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Factors Affecting Job Satisfaction of Dietitians in West Bank

Hospitals, Palestine

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M.Sc. Thesis

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Prepared by:

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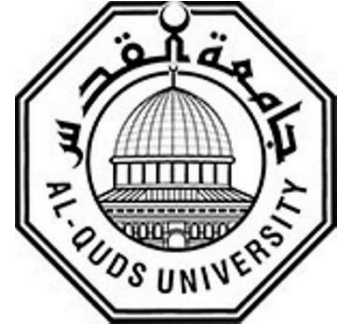
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**A Thesis Submitted in Partial Fulfillment of Requirements for the
Degree of Master of Policies & Health Management, Faculty of
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Al-Quds University
Deanship of Graduate Studies
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Thesis Approval

**Factors Affecting Job Satisfaction of Dietitians in West Bank Hospitals,
Palestine**

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Jerusalem – Palestine

1445 / 2024

Declaration:

I declare that the thesis has been composed by myself and the work has not been submitted for any other degree or professional qualification.

Maysa

Maysaa Rifat Fathi Shaikh Ibrahim

Date 19/5/2024

Dedication:

الى أمي المقدسة التي افنت عمرها من أجل أبنائها والتي لا ينضب عطاؤها ويدها الطاهرة التي تعمل

باستمرار

أمي خولة أحمد نمر جابر

والى ابي العظيم الذي لم يتوانى يوماً عن تشجيعي ودعمي للسير قدما حياتي العلمية والعملية

أبي رفعت فتحي شيخ ابراهيم

الى زوجي العزيز وشريك حياتي مع تمنياتي بان نستمر سوياً في رحلة العلم كل في مجاله وان نكون

قدوة حسنة لأبنائنا

زوجي الدكتور أحمد تيسير غانم

وارجو من الله أن أكمل مسيرتي لدرجة الدكتوراة وأنتم بجانبتي إن شاء الله بصحة وعافية

ميساء رفعت شيخ ابراهيم

2024

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- I thank God who said in the holy Quran:

{يَرْفَعِ اللَّهُ الَّذِينَ آمَنُوا مِنْكُمْ وَالَّذِينَ أُوتُوا الْعِلْمَ دَرَجَاتٍ} (المجادلة:11)

{قُلْ هَلْ يَسْتَوِي الَّذِينَ يَعْلَمُونَ وَالَّذِينَ لَا يَعْلَمُونَ إِنَّمَا يَتَذَكَّرُ أُولُو الْأَلْبَابِ} (الزمر:9)

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2024

Abstract

Background: In the health sector, human resources are a crucial part of the system, with dietitians forming an important segment of the healthcare workforce in Palestine, classified under allied medical professions. Given the critical role that job satisfaction plays within human resources, this study employs it as a key metric to evaluate the professional landscape for dietitians.

Objective: This research aimed to assess the level of job satisfaction among dietitians working in hospitals throughout the Palestinian West Bank.

Methods: Employing a cross-sectional design, the study utilized a self-administered questionnaire distributed in October 2023 to all 35 dietitians practicing in the region. The instrument was validated and tested for reliability. It included sections addressing employment status and job satisfaction, the latter measured via a five-point Likert scale.

Results: Despite the presence of 51 hospitals in the West Bank (excluding Jerusalem), only 35 dietitians were employed. A majority 63.6% reported satisfaction with their roles. The highest satisfaction levels were observed in "Communication with medical staff and patients." Other dimensions such as "Area of Practice," "Adjustments in Staffing and Patient Numbers" "Work Environment (Infrastructure)," and "Policies and Protocols" also demonstrated high satisfaction. "Performance Development" and "Incentive Systems," however, received moderate and neutral levels of satisfaction, with the "Incentive System" experiencing the lowest satisfaction rates. An important result was the average dietitians to patient ratio was 1:19.

Conclusion: The findings indicate a generally positive perception of job satisfaction among dietitians in the West Bank, particularly in communication and operational aspects of their roles.

However, areas related to performance incentives and development require attention to enhance overall job satisfaction. These results highlighted the need for targeted interventions to improve employment conditions and retention strategies within hospital settings.

Keywords: job satisfaction, dietitian, West Bank.

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List of Abbreviations

ANOVA	Analysis of variance
HIS	Health Information System
HRM	Human Resource Management
JCI	Joint Commission International
JS	Job Satisfaction
MNT	Medical Nutrition Therapy
MOH	Ministry of Health
NCP	Nutrition Care Process
NGOs	Non- Governmental Organizations
UNRWA	United Nations Relief and Works Agency
WHO	World Health Organization

Chapter One: Introduction

1.1 Background

Health human resources are identified as the main resources in the health sector, playing a central role in the provision of healthcare services. Moreover, a high proportion of national budgets are allocated to the health sector in most countries they represent (Diallo, et al., 2003). The health workforce is broadly defined as "all people engaged in actions whose primary intent is to enhance health" (World Health Organization, 2018, p.6). According to the World Health Organization (WHO) framework, human resources are identified as one of the main six building blocks of the health system (WHO, 2010). Recognizing the importance of human resources in healthcare is fundamental for planning, managing, and enhancing the overall health system and contributing to the effectiveness and efficiency of health services.

The Palestinian Ministry of Health's sectoral strategy outlines a comprehensive vision for the enhancement of health services. It emphasizes having a comprehensive, integrated, high-quality health system for sustainable promotion of the health situation and effective response and management of all health crises and needs (Sectoral Strategy for Health, 2021). Moreover, its message is clear that it is committed to joint work with all partners to enhance the health of citizens and society, and to develop the Palestinian health sector, by ensuring the provision of integrated health services of high quality to all citizens, promoting public health in the community, leading and managing the health sector efficiently and effectively, and setting policies, laws, and regulations that regulate the work of the health sector and monitoring the implementation of these services (Sectoral Strategy for Health, 2021).

In Palestine, the Ministry of Health is described as the largest operator of human cadres in the health sector, emphasizing its central role in managing and overseeing healthcare services. The number of workers in the Palestinian Ministry of Health reached 19,827 employees in 2022 (8,662 employees are working in West Bank) (Health Annual Report, 2022).

