
2. What is the role of emotional intelligence and its relationship with job stresses and organizational commitment among nurses working in governmental hospitals in Gaza Strip GS?
3. What is the relationship between emotional intelligence and job stresses and organizational commitment among nurses working in governmental hospitals in GS?
4. Is there a relationship between levels of organizational commitment and job stress among nurses working in governmental hospitals in GS?
5. What is the relationship between some of socio-demographic characteristics with the levels of emotional intelligence and organizational commitment among nurses working in governmental hospital in GS?

6. Is there a relative contribution to emotional intelligence and work pressure in anticipating the state of organizational commitment among nurses working in governmental hospitals in GS?

1.7 Context of the study

1.7.1 Gaza Strip Demographic Characteristics:

The estimated number of population in Palestine in 2020 was 5.2 million. It shows that 59.8% live in the (West Bank) and 40.2% in the (Gaza Strip). Population distribution by sex shows that 50.9% of the population is male and 49.1% is female (PCBS, 2020).

Gaza Strip forms of the land area about 365 square kilometers, Gaza Strip formed from five governorates, North Gaza, Gaza, Mid Zone, Khan-Yunis, and Rafah, from North to south respectively. It considers one of the highest density areas around the world, about 1,989,970 Palestinian are living in it that for each one square kilometer area there are about 5204 individual Palestinian living and there is a remarkable difference between GSs and west bank in the population density. Other indicators according to the last national census due to the deterioration in the living condition and the blockade imposed on GSs by Israeli occupation blockade since June 2007 (PCBS, 2019). According to the census (the average number of persons in one room) in GS is more than in WB by about 23 percent. Rafah Governorate was the most average housing density that 1.7, the life expectancy among Palestinian population is 74.1 years, which is higher among females (75.3) than males (73.0) according to Health reports (PCBS, 2020).

1.7.2 Socioeconomic Context:

That chronic extended siege by the Israeli occupation since 2007 making the Palestinian economy completely under Israeli control that controls the entry and exit of g`oods and individuals. That siege made the dependence mainly on Foreign aid and lead to economic and social deterioration of the citizens, which make a situation that called a complex chronic disaster of catastrophic proportions, which direct negative effect not only on the population health but also on the determinants of the health (WHO, 2018).

Restrictions on the movement of people and goods, including preventing access to the Israeli labor market (the Gaza population was heavily dependent on access to the Israeli

labor market prior to the blockade), has led to de-development in Gaza since the beginning of the blockade in 2007. Unemployment in 2018 was 54% in the second quarter, higher for young people (70%) and women (78%). The poverty rate increased from 39% in 2011 to 53% in 2018. People suffered moderate or severe food insecurity reached 68%, 11% of children less than 5 years are stunted (WHO, 2018).

1.7.3 Palestinian Health Care System:

The health care system in GS is fragmented and services delivered by four providers without complete coordination, Ministry of Health (MoH), United Nations Relief and Work Agency (UNRWA), Non-Governmental Organizations (NGOs) and private sector. The MoH is the main provider and the responsibility for the services coordination between all providers. We have 160 primary health care centers and 30 hospitals in GS (MoH, 2017).

The total current expenditure on health reached 1.466 million United State Dollars (USD) in 2017 compared to 1.33 million USD in 2016. The percentage of total health expenditure to Gross Domestic Product (GDP) is 10.7% in 2017, which covered by the government insurance (around 37%), private insurance companies (around 3%), households/out-of-pocket (around 41%), non-profit organizations (around 18%), and others around 1% (PCBS, 2017).

One of the most important components of Health Care System (HCS) is human resources who served people; the number of employees in the health sector in MoH was the biggest in Palestine. In 2018 MoH employees was 14,430 at rate of 29.7 per 10,000 population in a percentage of 56.7% in W.B. and 43.3% in GS. The number of physicians works in MoH was 2525 with 5.2 doctors per 10,000 populations, in WB was 5.2 while in GS was 6.1. The number of nurse's works in MOH was 2500 nurses (MoH, 2018).

The health system in Gaza is composed of primary, secondary, and tertiary care. Service providers include the UNRWA, NGOs, MoH and the private sector. With such multitude of service providers, there are various challenges in providing a well-coordinated, consistent health service provision during normal times and resistances are deemed to exacerbate during emergencies (WHO, 2014). UNRWA provides health-care services to the vast majority of the over 1.2 million Palestine refugees in Gaza Strip through 22

medical centers, providing primary health care (PHC) and purchasing secondary and tertiary health care services (UNRWA, 2016).

Ministry of Health is the main health care provider in the governorates; it provides PHC, secondary and tertiary services for the whole population. It consumes advanced medical services by mentioning patients to the neighboring countries and other private and NGO health care facilities. It has been seriously affected by the financial crisis being knowledgeable by the Palestinian Authority. In particular, there have been reductions in the number of patients being referred outside the occupied Palestinian territory for a particular treatment and there have been growing and considerable shortages of medicines and disposables (WHO, 2013).

1.7.3.1 Shifa Medical Complex (Shifa Complex)

In 1946, the Shifa Medical Complex, which is the largest in Palestine, was established. It was developed over the years until it reached to over 45,000 square meters which is a higher worldwide level. It is located on the western part of the middle of Gaza City. It consists of three hospitals: surgery, internal medicine and maternity which delivere the health services to the citizens including the different patients referred by reception and emergency departments or clinics by primary care centers who are transferred to internal departments or the hospital outpatients. The total number of the hospital beds is 590 while the total number of its employees is about 1,600 distributed as follows: nursing 36.5%, doctors 35.6%, administrators and technicians in different disciplines 17.7% in which the occupancy rate in the hospital is about 82 % (MOH, 2017).

1.7.3.2 European Gaza Hospital (EGH)

This hospital began as a grant of the European Union to the Palestinian people at the end of the first intifada in 1989. At this period, there was not any legal authority so UNRWA has been assigned to create this hospital by European funded. Since the arrival 6 of the Palestinian Authority as the legitimate authority in the country, a dialogue was begun to transfer hospital ownership to the Ministry of Health. In October 1997, the ownership of the hospital was transferred to the Ministry of Health. In July 1999, the international team who was working at the hospital with a local Arab team effectively ended his work in October 2000 and the Arab local team continued management (MOH, 2017).

1.7.3.3 Nasser Medical Complex

The foundation stone of the hospital was laid in 1958. It was officially opened in 1960 under the Egyptian administration in the Gaza Strip. Since then, developments in the hospital have taken place in its administrative and medical buildings and technical staff with extensive experience. Initially, the hospital consisted of one floor for the medical departments, in addition to the auxiliary floor for auxiliary services. The capacity of the hospital was 120 beds with four main sections: surgery, dermatology, as well as the existence of a laboratory room and one operating room. After the beginning of 1966, successive years showed new boom in the development of new departments and the expansion of the hospital buildings, especially the external sections. In addition, the hospital administration has established number of medical centers, outpatient clinics and new buildings that have been assigned to provide quality medical services to the people of the southern region and other areas of the Gaza Strip (MOH, 2017).

1.7.3.4 Indonesian Hospital

Indonesian Hospital was opened in the year of 2015 as an extension of Kamal Adwan Hospital, which was established in 2002 in the North Gaza Governorate. It is the major governmental hospital in the North Gaza Governorate. The total number of beds of Indonesian hospital are 122 and & according to annual report (2017), the occupancy rate in the hospital is about 88%. The total numbers of employees are about 443 divided as follows: Physician 101 (22.8%), Nursing 153 (34.5%), Administrators 124 (28 %), & Support Medical Technicians 65 (14.7%) (MOH, 2017).

1.7.3.5 Al-Aqsa Martyrs Hospital

Al-Aqsa Martyrs Hospital medical center is the only governmental hospital in the Middle area. It is located in the eastern north of Deir El Balah city. It was established in 2000. Its total numbers of beds are 146 beds & according to annual report (2017) of Al-Aqsa Martyrs Hospital, the occupancy rate in the hospital is about 91%. The total numbers of employees are about 560 divided as follows: physician 150 (26.8%), Nursing 203 (36.3%), Administrators 124 (22.1%), & Support Medical Technicians 83 (14.8%) (MOH, 2017).

1.8 Definitions

1.8.1 Theoretical definitions:

1.8.1.1 Emotional Intelligence:

At 1995, Goleman defined EI as the ability to recognize your emotions, understand what they are telling you, and realize how your emotions affect the people around you. This definition was revised at 1997 to become Emotional Intelligence involves the ability to perceive accurately, appraise, and express emotions; the ability to access and/or generate feelings when they facilitate thoughts; the ability to understand emotion and emotional knowledge, and the ability to regulate emotions that promote emotional and intellectual growth (Prufeta, 2017).

1.8.1.2 Job stress:

Job stress defined as an employee's response to external stimuli in the work environment, which a major effect on individual physiology, psychology, and behavior (Deng et al., 2019).

1.8.1.3 Organizational commitment:

Organizational commitment is how strongly employees are involved in and identify with the organization, which includes three major components; normative, continuance, and emotional commitment (Aranki et al., 2019).

1.8.2 Operational Definitions:

1.8.2.1 Emotional Intelligence:

EI is Group of emotional skills that participate in the accurate expression and regulation of feelings in oneself and others, which are measurable by the EI Self-Assessment Scale.

1.8.2.2 Job stress:

Job stress is a negative physical and psychological response that occurs when the demands of the work do not correspond to the capacity, resources, or needs of the employee, which are measurable by Nursing Stress Scale (NSS).

1.8.2.3 Organizational commitment:

OC is a desire of employees to continue in the organization in which they work to help meet the goals of that organization, which are measurable by OC scale.

Chapter Two

Conceptual framework and literature review

This chapter summarizes the arguments, studies, and claims about the main study concepts that are emotional intelligence, job stress and organizational commitment as presented in the reviewed scholars and previous studies. This is described after introducing the conceptual framework of this study, which present the primary domains emotional intelligence, job stress and organizational commitment beside the characteristic variable that the researcher explained their relationship on the previous domains.

2.1 Conceptual Framework

The researcher drew the conceptual framework for this study based on a review of previous literature and personal experience, and through it he clarifies what the researcher will go to study, the basic structure shown for the framework is between the three main domains EI, OC and job stress and the other domains is the characteristic variables. The researcher has developed the conceptual framework to address the major concepts and variables included in this study to explain the role of emotional intelligence and its relationship with job stress and organizational commitment. Figure 2.1 shows the conceptual framework that self-constructed by the researcher.

Emotional intelligence: is described as the ability to control or handle one's own emotions as well as the emotions of others. Emotional intelligence involves self-awareness, self-management, empathy, motivation, and relationship management. In this study, the researcher wants to determine the main dimension among nurses' employees that makes them emotionally intelligent and does emotional intelligence has an effect on employee commitment?

Job stress: is a condition wherein job-related factors interact with an employee, changing his/her psychological and physiological situation in a way that the nurses are forced to deviate from normal functioning. There were many stressors affecting nursing staff, including: death and dying patients, conflict with physicians, inadequate preparation, lack of staff support, and conflict with other nurses, workload and uncertainty concerning treatment. In this study, the researcher wants to determine the main stressors among nurses' staff, and its impact on emotional intelligence and organizational commitment.

Organizational commitment: is widely described as a key factor in the relationship between individuals and organizations; it is defined as the employee's psychological attachment to the organization. It is consist of three dimensions (affective, continuance and normative). The researcher wants to determine the main dimension among nurses employees that make them committed to organization.

Characteristic variables: which include age, gender, marital status, educational level, and years of experience and income level; to what extent these variables affect the concept of the study. All of these queries will be examined in this study.

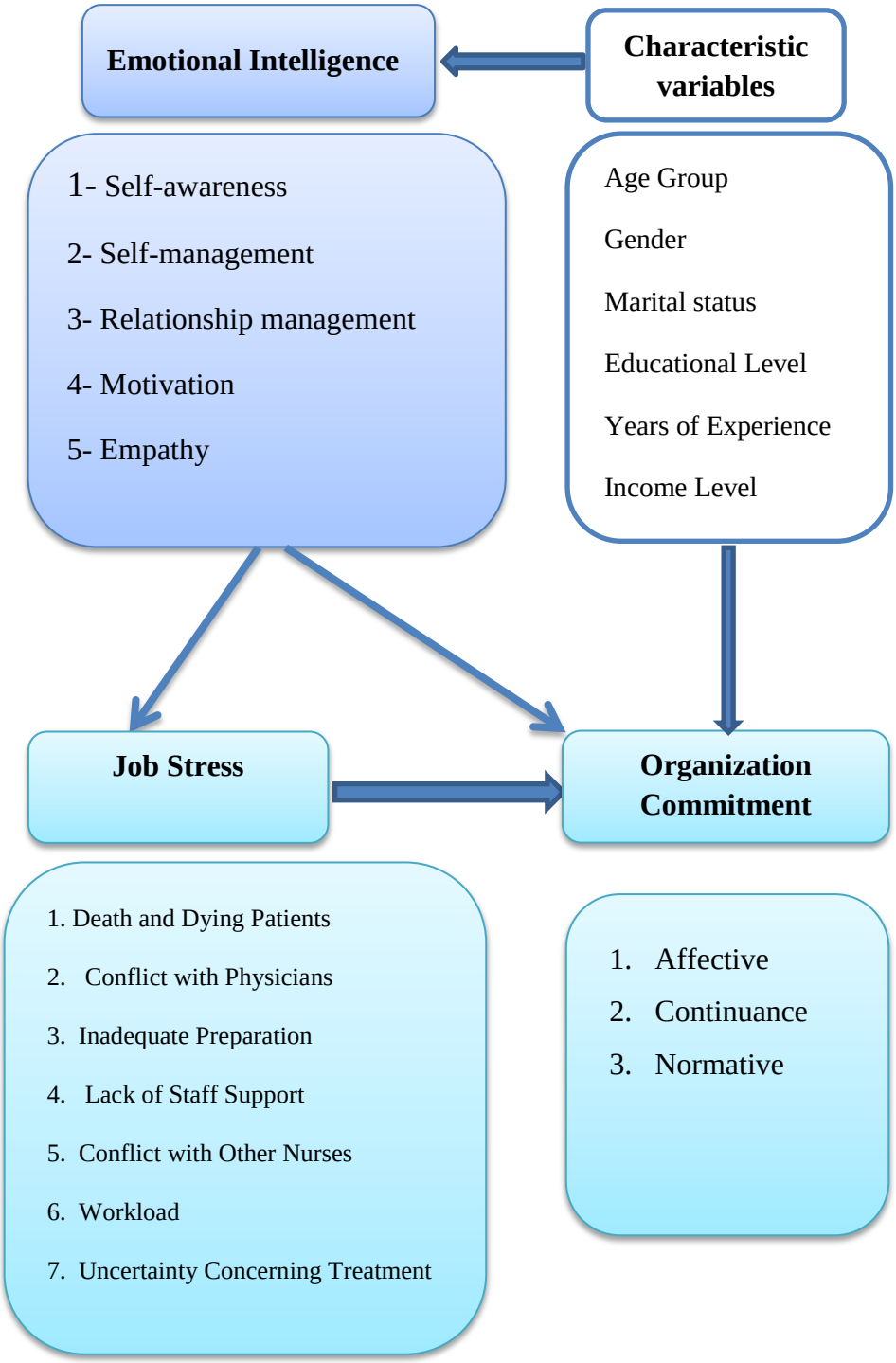

Figure (2.1): Conceptual framework diagram" self-constructed"

2.2 Literature Review

Emotional intelligence can enhance the nurses' abilities to be a good leader and helps the nurse to have a more positive attitude, better relationships and increase adaptability. In the modern world, high emotional intelligence is vital to satisfy the demands of patient-centric care in nursing (Ohlson and Anderson, 2015; Spear, 2015). The EI had a very important

effect on OC, job stress, and job satisfaction. The employees with high EI will experience high job satisfaction and that will lead to the best performance at the workplace. Job stress is completely dependent on the level of EI that a person may require and an employee's optimistic features will improve his control of stress (Navas & Vijayakumar, 2018). Organizational commitment is widely characterized in the literature review as a major factor in the relationship between an individual and their organization. OC explains the force that makes an individual stay with his organization and tries to attain organizational objectives. This chapter aims to review previous literatures related to the subject of study directly or indirectly, whereby have been divided into three subunits: Literature review about emotional intelligence, literature review about job stress, and literature review about organizational commitment.

2.2.1 Concept of Emotional Intelligence:

In 1995, Goleman defined EI as *"the ability to know your feelings, to understand what they say to you, and to realize how your emotions affect the people around you."* This definition was revised in 1997 to read: EI includes the ability to perceive, understand and express emotions precisely; the ability to access and / or generate feelings when thoughts facilitate ideas; and the ability to internalize feelings, emotional knowledge, and the ability to control emotions that promote emotional and intellectual development (Muhraji and Yussef, 2017).

Many studies defined EI as a broad description of a set of capabilities necessary to organize, manage, monitor and use appropriate emotions in successful decision-making, especially with regard to strengthening and enhancing healthy mental performance. Specifically speaking, EI is an important factor in the development of mental health, as the ability of individuals to understand and assimilate their emotional states or emotional problems and it is a vital indicator of healthy mental performance (Downey et al., 2008). EI is a set of skills that process emotional information and use it to guide an individual's thinking and actions. Since then, various theoretical approaches have attempted to clarify emotional intelligence. Emotional intelligence consists of five basic elements, namely, self-awareness, self-regulation, motivation, empathy, and social competencies (Abdellatif et al., 2017).

Educating individuals about emotional intelligence has become important to know how to perceive their emotions. To facilitate the thinking process, understand their emotions, give value to their emotional experiences and regulate their emotions, it may be easy for them to manage their emotions and control them in a more positive way, and prevent depression from entering their lives (Resurrección et al., 2014).

According to Zeidner et al. (2003), because emotional intelligence was subsumed from the overarching intelligence construct, there are many definitions, explanations, and models of emotional intellegence. According to Neisser and Boodoo (1996), *"Scientific research rarely begins with fully agreed definitions, though it may eventually lead to them"*. Because of the differences in operationalization and definitions, EI has historically been divided into two major conceptual models: ability-based and mixed-method models (Zeidner et al., 2003). The ability-based model has typically been associated with the works of Salovey and Mayer (1997; 1990), while the mixed-method models have been associated with Goleman (1995).