In this study, we examined a specific group within the Ministry of Health's human resources dietitians working in hospitals across the West Bank. The concept of job satisfaction was analyzed through various related dimensions.

1.2 Problem statement

In Palestine, the dietitian profession is a part of health workforces derived from the allied medical professions with a very small number of employees (35 dietitians) distributed in 27 of 51 hospitals in West Bank. The tasks of dietitians vary according to the place of work; in hospitals, the tasks include 4 dimensions, which are: food safety and food management, oral nutrition support, enteral nutrition support, and parenteral nutrition support (Rolfes, et al., 2016).

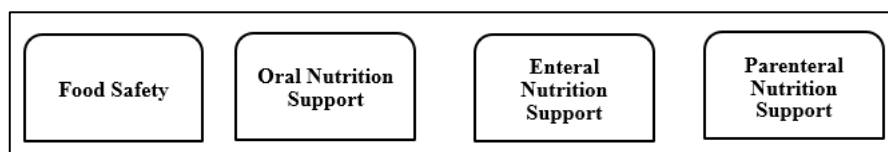


Figure (1.1): Areas of practice of dietitians at hospitals

Because the number of dietitians is not big enough, and the focus on this job is weak in the Ministry of Health. And these tasks may not be completely met (Health Annual Report,

2022). The results of a Palestinian study showed need for more nutrition professionals in hospitals (Shakhshir & Alkaiyat).

Job satisfaction among dietitians is a pressing concern within the healthcare sector, characterized by several challenges that adversely impact the well-being and professional contentment of these vital healthcare professionals such as: large numbers of patients with a shortage of dietitians in the health sector, lack of recruitment efforts, challenges in team collaboration, inadequate recognition and value, and insufficient training programs to increase the number of qualified dietitians. The study by Pan & Wang clarified that dietitians have certain problems in various aspects: vague department definition, insufficient professional staff, resource constraints, and limited clinical ability (Pan & Wang, 2021).

The impact of nutrition intervention by dietitians is strongly related to promoting health, reducing complications, morbidity, and mortality of patients in addition to the length of hospital stays, readmission rates, and reduces costs of medical services (Tappenden, et al., 2013). Moreover, controlling malnutrition is the main aim of practice of dietitians at hospital. Malnutrition as defined by the ESPEN consensus was associated with a 4.4-fold higher risk for long-term mortality (Sánchez-Rodríguez, D., et al., 2019). Clinical nutrition practice in developing nations shows progress in healthcare. Integrated health, nutrition, and educational interventions improve infant malnutrition (Uauy-Dagach, 1994).

The cost-effectiveness of providing suitable nutritional intervention is indirectly related to (Lengfelder, 2021):

- Cost-effectiveness per day of avoided hospitalization
- Cost-effectiveness for potential new hospitalization

- Cost-effectiveness due to avoided readmission
- Cost-effectiveness due to avoided deaths

In this study, a description of how the dietitians work in each sector, their tasks, and proportional coverage were provided. In addition, the factors related to the job satisfaction of dietitians were evaluated.

1.3 Justification

The findings of this study are critically important for several reasons:

Insight into the nutrition profession: This research provides a thorough analysis of the current state of the nutrition profession in hospital settings from the perspective of dietitians. It identifies and elucidates the gaps and challenges faced by the profession, which may include issues related to staffing, resources, protocols, and other factors influencing the effectiveness of nutritional services. Gaining a clear understanding of these challenges is essential for enhancing the effectiveness and efficiency of nutrition-related services.

Informed decision-making: The results of this study can be leveraged by healthcare decision-makers to make informed choices regarding staffing levels and task distribution. By adjusting the dietitian-to-patient ratio in line with the study's findings, healthcare services can become more optimal and responsive.

Quality improvement: The findings and the assessment tools developed through this study provide a foundation for the quality departments within hospitals to improve performance. By addressing the identified problems, healthcare institutions can enhance the quality of nutrition services, which in turn leads to improved patient outcomes and satisfaction.

Documentation and oversight: The tool utilized in this study can be further refined and implemented by supervision and inspection departments in health institutions. This systematic and documented approach to oversight ensures that healthcare facilities comply with established standards and protocols in the nutrition profession, thereby promoting accountability and adherence to regulations.

1.4 Aim and specific objectives of the study

1.4.1 Main objective

To evaluate the level of job satisfaction of dietitians in Palestinian West Bank hospitals.

1.4.2 Specific objective

- To evaluate the relationship between job satisfaction factors and overall job satisfaction of dietitians in Palestinian West Bank hospitals.
- To evaluate the relationship between demographic data and job satisfaction of dietitians in Palestinian West Bank hospitals.

1.5 Research questions

- What is the level of job satisfaction of dietitians in Palestinian West Bank hospitals?
- To what extent does job satisfaction factors relate to the overall job satisfaction of dietitians in Palestinian West Bank hospitals?
- What is the relationship between demographic data and job satisfaction of dietitians in Palestinian West Bank hospitals?

Chapter Two: Literature Review and Study Conceptual Framework

2.1 Introduction

In this section the literature and information were collected and reviewed, on five main topics related to the thesis subject: job satisfaction, factors affecting job satisfaction, measurement of job satisfaction, outcomes of job satisfaction, and conceptual framework including factors related to the current study.

2.2 Job satisfaction

The term job satisfaction is very common in the topics of enterprise management and human resource development, and it is one of the most important input elements in the health system. In this review, we will discuss the definitions of job satisfaction, starting with its general definition of satisfaction from the Oxford Dictionary as “the good feeling that you have when something that you wanted to happen does happen or when you have achieved something” (Oxford Dictionary, 2004). And if it is related to a job, it is defined as “a good feeling that you get when you have a job that you enjoy” (Oxford Dictionary, 2004).

The first formal definition of satisfaction appeared more than 90 years ago it was “a product of non-regulatory mood tendency” and was released in 1931 by two researchers Fisher and Hanna after they reviewed amounts of case studies and examined the relationship between emotional maladjustment and job satisfaction (Fisher, & Hanna, 1931 in Zhu, 2013).

One of the most used definitions of job satisfaction is the pleasurable emotional state resulting from the appraisal of one’s job as achieving or facilitating the achievement of one’s job values or job experience by Locke in 1969 and developed in 1976 (Ilies, 2001). Another

simple definition of this term was “how people feel about their jobs and different aspects of their jobs” by Spector in 1997 (Spector,1997, p.2).

Job satisfaction can also be defined as a general attitude towards an individual’s job, and the difference between the amount of reward workers receive and the amount they believe they should receive by Robin in 1989 (Mbah & Ikemefuna, 2012).

2.3 Factors affecting job satisfaction

The study by Dugguh and Dennis in 2014 summarized the theories related to job satisfaction which were the two-factor theory (Herzberg's theory), Affective event theory, Equity theory, and Job characteristics theory (Dugguh, Dennis, 2014).

Herzberg’s two-factor theory classified the factors related to job satisfaction as hygiene factors (interpersonal relationship, salary, policies, administration, supervision, working conditions), and motivators (advancement, work itself, the possibility of growth, responsibility, recognition, and achievement) (Alshmemri, et al., 2017).

Affective event theory was developed in 1996 by Howard Weiss and Russell Cropanzano as a model that explains how emotions and moods influence job satisfaction and performance (Weiss, & Cropanzano,1996). There were six emotional families: anger, disgust, sadness, fear, joy, and surprise (Weiss, & Cropanzano,1996). The theory pointed that positive-inducing and negative-inducing emotional incidents at work have a significant psychological impact on workers' job satisfaction, organizational commitment, and job performance (Weiss, & Cropanzano,1996).

Equity theory, was conceived by J. Stacy Adams in1960s (Pritchard, 1969). It occurs when an employee perceives that the ratio of his outcomes to his inputs is equal to another’s

outcome-to-input ratio and if the opposite happens, inequality occurs (Pritchard, 1969).

Inequality can be resolved in several ways: Changing employee input or the input of others, influencing others to get them to change their inputs or results, changing comparison persons, or leaving the field (Pritchard, 1969).

Job characteristics theory developed by Hackman and Oldham (Johari, & Yahya, 2016). It asserts that job characteristics are the systems or situational factors affecting the psychological and attitudinal condition of workers (Johari, & Yahya, 2016). It emphasizes three psychological states by Victor Vroom (experienced meaningfulness, experienced responsibility, and knowledge of the result) (Demirkol, & Nalla, 2018). The theory indicated that the five core job dimensions are linked to job satisfaction (autonomy, feedback, skill variety, task identity, and task significance) (Ali, et al., 2014).

Maslow's hierarchy of needs is designed as a shape of a pyramid with five levels of needs (Rasskazova, et al., 2016). The first level at the bottom of the pyramid is the physiological needs such as hunger, thirst, and shelter (Osemeke, & Adegboyega, 2017). The second level is the safety needs such as security and protection from physical and emotional harm (Osemeke, & Adegboyega, 2017). The third level is social belonging needs such as affection, belongingness, acceptance, and friendship (Osemeke, & Adegboyega, 2017). The fourth level is esteem needs which include internal factors such as self-respect, autonomy, and achievement, and external factors such as status, recognition, and attention (Osemeke, & Adegboyega, 2017). The fifth and top level is self-transcendence, representing the very highest and most inclusive or holistic level of human consciousness. Here, individuals behave and relate as ends rather than means, to oneself, to significant others, to human beings in general, to other species, and to nature (Osemeke, & Adegboyega, 2017).

Rue & Byars classified factors related to job satisfaction as a manager's concern for people, job design, compensation (external and internal), working conditions, social relationships, perceived opportunities, levels of aspiration, and need achievement (Rue & Byars (2003).

A model of four factors developed by Christen, Iyer and Soberman was related to job satisfaction: role perceptions, job performance, job-related factors, and firm performance (Christen, et al., 2006).

A study by Mishra summarized the factors related to job satisfaction in three categories: Firstly, a personal factor (age, gender, education, and time of job). Secondly, job factors (type of work, skill required, occupational status, and responsibility). Thirdly, factors controlled by management (wages, working conditions, benefits, security, opportunity for promotion) (Mishra, 2013).

A review by Manyisa, & Aswegen summarized the factors affecting working conditions in hospitals and concluded that workload, HIV/AIDS epidemic, shift work, long working hours, poor infrastructure, inadequate resources, and shortage of staff were found to be the main factors attributed to poor working conditions Therefore, these factors directly or indirectly affect job satisfaction (Manyisa, & Aswegen, 2017).

Flexitime arrangements, intangible reward career progression, professional development, resource availability, team and physical environment, reward and recognition as impacting upon dietitian satisfaction (Cody, et al., 2011).

According to Judge (2002), job satisfaction typically reflects attitudes towards the job itself, quality of supervision, co-workers, opportunity, pay, work conditions, and security as the prime job satisfaction factors (Anin, et al., 2015).

2.4 Job Satisfaction Measurement

Many studies used face scale measurement as a method to measure job satisfaction. One of these measurements is the Facet Satisfaction Scale from Beehr and colleagues in the Journal of Applied Social Psychology in 2006 (Bowling, et al., 2018).

Another method to consider multiple factors of the participants' level of job satisfaction is through the Job Descriptive Index. It utilizes five work subscales within a 72-items questionnaire whereby each has a score of agreement (Stanton, et al., 2002). The five subscales are (work itself, supervision, coworkers, pay, and promotional opportunities) (Smith, et al., 1969).

Single-item measures were used in different studies. They measure the effect of work as a whole on job satisfaction (Warr, et al., 1979). The reliability, validity, and correlational tests are high and significant for most studies (Wanous, et al., 1997. Dolbie, et al., 2005).

2.5 Outcomes of job satisfaction

There is a well-established relationship between job satisfaction in health organizations and various important outcomes, including job performance, organizational citizenship behavior (OCB), and patient satisfaction.

Many studies define job performance as the actions and activities that individuals do that contribute to the organization's goals (Campbell & Wiernik, 2015). There exists a positive correlation between job satisfaction and the performance of employees (Pushpakumari, 2008).