2.2.2 Components of emotional intelligence:

According to Bar-On (2005), three main models of emotional intelligence have been recognized: (1) the Salovey and Mayer model; (2) the Goleman model; and (3) the Bar-On model. The competency model was created by Goleman in 1995, that also called a mixed model. It clarifies the importance of leadership, discusses the EI model, provides a group of EI skills, and shows EI skills that are important to management (Cherniss & Goleman, 2001). This model was developed from the five major components that Goleman discussed in his EI theory: which were self-awareness, self-management, relationship management, empathy, and motivation.

2.2.2.1 Self-Awareness:

As an important component of the model, self-awareness is understanding one's emotions, moods, strengths, weaknesses, drives, values, and goals and recognize their impact on others while using gut feelings to guide decisions. Self-aware leaders and employees are able to work perfectly with demanding clients (Goleman et al., 2002; Goleman, 1998). Those who are self-aware are perceptible of how their emotions and feelings affect themselves, others, and their performance at work (Goleman & Piélat, 2014). The self-

awareness component of emotional intelligence is important and fundamental because of its significant influence on behavioral self-management and desired outcomes.

Self-awareness consists of three important components: emotional awareness, accurate self-evaluation, and self-confidence. Emotional self-awareness is a person's ability to recognize the feelings of others and the influence of their emotions. People with a high degree of this awareness understand the emotions they feel, being aware of the connections between their feelings and what they think, do and say; Learn how emotions affect their performance. They have a guided awareness of values and goals (Goleman, 1995). A leader with strong self-awareness feels good and is not intimidated by other people's successes. Rather, it is an encouragement for others to obtain success and to achieve their desired goals. Therefore, the leader evokes a strong emotional bond from followers that reinforces the leader's personality (Conger & Kanungo, 1998).

2.2.2.2 Self-Management:

Self-management involves controlling one's disruptive emotions and impulses and coping with changing circumstances. Individuals with self-management skills tend to be reflective and thoughtful, comfortable with change, and limit their impulsive urges (Goleman, 2014). Those who acquire a great capacity for self-management are capable of self-control, motivation, the ability to adapt and innovate (Rozell, Pettijohn, & Parker, 2001). Moreover, people with high self-management will make more decisions that are informed because their emotions will not control them, but rather their emotions (Goleman et al, 2002).

2.2.2.3 Relationship Management:

Relationship management is the ability to control emotions and reactions and influence the emotions of others to bring about useful reactions (Memon et al., 2014; Cherniss and Goleman 2001). Management of personal relationships and social skills, such as providing inspiration, influence, and possessing the ability to develop others and act as a catalyst for change, conflict management, and cooperation (Rozell et al, 2001). Inner and personal intelligence are essentially the two dimensions of social intelligence. Relationship management deals with dealing with or managing emotions in others and thus requires social competence and social skills on the part of individuals (Goleman et al. 2002).

Relationship Management leaders often use to negotiate and resolve conflicts and to organize solutions. They record emotional signs and reconcile their message, seek mutual understanding, welcome sharing of information, and handle difficult issues courteously. One notable feature of good relationship managers is that they are receptive to both bad and good news, because it is effective in sending clear and convincing messages, as it provides clarity of purpose and clear communication. Clarity of purpose and clear communication change one's attitude towards work. This is especially important for creating an intellectually stimulating atmosphere in the workplace. Research has demonstrated that an individual's tendency towards effective handling of interpersonal relationships causes him or her to use emotionally expressive language and non-verbal cues associated with transformational leadership (Salovey & Sluyter, 1997).

2.2.2.4 Empathy:

Empathy is the understanding the feelings and perspectives of others or being interested in their needs and concerns (Sunindijo and Zou, 2013; Goleman and Cherniss, 2001). Empathy connected to emotional self-awareness competency because leaders should understand their own emotions before they can manage the emotions of their team members (Goleman et al., 2002). According to Goleman (1998, 1995), empathy is, besides self-awareness, Relationship management, motivation, and Self-management, one of the five key theoretical dimensions when talking about Emotional Intelligence. The translation of empathy in the German language expresses a core idea of this complex emotion—"*with-living, co-experience*" (Breithaupt, 2017b). A study conducted by Giménez-Espert (2018) aimed to explore empathy and emotional intelligence as predictors of nurses' attitudes towards communication with patients. The results showed that the positive and constructive attitudes towards communication with the patient's emotional intelligence and empathy are the basic skills of the nurses involved in the care of patients. Empathy and emotional intelligence are factors that predict nurses' attitudes towards communication, and the cognitive dimension of the situation is the best predictor of the behavioral dimension.

2.2.2.5 Motivation:

Motivation is the ability to face challenges and be hopeful (Goleman, 1998). Motivation has different concepts that emphasized in many professions including teaching and emotional intelligence. Motivation can be defined as the interesting force that individuals

use to reach their goals or fulfill some of the expectations and requirements, and it has an important role in terms of personal performance and organizational commitment. So many studies can be found on the relationship between motivation, job satisfaction, achievement and personal management. (Güçlü, Recepoğlu & Kılınç, 2014; Conley, 2011; Schieb & Karabenick, 2011). In addition, there is a positive significant relationship between EI and motivation of teachers as well as EI and organizational commitment (Ates & Buluç, 2015).In another study by Abdel-Aleem (2013) showed that motivation was the highest component of EI among nurses behavior.

2.2.3 Factors affecting emotional intelligence:

There are many factors that influence EI:

2.2.3.1 Age:

Researchers have revealed that age is positively related to EI, from childhood to early adulthood. Several studies have shown that emotional intelligence extended the adult age range to include middle-aged and older adults. Using many various, measures of emotional intelligence, these studies reported that older adults had significantly higher scores than young adults in emotional intelligence (Tsaousis & Kazi, 2013; Gardner & Qualter, 2011). In another study, Chen et al. (2016) found a positive relationship between age and emotional intelligence that can be explained by lifelong learning and accumulated knowledge. In addition, most types of intelligence can improved through practice, so can emotional intelligence. Chen et al. concluded that older people have more opportunities than young people do to practice emotional intelligence throughout their lives. Consequently, older age has a better understanding of emotions and use better emotional regulation strategies than younger age.

2.2.3.2 Gender:

There was inconsistently a difference between males and females with regard to general emotional intelligence in different parts of the world. In general, a study conducted in the United States showed that emotional intelligence and gender had a mean correlation with 0.17 with females having higher scores than males and having higher emotional and personal skills than males (Van Rooy et al., 2005). In another study carried out in Tamil Nadu, India, about the relationship between gender and EI found that in medical graduates,

females have a high level of EI than males (Chandra et al., 2017). However, in some cases, in Myanmar, no significant difference relationship found between the EI and gender of male and female teachers (Myint & Aung, 2016). In a study conducted by Snowden et al. (2015), the relationship between nursing students about EI scores that explained nurses female more highly score of EI than males. Another interesting study tested the impact of gender on EI nurses in Ghana from three public hospitals located in Accra in 2015 with a sample that result found no significant gender difference in EI scores among nurses in female nurses and male nurses in relation to scores on EI $p > .05$. (Tagoe, Theophilus & Quarshie, 2016).

2.2.3.3 Marital status:

Marital status is positively associated with EI; this is revealed in a study conducted by Madahi et al. (2013) which showed a significant difference between single individuals and married individuals in emotional intelligence. In this study EI married individual's score was higher than the unmarried individual. Another study considered marital status is a best predictor of EI (Vanishree, 2014). In addition, a study conducted by Landa et al. (2008) aime to examine the relationship between emotional intelligence and job stress on nurses. The researchers found no significant difference between in EI and marital status meanly; if employees are married or unmarried mean the same score of EI.

2.2.3.4 Educational Level:

The study of Kashani, (2012) reported that there is no significant difference between emotional intelligence (self-awareness, self-management, social awareness, and relationship management) and educational level. Another study conducted among 500 Iranian nurses found that no significant relationship between emotional intelligence and, education level (Rakhshani et al., 2018). In Iran, Saeid et al (2013) conducted one of the first studies focus on the relationship between Emotional Intelligence and Demographic Variables in Nurses. This study examined the educational level and EI among nurses working in military hospitals. The study sample consisted of 212 nurses (101 female and 111 male). The result found from demographic factors only the level of education showed a significant difference relationship with one component of EI, is self-management.

2.2.3.5 Years of experience:

Few studies have demonstrated the relationship between years of experience and emotional intelligence. Fujino et al. (2014) study aimed to examine the influence of years of experience on nursing performance and EI. In this study, the researchers recruited 1395 nurses working at general hospitals in Japan from November 2010 to March 2011. Researchers found a significant positive relationship between EI and nursing performance with experience, so nurses with high EI scores reported high years of experience and nursing performance. Heffernan et al. (2010) Showed that there was a significant relationship between emotional intelligence and years of nursing experience. Nurses with more than 6-year experience had higher levels of emotional intelligence.

2.2.3.6 Income level:

A study conducted among 500 Iranian nurses aimed to explain the relationship between emotional intelligence and demographic characteristics included age, gender, marital status, number of children, education level, nursing experience and salary. The result showed is no significant difference between income level and emotional intelligence among nurses according income category [less than 500 USD (mean= 113.64, SD 14.37), from 500-700 USD (mean = 115.92, SD 15.38) and more than 700 USD (mean= 98.66, SD 22.54), $p > .05$] (Rakhshani et al., 2018).

2.2.4 The importance of emotional intelligence among nurses:

After extensive search, the researcher found a very few studies tried to tackle the issue of emotional intelligence among nurses. Cordier et al. (2008) found that the performance level of staff nurses was positively correlated with emotional intelligence. The level of performance was increased when nurses with a high level of emotional intelligence. Nurses' perception that their managers have emotionally intelligent leadership behaviors has a strong impact on their feelings of empowerment, which is a successful leadership strategy for creating an effective workplace and increasing the organization's productivity (Ritchie et al., 2009). In another study of healthcare employee's nurses, respiratory therapists and radiology technicians, Humphreys et al. (2005) found a significant relationship between emotional intelligence, coping ability and organizational commitment. Rochester et al. (2005) in a qualitative and quantitative study of nurse

graduates found that these graduates and their nursing unit managers identified emotional intelligence skills as being important factors for successful nursing practice.

In the nursing literature, Evans and Allen (2002) recognized that nurses' capacity to manage their own emotions and to accommodate those of their patients is important in caregiving, but that EI generally neglected in nursing curricula. Cadman and Brewer (2001) assumed that EI advanced over time by interpersonal skills training, and suggest that an assessment of EI should be made before to recruitment of people into nursing jobs. Although EI develops over time, this does not surely mean that it should not be processed during nursing educating. EI is a quality that can be acquired and taught all over life (Segal, 2002). In addition to the benefits of EI for nurses, Druskat and Wolff (2001) assured the importance of EI in teamwork. Nurses are recognized with the general notion of teamwork, not only in working with nursing colleagues within a unit but also in collaboration with other health care providers.

Feather (2009) studied emotional intelligence and its relation to nursing leaders and indicated that leaders of health care have high emotional intelligence relating to the nature of the profession. In the same context, Chism (2013) reported that nursing managers have high emotional intelligence. Several studies have indicated that nurse's manager's caring abilities, including EI abilities, have positive effects in the workplace to engage nurses in decreasing stress, job burnout, and turnover (Karimi, 2013; Hoar, 2011). Nurses with higher emotional intelligence tend to integrate into professional development areas. Improving emotional intelligence in nurses may be the result of a subjective desire for professional development and achievement. In addition to that, the high-performing nurses of the nursing level have various high capacities. They are asked to perform appropriately through correct judgment of their feelings and the emotions of others in interactions with others. The ability of emotional intelligence to judge a situation can contribute to nursing performance and the quality of its services (Fujino et al, 2014).

In this regard, Abdel-Aleem (2013) reported that motivation was the highest emotional intelligence nurse's behavior. Whereas, Senyuva et al. (2013) concluded that the highest average pertained to self-awareness. Heba (2019) clarified that there is a statistically significant relationship between most of the nurses' emotional intelligence components (self- awareness, motivation, empathy, and social skills) and staff-nurses' empowerment.

Most emotionally intelligent nurse's behavior pertained to self-motivation followed by self-awareness, social skills, empathy, and self-regulation.

2.2.5 Emotional intelligence and job stress:

Nurses are physically and emotionally exposed to diverse working conditions compared to other professions, they have to increase their emotional skills coping with the abnormal conditions of the work environment (Duraisingan, 2009). If nurses do not have adequate abilities to control their emotions, they will not be able to maintain communicating with patients, especially in different crisis situations (Montes-Berge's and Augusto, 2007). Those who use their emotional intelligence are more compatible with their surroundings and have more self-confidence and awareness of their abilities (Bradberi and Graves, 2005).

Rostami et al. (2016) showed a relationship between emotional intelligence and different ways of adapting to nurses' job stress. Emotional intelligence could lead to the use of effective measures against job stress. In a study by Kheirmand et al. (2016) aimed to determining the relationship between emotional intelligence and nurses' job stress, it was found a negative relationship between EI and job stress among nurses, that increased emotional intelligence led to a decrease in the nurses' job stress. A study by Noonan et al. (2011) showed that nurses and doctors experienced a lot of stress and anxiety and the effectiveness of teaching emotional intelligence components and sharing information about emotional intelligence at the workplace could have a remarkable impact on adapting to job stress or anxiety.

Hong and Lee (2016) studied the mediating impact of EI on job stress, job burnout, and nursing turnover intention in public nurses working for more than one-year experience in a university hospital. Finding showed that occupational stress ($r = 0.397$, $P < .001$) had the highest direct impact on turnover intention and an indirect impact ($r = 0.531$, $P < .001$) through job burnout. EI was also found to have a significant indirect ($r = -0.196$, $P < .004$) and total impact on turnover intention through occupational stress ($r = -0.218$, $P < .001$). In addition, burnout ($r = -0.264$, $P < .001$).The researchers summarized that nurses who graded high levels of EI resulted in lower turnover intentions because of the mediating impacts of EI that decreased the influence of job stress on job burnout.

Sy et al. (2006) and Nikolaou and Tsaousis (2002) showed that employees with high level of EI confront low job stress in their job environment, yet employees with low emotional intelligence have less self-awareness. As a result, in the face of difficult conditions, they are not able to adapt with their feelings and have too much stress, which in turn, has a negative effect on their job satisfaction. In one of the few studies exploring the correlation between emotional intelligence and occupational stress, Nikolaou and Tsaousis (2002) and Bar-On et al. (2000) investigated the relationship between the variables in different occupational groups. The results conducted a significant negative relationship between emotional intelligence and job stress.

The results of a recent study showed by Bittinger et al. (2020) revealed a statistically significant relationship between the levels of EI and levels of stress in the Certified Registered Nurse Anesthetists ($r = -0.20$, $P = .01$). Nurses who obtained higher levels of EI had less job stress than those who obtained lower levels of EI. Additional results suggest that Certified Registered Nurse Anesthetists who have higher levels of EI are more effectively able to adapt to job stressors. Improving and implementing strategies to increase EI may be an essential key to reducing job-related stress and burnout among nurses.

2.2.6 Organization commitment and emotional intelligence:

The organizational commitment had particular importance to health-related organization's performance and productivity as satisfied nurses are more committed to their job and on the other hand, absenteeism, grievances, and turnover are the result of nurses who were dissatisfied (Khalid et al., 2018). As far as leadership concerned a manager with high emotional intelligence, performance will be higher than the manager who had lower emotional intelligence at the workplace (Tsai et al., 2011). In another study of healthcare employees' nurses, respiratory therapists and radiology technicians, Humphreys et al. (2005) found a significant relationship between emotional intelligence, coping ability and organizational commitment.

Several studies showed the EI had a significant positive relationship with three components of organizational commitment, which are affective commitment, continuance commitment, and normative commitment (Shafiq & Akram Rana, 2016). The finding suggests that employees with higher emotional intelligence had a higher organizational

commitment (Moradi & Ardahaey, 2011). Rozeman study (2007) reported a significant positive relationship between organizational commitment and emotional intelligence. In addition, Norsidah (2008) discovered that EI could predict organizational commitment; employees with high emotional intelligence have a high level of organizational commitment.

Another amazing study by Aghabozorgil et al. (2014) tested the impact of emotional intelligence on organizational commitment among nurses of the general hospitals of Sanandaj. Which consisted of a sample of 320 nurses of the public hospital of the Sanandaj. The finding showed a meaningful positive correlation between the components of emotional intelligence (self-awareness, self-management, social awareness and relationship management) and organizational commitment among nurses of the public hospitals of Sananda.

Rathi and Rastoghi (2009) reported an insignificant positive correlation between EI and organizational commitment. Moreover, organizational commitment and job satisfaction had a positive correlation. Othman and Anugerah (2009) examined that employees with high EI are more committed to their occupations, commitment predicts job satisfaction and committing considered as a mediator between EI and job satisfaction.

Another interesting study related to Miandoab et al. (2016) which consisted of a sample of 137 employee, aims of this study is examined the relationship between EI and OC among Zahedan Medical Science University Staff in Iran . The result of this study is the relationship between EI and OC was found to be statistically significant (p=0.005).

Pourmirza (2010) attempted to analyze the relationship between EI and work attitudes of physical education experts in Iran, that results showed EI has a significant relationship with the three components of OC (affective, continuance, and normative commitment).

Khashi & Sorjani (2010) conducted that EI and mental health with OC and the finding of study analysis offered that EI and mental health in a positive relationship and meaningful approach could predict the organizational commitment.

It is necessary for managers of healthcare institutions to evaluate the effect of these different influences on the employee's works and improved these challenges to the innovation, recruitment, incentives, and retention of their creative employees. Lack of any

of these dimensions of job commitment may lead to employee burnout, turnover, reduced performance, and job dissatisfaction (Morrow, 1993). In order to engage successfully in the healthcare organization, and maintain and retain the most competent and experienced nurses, it is essential for organizations to achieve strategies that increase occupation involvement and OC (Brown, 2002). Committed nurses provide a high-quality service to the patients and succeed in continuous development in quality service.

2.2.7 Concept of organizational commitment:

Organizational commitment is widely characterized in the literature review as a major factor in the relationship between an individual and their organization. OC explains the force that makes an individual stay with his organization and tries to attain organizational objectives. In the scope of Organizational Behavior and Organizational Psychology, OC is defined as "the employee's psychological engagement to the organization" (Wikipedia, 2016). The concept of OC has been the subject of many theoretical and experimental efforts in the field of human resource management, and organizational psychology (Allen & Meyer, 1997). At present, the organization's environment has become more efficient and challenging than ever. Any organization cannot maximize its performance unless every employee is committed to the objectives of the organization and works effectively and efficiently. Thus, the interest in OC is one of the key priorities of the most successful organizations in the world today (Chen et al., 2010).