Moreover, a study of hospital nurses concluded that job performance is closely correlated with job satisfaction and personal and professional variables (Al-Ahmadi, 2009). The relationship between job satisfaction and job performance is complex, and researchers have debated the direction of the cause-and-effect relationship; satisfaction causes performance; performance causes satisfaction. However, motivation makes satisfaction and performance a circular relationship rather than linear (Jalagat, 2016).

The mental health is a factor contribute to job satisfaction as well as performance, as evidenced by various research studies. Studies have shown a significant relationship between job satisfaction and mental health, with job dissatisfaction leading to negative outcomes such as burnout, illness, and absenteeism (Otaghi, et al., 2023). Furthermore, research has highlighted the association between mental health disorders like neuroticism, stress disorders, and eating disorders with lower job satisfaction and shorter job tenure, emphasizing the importance of understanding this relationship for improving working life participation of individuals with mental health issues (Mohammad, et al., 2023). Moreover, the impact of variables like work-life balance, wage levels, and age discrimination on job satisfaction and mental health has been explored in a European context, underscoring the significance of these factors in determining overall well-being at work (Addabbo & Sarti, 2022).

Organizational citizenship behavior is defined as individual behavior that is not explicitly or indirectly recognized by the formal reward system and that behavior plays a vital role in the effective functioning of the organization (Pavalache-Ilie, 2014). Organizational citizenship behaviors had a significant positive relationship with job satisfaction and life satisfaction (Lambert, 2010). When healthcare workers are satisfied with their jobs, they are more likely to engage in extra-role behaviors that go beyond their formal job requirements.

This may include helping colleagues, volunteering for additional tasks, and contributing to a positive organizational culture. Therefore, organizations should maintain the level of their employee's satisfaction and commitment to develop strong organizational citizenship behavior (Prasetio, et al., 2015).

Patient satisfaction is defined as “an individual's cognitive evaluation of, and emotional reaction to, his\her healthcare experience” (Shirley & Sanders, 2013, p.1). Job satisfaction among healthcare providers positively correlates with patient satisfaction (Szecsenyi, et al., 2011). Satisfied and motivated healthcare professionals are more likely to provide high-quality care, communicate effectively with patients, and exhibit positive bedside manners (Hannawa, et al., 2022).

2.6 Studies related to job satisfaction of healthcare Professionals in West Bank hospitals

Job satisfaction among healthcare professionals in West Bank is a topic of concern due to its impact on motivation, quality of care, and work improvement. Studies reveal varying levels of job satisfaction and stress among pharmacists, with factors like region and income influencing satisfaction levels with was 58.5% (Khdour, et al., 2021). Similarly, Palestinian nurses report moderate job satisfaction levels but face challenges like limited job advancement opportunities and emotional exhaustion leading to burnout (Abushaikha, 2009).

Furthermore, healthcare workers in Palestinian Emergency Departments experience high levels of burnout, especially among physicians and nurses, with factors like workplace violence and job turnover intention significantly associated with burnout levels (Hamdan, 2017). However, there were no differences between nurses' job satisfaction based on hospitals' accreditation status of JCI in Palestine (Hamed, 2023).

Radiographers' overall job satisfaction was low, with only 27.2% expressing satisfaction. However, they reported higher satisfaction levels regarding their relationships with co-workers and the amount of responsibility they were entrusted with. Conversely, participants indicated dissatisfaction with various other job-related factors. From findings, the main factors correlated with radiographers' overall job satisfaction were support from supervisors, participation in decision making, and utilization of skills (Salameh, 2022).

A study revealed a moderate level of job satisfaction among managers in Palestinian hospitals, with a median total score of 3.09. It was observed that senior-level managers had higher levels of satisfaction compared to middle and first-line managers. Moreover, middle managers also reported higher satisfaction levels than first-line managers. Additionally, there was a notable correlation between age and job satisfaction, with satisfaction levels generally increasing with age (Bader, 2007).

These findings underscore the importance of addressing job satisfaction and burnout issues among healthcare professionals in West Bank hospitals to ensure quality patient care and staff well-being.

2.7 Conceptual framework of factors related to job satisfaction

After reviewing the studies related to factors affecting job satisfaction and making observations in many local hospitals about dietitians' situations and areas of practice. the researcher builds up a conceptual framework that consists 8 domains related to job satisfaction:

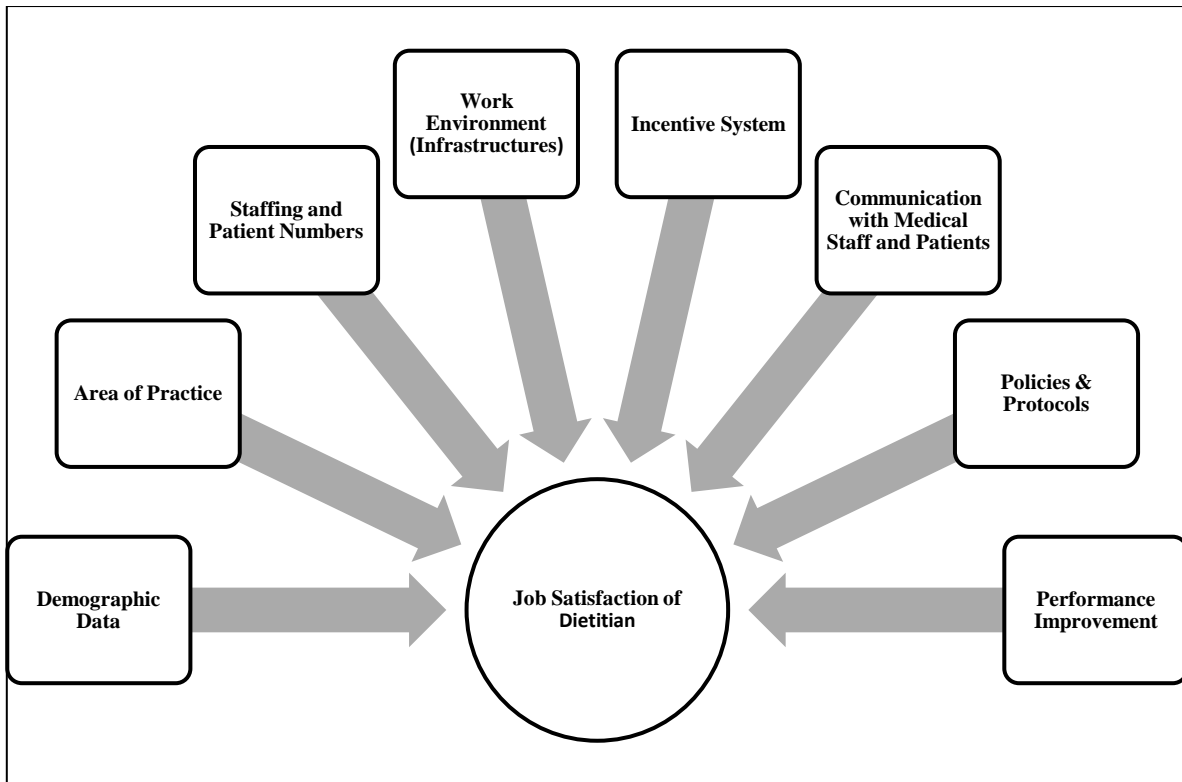


Figure (2.1): Conceptual framework of the study variables developed by the researcher

2.7.1 Dietitian profession in hospitals and areas of practice

A dietitian is a person with a qualification in nutrition and dietetics, recognized by national authority (s) (International Confederation of the Associations of Dietitians, 2004). The dietitian applies the science of nutrition to the feeding and education of individuals or groups in health and disease (International Confederation of the Associations of Dietitians, 2004). The field of practice of dietitians at hospitals includes medical nutrition therapy, meal planning, and food safety (Academy of Nutrition and Dietetics, 2013). While hospital dietitians are involved in tasks related to medical nutrition therapy and meal planning, it's noted that the majority of their tasks occur away from direct patient interaction (Milosavljevic, 2012). This may suggest that some of their responsibilities involve tasks undertaken by the hospital dietitian that occurred away from the patient (Milosavljevic, 2012).

Medical nutrition therapy MNT is the main field of practice for a clinical dietitian and it is an evidenced-based application of the Nutrition Care Process (NCP), including performing a comprehensive nutrition assessment of the patient; determining the nutrition diagnosis; planning and implementing the right nutrition intervention using evidence-based nutrition practice guidelines; and monitoring and evaluating an individual's progress toward goals (Academy of Nutrition and Dietetics, 2013).

A study by Robbins, et al., in 2008 showed that frequent dietitians visits were more strongly associated with reduced hospitalizations and improved patient outcomes. Moreover, each dietitian's visit was associated with a substantial reduction in hospital costs (Robbins, et al., 2008).

2.7.2 Demographic characteristics

The term "demographics" indeed originates from the Greek words "demos," meaning people, and "graphy" meaning picture or writing (Jones, et al., 2020). The variables include gender, age, ethnic or racial status, income, years of experience, and educational level ... etc (Goldberg, et al., 1998). The study conducted by Parveen in the Saudi Arabia healthcare industry, suggests that certain demographic variables have significant effects on dimensions related to job satisfaction (Parveen, 2015). The specific dimensions mentioned, such as Personal growth, Salary package, and Professional support, are key factors that often contribute significantly to an individual's job satisfaction (Parveen, 2015).

2.7.3 Work environment (physical infrastructures)

The definition of physical infrastructure according to the Oxford Advanced Learner's Dictionary of Current English (2004) is the basic systems and services that are necessary for

an organization to run smoothly, for example, buildings, transport, power supplies, electronic system... etc. Physical infrastructure is the main part of the work environment.

A study by Nasir, et al., (2023) found that infrastructure has a significant positive effect on job satisfaction (Nasir, et al., 2023).

Electronic system improved the efficiency of total time spent by the dietitian by 13 minutes per consultation by comparison with paper records (Rossi, et al., 2014). Another study found that using an electronic system resulted in a decrease in the error percentages, concerning appropriate food choices, data recording, and calculations of daily nutrient requirements; from around 10 to 3 minutes (Skouroliakou, et al., 2009). A study by McCamley found that nutritional electronic record implementation increased the recording of height and weight during admission from 30% to 90% within 3 years at a 650-bed hospital (McCamley, et al., 2019).

2.7.4 Staffing and Patient Numbers

Shortage of staff occurs when “the demand for workers for a particular occupation is greater than the supply of workers who are qualified, available, and willing to do that job” (Veneri, 1999). Moreover, in areas where competition for patients is high, hospitals might be under higher financial pressure and this decreases the number of health staff which leads to decreased job satisfaction due to high work pressure (Winter, et al., 2020).

2.7.5 Communication with medical staff and patients

The definition of communication according to the Oxford Advanced Learner’s Dictionary of Current English (2004) is the activity or process of expressing ideas and feelings

or of giving people information (Fatimayin, 2018). In health institutions, dietitians have two main types of people to communicate with which are health professionals and patients.

Dietitians could have a greater effect on nutrition care by communicating and discussing recommendations with physicians (Skipper, et al., 1994). Another study found that physicians and nurses who communicated continuously with a dietitians had less difficulty in identifying patients suffering from malnutrition and were more concerned that the patient was getting adequate nutrition compared to those who rarely dealt with a dietitian (Thoresen, et al., 2008).

There are four types of dietitian-to-patient communication: interpersonal communication skills, nonverbal communication, professional values, and counseling skills (Cant & Aroni, 2008).

2.7.6 Incentive system

An incentive system aims to motivate the staff to work in line with the organization's goals but to be effective it needs to be designed to fit the different preferences of the staff (Magnusson, & Nyrenius, 2011). There are two types of incentives: monetary and nonmonetary (Magnusson, & Nyrenius, 2011). Non-monetary or intrinsic motivation had a positive correlation with the job satisfaction of employees (Hayati, & Caniago, 2012) Qader, 2021).