Porter (1974) defined OC as the relative power of the individual to determine the identity and participation in a particular organization, a link to an individual psychological organization, including the feeling of participation in the work, loyalty and confidence in the values of the organization (Mguqulwa, 2008). This general explanation of commitment also related to the definition of OC by Arnold (2005) that it is *"the relative force of an individual's recognition with and involvement in an organization''*. Miller (2003) also defined OC as *"a condition in which an employee identifies with a certain organization and its goals, and desires to sustain membership in the organization*". OC also known as, the psychological state that explains the relationship between workers and their organizations and a decrease in the likelihood of leaving the organization and this is the grade to which an individual can embrace organizational values and objectives in order to achieve work responsibilities (Tanriverdi, 2008). According to the previous definitions, it became understandable that the researchers have accepted the public definition of OC as

"the degree to which the employee wishes to maintain membership because of the attention and belief in the Organization's objectives and values". In general, OC has a great interest in several studies of the work environment and it is described as one of the major determinants of organizational performance that when employees are not satisfied with the work, they will be minimally committed to the organization (Shirbagi, 2007). Allen and Meyer (1990) defined OC as "a psychological condition that connects an employee to an organization, and thus reduces employee turnover". In other words, OC is the range of loyalty and responsibility towards the mission and the desire to fulfill that mission (Chen et al., 2010).

There are several studies discussing OC and its relationship to other factors. In a study conducted by Hannona's (2006), the researcher investigated OC among the faculty of Gaza universities (340 employees) and found that there is a high level of OC among the faculty of universities in Gaza. Another study examined the effect of work stress on OC among nursing staff in Al Shifa Hospital in GS and found that there is a non-significant negative relationship between work stress and OC (Hajaj, 2007). Another study by Isleem (2013) aimed to identify the relationship between OC and job performance among nurses working in government primary health care centers in Gaza governorates. The study sample consisted of 260 nurses (89 males and 171 females). The findings revealed a non-significant relationship between OC and job performance and reflected high performance and commitment among primary care nurses.

2.2.8 Components of organizational commitment:

There are three dimensions of OC: a powerful belief in acceptance of organizational goals and values, a desire to work hard for the interest of the organization, and a tendency to remain with the organization. In many of the studies on this subject, (Meyer and Allen, 1997) have been examined in three components of OC, affective, continuance, and normative commitment. These components characterize the different ways to develop the OC and its impact on employee behavior.

2.2.8.1 Affective Commitment:

Affective commitment is defined as "the employee's liaison to, identification with, and participation in the organization. An employee with a powerful affective commitment

continues employment with the organization because they desire to do so" (Meyer & Allen, 1991).

Affective commitment is linked to feelings of fidelity to the individual organization because he believes in it and because he is fully prepared to accept the goals and organizational values as its objectives and values. Find an employee who has a high level of affective commitment to the difficulty of leaving the employer (Pennsylvania State University, 2011). Therefore, affective commitment is an emotional connection to the organization where the individual strongly determines the goals of the organization and desires to remain as the number of the organization (Malik et al., 2010). Employees with strong affective commitment will be more likely to stay in the organization because they want to continue. Workers who have an affective commitment will appear higher on the high expectation rate it seems to continue in their organization, where those who do not have any feeling of belonging to the organization have a little tendency to engage emotionally in the Organization (Marmaya et al., 2011).

2.2.8.2 Continuance Commitment:

Mayer and Allen (1997) defined the continuance commitment as "awareness of the cost related with leaving the organization." It is calculative in nature due to an individual's perception or weight of the costs and risks correlated with leaving the present organization. Mayer and Allen (1991) stated that the primary employees who reach an organization are based on a commitment to continued stay due to the need to do so. This explains the difference between continuance and emotional commitment, the latter indicating that individuals remain in the organization because they want to.

In the comparison of the three dimensions of OC, continuance commitment has an optimistic and vital job performance worker, if the employee determines that the cost of leaving is much more than the benefits of continuing in the organization, he will remain rather than leaving the organization (Akintayo, 2010). In several studies, the continuance commitment is named as cost-benefit commitment where the employee is a desire to continue in an organization for the reason of benefit like retirement advantages, career-saving and years of employment consumed in an organization, participation in the society that produce it too expensive for one to leave his organization (Adekola, 2012).

2.2.8.3 Normative Commitment:

The final component of the OC model is normative commitment. Allen & Meyer (1997) defined the normative commitment as "a sense of obligation to continue to work." In this term, the staff remains because they have to do or it is the right thing to do. Normative commitment is a sense of moral responsibility for the continuation of the organization. The employee is committed to remain with the organization because of the sense of obligation (Saifuddin & Nawaz, 2012). This type of commitment occurs when employees feel that it is necessary. Employees feel those with strong normative commitment of the need to remain in the organization (Delgoshaei et al., 2009). An employee with a high OC has a greater opportunity to contribute to organizational development and will also experience greater levels of job satisfaction. High levels of job satisfaction, in turn, decrease employee turnover and increase the organization's ability to engage and retain talent (Potter, 2012).

2.2.9 Factors affecting organizational commitment:

There are many factors that influence OC:

2.2.9.1 Age:

Researchers have revealed that age is positively related to OC, as the person grows older, his sense of obligation also grow, that the individuals in the high age group have more OC in comparison with new employees, this analysis may be supported by the conception of benefits like pay, pension, funds, allowances and this is revealed in a study conducted by Shiu-Chuan (2010) in Taiwan, he found that the degree of OC of aromatherapist whose age more than 31 years is higher than the age less than 30. In another study conducted by Hannona (2006) found that OC was higher among university staff aged between 36-40 years old compared to other age group.

2.2.9.2 Gender:

A study conducted in South Africa includes 183 employees found that OC was higher among male employee compared to females (Mguqulwa, 2008). Hannona (2006) also conducted a study among university staff in Gaza Strip and found there was no significant difference in OC related to gender. Generally it clear that there is a debate around the effect of gender-related to OC.

2.2.9.3 Marital Status:

Marital status is positively associated with the OC; Married people are more committed to their organization than unmarried. Married people have more family obligations and require more stability and security regarding their jobs. Therefore, they are expected to be more committed to their current organization (Ishfaq et al., 2010). In another study, Chughtai and Zafar (2006) found no significant differences in OC between married and unmarried employees. However, marital status plays a vital role in developing OC (Saifuddin &Nawaz, 2012).

2.2.9.4 Educational Level:

There are many people think that level of education is likely to have a negative association with OC and their justification for this prediction is that people with low-level educations usually have more difficulty changing their jobs and consequently show a greater commitment to their organizations but the literature shows that highly qualified employees are considered to be more committed due to their awareness about the organizational attitude concerning those who are less qualified (Akintayo, 2010). A study conducted by Hannon (2006) reported that the higher educated employees are more committed compared with the lower educated employee.

2.2.9.5 Years of experience :

The study of Isleem (2013) and Hannona (2006) found a significant relationship between OC and years of experience. Also, another study conducted by El Shaer (2019) reported that there is a positive relationship between years of experience and the level of OC.

2.2.9.6 Income Level:

Al-Haroon & Al-Qahtani (2020) conducted one of the modern studies to focus on the relationship between OC and income level. In this study, they aimed to explore nurses' levels of organizational commitment and the impact of key socio-demographic variables. The result showed that there was no significant difference between OC and monthly salary.

2.2.10 The importance of applying organizational commitment:

Organizational commitment has a significant correlation with organization leave, staff retention, and job performance in different health professions. In addition, high levels of organizational commitment are known to increase empowerment (Larrabee et al., 2003). Nurses' propensity to leave the organization, and doing nonmedical works or working outside the hospital and early retirement, in all over the world, particularly young nurses, led to reducing in nursing force in the hospitals (Chang et al ., 2007). The committed employees highlight the character of the organization in society and maintain growth and improvement area in the organization. Maintaining commitment and responsibility in healthcare institutions and in staffing, has found much more essential, since the health of the active and effective forces in other organizations and mostly the whole society will be assured by these organizations' efforts. Being aware of the degree of organizational commitment, thus, among nursing employees can provide the proper information for managers' making-decision and led to developed proper methods to assess the effectiveness of the healthcare institutions in the country. Nurses' staff commitment is very necessary for health care organizations, not only for the quality of care but also for patients' satisfaction (Ingersoll et al., 2002). The health institutions try to promote nurses' organizational commitment, currently, to protect and maintain their professional and competent staff. Reaching its goals, the organization needs its employees who do their work with interest, passion, and commitment to that organization. Appropriate areas should be provided in the organization, to develop and create these characteristics among the employees (Azizollah et al., 2016).

2.2.11 Concept of job stress:

Work-related stress has been named in several ways over the years and it is frequently called job stress or occupational stress. In addition, its meaning expanded over the times; previously, it was defined as the pressure during the workplace gets. Now, it's defined as the relationship between a situation and employees' response towards it. When a person cannot achieve the requirements employees get from the environment, employees will get stress. This may be mental or physical pressure. In addition, it's an undesirable reaction people have to serious pressures or demands placed on them. Job environment and management reinforcement will greatly help employees to manage their occupational stresses (Harshana, 2018).

Workplace related stress is an important subject for both employees and organizations. It is a common word used in our life with several people having various understanding of its meaning. Regardless of the different understanding of its meaning, stress is combined between three essential components are a mind, body, and environment relationship (Azman, 2015).

Job stress described as a common occurrence in health professions throughout the world. The National Health Services in the United Kingdom and in Australia documented that work-related stress occurred among health professionals at higher levels than in any other profession (Adeb-Saeedi, 2002). This higher level of job stress in health service has been attributed to the environment of the work of health professionals in which nurses, doctors, and hospital managers are participated in providing help to people experiencing life crises (Tyson & Pongruengphant, 2004).

According to the definition from one academic from the long history, stress can be defined a*s "the body's non-specific response to whatever demand is placed upon it"* (Sealy, 1987). Job stress is oftentimes viewed as the result of the reaction between the individual and environment (Keshavarz, M. & Mohammadi, 2011; Santos et al., 2010).

According to Lazuras et al. (2009), three major sources of work-related stress (stressors) are related to the working staff, organizational constraints, and workload. Stress has two main dimensions are physiological and psychological stress (Beehr and Glazer, 2005). Physiological stress is normally linked to as a physiological response of the body such as headache, general weakness, migraine, gastric pain, lethargy, back pain, chest pain, fatigue, palpitation, sleep disorder, and muscle pain. To different stressful causes at the working situation, that directly affects an employee's productivity, performance, quality of work and personal wellbeing (Ismail et al., 2010; WHO, 2005). Other examples of physiological stress are anorexia, change in drinking, sleeping, and smoking habits (Beehr and Glazer, 2005). Psychological stress is predominately seen as an emotional response such as anxiety and job burnout, work isolation, anger, depression, stress, restlessness, irritability, and aggravation, experienced by an employee as a result of the motivate at the workplace (Ismail et al., 2010; WHO, 2005).

In subjects of eustress, work environment stress will commonly occur when employees' knowledge, innovations, abilities, and perception can adapt with or match their work

requirements and pressures in organizations. In this condition, it may increase the capability of employees to manage and cope with their physiological and psychological stressors in order to achieve work requirements (Adler et al., 2006; WHO, 2005). Mesmer-Magnus et al (2012) suggested that use humor in the workplace by employees can also help in decrease the influence of stress and increasing job performance.

On the contrary, in distress, workplace-related stress will often show when employees' knowledge, innovations, abilities, and perception cannot adapt with or do not match their work requirements and pressures in organizations. Therefore, it may reduce the ability of workers to control and manage physiological and psychological stress, such as disrupting their self-regulatory bodies, and unable to meet their tasks and responsibilities as employees of an organization (Keshavarz and Mohammadi, 2011).

Interestingly, about existence studies in job stress offer that the levels of physiological and psychological stress may have an essential effect on employee's outcomes, mostly job performance (Ismail et al., 2009; Wetzel et al., 2006).

According to many studies and scholars like Kreitner and Kinicki (2012), the majority of organizations have to deal with the job performance of their all employees. Several studies conducted on nurses employees advocated that high levels of physiological and psychological stresses had inhibited nurse's abilities in managing, regulating, and controlling their work demands and this situation could lead to reducing nurse's job performance in the organizations (Johnston et al., 2013; Nabirye et al., 2011).

2.2.12 Job stressors among nurses:

Nursing has been documented to be a stressful profession, with nurses more vulnerable to stress-causing factors than other healthcare providers. In addition, according to Evans (2002), a survey commissioned by the Sunday Times in 1997 showed that nursing was the sixth most strenuous profession.

Brunero et al. (2006) defined job stressors as *"the harmful physical and emotional responses occur when the needs of the job do not coordinate the abilities, resources, or needs of the employee".* Nursing is a profession subject to a high level of different form of stress. Nurses challenge severe suffering, grief, death and other conflicts. Several tools have been used in other studies to measure job stressors among nurses; Nurse Stress

Questionnaire, Occupational Stress Indicator, Nursing Stress Evaluation Questionnaire and Nursing Stress Scale (NSS). The Nursing Stress Scale (NSS) is the most common scale and widely used instrument to assess job stressors among nurses within different workplaces (Riahi, 2011; French et al, 2000).

Mrayyan (2009) examined the relationship between job stressors and social support among 228 Intensive Care Units (ICUs) nurses and 235 from other department's Jordanian nurses. The stressors in ICUs were more than those in departments and the ICUs scored higher than departments in the 'Conflict with physicians' subscale as measured by NSS. A study conducted among 464 nurses working in different Jordanian hospitals aimed to examine the job stressors among Jordanian nurses by used NSS to gathering data about job stressors. Death and dying were the most serious stressors followed by workload (Hamaideh et al, 2008). Another study by Mohamed et al. (2011) was conducted among 135 ICU nurses at the children's University Hospital at El-Shatby in Egypt, revealed that the most common causes of nursing stress were: Death and dying, Uncertainty about treatment, Conflict with other nurses and Workload.

Numerous studies found that situations in everyday nursing practice that are related to dealing with death and dying are among the most important stressors for nursing employees (Johnston, et al., 2016; Sarafis, et al., 2016). Healy and McKay (2013) conducted the impact of nursing job-related stressors on levels of job satisfaction and mood disruption in urban and regional medical institutions in Australia. The finding indicated that workload was the highest stressor in the nurses' working environment.

Another study conducted by Chatzigianni et al. (2018) aimed to determine stress levels among nurses working in a Greek public hospital in Cyprus. The study sample contained 157 nurses and nursing assistance. Results of this study showed the most common nurse's stressful situations were causing by death and dying patients and their families' questions, and uncertainty concerning medication, discrimination and conflicts with colleagues. There was a positive significant correlation between age and total stress ($F = 4.23$, $p < 0.001$) and all different stressors. Nurses between 30 and 34 years showed higher stress in all stressors except patients' and their families' questions.

Al-Hajjar (2013) study aimed to determine the prevalence of job stress among hospital nurses in Gaza - Palestine and to explore possible causal job stressors. The sample

number is 1500 nurses working in 16 hospitals in the GS. The most severe job stresses were *"Not having enough staff to adequately cover the unit, Lack of drugs and equipment for nursing care and Unpredictability of staff and scheduling",* respectively. The most frequent job stressors were *"Not enough staff to adequately cover the unit, watching the patient suffer and Lack of drugs and equipment for nursing care"*, respectively, where workload and death and dying were the most common and severe job stressors. Table (2.1) summarizes some of the studies of job stressors among nurses in Arab countries.

Table (2.1): Studies of job stressors among nurses in Arab countries

Author(s)/Year	Site	Tool	Sample	Sources of stress (most common)
Al-Hajjar (2013)	Gaza – Palestine	Nursing Stress Scale (NSS)	1500 nurses	Workload & death and dying.
Deeb (2003)	Lebanon	Focus groups	First focus group: 9 nurses, second focus group: 6 nurses	Low salaries and Absence of retirement plans.
El-Jardali et al (2008)	Lebanon	Duffield et al (2001) measure	Hospital nurses	Nigh shift work and High patient/nurse ratios.
AbuAlRub (2006)	Jordan & USA	NSS	300 Jordanian nurses and 263 American nurse.	Jordan nurses: Workload and Patients & families. USA nurses: Conflict with other nurses and workload.
Hamaideh et al (2008)	Jordan	NSS	464 nurses.	Death & dying and Workload.
Kamal et al (2012)	Saudi Arabia	NSS	148 hospital nurses.	Workload and Dealing with Patients and their families.
Mohamed et al (2011)	Egypt	NSS	135 ICU nurses.	Death & dying and Uncertainty about treatment.

2.2.13 Implication of job stress on nurses:

Nursing work has been specified as one of the most stressful occupations. Job related stress among nurses influence both personal and organizational functioning beside in addition to

the healthcare provided. job stress is associated with musculoskeletal disturbance and locomotor disorder, high level of anxiety and depression, burnout, reduced job satisfaction, absenteeism, and high turnover intention, whereas it is negatively associated with nurses' patient care behaviors (Chatzigianni et al., 2018).

The World Health Organization (WHO, 2002) calculated the cost of stress and stress-related disorders to institutions to be an increase of $150 billion annually. According to the Health Enhancement Research Organization, a stressed employee estimated to spend $3,189 annually on health care expenses as compared with $ 1,679 for a no stressed employee in the United Kingdom (Cottrell, 2001). Job stress negatively influences individuals' health and wellbeing. Employee effort-reward imbalance has been associated with job burnout, which results from long intense stress. In a study of burnout among nurses in Germany, the nurses who suffered effort-reward imbalance adopted higher levels on two of the three essential dimensions of burnout (Bakker et al., 2000). Nurse burnout is a common problem characterized by a reduction in nurses' energy that manifests in emotional exhaustion, lack of motivation, and feelings of frustration and may lead to reductions in work efficacy (Mudallal et al ., 2017).

Job stress reaction in nurses may be manifested by the presence of headache, unable to concentrate, job dissatisfaction, and little morale. Also, other implications of nurse's job stress include disease, muscular strains and pain, tightness in the chest, increase blood pressure, heart diseases, and conflict with others, aggressive behavior, blaming others, high job absenteeism and high job turnover. The above implications are sometimes observed among nursing employees in a hospital setting in developing countries with consequent negative influence on their job satisfaction, their health and work behaviors, and overall negative outcomes of decrease in the quality of care (Ella et al., 2016).

There is also a study by Walonick (1993) which conducted to examine the workers in developing countries where employers do not pay much attention to occupational stress. Many factors that create work-related stress such as; role conflict, job overloaded, and work-family conflict, and their consequences are job ineffectiveness, absenteeism, low organization commitment, and high turnover. Emotional exhaustion and burnout have been considered job hazards for person-oriented professions such as nursing. Also, Brown et al. (2006) tested demanding job schedules and mental health in nursing assistants working in nursing homes and reported that working more than two double night shifts per month was

associated with a high risk for all negative mental health indicators. Moreover, working 6-7 days every week was associated with depression and somatization disorder. In a study of stress, coping and managerial support, and job demand among nurses, significant relationships between job stress and sadness, anxiety, and job satisfaction were identified (Bennett et al., 2001).

Job stressors conducted bad effects on nursing work conditions, interpersonal relationships at the job such as conflicts with the supervisors, colleagues, subordinates and other members of the health care provider. Also, conflicts with management policies such as role conflicts, and role ambiguity. Many of common stressors influence on nurses are workload, night shift work, increase hours of work, a decrease of autonomy in nursing practice, insufficient of social support, poor job fit, lack of knowledge base, unsafe work environment and rapidly changing health care environment, the urgency of work to be performed, dying and death patients (Mojoyinola, 2008).

2.2.14 Job stress and Organizational commitment:

Lee and Henderson (1996) conducted one of the first studies to focus on the correlation between job stress and organizational commitment. In this study, the researchers determined a strong relationship between job stress and organizational commitment. Therefore, exploring the correlation between these variables is important in developing the quality of health care through determining the factors that influence both.

Bhatti et al. (2016) investigated the correlation between organizational commitment and job stress among banking employees in Pakistan. It has been shown on the results, it has been examined that there is a significant correlation between job stress and organizational commitment. It means work stress has an influence on the commitment of individuals towards the organization. Based on the outcomes, there is a negative correlation between occupational stress and organizational commitment.

Different stressors come from different causes, such as role conflict, workload, role ambiguity, and autonomy (Gargr and Dhar, 2014). In the study by Ansah et al. (2019) the main sources of work-related stress among nurses are staff shortage, poor working conditions, inadequate support from management, and workload are the major causes of

stress among nurses. Role ambiguity and conflict are sources of the most influencing factors of job stress and organizational commitment (Soltani et al., 2013).

Several studies has discussed the relationship between job stress and organizational commitment, job stress has been detected to have a significant negative relationship with organizational commitment (Haque and Aston, 2016; Gargr and Dhar, 2014; Ali and Kakakhel, 2013). Indeed, there is a strong impact on employees' physical and mental well-being on organizational commitment (Eisenberger et al., 2010; Meyer and Maltin, 2010).

In another study carried out by Khatibi et al. (2009) on organizational commitment, they found that there was a negative significant relationship between job stress and organizational commitment, affective commitment, and normative commitment, however, it was not found a significant difference relationship between job stress and continuance commitment.

Now by reviewing the literature, the researcher becomes persuaded by the significance of the concept of EI in any organization that it pervades with many job outcomes especially its relationship with job stress and OC. It creates a successful nature among staff nurses and very important for the continued growth of any organization. The researcher now is important to identify the role of emotional intelligence and its relationship with job stress and organizational commitment among nurses in governmental hospitals in the GS.

Chapter Three
Methodology

This chapter provides broad details of all aspects of the research methodology. In this section, different items explains the study design, study population, study setting, period of the study, sample and sampling, instruments of the study, data collection, pilot of study, data analysis, data management, ethical considerations and limitation of the study. Finally, the validity and reliability of the tool of data collection were demonstrated.

3.1 Study Design

The design of this study is quantitative, cross sectional design to identify the role of emotional intelligence and its relationship with job stress and organizational commitment among nurses. This design is chosen because it is suitable for the nature of variables included in the study. In the other hand, this design save time and inexpensive in terms of money and it is relatively practical and manageable. In addition, this design is enables the researcher to meet the study objectives in a short time.

3.2 Study Setting

This study was conducted at the governmental hospitals in the GS. Specifically speaking, the study was conducted in the five major governmental hospitals in the five governorates of GS and these hospitals are Indonesian hospital, Shifa medical complex, Aqsa hospital, Naser medical complex, and European Gaza hospital.

3.3 Period of the Study

The study took 11 months; implementation of study started immediately after approval of the proposal in May 2020, then conducting the administrative consent and health research ethical approval. A pilot study was conducted in August 2020. Data collecting, data entry, and data analysis completed by October 2020, and writing the final research continued to April 2021.

3.4 Study Population

The target population of the study consisted of nurses who are working in the governmental hospitals in the GS for one year or more, the total number of them is 2500. However, the accessible population of the five governmental hospitals is 1835 nurses (MOH, 2018). The researcher chooses the nurses who are working at least one year or more because they have the capability to express their opinion about the domains of the study like EI, OC and job stress that arise during a period of time on the job.

3.5 Sample and Sampling

A stratified proportionate random sample was conducted to recruit the study participants, the Gaza Strip consists of five governorates, and one hospital was selected from each governorate based on the largest population number in terms of its provided healthcare services. These hospitals include Indonesian hospital, Shifa medical complex, Aqsa hospital, Naser medical complex, and European Gaza hospital. The total numbers of nurses in these hospitals are 1835 (MoH, 2018). The participant in each hospital was selected by systematic random sampling method, and the first choice of participants was selected by simple random method.

The sample size calculation was determined by using EPA info; the sample size was 318 nurses at 95% confidence interval. The researcher was increase the sample up to 340 individuals to cover possible non-respondents.

Table (3.1): Sample from each hospital was calculated as follow

Hospital	Population (N)	% Calculated sample (n/N)x 100	Calculated sample (n) 318
EGH	317	17.27	55
Naser	392	21.36	68
Aqsa	269	14.65	46
Shifa	719	39.18	124
Indonesian hospital	138	7.52	25
Total	1835	100.0	318

3.6 Inclusion Criteria

- Nurses working in the governmental hospitals.
- Not in a long-term vacation.
- interested to participate
- At least one year's experience

3.7 Instruments of the study

Self-administered questionnaire was used in this study to collect data, in which the researcher adopted three questionnaires to measure the study variables (emotional intelligence, organizational commitment, and job stress). The researcher used four instruments, annex (2).

The first part of the questionnaire includes socio demographic variables, the participants were asked to answer the questions regarded to their personal data such as age, marital status, gender, address, educational level, years of experience and income level.

The second part of the questionnaire is the Practical EQ Emotional Intelligence Self-Assessment scale; an international scale that developed by Coaching Leaders Ltd 2012, Which describe the level of EI. The questionnaire was translated from English to Arabic and regain translation from Arabic to English and the result was checked for inconsistency. This questionnaire has five-item scale include (self-awareness, self-management, relationship management, motivation and empathy), the scale consisted of 25 items (5 items for each). Measured on a 5-point likert scale ranging from 0 (almost never) to 4 (almost always).

The third part of the questionnaire is OC scale; an international scale adopted by Allen and Meyer's, (1997). This scale describes how employees feel about their organization and during working in. The questionnaire has three item scale include (affective, normative and continuance), the scale consisted of 18 items (6 items for each). In which the respondents to each of the items are rating on a 5-point likert scale from 1 (strongly disagree) to 5 (strongly agree).

Finally the fourth part of the questionnaire is the Nursing Stress Scale (NSS); an international scale adopted by Gray-Toft & Anderson (1981). The scale composed of 34

items; in this study, 35 items were used by adding one item appropriate to Gaza condition according Al-Hajjar (2013), study that aims to determine the prevalence of occupational stress among hospital nurses in the GS. The scale describes the conditions that have been identified as causing stress for nurses in the workplace. The NSS has seven items scale include (Death and dying, conflict with physicians, inadequate preparation, lack of support, conflict with other nurses, workload, and uncertainty concerning treatment). It composed 2 Likert type; first for measured frequency of stressors which scale ranging from 0 (Never) to 2 (Often) and second for measured severity of stressors which scale ranging from 0 (Not at all stressful) to 4 (Extremely stressful).

3.8 Pilot of the Study

A pilot study was conducted on 35 subjects from nurses before the start actual data collection to explore the appropriateness of the study instrument, test clarity of meaning, points out the weakness and predict response rate. Also, it revealed that the real-time needed to fill the questionnaire, identify areas of vagueness and let the researcher training for data collection, and to test the reliability, and suitability of the questionnaire. Moreover, this study reveals the points that need any rephrasing and explanation in the data collection tool. This assured and enhanced the validity of the questionnaire, particularly to be clear and more easily understandable. Since modifications on the data collection tools were not needed, the 35 participants in the pilot study were included within the study sample.

3.9 Scientific rigor

3.9.1 Validity:

The validity of the instrument is an essential part before the data collection. Therefore, the tools of the questionnaire were international and already valid. In addition, a pilot study was done before the data collection to determine employees response rate to the questionnaire and how they understandable it.

3.9.2 Reliability:

The reliability test was conducted after the pilot study and completed data collection. The researcher used the Cronbach alpha coefficient to find how questions are closely related as a group.

- **Cronbach coefficient alpha:**

This method used to measure the reliability of the questionnaire between each field and the mean of the whole fields of the questionnaire. The normal range of cronbach's coefficient alpha value between 0.0 and + 1.0, and the higher values reflects a higher degree of internal consistency. As shown in table (3.2) the results are in the range from 0.748 to 0.956951. This range is considered good to excellent; these results to ensures the reliability of the questionnaire.

Table (3.2): Cronbach's Alpha for reliability for all domains

Domain	No. of Items	Cronbach's Alpha
Emotional Intelligence	25	0.748
Nursing stress scale (frequency)	35	0.934
Nursing stress scale (severity)	35	0.951
Organizational commitment	18	0.923

3.10 Data Collection

After obtaining ethical and administrative approval, the pilot study was conducted. The researcher and data collectors conducted the data collection by using self-administered structured questionnaire after obtaining consent from the study participants, they started by distribution of the questionnaire to nurses who are working in the selected governmental hospitals according to the inclusion criteria. During the distribution of the questionnaire, data collectors faced some difficulties due to the COVID 19 pandemic; therefore, we returned to the hospitals more than one time to be assured that all nurses according to the sample size fulfill the questionnaire. Before field data collection, the researcher conducted training to the data collectors about the aim of the study. The average time allocation for each questionnaire ranged from 25-30 minutes.

3.11 Data Management and Data Analysis

The researcher was used Statistical Package for Social Sciences (SPSS) for data entry and analysis. The research will check all data to avoid any discrepancies. Data was examined for coding and entry error. Descriptive data analysis including figures was expressed as frequency tables; mean was used to express the major features of the data, standard

deviation (SD). In addition, percentages were used to determine the highest and lowest emotional intelligence, job stress, and organizational commitment domains. Inferential statistic tests was used as well; such as independent sample t test to examine the items and domains of the questionnaire, mainly to identify the relationship between some of socio-demographic characteristics and the emotional intelligence. In addition, the (F) test was used to compare more than two means, particularly to clarify the relationship between characteristics variables such as gender, age, level of education, and years of experience and emotional intelligence. One-way Analysis of Variance (ANOVA) test was used to determine there are any statistically significant differences between the means of two or more independent variables. The Pearson Correlation coefficient (r) test used to explain the correlation of items with main variables. Pearson correlation was used to assess the correlation between emotional intelligence, job stress and organizational commitment. Multiple linear regression was calculated to contribute to the other domains to predict organizational commitment. P- value equal or less than 0.05 was considered statistically significant, with confidence interval (CI) of 95%.

3.12 Ethical Considerations

In order to initiate this study, the proposal consented by Al Quds University-School of the public health research committee for discussion and academic approval. Moreover, the Modified International Code of Ethics Principles (1975), define as the Declaration of Helsinki, which is developed by the World Medical Assembly was followed. An official letter of approval was obtained from Al-Quds University and Helsinki Committee in the GS. In conformity with the rules of the Helsinki Ethical Declaration, every participant in the study received a full description of the research objectives, program, and confidentiality. In addition, administrative approval was obtained from the MoH. Consent form was obtained from all of the participants as well. To elevate the response credibility, the researcher preserved commitment to the Ethical Code Principle, through providing and maintaining trust and confidentiality. Participation in the current study was optional, and there was no risk or harm from participation in this study. All participants in the study have the right to agree or refuse before participating in the study.

3.13 Limitation of the study

There are no previous studies that related to emotional intelligence and its relationship with job stress and organizational commitment, there is a little different literature review that identifies clearly dimensions of job stress and how to measure it, and the researcher took a long time to collect the questionnaires. Additionally, there is a restricted time available to conduct the study. Other than, the emergency and curfews situation because of COVID-19 led to difficult data collection and decreased expected response rate.

Finally, there are some contextual limitations include frequent electricity cuts and restricted access to international publications.

Chapter Four

Results and Discussion

4.1 Introduction

This chapter illustrates the results of statistical analysis of the data, including descriptive analysis that presents the socio -demographic characteristics of the study sample and answers to the study questions. The researcher used descriptive and inferential statistics including frequencies, means and percentages, also independent sample *t* test, One-way ANOVA, Pearson correlation test, and Multiple Linear Regression to analyze data and test the relationships between the variables of the study.

The present study is asking about the emotional intelligence and its relationship between job stress and organizational commitment among nurses in governmental hospitals in the Gaza Strip, by use the questionnaire reports analysis tool. Also, this study is saved in its mind the impact of socio-demographic factors on EI.

4.2 Socio-demographic characteristics of the participants

Table (4.1): Sample Distribution According to the Participants' Age, Gender, Marital Status, and Education (n=318)

Variables	Number	%
Age groups		
Below 25 years	70	22.0
25- 30 years	86	27.0
31- 40 years	103	32.4
41- 50 years	38	11.9
>50 years	21	6.6
Gender		
Male	148	46.5
Female	170	53.5
Marital status		
Married	206	64.8
Single	92	28.9
Divorced	12	3.8
Widowed/er	8	2.5

Table (4.1) shows the distribution of study participants' according to their age groups, gender, marital status, and their educational level. The results shows that the highest density of participants who are 31- 40 years constitute 32.4% of the study sample, the age of 27.0% of them is 25- 30 years old, while 22.0% of them below 25 years old. The researcher noted that the majority of nurses' participants were in the age group of less than 40 years old (81.4%). The result is compatible with the population pyramid in Palestine. Based on PCBS (2018), the Palestinian community is categorized as a young community. The percentage of youth aged (15-29 years) involved 29.4% and aged (30-64 years) were 28.5% of the population, while the elderly people (aged 65 years and above) involved 3.2%.

Regarding their gender, the researcher noted that more than half (53.5%) represented of them are females, while 46.5% of them are males. This result is incompatible with the study of Radwan (2012) which found that 35.3% of them were females.

On the other hand, 64.8% of the study participants are married, while 28.9% are singles.

4.3 Sample distribution based on educational level of participants

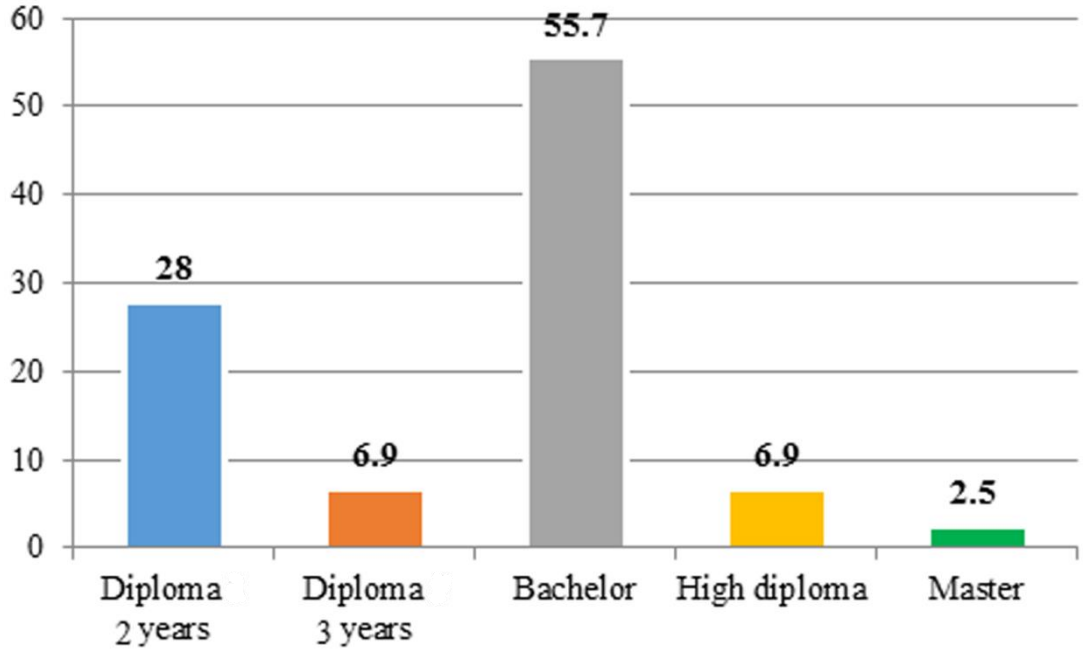

Figure (4.1): Participants' educational level

The figure 4.1 shows that, more than half (55.7%) of the study participants have bachelor degree in nursing, 28.0% of them have diploma (2 years), 6.9% have high diploma and 2.5% of them have master degree. It is interesting to compare these findings with actual numbers of health care providers in MoH-Gaza where Radwan (2012) showed that 22.2% of his study participants were certificating a diploma degree and the highest educational level was bachelor's degree with an average percentage of 62.2% and 15.6% had a postgraduate degree (master and doctorate degree). These results reflect the numbers and qualification of nurses already working and the nature of the nursing activities needed in the governmental hospitals in the G.S.

4.4 Sample Distribution According to the Participants' Working Hospital and Salary (n=318)

Table (4.2): Sample Distribution According to the Participants' Working Hospital and Salary (n=318)

Variables	Number	Percentage (%)
Hospital		
Naser Medical Complex	68	21.4
Aqsa hospital	46	14.5
Shifa Medical Complex	124	39.0
Indonisi hospital	25	7.9
EGH	55	17.3
Salary		
1400 Shekel and less	190	59.7
1401-2000 Shekel	109	34.3
2001-2600 Shekel	4	1.3
>2600 Shekel	15	4.7

Table (4.2) shows the distribution of study participants according to their working hospital and salary. The results shows that 39.0% of the study participants are working in Shifa Medical Complex, 21.4% of them are working in Naser Medical Complex, and 17.3% are working in EGH. 14.5% of the lowest participant of the study are working in Aqsa hospital. The researcher noted that the largest number (39%) of the participants are working in Shifa Medical Complex, and this rate represent the same rate of nurses working in this hospital from the total number of nurses working in the five hospitals included in

the study; while the lowest number of participants in Aqsa hospital (14.5%). These results consistent with number of population according to every hospital.