Lawler & Porter focus on the reward as a main factor for job satisfaction. Their model explains how performance is affected by intrinsic and extrinsic rewards to achieve satisfaction (Lawler& Porter, 1967). According to Locke and Latham, High performance, if rewarding, leads to job satisfaction. Achievement is accomplished through four mechanisms: directing

attention and action, exerting effort, maintaining persistence, and formulating task strategies and plans. (Locke and Latham, 1990).

2.7.7 Policies and protocols

Policies are defined as the guiding principles of the practice and its service (Foster, 2011). Protocols are defined as the mandatory set of decision-making rules/ instructions/ standards based on best practices (Guidelines) (Foster, 2011).

Documentation of data related to nutritional activities in hospitals is applied in 3 ways: using papers and hand files, computer files, and hospital health information system. Using an electronic health system for recording is most effective and it is affecting the decision-making of physicians, who can more quickly scan the progress notes and implement recommendations (Grace-Farfaglia, & Rosow, 1995). Dietetics practitioners are adapting their record systems to the formats and guidelines presented (Grace-Farfaglia, & Rosow, 1995).

2.7.8 Performance development

Human resource development is defined as a process of developing and unshling expertise to improve individual, team, work process, and organizational system (Swanson, 2022). There are two major components of HRD: training and development, and organizational development (Swanson, 2022).

Performance development of dietitians is related to job satisfaction. A survey of Registered Dietitian dietitians who provide care to clients with eating disorders summarized that the self-reported obstacles to job satisfaction of dietitians included limited access to three resources: specific training, professional development opportunities, and mentorship from expert clinicians (Setnick, et al., 2022). The results showed that performance management,

vigor, and training and development were the highest predictors of job satisfaction of workers in a study by (Van Hoek, et al., 2020).

Chapter Three: Methodology

3.1 Introduction

The methodological steps were explained in this chapter: study design, setting of the study, study population, sample size and sampling technique, inclusion criteria, exclusion criteria, instrument of the study, response values, reliability of the instrument, validity of the instrument, pilot study, data collection process, statistical analysis, and ethical considerations.

3.2 Study Design

Descriptive study design (quantitative research): In this study, a cross-sectional design was used by using a self-administrated questionnaire as an online survey because it was easy to collect the data and it depended on individuals' choices.

3.3 The setting of the study

The study was conducted in the West Bank hospitals (except Jerusalem) in Palestine which had 51 hospitals: 18 governmental hospitals by MOH, 15 hospitals by NGOS, 17 hospitals by the private investment sector, and only one UNRWA hospital (Health Annual Report, 2023).

Jerusalem hospitals were excluded due to the differences in their direct or indirect affiliation with the Palestinian Ministry of Health and their influence by the laws and protocols of the occupying state. Including these hospitals would have affected the results. All the hospitals chosen for the study are directly affiliated with the Palestinian Ministry of Health.

Table (3.1): Distribution of hospitals according to cities

City\ Hospital type	Governmental hospitals	NGOS hospitals	Private investment hospitals	UNRWA hospitals	Total
Tulkarm	2	1	-	-	3
Jenin	1	2	2	-	5
Qalqilya	1	-	-	1	2
Tubas	1	-	-	-	1
Salfit	1	-	-	-	1
Ramallah	2	1	6	-	9
Nablus	2	4	2	-	8
Hebron	5	2	4	-	12
Jericho	1	-	-	-	1
Bethlehem	2	5	2	-	9
Total	18	15	17	1	51

3.4 Study population

The target population of the current study was all dietitians/nutritionists who worked at the Palestinian West Bank hospitals which was expected to be more than 51 dietitians according to the number of hospitals. The total population of the study was only 35 dietitians despite the hospital's numbers in West Bank. This resulted after we connected with each hospital and we found that many hospitals didn't have a dietitian although the Ministry of Health considers the presence of a dietitians in every hospital to be one of the basics of licensing the institution, therefore, many questions arise in this part.

Table (3.2): Distribution of dietitians according to cities

City	Number of dietitians
Tulkarm	2
Jenin	5
Qalqilya	-
Tubas	-
Salfit	-
Ramallah	10
Nablus	8
Hebron	6
Jericho	-
Bethlehem	4
Total	35

3.5 Sample size and sampling technique

The population of the study was not large and the sample size was close to the population. The total number of employed dietitians in the Palestinian West Bank hospitals was 35 and dietitians responded to the study. According to (Krejcie, & Morgan, 1970) the sample size of 33 dietitians is representative of 35 (total population).

The remaining two dietitians in the sample were approached as follows: The first person was contacted, but she apologized for not participating due to political reasons that occurred during that period. The second person was contacted three times without receiving a response, so communication with her was stopped.

3.6 The inclusion criteria

All dietitians in Palestinian West Bank hospitals.

3.7 The exclusion criteria

- Dietitians/ nutritionists in private clinics and primary health care clinics.
- Dietitians/ nutritionists in Jerusalem hospitals

3.8 Instrument of the study

The data collection tool used in the study was a self-administered questionnaire. The questionnaire was designed based on the overviewing of the local dietitian practices at hospitals, and reviewed many studies in this field of job satisfaction (Bowling, et al., 2018. Smith, et al., 1969. Wanous, et al., 1997. Dolbie, et al., 2005). The questionnaire was structured to be more related to the study's objectives and to build a suitable conceptual framework. This is essential for ensuring that the collected data directly addresses the research questions and contributes to the overall goals of the study. The questionnaire was validated by three methods. include content validation, where experts assess the relevance of items, structure validity using the Correlation Coefficient of each dimension, and pilot testing with a small sample to identify any issues with comprehension or clarity.

The first part of the questionnaire was questions related to employment status including eight sections: facility specifications, demographic data, area of practice, staffing and patient numbers, work environment, communication with medical staff and with patients, policies and protocols, and performance development.

The second part was a five-point Likert scale of job satisfaction level of seven sections (dimensions) according to the conceptual framework: area of practice, staffing and patient numbers, work environment, communication with medical staff and with patients, policies and protocols, incentives system, and performance development. The questions and scores in each

dimension were developed from previous studies and theories related to job satisfaction and modified based on the local situations in Palestine. The five-point Likert scale analysis was discussed in section 3.9.