Regarding the salary of participants, more than half (59.7%) of the study participants have a salary 1400 Shekel and less, 34.3% of them have salary 1401-2000 Shekel, while 4.7% of them have a salary more than 2600 Shekel. According to PCBS (2017), this result is matched with the general condition in the G.S; the poverty rate in the Gaza strip has reached to be 53%. However, about 36% of employees in the private sector obtain a monthly salary less than the minimum salary (1,450 Shekel) in the G.S. The researcher is convinced that the results are not identical to the salary, according to PCBS, but the results are compatible to the general situation in Gaza due to the bad political and economic situation in the G.S.

4.5 Sample distribution based on experience of participants

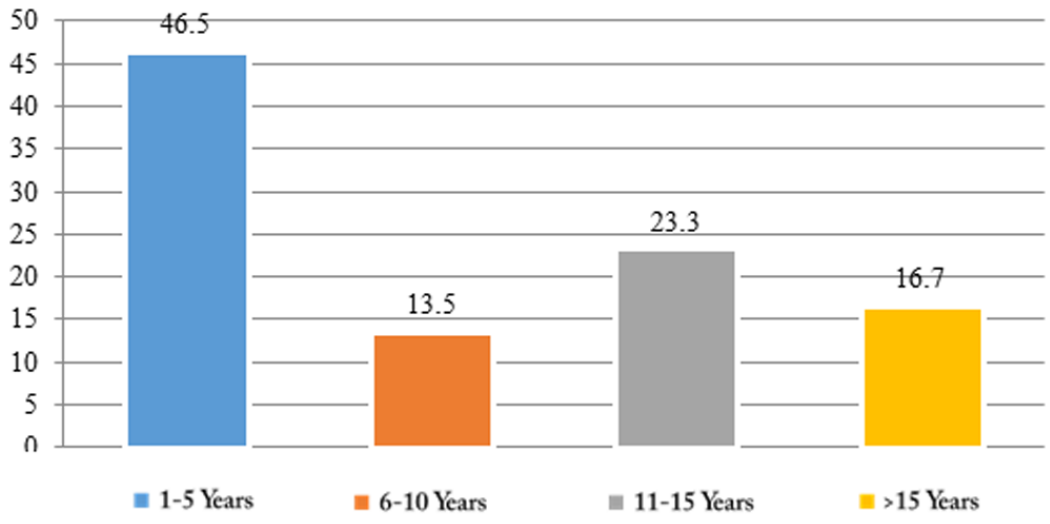

Figure (4.2): Participants Years of Experience

The figure shows that, 46.5% of the participants have been working for 1 – 5 years, 13.5% of them have been working for 6 – 11 years, and 23.5% of them have been working for 11-15 years, while 16.7% of them have been working for more than 15 years. The researcher found that slightly less than half (46.5%) of participants has less than 5 years' experience

because the increase in the number of employment for nurses recently due to the emergency conditions of the COVID 19 in the GS.

Table (4.3): Participants' Level of Emotional Intelligence (n=318)

Item	Mean	SD	%
Self-Awareness			
1. I can explain my actions	3.10	0.92	77.5
2. Other people don myself	2.12	1.13	53.0
3. I understood the feedback that others gave me	3.03	0.92	75.75
4. I can describe accurately what I am feeling	2.75	0.99	68.75
5. Things that happen in my life make sense to me	2.49	1.02	62.25
Sub-total	**2.70**	**0.63**	**67.5**
Self-Management			
6. I can stay calm, even in difficult circumstances	2.44	1.12	61.0
7. I am prone to outbursts of rage	1.72	1.10	43.0
8. I feel miserable	1.58	1.20	39.5
9. I get irritated by things, other people I or myself	1.55	1.06	38.75
10. I get carried away and do things I regret	1.60	1.31	40.0
Sub-total	**1.77**	**0.72**	**44.25**
Motivation			
11. I am clear about my goals for the future	3.14	0.76	78.5
12. My career is moving in the right direction	2.72	1.01	68.0
13. I find it hard to maintain my enthusiasm when I encounter setbacks	2.14	0.98	53.5
14. I feel excited when I think of my goals	3.01	1.02	75.25
15. I act consistently to move towards my goals	2.85	0.99	71.25
Sub-total	**2.77**	**0.60**	**69.25**
Empathy			
16. My colleagues are uncommunicative	1.55	1.11	38.75
17. I get on well with each of my work colleagues	2.97	0.98	74.25
18. I find it easy to emotions	2.64	1.07	66.0
19. It's unpredictable how my colleagues will feel in any given situation	1.99	0.95	49.75
20. People choose to work with me in preference to equally talented colleagues.	2.88	0.76	72.0
Sub-total	**2.41**	**0.53**	**60.25**
Relationship management			
21. I encounter difficult people	2.47	1.03	61.75
22. I am comfortable talking to anyone	2.78	1.16	69.5
23. I achieve win/win outcomes	2.60	0.91	65.0
24. I feel uncomfortable when other people get emotional	2.03	1.08	50.75
25. I get impatient with incompetent people	1.60	1.32	40.0
Sub-total	**2.29**	**0.69**	**57.25**
Total	**2.39**	**0.39**	**59.75**

- **Level of emotional intelligence among nurses**

The table (4.3) shows the mean and SD for each sub-domain and each item within the domain of emotional intelligence among nurses. The maximum mean score for each item

and each sub-domain is 4.0, while the lowest score is 0.0. Motivation got the highest mean score (2.77 out of 4) and its weighted percentage 69.25%, followed by Self-Awareness with mean score (2.70) with percentage 67.5%. On the other hand, self-management got the lowest mean score (1.77) with average percentage 44.25%.

Regarding each item within the domain of emotional intelligence, the item "I am clear about my goals for the future " got the highest mean score (3.14), followed by the item "I can explain my actions" with mean score (3.10), while the item "I get irritated by things, other people I or myself" got the lowest mean score (1.55). The total mean score for emotional intelligence domain is 2.39 out of 4.0.

- **Emotional intelligence dimension**

Regarding main domain of the EI, the researcher found that motivation was the highest among study participant, followed by self-awareness, empathy, relationship management and lowest mean dimension was self-management. This results study consistent with the result of Abdel-Aleem (2013) when he examined the relationship between emotional intelligence of head nurses and empowerment of staff nurses in Port Said hospital. The study sample consisted 39 head nurses and 279 staff nurses. The arrangement of emotional intelligence was: first motivation followed by self-awareness, social skills, empathy and self-regulation. The researcher found that motivation was the highest dimension of EI among nurses with a weighted percentage of 69.25%, and the researcher can relate these findings to the number of young nurses since the majority of nurses' age group are young adults (approximately 83% of participants are less than 40 years old). These findings are congruent with that of a study conducted by Gaki et al. (2013) which showed that younger nurses are more motivated for job attributes, coworkers and achievement.

Moreover, regarding self-management, the researcher can relate the low score of self-management among participants because most of them have few years of experience, as the results of this study showed that 46% of the participants have 1-5 years of experience.

Regarding nurses emotional intelligence, the results of the current study showed that all nurses had average levels of EI. This finding might be because the nature of their job situation as building relationships, empathy and social communication in health care environment. The results are supported by feather (2009) who study EI and its correlation to nursing leaders and showed that leaders of health care have high EI relating to the nature of the occupation.

4.6 Participant level of job stressors among nurses

Table (4.4): Means and standard deviations of job stressors by NSS items

Item	Frequency			Severity		
	Mean	%	SD	Mean	%	SD
Death and Dying						
Performing procedures that patients experience as painful	1.10	55.0	0.71	1.76	88.0	0.99
Feeling helpless in the case of a patient who fails to improve	0.94	47.0	0.66	1.73	86.5	1.07
Listening or talking to a patient about his/her approaching death.	0.83	41.5	0.72	1.73	86.5	1.07
The death of a patient	0.71	35.5	0.76	2.00	100	1.38
The death of a patient with whom you developed a close relationship	0.87	43.5	0.70	1.61	80.5	1.16
Watching a patient suffer	1.14	57.0	0.71	1.94	97.0	1.20
Conflict With Physicians						
Criticism by a physician	0.69	34.5	0.59	1.57	78.5	1.11
Conflict with a physician	0.88	44.0	0.70	1.59	79.5	1.17
Disagreement concerning the treatment of a patient	0.94	47.0	0.69	1.58	79.0	1.14
Inadequate information from a physician regarding the medical condition of a patient	0.97	48.5	0.69	1.84	92.0	1.16
Making a decision concerning a patient when the physician in unavailable	0.92	46.0	0.74	1.66	83.0	1.10
A physician ordering what appears to be inappropriate treatment for a patient	0.83	41.5	0.71	1.70	85.0	1.25
Inadequate Preparation						
Fear of making a mistake in treating a patient	0.78	39.0	0.68	1.78	89.0	1.30
Feeling inadequately prepared to help with the emotional needs of a patient's family	0.95	47.5	0.73	1.61	80.5	1.14
Being asked a question by a patient for which I do not have a satisfactory answer	0.88	44.0	0.63	1.68	84.0	1.21
Feeling inadequately prepared to help with the emotional needs of a patient	0.98	49.0	0.75	1.77	88.5	1.22
Lack of Support						
Lack of an opportunity to talk openly with other unit personnel about problems on the unit	0.94	47.0	0.97	1.63	81.5	1.20
Lack of an opportunity to share experiences and feelings with other personal on the unit	0.90	45.0	0.68	1.63	81.5	1.18
Lack of an opportunity to express to other personnel on the unit my negative feeling toward patients	0.88	44.0	0.73	1.50	75.0	1.30
Conflict With Other Nurses						
Conflict with a supervisor	0.75	37.5	0.70	1.76	88.0	.99
Float to other units that are short – staffed	0.94	47.0	0.68	1.78	89.0	1.40
Criticism by a supervisor	0.81	40.5	0.66	1.68	84.0	1.25
Difficulty in working with a particular nurse (or nurses) outside the unit	1.22	61.0	0.78	1.74	87.0	1.21
Unpredictable staffing and scheduling	1.01	50.5	0.74	1.92	96.0	1.22
Difficulty in working with a particular nurse (or nurses) on the unit	0.79	39.5	0.69	1.53	76.5	1.15
Work Load						
Breakdown of intercom or telephone	0.95	47.5	0.60	1.67	83.5	1.16
Too many non-nursing tasks required, such as clerical work	1.04	52.0	0.76	1.76	88.0	1.31
Not enough time to provide emotional support to a patient	1.01	50.5	0.71	1.92	96.0	1.35
Not enough time to complete all of my nursing tasks	0.85	42.5	0.69	1.55	77.5	1.19
Not enough staff to adequately load cover the unit	1.14	57.0	0.69	2.07	103.5	1.30
Lack of drugs and equipment required for nursing care	1.19	59.5	0.75	2.14	107.0	1.26
Uncertainty Concerning Treatment						
Physician not being present dies	0.93	46.5	0.75	1.83	91.5	1.24
A physician not being present in medical emergency	0.96	48.0	0.66	1.94	97.0	1.29
Not knowing what a patient or a patient family ought to be told about the patient condition and its treatment	0.96	48.0	0.72	2.15	107.5	3.46
Uncertainty regarding the operation and functioning of specialized equipment	0.97	48.5	0.80	1.64	82.0	1.25

Table (4.4) shows that the most frequently stressor among nurses is “Lack of drugs and equipment required for nursing care” which got the mean frequency of 1.19 out of 2.0, followed by two stressors: “Watching a patient suffer” and “Not enough staff to adequately load cover the unit” which got the mean frequency of 1.14. The least frequently stressor among nurses is “Criticism by a physician” which got the mean frequency of 0.69 out of 2.0. Also, it shows that the most severe stressor among nurses is “Not knowing what a patient or a patient family ought to be told about the patient condition and its treatment” which got the mean frequency of 2.15 out of 4.0, followed by: “Lack of drugs and equipment required for nursing care”. The least severe stressor among nurses is “Lack of an opportunity to express to other personnel on the unit my negative feeling toward patients” which got the mean frequency of 1.50.

Table (4.5): Means and standard deviations of job stressors by NSS subscales

Subscale	Frequency			Severity		
	Mean	%	SD	Mean	%	SD
Workload	1.03	51.5	0.46	1.85	92.5	0.98
Death and dying	0.96	48.0	0.43	1.74	87.0	0.84
Uncertainty concerning treatment	0.95	47.5	0.50	1.89	94.5	1.28
Conflict with other nurses	0.92	46.0	0.48	1.70	85.0	0.95
Conflict with physicians	0.87	43.5	0.48	1.66	83.0	0.88
Inadequate preparation	0.90	45.0	0.49	1.71	85.5	0.94
Lack of staff support	0.91	45.5	0.50	1.58	79.0	1.02
Total	0.94	47.0	0.39	1.75	87.5	0.82

Table (4.5) shows that the highest stressors frequency subscale of job stressors appears to be “Workload” with mean score 1.03 out of 2.0, followed by “Death and dying” with mean score 0.96 out of 2.0, while the lowest frequency subscale of job stressors is “Conflict with Physicians” with mean score 0.87 out of 2.0. Also, it shows that the highest stressors severity subscale of job stressors appears to be “Uncertainty concerning treatment” with mean score 1.89 out of 4.0, followed by “Workload” with mean score 1.85 out of 4.0, while the lowest severity was noted in the domain “Lack of Support” with mean score 1.58 out of 4.0. The total mean score for stressors frequency is 0.94 out 2.0, while the total mean score for stressors severity is 1.75 out of 4.0.

The results of this study were congruent with that of Al-Hajjar (2013) study aimed to determine the prevalence of job stress among hospital nurses in Gaza - Palestine and to explore possible causal job stressors. The sample number was 1500 nurses working in 16 hospitals in the GS. The most severe stressors (as items) were: "Not enough staff to adequately cover the unit", "Lack of drugs and equipment required for nursing care" and "Unpredictable staffing and scheduling" respectively. The most frequent stressors were: "Not enough staff to adequately cover the unit", "Watching a patient suffer" and "Lack of drugs and equipment required for nursing care" respectively, while the most frequent and severe stressors (as subscales) were: "Workload" and "Death and dying". Nursing provides a wide range of potential occupational stressors as it is a profession that requires a high level of skill, team working and the delivery of care for 24 hours daily (Phillips, 1996).

The workload was described as the high frequent source of stress for the present sample of nurses. These results are compatible with a number of studies (Tyson and Pongruengphant 2004; Lee 2003). With regard to the comparison of job stressor types in other studies, Govender (1995) obtained that "Workload" was considered as the greatest frequent source of stress. The workload was identified as a main source of stress in several nursing studies (Purcell et al, 2011; Al-Kandari & Thomas, 2008; Lambert et al, 2007).

Regarding death and dying, was recognized as the second-largest source of stress. These results that death and dying is a main resource of stress are consistent with different studies (Mohamed et al, 2011; Chang et al, 2007). Cole et al (2001) suggest that the stress related to caring for the dead patients may result because nurses have traditionally provided health care to the living, with often considerable efforts to preserve life. Research has shown that great nurses have difficulty dealing with death (Payne, 2001).

Table (4.6): Organizational Commitment among Nurses

Item	Mean	SD	%
Affective			
I would be happy to spend the rest of my career with this organization	2.94	1.30	58.8
I really feel as if this organizations problems are my own	2.87	1.13	57.4
I feel emotionally attached to this organization	3.65	.98	73.0
I feel a sense of belonging to this organization	3.37	1.10	67.4
I feel like i am part of the family at my organization	3.63	1.05	72.6
This organization has a great deal of personal meaning for me	3.49	1.15	69.8
Right now, staying in this organization is a matter of necessity as much as desire	3.72	1.10	74.4
Sub-total	**3.34**	**0.88**	**66.8**
Continuance			
I would be very hard for me to leave my organization right now, even if I wanted to	3.54	1.19	70.8
Too much of my life would be disrupted if I decided to leave my organization at this time	3.55	1.20	71.0
I feel that I have too few options to consider leaving my organization	3.35	1.09	67.0
If I had not put so much of myself into this organization, I would consider myself working elsewhere	2.94	1.13	58.8
One of the few negative consequences of leaving this my organization would be scarcity to available alternatives	3.39	1.18	67.8
Sub-total	**3.46**	**0.90**	**69.2**
Normative			
I feel an obligation to remain with current employer	3.76	1.30	75.2
Even if it were to my advantage, I do not feel it would be the right time to leave this organization	3.76	1.14	75.2
I would feel guilty if I left this organization now	3.36	1.18	67.2
This organization deserves my loyalty	3.34	1.18	66.8
I owe a great deal to my organization	3.43	1.10	68.6
I would not leave my organization right now because I have an obligation to the people in it	3.27	1.15	65.4
Sub-total	**3.49**	**0.86**	**69.8**
Total	3.41	0.76	68.2

- **Level of organizational commitment among nurses**

Table (4.6) shows the mean and SD for each sub-domain and each item within the domain of nurses' organizational commitment. The maximum mean score for each item and each sub-domain is 5.0, while the lowest score is 1.0. Normative commitment got the highest mean score (3.49 out of 5.0) with its weighted percentage 69.8%, followed by continuance commitment with mean score (3.46) with its weighted percentage 69.2%, while affective commitment got the lowest mean score (3.34) with average percentage of 66.8%.

Regarding each item within the domain of organizational commitment, the item "I feel an obligation to remain with current employer" and the item "Even if it were to my advantage, I do not feel it would be the right time to leave this organization" got the highest mean score (3.76) with percentage 75.2%, followed by the item "Right now, staying in this organization is a matter of necessity as much as desire" with mean score (3.72) with average percentage 74.4%. While the item "I really feel as if this organizations problems are my own" got the lowest mean score (2.87) with average percentage 57.4%. The total mean score for organizational commitment domain is 3.41 out of 5.0.

- **Organizational commitment dimension**

Regarding main concept of OC, the researcher found that the highest dimension of commitment among study participant was normative commitment (m= 3.49, SD = 0.86) and its weighted percentage was 69.8%, followed by continuance commitment (m = 3.46, SD =0.90) and the lowest domain was affective commitment (m =3.34, SD =0.88) as appeared in figure 4.11.

This result was incompatible with the finding of Saqer (2009) who found that his study participants attained the highest score on the affective commitment followed by normative and the lowest score was the continuance commitment. The researcher can relate his result that normative commitment occurs due to ethical obligations to remain in the organization and employees' sense that they must remain in the organization due to moral matters like family or social issues and the nature of nursing profession which controlled by codes of ethics and many ethical principles regardless of the settings and locations of nursing practices.

The results of this study were congruent with that of El Shaer (2019) who found that his study participants showed the highest scores on the normative commitment (m = 3.88, SD = 0.68), followed by affective commitment (m = 3.82, SD =0.80) and lowest mean score was continuance commitment (m = 3.70, SD = 0.55). The results of this study are compatible with the results of my study in dimension of the highest score of organizational commitment, which is normative commitment, but incompatible with affective and continuance commitment.

4.7 Differences in emotional intelligence and organizational commitment in relation to demographic characteristics

Table (4.7): Differences in the Participants' Emotional Intelligence with regard to their Age, Marital Status, and Education

Emotional Intelligence	N	Mean	SD	F (df)	*p* value*
Age groups					
Below 25 years	70	2.32	0.25	222 (4, 313)1.	0.301
25- 30 years	86	2.37	0.55		
31- 40 years	103	2.43	0.34		
41- 50 years	38	2.46	0.31		
>50 years	21	2.36	0.37		
Marital status				730 (3, 314)0.	0.535
Married	206	2.39	0.41		
Single	92	2.39	0.36		
Divorced	12	2.32	0.39		
Widowed/er	8	2.58	0.14		
Education					
Diploma	89	2.28	0.50	4.521 (4, 313)	0.001
Diploma 3 years	22	2.54	0.50		
Bachelor	177	2.45	0.32		
High diploma	22	2.30	0.17		
Master	8	2.18	0.02		

* One way ANOVA

The table (4.7) shows that there is a significant difference in the mean score of total participants' emotional intelligence with regard to their educational level ($p<0.05$). Post hoc Tukey test showed that the difference is between those who have diploma two years and those who have diploma three years in favor to those who have diploma three years ($p<0.05$). Moreover, Post hoc Tukey test showed that the difference is between those who

have diploma two years and those who have bachelor degree in favor to those who have bachelor degree ($p<0.05$).

On the other hand, there is no significant difference in the mean score of total participants' emotional intelligence with regard to their age groups and their marital status ($p>0.05$).

Regarding their educational level, the results inconsistent with the finding of Kashani, (2012), this showed that there is no significant difference between emotional intelligence component and educational level. In another study conducted in Iran, Saeid et al. (2013) showed one of the first studies focus on the relationship between Emotional Intelligence and Demographic Variables in Nurses. This study examined the educational level and EI among nurses working in military hospitals. The study sample consisted of 212 nurses (101 female and 111 male). The result found from demographic factors only the level of education showed a significant difference relationship with component of EI. In addition, the researcher noted the nurse with a low education level must be aware of EI, which mean there is a relationship between EI and education level, which are compatible with our results.

Regarding age and marital status, Vahidi et al. (2016) revealed that there was no significant relationship between emotional intelligence and nurses' perception of job performance with factors as age, sex and marital status ($p>0.05$). The researcher noted that age and marital status of nurses have no influence on their EI, which are compatible with our results. The results also consistent with the study of Landa et al. (2008) investigated the relationship between sociodemographic and EI by used questionnaire analysis tool in general public hospital in Spain. The results showed there are no significant difference in EI based on variation in sociodemographic factors such as age, marital status and length of service.

The results inconsistent with the finding of Chen et al. (2016) found a positive relationship between age and emotional intelligence that can be explained by lifelong learning and accumulated knowledge. This study concluded that older people have more opportunities than young people do to practice emotional intelligence throughout their lives. Consequently, older age has a better understanding of emotions and use better emotional regulation strategies than a younger age.

Table (4.8): Differences in the Participants' Emotional Intelligence with regard to their Working Hospital, Salary, and Experience

Emotional Intelligence	N	Mean	SD	F(df)	*P* value*
Hospital					
Naser Medical Complex	68	2.44	0.34	609 (4, 313)0.	0.656
Aqsa hospital	46	2.38	0.45		
Shifa Medical Complex	124	2.38	0.40		
Indonisi hospital	25	2.44	0.37		
EGH	55	2.34	0.39		
Salary				2.897 (3, 314)	0.035
1400 Shekel and less	190	2.34	0.40		
1401-2000 Shekel	109	2.43	0.37		
2001-2600 Shekel	4	2.64	0.00		
>2600 Shekel	15	2.58	0.34		
Experience				6.072 (3, 314)	0.000
1-5 years	148	2.31	0.43		
6-10	43	2.44	0.25		
11-15 years	74	2.54	0.37		
> 15 years	53	2.38	0.35		

* One way ANOVA

The table (4.8) shows that there is a significant difference in the mean score of total participants' emotional intelligence with regard to their salary ($p<0.05$). Post hoc Tamhane test showed that the difference is between those who have salary 1400 Shekel and less and those who have salary 2001-2600 Shekel in favor to those who have salary 2001-2600 Shekel ($p<0.05$).

The results also shows that there is a significant difference in the mean score of total participants' emotional intelligence with regard to their experience ($p<0.05$). Post hoc Tukey test showed that the difference is between those who have 1 – 5 years of experience and those who have 11 – 15 years of experience in favor to those who have who have 11 – 15 years ($p<0.05$). On the other hand, there is no significant difference in the mean score of total participants' emotional intelligence with regard to their working hospital ($p>0.05$).

Regarding years of experience, The results of this study were congruent with the results of Varela-Centelles et al. (2004) which explained the relationship between EI and years of

experience, that explained by the fact that young nurses with short experience period had more motivation to work and service comparing with oldest nurse with long experience period. The results also consistent with the study of Fujino et al. (2014) aimed to examine the influence of years of experience on nursing performance and EI. In this study, the researchers recruited 1395 nurses working at general hospitals in Japan from November 2010 to March 2011. Researchers found a significant positive relationship between EI and nursing performance with experience ($p<0.05$), so nurses with high EI scores reported high years of experience and nursing performance.

And regarding salary, table (4.8) shows that there was a significant relationship between salary and EI ($P = 0.000$). This result is inconsistent with the study Rakhshani et al. (2018) showed is no significant difference between salary and emotional intelligence among nurses according salary category [less than 500 USD (mean= 113.64, SD 14.37), from 500-700 USD (mean = 115.92, SD 15.38) and more than 700 USD (mean= 98.66, SD 22.54), $p > .05$].

Table (4.9): Differences in the Participants' Emotional Intelligence with regard to their Gender

Emotional Intelligence	N	Mean	SD	t (df)	*p* value*
Gender					
Male	148	2.40	0.44	-0.322 (316)	0.747
Female	170	2.38	0.34		

* Independent Sample t test

The table (4.9) shows that there is no significant difference in the mean score of total participants' emotional intelligence with regard to their gender ($p>0.05$).

The researcher compared his result with a study tested the impact of gender on EI nurses in Ghana from three public hospitals located in Accra in 2015 with a sample that consisted of 120 registered general nurses (83 females and 37 males). The result found no significant gender difference in EI scores among nurses in female nurses (mean = 125.30, SD 12.27) and male nurses (mean = 124.51, SD 17.50) in relation to scores on EI [$t (118) = -0.283$, $p >.05$] (Tagoe & Quarshie, 2016). Since most of activities for female nurses and male nurses are similar, problems appear in work environment are similar and likely required

emotional competencies are common with regard to this profession. Staff Nurses either male or female professional nurturing enables both identically in managing stress due to work situations.

These results were incompatible with these of previous studies that suggested the relationship between EI and gender, where the female nurses show higher scores in general EI comparing with male nursing especially in young nurses and who have few experience years (Landa et al., 2008; Extremera et al., 2006; Ferna´ndez-Berrocal et al., 2004). These results are not compatible with our results, a possible explanation for the absence of a relationship between gender and EI in our results, due to nursing professionals have been related with communal feminine factors, based on Congruency Theory (Eagly and Karau, 2002).

Table (4.10): Differences in the Participants' Organizational Commitment with regard to their Age, Marital Status, and Education level

Organizational Commitment	N	Mean	SD	F (df)	*p* value*
Age groups					
Below 25 years	70	3.20	0.84	3.620 (4, 313)	0.007
25- 30 years	86	3.51	0.62		
31- 40 years	103	3.35	0.82		
41- 50 years	38	3.53	0.66		
>50 years	21	3.80	0.57		
Marital status				4.376 (3, 314)	0.005
Married	206	3.43	0.77		
Single	92	3.36	0.73		
Divorced	12	2.92	0.35		
Widowed/er	8	4.13	0.26		
Education level					
Diploma	89	3.33	0.79	1.843 (4, 313)	0.120
Diploma 3 years	22	3.73	0.54		
Bachelor	177	3.44	0.72		
High diploma	22	3.20	1.07		
Master	8	3.25	0.44		

* One way ANOVA

The table (4.10) shows that there is a significant difference in the mean score of total participants' organizational commitment with regard to their age group (P value = 0.007) according to ANOVA test. Post hoc tuky test showed that the significant difference is between those who have less than 25 years old and those who have >50 years in favor to those who have >50 years (P- value = 0.011). Which mean that nurses over 50 years old more commitment than less than 25 years.

These results indicated that age of employees is positively affecting their organizational commitment toward the organization. It was consistent with the study of Shiu-Chuan (2010) in Taiwan and the study of Hannona (2006) reported that a statistical significant difference in commitment related to the age of employees. In contrast, some studies found no significant differences in commitment related to age, the study of Isleem (2013) reported that age of the nurses has no influence on their commitment, and the results of Mguqulwa (2008) indicated that age wasn't related to commitment. The researcher comments on the above result that as the employees grow older, their sense of obligation also grow because they feel emotionally attached to the organization.

To find differences in overall OC related to educational level, the researcher used one way ANOVA test and found that there is no significant difference in the mean score of total participants' OC with regard to their educational level (P>0.05). The results of this study were congruent with the results of Isleem (2013) indicated that educational level did not make significant differences in participants' commitment to their organization. On the other side the study of El Shaer (2019) found that there were significant differences in organizational commitment related to educational level. From the previous studies it becomes clear that there is no consensus on the role of level education in relation to OC.

Regarding marital status, there is a significant difference in the mean score of total participants organizational commitment with regard to their marital status (p<0.05). Post hoc Tukey test showed that the difference is between those who are married and singles in favor to those who are married. These result were inconsistent with the study of El Shaer (2019) reported that there were no statistical difference in commitment related to marital status (p- value = 0.748). Also inconsistent with the study of Isleem (2013) found no significant differences in OC between nurses who are single, married or divorced/widowed.

Table (4.11): Differences in the Participants' Organizational Commitment with regard to their Working Hospital, Salary, and Experience

Organizational Commitment	N	Mean	SD	F(df)	*P* value*
Hospital					
Naser Medical Complex	68	3.38	0.75	(4, 313)0.114	0.977
Aqsa hospital	46	3.48	0.73		
Shifa Medical Complex	124	3.40	0.76		
Indonisi hospital	25	3.40	0.72		
EGH	55	3.41	0.80		
Salary				3.211 (3, 314)	0.023
1400 Shekel and less	190	3.34	0.80		
1401-2000 Shekel	109	3.49	0.69		
2001-2600 Shekel	4	4.38	0.00		
>2600 Shekel	15	3.38	0.41		
Experience				11.466 (3, 314)	0.000
1-5 years	148	3.42	0.76		
6-10 years	43	3.36	0.54		
11-15 years	74	3.09	0.86		
> 15 years	53	3.85	0.48		

The table (4.11) shows that there is a significant difference in the mean score of total participants' organizational commitment with regard to their salary ($p<0.05$). Post hoc Tamhane test showed that the difference is between those who have salary 1400 Shekel and less and those who have salary 2001-2600 Shekel in favor to those who have salary 2001-2600 Shekel ($p<0.05$). These results were inconsistent with the study of Al-Haroon and Al-Qahtani (2020) which found no significant differences between OC and monthly salary ($P>0.05$).

The results also shows that there is a significant difference in the mean score of total participants' organizational commitment with regard to their experience ($p<0.05$). Post hoc Tukey test showed that the difference is between those who have 1 – 5 years of experience and those who have 11 – 15 years of experience in favor to those who have 11 – 15 years ($p<0.05$). These results were consistent with the study of El Shaer (2019) and Isleem (2013) which found significant relationship between OC and years of experience.

Regarding working hospital, there is no significant difference in the mean score of total participants' organizational commitment with regard to their hospital ($p>0.05$).

Table (4.12): Differences in the Participants' Organizational Commitment with regard to their Gender

Organizational Commitment	N	Mean	SD	t (df)	*p* value*
Gender					
Male	148	3.42	0.75	-0.250 (316)	0.803
Female	170	3.40	0.76		

* Independent Sample t test

The table (4.12) shows that there is no significant difference in the mean score of total participants' organizational commitment with regard to their gender (p>0.05). These results were consistent with the result of El Shaer (2019) found that there were no significant differences in organizational commitment between males and females (p-value = 0.403). Also, these results were consistent with Hannona (2006) result that there were no significant differences in commitment related to gender. Another study indicated the opposite result (Isleem, 2013) that there were statistically differences in organizational commitment and employees' gender. The above results indicated that the effect of gender on commitment was controversial as some studies support our results, while others disagreed with it.

4.8 Relationships between Emotional Intelligence and Job Stresses with Organizational Commitment

Table (4.13): Relationships between Emotional Intelligence and Job Stresses with Organizational Commitment

	Emotional Intelligence		Job Stresses		Organizational Commitment	
	R	**p-value**	***R***	**p-value**	***R***	**p-value**
Emotional Intelligence	-	-	0.116	0.039	0.109	0.052
Job Stresses	0.116	0.039	-	-	-0.179	0.001
Organizational Commitment	0.109	0.052	-0.179	0.001	-	-

Pearson Correlation Test

The table (4.13) shows that there is a significant positive week relationship between participants' emotional intelligence and their job stress ($p<0.05$). Meaning that, with increase in the level of participants' emotional intelligence, their level of job stress will significantly increase. On the other hand, there is no significant relationship between participants' emotional intelligence and their organizational commitment ($p>0.05$).

The results also shows that there is a significant inverse week relationship between participants' job stress and their organizational commitment ($p<0.05$). Meaning that, with increase in the level of participants' job stress, their level of organizational commitment will significantly decrease.

4.8.1 Emotional intelligence and organizational commitment:

A Korean Deok and Suk (2014) study, in nursing field, aimed to investigate the relationship between relationships between EI, organizational citizenship behavior, organizational commitment and organizational performance of clinical nurses. The results showed a positive relationship between EI and organizational performance, organizational citizenship and organizational commitment.

Another study in Asia, that aimed to assess the relationship between nurses own EI and organizational commitment and organizational citizenship behavior. The results showed the significant relationship between nurse EI and organizational commitment, in addition, the researchers concluded the importance of the EI factor for developing the hospitals' management strategies for improvement of nurses' organizational commitment and citizenship behavior (Yun-Su and Sang-Sook, 2013).

Also, Young-Hee et al (2010) descriptive study, aimed to explain the impact of clinical nurse specialists' EI on their organizational commitment and turnover intention, the results found the EI had a 40%, 24% positive impact on organizational and turnover intention, respectively.All last study that related with organizational commitment found a positive relationship with EI, which compatible with our results.

4.8.2 Emotional intelligence and job stressors:

Limonero et al. (2004), Extremera et al. (2003) studies showed a significant relationship between EI and stress. Where the nurse with high EI have high levels of stress, maybe due

to the EI that is initiated when more focusing is given to the emotions and negative ideas as pain degree in patients and his responsibility of death cases in the department (Fernandez-Berrocal et al., 2001). All these results are compatible with our finding. The researcher is convinced of this result because of the nature of the nursing profession, as it is an environment that is exposed to many stressors, especially in Gaza, and this is due to the lack of health staff, increased workload, dealing with patients' death and dying and a different emergency cases.

Also, Karimi et al. (2013) cross-sectional quantitative study aimed to assess the impact of EI the well-being and job-stress conditions in an Australian community nurses' group (n = 312). Based on emotional intelligence was considered a critical factor in the quality of healthcare workers from job stress, thus increasing job satisfaction. The results showed the EI has a significant impact on nurses' well-being and job-stress conditions. In addition, EI plays a moderating role in the experience of job stress.

4.8.3 Organizational commitment and job stressors:

Hawajreh (2011), attempted to analyze the relationship between job stress and organizational commitment among nurses and measuring the level of job stress and the level of organizational commitment in Jordanian hospitals in Amman. The study sample consisted of 150 nurses. The finding of this study revealed that job stress is present among 30% of the nurses, and 40% of the nurses had organizational commitment. The study also reveals that organizational commitment is statistically significantly negatively related to job stress ($P = 0.025$, $r = -0.18$). That meaning the employees who sense a high level of commitment show less stress compared with the employees who less level of commitment found high-level stress. These findings are consistent with our result.

The result supported by Bhatti et al (2016) examined the relationship between OC and job stress. It has been shown on the findings, it has been investigated that there is a significant relationship between job stress and organizational commitment. It means job stress has an effect on the commitment of workers towards the organization. Based on the findings, there is a negative relationship between job stress and organizational commitment. The job stress variable has (-.412) correlations with the organizational commitment.

Table (4.14): Relative Contribution of job Stress and emotional intelligence to Organizational Commitment

Predicting variables	B	OR[1]	T	p-value	95.0% C.I[2]
Stressing events	-0.322	0.246	-4.074	0.000	(-0.338 , - 0.118)
Empathy	0.211	0.149	2.430	0.016	(0.040, 0.382)
Self-awareness	0.123	0.117	2.115	0.035	(0.009, 0.237)

[1] Odd Ratio [2]Multiple Linear Regression

The table (4.14) shows the contribution of nurses' job stress and emotional intelligence to their organizational commitment by multiple linear regression. The model for the contribution to nurses' organizational commitment include three variables (how stress is the events, nurses' empathy, and nurses' self-awareness). The table shows that with increase in the job stress among nurses, their organizational commitment deceases by 76.0%.

Moreover, with increase in the nurses' empathy, their organizational commitment increases by 14.9%, and with increase in the nurses' self-awareness, their organizational commitment increases by 11.7%.