English and Arabic versions of the questionnaire were in Annex 4 and 5 respectively.

3.9 Response values

The information in table (3.1) presents the distribution of responses to a questionnaire measuring job satisfaction among dietitians, using a five-point Likert scale ranging from "Strongly disagree" (indicative of very low satisfaction) to "Strongly agree" (indicative of very high satisfaction). Each response option corresponds to a numerical degree, with values from 1 to 5. The scale is further divided into five satisfaction levels based on the mean scores:

1. Very Low Satisfaction (Strongly Disagree; Degree = 1): The mean score for this category ranges from 1 to 1.8, indicating a very low level of job satisfaction among some respondents. These are individuals who are deeply dissatisfied with their current job situation.
2. Low Satisfaction (Disagree; Degree = 2): This level has a mean score range from 1.81 to 2.60. Respondents falling into this category are generally dissatisfied but to a lesser degree than those in the very low satisfaction category.
3. Moderate Satisfaction (Neutral; Degree = 3): With a mean score ranging from 2.61 to 3.40, this category reflects a neutral perspective on job satisfaction. Respondents here neither agree nor disagree strongly with the satisfaction-related statements, suggesting a middle ground in their feelings about their jobs.

4. High Satisfaction (Agree; Degree = 4): This group, with mean scores from 3.41 to 4.20, generally agrees that they are satisfied with their job, indicating a positive view of their work environment and conditions.
5. Very High Satisfaction (Strongly Agree; Degree = 5): The highest satisfaction level, with mean scores from 4.21 to 5, represents respondents who are extremely satisfied with their job situation, showing strong agreement with positive statements about their job satisfaction.

Table (3.3): Response values

Satisfaction level	Very low	Low	Moderate	High	Very high
Response in questionnaire	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Degree	1	2	3	4	5
Mean	1-1.8	1.81-2.60	2.61-3.40	3.41-4.20	4.21-5

3.10 Reliability & validity of the instrument

Table (3.2) presents the results of a Cronbach's alpha test applied to various dimensions of a questionnaire designed to measure job satisfaction among dietitians. Cronbach's alpha assesses the internal consistency or reliability of test items, with values above 0.7 considered acceptable, above 0.8 good, and above 0.9 excellent.

The dimensions evaluated include "Area of Practice" with an alpha of 0.885, indicating good reliability, and " Staffing and Patient Numbers" with an alpha of 0.915, showing excellent reliability. The "Work Environment (Infrastructures)" scores 0.886, and

"Communication with Medical Staff and Patients" registers 0.911, both reflecting good to excellent reliability. The "Incentives System" and "Policies and Protocols" dimensions have alphas of 0.892 and 0.899 respectively, also indicating good reliability. "Performance Development" has an alpha of 0.908, suggesting excellent reliability.

The overall Cronbach's alpha for the questionnaire was 0.898, demonstrating that it was a reliable tool for measuring job satisfaction across various dimensions. This high level of consistency ensures that the questionnaire can effectively capture the facets of job satisfaction among dietitians.

After the arrangement of the questionnaire, it was validated as content validity by 2 experts who have a doctoral degree in their specialties (Annex (3) shows the list of experts), and a pilot test was used to enhance the validation process see section 3.11.

Another validity process was the structure validity using the Correlation Coefficient of each dimension correlated to all dimensions of job satisfaction of the questionnaire.

Table (3.4): Cronbach's alpha & Correlation coefficient tests of the dimensions of the questionnaire

No.	Dimension	Cronbach's alpha	Correlation coefficient	P-value*
1.	Area of Practice	0.885	0.884	0.000
2.	Staffing and Patient Numbers	0.915	0.754	0.000
3.	Work Environment (Infrastructures)	0.886	0.877	0.000
4.	Communication with Medical Staff and Patients	0.911	0.609	0.000
5.	Incentives System	0.892	0.827	0.000
6.	Policies and Protocols	0.899	0.766	0.000
7.	Performance Development	0.908	0.655	0.000
Total dimensions of job satisfaction		0.898		

*Correlation is significant at the 0.05 level

3.11 Pilot study

The researcher applied a pilot study on 3 dietitians and then included them in the study population because the number of dietitians is small and it was necessary to reach the total population of the study. These dietitians were asked to examine the questions for clarity and provide suggestions for any possible modifications to the questionnaire. Before this, one dietitian, who was a hospital trainer but not officially working in the hospital (not a hospital employee), was asked to answer the questionnaire to enhance the validation process.

3.12 Data collection process

The researcher used a systematic approach to reach out to dietitians in West Bank hospitals for the study. Since the researcher didn't find complete information and ready-to-use data in the Ministry of Health (MOH), they contacted each hospital individually. The

researcher asked the administrative employees in each hospital about the presence of dietitians, and if a dietitian was identified, they communicated with them directly.

The method involved a combination of email communication, direct phone contact, and the distribution of an online survey. The online survey was easy to fill out and collect, ensuring clear and accurate responses. This was facilitated by the high educational level of the respondents and the small total number of respondents, which contributed to their commitment to answer the questions thoroughly and not randomly. Additionally, the researcher ensured to obtain feedback from each participant after they completed the survey, further validating the data collected.

3.13 Plan of analysis\ statistical analysis

The data was analyzed using the SPSS version (IBM SPSS Statistics 25) including descriptive analysis by percentages, frequencies, and means, in addition to two types of tests: first, an independent sample t-test was used to test variables related to the educational level, given that respondents had two choices: bachelor's degree and master's degree (or currently registered). This type of test was suitable for comparing means between two groups, which, in this case, were the two educational levels. Another set of independent sample t-tests was used to test variables related to the type of recruitment contract, type of shift, and employment position. These tests were appropriate for comparing means between two independent groups, which could be the different categories within each of these variables. The gender variable was mentioned but deemed unnecessary to calculate because there was only one male respondent. In cases where there was a significant imbalance in group sizes, statistical tests may not be meaningful or valid. With only one male respondent, the sample size for males was too small for statistical comparisons. Second, One Way- ANOVA test was used in this study to test four

variables' categories and how they related to job satisfaction. The categories were: age group, monthly income, hospital classification, and years of experience in the hospital.