Finally, nurses should pay attention to the means of improving EI and OC and the importance of reducing job stressors because they have more influence and control over job performance, relationships, and staff interaction. In summary, the three concepts of this study are important; in which EI and reducing job stress are a bridge that leads to improvement OC.

Chapter Five

Conclusion and Recommendations

5.1 Conclusion

This study carried out for identifying the role of emotional intelligence and its relationship between job stress and organizational commitment among nurses working in governmental hospitals in the GS.

The most important result of this study was that motivation with the highest domain score of EI among nurses' employees, followed by self-awareness, while the lowest domain score of EI is self-management.

The main results show that the EI among nurses' employees obtained a high level of joint relationships. It was concluded that there is a significant positive weak relationship between nurses' emotional intelligence and their job stress (R =0.116), which means that with an increase in the level of nurses' emotional intelligence, their level of job stress will significantly increase. But results show that is no significant relationship between emotional intelligence and organizational commitment with (p value 0.052, >0.05).

Results reveled that there is a significant negative relationship between nurses' job stress and their organizational commitment (R= -0.179), meaning that, with an increase in the level of nurses' job stress, their level of organizational commitment will significantly decrease.

Also the results show us the frequency and severity of nursing job stressors, which supported by previous research suggest that nurses are exposed to high levels of job stress. The highest nursing stressor frequency was showed is "Work Load" followed by "Death and", while the lowest frequency was noted is "Conflict with Physicians". In addition, the highest nursing stressor severity was noted is "Uncertainty concerning treatment" followed by "Work Load", while the lowest severity was noted is "Lack of Support".

An analysis of nurses' organizational commitment dimensions showed that normative commitment obtained the highest score, followed by continuance commitment and finally the affective commitment, which mean, that affective commitment needs special attention from nurses' to be developed.

This study indicates that some socio-demographic characteristics such as “years of experience, education level, and salary” have a significant relationship with emotional intelligence, while other socio-demographic characteristics such as “age groups, marital status, gender” with no significant relationship with emotional intelligence Additionally, the results showed that the following characteristic were significantly associated with the effect of organizational commitment: “age group, marital status, salary and years of experience”. While other socio-demographic characteristics such as “educational level and gender” with no significant relationship with no significant relationship with organizational commitment.

Finally, the result suggests the contribution of nurses’ job stress and EI to their OC by multiple linear regressions. The contribution to nurses’ organizational commitment includes three variables (how stress is the events, nurses’ empathy, and nurses’ self-awareness). The finding showed that with an increase in the job stress among nurses, their OC decreases by 76.0%. Moreover, with an increase in the nurses’ empathy, their OC increases by 14.9% and with an increase in the nurses’ self-awareness, also their OC increases by 11.7%.

5.2 Recommendations

Based on the finding and conclusion of the study the researcher proposes the following recommendations:

1- Instructing policymakers in MoH on the seriousness of the nursing workload on the organizational commitment and working to reduce it to enhance the commitment of their careers.
2- Establishing the concepts of the EI and OC among the nurses by introducing them characteristics and features of the emotional intelligence.
3- Education and training programs are needed to help nurses deal with the many different stressors produced from the challenging and emotionally demanding work they engage in.
4- Policymakers in the MoH, could improve the organizational commitment of nurses’ employees by reducing the nurses' job stress in their workplaces in government hospitals.

5- Strengthening the affective commitment of the organization by increasing belonging to the institution by supporting the organization to employees and developing their relationship with it by providing them with better working conditions.

5.3 Recommendation for further research

1- Study the influence of the EI and different work outcomes.
2- Conduct a similar study on the nurses' managers for different health sectors.
3- Conduct a study to identify the influence of organizational variables on EI, OC and job stress.
4- Conduct triangulation research to study different variables in a depth way.

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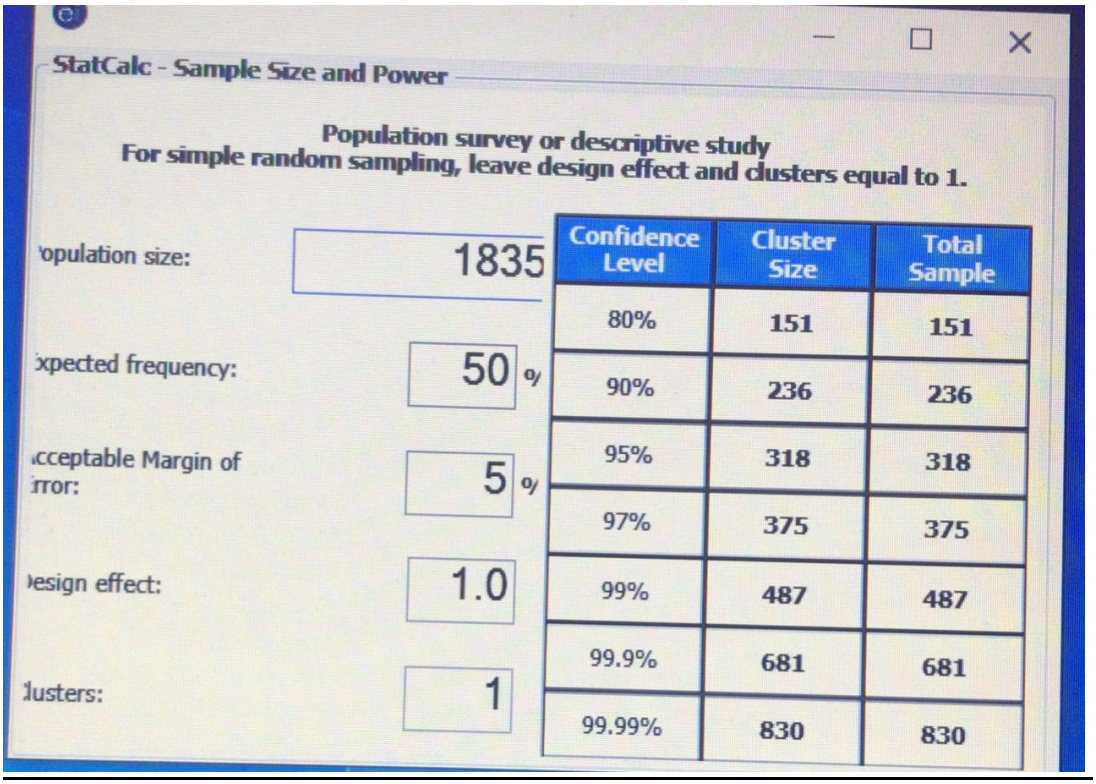
Annexes

Annex (1) Sample calculation



Annex (2): The study quantitative instrument – English Study questionnaire

Part (1): Demographic data

This part describes your personal and work related information. Please read the items carefully and tick the answer (✔) or fill in the blank with appropriate.

1. Age (years)_____

2. Gender ☐ Male ☐ Female

3. Marital status ☐ Marred ☐ Single ☐ Divorced ☐ Widowed ☐ Separated

4. Place of residence (at this moment)

☐ North Gaza ☐ Gaza ☐ Middle area ☐ Khanyounis ☐ Rafah

5. Number of sons: _____

6. Educational level

☐ 2 years diploma ☐ 3 years diploma ☐ Bachelor's degree ☐ Postgraduate diploma

☐ Master ☐ Other _____

7. Years of experience as qualified nurse

☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ >15

8. Name of hospital you work in: _____

9. Name of department you work in: _____

10. Night shifts you work monthly: _____

11. Income Level (NIS) ☐ ≤ 1400 ☐ 1500 -2000 ☐ 2100 – 2600 ☐ > 2600

Part (2): Emotional Intelligence

Please read the following phrases and draw a circle around the number in the appropriate box to show your acceptance. Choose one answer only. There is no right or wrong answer. We are just interested in your opinion.

This part contains statements which describe level of emotional intelligence:

NO.		Statement	Almost Never	Rarely	Sometimes	Almost Usually	Always
			0	1	2	3	4
1	***Self-Awareness***	I can explain my actions.	0	1	2	3	4
2		Other people don't see me as I see myself.	0	1	2	3	4
3		I understood the feedback that others gave me.	0	1	2	3	4
4		I can describe accurately what I am feeling.	0	1	2	3	4
5		Things that happen in my life make sense to me.	0	1	2	3	4
6	***Self-Management***	I can stay calm, even in difficult circumstances.	0	1	2	3	4
7		I am prone to outbursts of rage.	0	1	2	3	4
8		I feel miserable.	0	1	2	3	4
9		I get irritated by things, other people I or myself.	0	1	2	3	4
10		I get carried away and do things I regret.	0	1	2	3	4
11	***Motivation***	I am clear about my goals for the future.	0	1	2	3	4
12		My career is moving in the right direction.	0	1	2	3	4
13		I find it hard to maintain my enthusiasm when I encounter setbacks.	0	1	2	3	4
14		I feel excited when I think of my goals.	0	1	2	3	4
15		I act consistently to move towards my goals.	0	1	2	3	4
16	***Empathy***	My colleagues are uncommunicative.	0	1	2	3	4
17		I get on well with each of my work colleagues.	0	1	2	3	4
18		I find it easy to "read" other people's emotions.	0	1	2	3	4
19		It's unpredictable how my colleagues will feel in any given situation.	0	1	2	3	4
20		People choose to work with me in preference to equally talented colleagues.	0	1	2	3	4
21	***Relationship Management***	I encounter difficult people.	0	1	2	3	4
22		I am comfortable talking to anyone.	0	1	2	3	4
23		I achieve win/win outcomes.	0	1	2	3	4
24		I feel uncomfortable when other people get emotional.	0	1	2	3	4
25		I get impatient with incompetent people.	0	1	2	3	4

Part (3): Nursing stress scale

This part contains statements which describe the level of stress as a nurse during your job.

Nursing stress scale (NSS)

Please consider the following aspects of your work: know frequently do they occur and how stressful do you find them?

Please circle two responses for each statement (1-35): one in column A and one in column B

NO.	Statement	A (NSS-F) How frequent?			B (NSS-S) How stressful?				
		Never	Occasional	Often	Not at all stressful	Slightly stressful	Moderately stressful	Very stressful	Extremely stressful
1	Breakdown of intercom or telephone.	0	1	2	0	1	2	3	4
2	Criticism by a physician.	0	1	2	0	1	2	3	4
3	Performing procedures that patients experience as painful.	0	1	2	0	1	2	3	4
4	Feeling helpless in the case of a patient who fails to improve.	0	1	2	0	1	2	3	4
5	Conflict with a supervisor.	0	1	2	0	1	2	3	4
6	Listening or talking to a patient about his/her approaching death.	0	1	2	0	1	2	3	4
7	Lack of an opportunity to talk openly with other unit personnel about problems on the unit.	0	1	2	0	1	2	3	4
8	The death of a patient.	0	1	2	0	1	2	3	4
9	Conflict with a physician.	0	1	2	0	1	2	3	4
10	Fear of making a mistake in treating a patient.	0	1	2	0	1	2	3	4
11	Lack of an opportunity to share experiences and feelings with other personal on the unit.	0	1	2	0	1	2	3	4
12	The death of a patient with whom you developed a close relationship.	0	1	2	0	1	2	3	4
13	Physician not being present dies.	0	1	2	0	1	2	3	4
14	Disagreement concerning the treatment of a patient.	0	1	2	0	1	2	3	4
15	Feeling inadequately prepared to help with the emotional needs of a patient's family.	0	1	2	0	1	2	3	4
16	Lack of an opportunity to express to other personnel on the unit my negative feeling toward patients.	0	1	2	0	1	2	3	4
17	Inadequate information from a physician regarding the medical condition of a patient.	0	1	2	0	1	2	3	4

NO.	Statement	A (NSS-F) How frequent?			B (NSS-S) How stressful?				
		Never	Occasional	Often	Not at all stressful	Slightly stressful	Moderately stressful	Very stressful	Extremely stressful
18	Being asked a question by a patient for which i do not have a satisfactory answer.	0	1	2	0	1	2	3	4
19	Making a decision concerning a patient when the physician in unavailable.	0	1	2	0	1	2	3	4
20	Float to other units that are short - staffed.	0	1	2	0	1	2	3	4
21	Watching a patient suffer.	0	1	2	0	1	2	3	4
22	Difficulty in working with a particular nurse (or nurses) outside the unit.	0	1	2	0	1	2	3	4
23	Feeling inadequately prepared to help with the emotional needs of a patient.	0	1	2	0	1	2	3	4
24	Criticism by a supervisor.	0	1	2	0	1	2	3	4
25	Unpredictable staffing and scheduling.	0	1	2	0	1	2	3	4
26	A physician ordering what appears to be inappropriate treatment for a patient.	0	1	2	0	1	2	3	4
27	Too many non-nursing tasks required, such as clerical work.	0	1	2	0	1	2	3	4
28	Not enough time to provide emotional support to a patient.	0	1	2	0	1	2	3	4
29	Difficulty in working with a particular nurse (or nurses) on the unit.	0	1	2	0	1	2	3	4
30	Not enough time to complete all of my nursing tasks.	0	1	2	0	1	2	3	4
31	A physician not being present in medical emergency.	0	1	2	0	1	2	3	4
32	Not knowing what a patient or a patient family ought to be told about the patient condition and its treatment.	0	1	2	0	1	2	3	4
33	Uncertainty regarding the operation and functioning of specialized equipment.	0	1	2	0	1	2	3	4
34	Not enough staff to adequately load cover the unit.	0	1	2	0	1	2	3	4
35	Lack of drugs and equipment required for nursing care.	0	1	2	0	1	2	3	4

Part (4) : Organizational commitment

This part contains statements which describe your felling towards your Organization.

No.		Statement	I Strongly Disagree	Disagree	Not Sure	I Agree	I strongly Agree
			1	2	3	4	5
1	**Affective**	I would be happy to spend the rest of my career with this organization.	1	2	3	4	5
2		I really feel as if this organizations problems are my own.	1	2	3	4	5
3		I feel a sense of belonging to this organization.	1	2	3	4	5
4		I feel emotionally attached to this organization.	1	2	3	4	5
5		I feel like i am part of the family at my organization.	1	2	3	4	5
6		This organization has agreat deal of personal meaning for me.	1	2	3	4	5
7	**Continuance**	Right now, staying in this organization is a matter of necessity as much as desire.	1	2	3	4	5
8		I would be very hard for me to leave my organization right now, even if I wanted to.	1	2	3	4	5
9		Too much of my life would be disrupted if I decided to leave my organization at this time.	1	2	3	4	5
10		I feel that I have too few options to consider leaving my organization.	1	2	3	4	5
11		If I had not put so much of myself into this organization, I would consider myself working elsewhere.	1	2	3	4	5
12		One of the few negative consequences of leaving this my organization would be scarcity to available alternatives.	1	2	3	4	5
13	**Normative**	I feel an obligation to remain with current employer.	1	2	3	4	5
14		Even if it were to my advantage, I do not feel it would be the right time to leave this organization.	1	2	3	4	5
15		I would feel guilty if I left this organization now.	1	2	3	4	5
16		This organization deserves my loyalty**.**	1	2	3	4	5
17		I owe a great deal to my organization.	1	2	3	4	5
18		I would not leave my organization right now, because I have an obligation to the people in it.	1	2	3	4	5

Annex (3): Consent form for each participant

أخي الممرض ..أختي الممرضة .. حفظكم الله

السلام عليكم ورحمة الله وبركاته

أنا الباحث /محمد كامل الأسمر ، طالب ماجيستير- كلية الصحة العامة، يسعدني أن أتقدم لسيادتكم بجزيل الشكر على مشاركتكم في البحث العلمي الخاص بي والذي بعنوان

"الذكاء العاطفي وعلاقته بضغوط العمل والالتزام التنظيمي لدى الممرضين العاملين في المستشفيات الحكومية في قطاع غزة"."

إن هذا البحث يشكل جزء ضروري من دراستي كمتطلب أساسي للتخرج من جامعة القدس تخصص ماجستير صحة عامة (الإدارة الصحية) - وقد تم اختياركم ضمن مجموع المشاركين في هذه الدراسة للإجابة على العبارات الواردة فيها.

إذا كنت/ي توافق/ين على المشاركة في هذه الدراسة، يرجى التكرم بقراءة العبارات التالية بدّقة والإجابة عنها بموضوعية لما في ذلك من أثرٍ كبير على صحة النتائج والتوصيات التي سوف يتوصل إليها الباحث مع التأكيد بأن هذه البيانات سوف تستخدم لأغراض البحث العلمي فقط، وسيتم التعامل معها بسرية تامة.

شكرا لقراءة المذكور أعلاه

☐ **أوافق** ☐ **لا أوافق**

توقيع المشارك.....

التاريخ: ...../...../...../

الباحث /محمد كامل الأسمر
طالب ماجيستير- كلية الصحة العامة
جامعة القدس-غزة

Annex (4): The study quantitative instrument – Arabic

القسم الأول : البيانات الديموغرافية:

يصنف هذا القسم بياناتك الشخصية الرجاء قراءة البنود بحذر والإجابة عليها أو وضع علامة (✔) أمام البند الذي يمثل حالتك.

1. **العمر (بالسنوات):** _____

2. **الجنس :** ☐أنثى ☐ذكر

3. **الحالة الاجتماعية:**

متجوز /ة ☐ أعزب / عزباء ☐ مطلق /ة ☐ أرمل /ة ☐ منفصل /ة ☐

4. **مكان الإقامة الحالي :**

شمال غزة ☐ غزة ☐ الوسطى ☐ خانيونس ☐ رفح ☐

5. **عدد الأبناء** : _____

6. **المستوى التعليمي :** دبلوم سنتين ☐ دبلوم 3 سنوات ☐ بكالوريوس ☐ دبلوم عالي ☐ ماجستير ☐ أخرى ☐ :_____

7. **عدد سنوات الخبرة كممرض /ة :**

☐ 5-1 ☐ 10-6 ☐15-11 ☐ 15<

8. **اسم المستشفى الذي تعمل فيه:** _____

9. **عدد المناوبات الليلية التي تعمل بها شهرياً:** _____

10. **أسم القسم الذي تعمل فيه :** _____

11. **الراتب (بالشيكل):** ☐ ≤ 1400 ☐ 2000 -1500 ☐ 2600 – 2100 ☐ 2600 <

الرجاء وضع علامة دائرة جول رقم الحقل الذي يتفق مع إجابتك . يرجى اختيار إجابة واحدة فقط . لا يوجد هناك إجابات صحيحة أو خاطئة ، ما يهمنا هوا رأيك فقط .

القسم الثاني : الذكاء العاطفي

يحتوي هذا القسم على عدة بنود تقوم بوصف مستوى الذكاء العاطفي.

الرقم		البنـــــد	أبداً	نادراً	أحياناً	غالباً	دائماً
			0	1	2	3	4
1	الوعي الذاتي	أستطيع تفسير تصرفاتي .	0	1	2	3	4
2		لا يراني الاخرون كما ارى نفسي .	0	1	2	3	4
3		أتقبل واتفهم النقد الذي يعطيني إياه الاخرون .	0	1	2	3	4
4		أستطيع ان اصف شعوري بدقة .	0	1	2	3	4
5		الأحداث التي تحدث بحياتي تبدو معقولة .	0	1	2	3	4
6	الإدارة الذاتية	أستطيع التحكم بأعصابي والبقاء هادئ حتى في أصعب الظروف .	0	1	2	3	4
7		أنا مّيال لنوبات الغضب الشديدة .	0	1	2	3	4
8		أشعر بالبؤس .	0	1	2	3	4
9		أنزعج من الأشياء والأشخاص ومن نفسي ايضًا .	0	1	2	3	4
10		أنجرف للتصرفات التي سأندم عليها لاحقًا .	0	1	2	3	4
11	الدافع	أنا واضح في أهدافي المستقبلية .	0	1	2	3	4
		حياتي المهنية تسير بشكل صحيح .	0	1	2	3	4
13		أجد أنه من الصعب الحفاظ على حماسي عندما أتعرض للانتكاسات .	0	1	2	3	4
14		أشعر بالإثارة عندما أفكر في اهدافي .	0	1	2	3	4
15		أتصرف بتناسق وتنظيم لأصل لأهدافي .	0	1	2	3	4
16	التعاطف	زملائي لا يحبذون التواصل .	0	1	2	3	4
17		أنجز بشكل أحسن عندما أعمل مع زملائي .	0	1	2	3	4
18		أستطيع وبسهولة قراءة مشاعر الاخرين .	0	1	2	3	4
19		لا يمكن توقع تصرفات او إحساس زملائي في أي موقف قد يحدث .	0	1	2	3	4
20		يفضل الناس العمل معي دونًا عن زملائي الموهوبين.	0	1	2	3	4
21	إدارة العلاقات	أستطيع التعامل مع الناس صعبي المراس .	0	1	2	3	4
22		أتكلم بارتياح مع أي أحِد كان .	0	1	2	3	4
23		أنجز نتائجي فقط بالفوز .	0	1	2	3	4
24		لا أشعر بارتياح عندما يصبح الناس عاطفيين .	0	1	2	3	4
25		أنا غير صبور مع الناس المبتدئة والغير مؤهلة .	0	1	2	3	4

القسم الثالث: مقياس ضغوط الممرضين

يحتوي هذا القسم على عدة بنود تقوم بوصف مستوى ضغوطاتك كممرض أثناء أداء عملك

مقياس ضغوط التمريض (NSS)

الرجاء الأخذ بالحسبان الجوانب التالية في عملك. : كم تتكرر في قسمك وكم هي ضاغطة عليك

الرجاء وضع دائرة على إجابتين لكل جملة (1-35) : واحدة في العمود (أ) واحدة في العمود (ب)

الرقم	البند	(أ) كم تكرر			(ب) كم ضاغطة				
		أبداً	أحياناً	غالباً	على الإطلاق	قليلاً	بشكل متوسط	بشكل كبير	بشكل كبير جداً
1	مشاكل وأعطال في هاتف القسم.	0	1	2	0	1	2	3	4
2	الإنتقاد من قبل الطبيب .	0	1	2	0	1	2	3	4
3	القيام بإجراءات يعتبرها المرضى مؤلمة .	0	1	2	0	1	2	3	4
4	الشعور بالعجز في حالة المريض الذي لا تتحسن حالته.	0	1	2	0	1	2	3	4
5	الإختلاف مع مشرف التمريض .	0	1	2	0	1	2	3	4
6	الإستماع أو التحدث إلى مريض عن قرب لحظة موته .	0	1	2	0	1	2	3	4
7	قلة الفرص لتحدث بإنفتاح مع أشخاص آخرين من أقسام أخرى عن المشاكل في القسم.	0	1	2	0	1	2	3	4
8	موت المريض.	0	1	2	0	1	2	3	4
9	الإختلاف مع طبيب.	0	1	2	0	1	2	3	4
10	الخوف من إرتكاب خطأ خلال علاج المريض.	0	1	2	0	1	2	3	4
11	قلة الفرص لمشاركة الخبرات والمشاعر مع الأشخاص من نفس القسم.	0	1	2	0	1	2	3	4
12	موت المريض طورت معك علاقة تأثر عاطفي.	0	1	2	0	1	2	3	4
13	عدم وجود الطبيب عند وفاة المريض.	0	1	2	0	1	2	3	4
14	عدم الرضا فيما يتعلق بعلاج المريض .	0	1	2	0	1	2	3	4
15	الشعور بعدم الاستعداد الكافي للمساعدة في الحاجات العاطفية لأسرة المريض.	0	1	2	0	1	2	3	4
16	قلة الفرص للتعبير لأشخاص في نفس القسم عن مشاعري السلبية اتجاه المرضى.	0	1	2	0	1	2	3	4

الرقم	البند	(أ) كم تكرر			(ب) كم ضاغطة				
		أبداً	أحياناً	غالباً	على الإطلاق	قليلاً	بشكل متوسط	بشكل كبير	بشكل كبير جداً
17	المعلومات غير كافية من الطبيب للحالة الطبية للمريض.	0	1	2	0	1	2	3	4
18	أن يتم طرح سؤالاً من المريض ليس لدي إجابة كافية عنه.	0	1	2	0	1	2	3	4
19	إتخاذ قرار يتعلق بالمريض عند عدم وجود الطبيب.	0	1	2	0	1	2	3	4
20	الإنتقال إلى أقسام اخرى بسبب نقص الطاقم .	0	1	2	0	1	2	3	4
21	ملاحظة معناه المريض.	0	1	2	0	1	2	3	4
22	صعوبة العمل مع ممرض-ة (أو ممرضين) من أقسام أخرى.	0	1	2	0	1	2	3	4
23	الشعور بعدم الإستعداد الكافي للمساعدة في الحاجات العاطفية للمريض .	0	1	2	0	1	2	3	4
24	الإنتقاد من قبل مشرف التمريض .	0	1	2	0	1	2	3	4
25	جداول العمل غير متوقعة.	0	1	2	0	1	2	3	4
26	وصفات الطبيب تبدو غير ملائمة للمريض.	0	1	2	0	1	2	3	4
27	الكثير من المهام غير التمريضية المطلوبة مثل العمل الكتابي.	0	1	2	0	1	2	3	4
28	لا يوجد وقت كافي لتقديم دعم معنوي للمريض.	0	1	2	0	1	2	3	4
29	صعوبة التعامل مع ممرض-ة (أو ممرضين) من نفس القسم.	0	1	2	0	1	2	3	4
30	لا يوجد وقت كافي لإنهاء كافة واجباتي التمريضية .	0	1	2	0	1	2	3	4
31	عدم وجود الطبيب في حلات الطوارئ الطبية .	0	1	2	0	1	2	3	4
32	عدم معرفة ما يجب إخباره للمريض أو أسرته بخصوص حالة المريض.	0	1	2	0	1	2	3	4
33	عدم التأكد من تشغيل وإدارة بعض الأجهزة المتخصصة.	0	1	2	0	1	2	3	4
34	عدم وجود طاقم كافي لتغطية حاجات القسم.	0	1	2	0	1	2	3	4
35	نقص الأدوية و التجهيزات اللازمة للرعاية التمريضية.	0	1	2	0	1	2	3	4

القسم الرابع: الالتزام التنظيمي

يحتوي هذا القسم على عدة بنود تصف شعورك تجاه مؤسستك التي تعمل بها.

الرقم		البنـــــد	لا أوافق بشدة	لا أوافق	غير متأكد	موافق	موافق بشدة
			1	2	3	4	5
1	الالتزام التنظيمي العاطفي	سأكون سعيداً بقضاء ما تبقى من حياتي المهنية مع هذه المؤسسة التي أعمل فيها .	1	2	3	4	5
2		أشعر حقا كما لو أن مشاكل هذة المؤسسة هي مشكلتي الشخصية .	1	2	3	4	5
3		أشعر بشيء من الانتماء الى هذه المؤسسة .	1	2	3	4	5
4		أشعر بالإرتباط العاطفي تجاه هذه المؤسسة .	1	2	3	4	5
5		أشعر بجو عائلي في مؤسستي التي أعمل فيها.	1	2	3	4	5
6		لهذه المؤسسة مكانة عالية في نفسي .	1	2	3	4	5
7	الالتزام التنظيمي المستمر	إن بقائي للعمل في هذة المؤسسة نابع من احتياجي للعمل فيها.	1	2	3	4	5
8		سيكون من الصعب للغاية بالنسبة لي ترك مؤسستي الأن حتى كنت ارغب في ذلك.	1	2	3	4	5
9		سوف تتأثر أمور كثيرة في حياتي في حال قررت ترك مؤسستي في هذه الوقت .	1	2	3	4	5
10		أشعر ان لدي خيارات محدودة للتفكير في ترك مؤسستي التي أعمل فيها .	1	2	3	4	5
11		سأفكر في ترك المؤسسة في حال لم أستطع ترك بصمتي الشخصية فيها.	1	2	3	4	5
12		واحدة من الأثار السلبية لترك مؤسستي هو ندرة البدائل المتاحة .	1	2	3	4	5
13	الالتزام التنظيمي المعياري	أشعر بشيء من الالتزام الأخلاقي يدفعني للاستمرار في هذه المؤسسة .	1	2	3	4	5
14		أشعر بأن الوقت غير مناسب لترك هذه المؤسسة حتى ولو كان في مصلحتي .	1	2	3	4	5
15		سوف أشعر بألذنب اذا تركت هذه المؤسسة في هذه الوقت .	1	2	3	4	5
16		هذه المؤسسة تستحق مني الولاء .	1	2	3	4	5
17		أنا مدين بالكثير لمؤسستي .	1	2	3	4	5
18		لن أترك هذه المؤسسة لألتزامي مع الناس فيها .	1	2	3	4	5

Annex (5): Helsinki Committee Approval Letter

المجلس الفلسطيني للبحث 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: 10\08\2020 **Number:** PHRC/HC/753/20

Name: Mohammed Kamel AL Asmar 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:

Emotional Intelligence and its Relationship with Job Stress and Organizational Commitment among Nurses in Governmental Hospitals in the Gaza Strip.

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/753/20 in its meeting on 10\08\2020 و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

Signature

Member 10/8/2020

Chairman 2020

Member 10/8/2020

Genral 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:-

10/8/2020

E-Mail:pal.phrc@gmail.com

Gaza - Palestine غزة - فلسطين

شارع النصر - مفترق العيون

Annex (6) Approval from MOH

State of Palestine
Ministry of health

دولة فلسطين
وزارة الصحة

التاريخ:18/08/2020
رقم المراسلة 545592

السيد : رامي عبد العبادله المحترم

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

السلام عليكم ,,,

الموضوع/ تسهيل مهمة الباحث// محمد كامل الأسمر

التفاصيل //
بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحث/ محمد كامل الأسمر
الملتحق ببرنامج ماجستير الصحة العامة – مسار الإدارة الصحية – كلية الصحة العامة ـ جامعة القدس أبوديس بغزة في إجراء بحث بعنوان:ـ
Emotional Intelligence and its Relationship with Job Stress and Organizational "Commitment among Nurses in Governmental Hospitals in the Gaza Strip"
حيث الباحث بحاجة لتعبئة استبانة من عدد من الممرضين العاملين في مستشفيات غزه الحكومية (مستشفى الاندونيسي – مجمع الشفاء الطبي – مستشفى شهداء الأقصى – مجمع ناصر الطبي – مستشفى غزه الأوربي)، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، ودون تحمل الوزارة أي أعباء أو مسئولية.
وتفضلوا بقبول التحية والتقدير،،،
ملاحظة /
البحث المذكور حاصل على موافقة لجنة اخلاقيات البحث الصحي (لجنة هلسنكي)
تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة شهرين من تاريخه.

محمد ابراهيم السرساوي
مدير دائرة/الإدارة العامة لتنمية القوى البشرية

المرفقات
- الاستبانة محمد الاسمر.pdf

Gaza Tel. (+970) 8-2846949 Fax. (+970) 8-2826295
غزة تلفون. (+970) 8-2846949 فاكس. (+970) 8-2826295

Annex (7) Map of Palestine

(PCBS, 2017)

عنوان الدراسة: الذكاء العاطفي وعلاقته بضغوط العمل والالتزام التنظيمي لدى الممرضين العاملين في المستشفيات الحكومية في قطاع غزة.

الطالب: محمد كامل الأسمر

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ملخص الدراسة

تعتبر مهنة التمريض من المهن الضاغطة التي تتوافر فيها العديد من الضغوط على الممرضين في بيئة عملهم اليومي بشكل مستمر. حيت كان لمفهوم الذكاء العاطفي تأثير مهم على ضغوطات العمل والالتزام الوظيفي. هدفت هذه الدراسة إلى توضيح دور الذكاء العاطفي وعلاقته بضغوط العمل والالتزام التنظيمي لدى الممرضين العاملين في المستشفيات الحكومية في قطاع غزة. منهج هذه الدراسة عبارة عن دراسة وصفية تحليلية من خلال البيانات الكمية. شارك 318 ممرضاً يعملون في المستشفيات الحكومية في قطاع غزة ممن تنطبق عليهم شروط الدراسة من خلال تعبئة الاستبيانات بطريقة ذاتية من أصل 340 وقد وصلت نسبة المشاركة بالبحث إلى 93.5 ٪. تم اختيار عينة الدراسة من الممرضين العاملين في خمسة مستشفيات حكومية بطريقة عشوائية. استخدم الباحث خلال جمع البيانات ثلاثة مقاييس دولية وهي مقياس للذكاء العاطفي و المقياس الآخر للالتزام التنظيمي والمقياس الثالث لقياس ضغوطات التمريض.

تمت معالجة البيانات وتحليلها باستخدام الحزمة الإحصائية للعلوم الاجتماعية (الإصدار20) عن طريق استخدام مجموعة متنوعة من الإحصاءات الوصفية والاستنتاجية بما في ذلك اختبار t للعينة المستقلة ، و ANOVA أحادي الاتجاه ، والانحدار الخطي المتعدد واختبار ارتباط بيرسون (r)، وذلك عند مستوى الدلالة بقيمة $P < 0.05$ لاختبار ارتباط العناصر بالمتغيرات المدروسة.

أظهرت النتائج أن هناك علاقة إيجابية ذات دلالة إحصائية بين الذكاء العاطفي للممرضين وضغوط العمل (R Square 0.116, p =0.039) ، كذلك أظهرت النتائج أنه لا يوجد علاقة ذات دلالة إحصائية بين الذكاء العاطفي للممرضين والتزامهم التنظيمي (R Square 0.109, p =0.052) ، كذلك كانت هناك علاقة عكسية بين ضغوط العمل لدى الممرضين والتزامهم التنظيمي (R Square −0.179, p =0.001). أظهرت النتائج مستوى كل من الذكاء العاطفي والالتزام التنظيمي وتكرار ضغوط التمريض وشدة ضغوط التمريض، حيث كانت النسبة المئوية كالتالي 59.7٪ و 68.2٪ و 47.0٪ و 87.5٪ على التوالي. كذلك حقق البعد التحفيز في الذكاء العاطفي أعلى مستوى بنسبة (69.25٪)، بينما حقق البعد الالتزام المعياري في الالتزام المؤسساتي الأعلى بنسبة بلغت (69.80٪). بما يخص تكرار ضغوط التمريض فكان عبء العمل الأعلى بنسبة (51.5٪). كذلك فيما يتعلق بشدة ضغوط التمريض كان عدم اليقين بشأن العلاج الأعلى بنسبة (94.5٪). بالإضافة إلى ذلك بيَنت النتائج أن هناك علاقة بين الخصائص الاجتماعية والديموغرافية والذكاء العاطفي تجاه سنوات الخبرة (F = 6.072، P = 0.000) ، والراتب

(F = 2.897، P = 0.035) والمستوى التعليمي (F = 4.521، P = 0.001). بالإضافة إلى ذلك ، أظهرت النتائج أن هناك علاقة بين الخصائص الاجتماعية والديموغرافية والالتزام التنظيمي تجاه العمر (F = 3.620، P = 0.007)، والحالة الاجتماعية (F = 4.376، P = 0.005)، والراتب (F = 3.211، P = 0.023) وسنوات الخبرة (F = 11.466، P = 0.000).

أخيرًا ، خلصت الدراسة إلى أن ضغوط العمل والذكاء العاطفي للممرضين تساهم في التزامهم التنظيمي، مما أظهر أن زيادة ضغوط العمل بين الممرضين تؤدي إلى انخفاض الالتزام التنظيمي بنسبة (76.0٪). علاوة على ذلك، فإن زيادة التعاطف عند الممرضين تزيد من التزامهم التنظيمي بنسبة (14.9٪) ومع زيادة الوعي الذاتي لدى الممرضين يزداد التزامهم التنظيمي بنسبة (11.7٪).

وقد خرجت هذه الدراسة ببعض من التوصيات الهامة من بينها:

ترسيخ مفاهيم الذكاء العاطفي لدى الممرضين من خلال تعريفهم بخصائص ومميزات الذكاء العاطفي.

هناك حاجة لبرامج التعليم والتدريب لمساعدة الممرضين على التعامل مع العديد من الضغوطات المختلفة الناتجة عن العمل الصعب ومتطلباته العاطفية التي ينخرطون بها.

يمكن لصانعي القرار في وزارة الصحة تحسين الالتزام التنظيمي لموظفي التمريض من خلال تقليل ضغوط عمل الممرضات في أماكن عملهم في المستشفيات الحكومية.

إرشاد صانعي القرار في وزارة الصحة إلى خطورة عبء العمل التمريضي على الالتزام التنظيمي والعمل على تقليصه لتعزيز التزامهم الوظيفي.

تعزيز الالتزام العاطفي للمنظمة من خلال زيادة الانتماء للمؤسسة من خلال دعم المنظمة للموظفين وتطوير علاقتهم بها من خلال توفير ظروف عمل أفضل لهم.