3.14 Ethical considerations

Ethical approval was obtained from Al-Quds University (Annex 1). The study information sheet contained information about the aim of the study, its objective, and methods of data collection. Also, it contained an informed consent (the participant has the right to refuse to participate in the study and their participation will be anonymous). Privacy, confidentiality, and veracity were assured for all participants, their information was only used for scientific research and their participation was anonymous.

Chapter Four: Results of the Study

4.1 Introduction

In this chapter, the findings of the study were presented using a descriptive analysis of general characteristics of the study sample, job satisfaction, and factors associated with job satisfaction.

4.2 General characteristics of the study sample

4.2.1 Socio-demographic characteristics of participants

The majority of the dietitians in the sample were female, comprising 97% (32 dietitians) of the participants. This indicated a gender imbalance in the sample. A significant proportion, specifically 51.5% (17 dietitians), fall within the age group of 26 to 35 years. This concluded that a substantial portion of the dietitians in the study were in the early to mid-career stage. About 33.3% (11 dietitians) of the participants had master's degrees. This highlights a diversity in educational qualifications within the sample, with a notable percentage having attained advanced degrees. A relatively small percentage, specifically 15.2% (5 dietitians), reported a monthly income of less than 2500 NIS. This data point provides insights into the income distribution among the surveyed dietitians.

Table (4.1): Socio-demographic variables of dietitians

Variable	Category	Frequencies (F)	Per cent (%)
Gender	Male	1	3
	Female	32	97
Age	Less than 25 years	9	27.3
	26-35 years	17	51.5
	More than 36	7	21.2
Educational level	Bachelor's degree	22	66.7
	Master's degree (or currently registered)	11	33.3
Monthly Income (Nis)	Less than 2500 Nis	5	15.2
	2501- 3500 Nis	12	36.4
	More than 3501 Nis	12	36.4

4.2.2 Job characteristics of participants

Table (4.2) summarizes the job characteristics of dietitians. 42.4% (14 dietitians) of dietitians were working at private-investment hospitals, 36.4% (12 dietitians) were working at private (civil, associations, organizations) hospitals, while 21.2% (7 dietitians) were working in governmental hospitals. Around 48.5% (16 dietitians) of participants had more than 5 years of working experience at a hospital. And, most of them 84.8% (28 dietitians) had a full-time working shift. 66.7% (22 dietitians) were working as a head of a section or division and only 27.3% (9 dietitians) were employees.

Table (4.2): Job characteristics of dietitians

Variable	Category	Frequencies (F)	Per cent (%)
Hospital classification	Governmental	7	21.2
	Private-investment hospital	14	42.4
	Private (civil, associations, organizations)	12	36.4
Years of working as a dietitian at the hospital	less than one year	7	21.2
	2- 5 years	10	30.3
	More than 5 years	16	48.5
Type of shift	Full-time	28	84.8
	Part-time	5	15.2
Employment position	Head of section or division	22	66.7
	Employee	9	27.3

4.3 Results related to job satisfaction

The means and SD of the seven dimensions of job satisfaction were calculated and the results were:

Table (4.3): The level of job satisfaction of dietitians at hospitals

No.	Dimension	Mean	SD	Satisfaction level
1.	Area of Practice	3.86	0.91	High
2.	Staffing and Patient Numbers	3.45	1.23	High
3.	Work Environment (Infrastructures)	3.50	0.98	High
4.	Communication with Medical Staff and Patients	4.08	0.65	High
5.	Incentives System	3.04	0.88	Moderate
6.	Policies and Protocols	3.87	0.69	High
7.	Performance Development	3.39	0.73	Moderate
Total dimensions of job satisfaction		3.60	0.68	High

In general, the mean job satisfaction score was calculated to be "3.60" with a standard deviation of "0.68" This indicates a high level of overall job satisfaction among the dietitians in West Bank's hospitals. The dimension of "Communication with medical staff and patients" received the highest mean score, with a mean of "4.08" and a standard deviation of "0.65" This suggested that dietitians were highly satisfied with this aspect of their job, indicating positive communication experiences with both medical staff and patients. On the other hand, the dimension of "Incentives system" had the lowest mean score among the dimensions, with a mean of "3.04" and a standard deviation of "0.88" This implies that dietitians were moderately satisfied with the incentives system in place. See table (4.3).

4.3.1 Results of job satisfaction in percentages

Table (4.4) showed that the overall job satisfaction was reported as 63.6%. This indicated that a significant majority of dietitians in the study expressed satisfaction with their jobs. The breakdown of satisfaction levels showed that 63.6% of dietitians were categorized as satisfied, 21.2% as moderately satisfied, and 9% as dissatisfied. This distribution provides a view of the varying levels of job satisfaction within the sample. The highest percentage of satisfaction was reported for the dimension of "Communication with medical staff and patients," with 72.7%. This indicated a high level of satisfaction in the communication aspect of their roles. In contrast, the dimension of "Incentive system" had the lowest percentage of satisfaction, with 33.3%. This suggested that dietitians were less satisfied with the incentives system in place.

Table (4.4): Percentages of job satisfaction dimensions

No.	Dimension	Dissatisfied	Moderately satisfied	Highly Satisfied
1.	Area of Practice	9	15.2	69.7
2.	Staffing and Patient Numbers	24.2	18.2	51.5
3.	Work Environment (Infrastructures)	12	27.3	54.5
4.	Communication with Medical Staff and Patients	0	18.2	75.8
5.	Incentives System	27.3	33.3	33.3
6.	Policies and Protocols	6	15.2	72.7
7.	Performance Development	15.2	30.3	48.5
Total dimensions of job satisfaction		9	21.2	63.6

4.4 Factors associated with job satisfaction

4.4.1 Test values for “Area of Practice” dimension

This section consisted of 8 items or phrases related to the area of practice. In general, this dimension ranked third among all dimensions of job satisfaction. The mean score was "3.86" and the standard deviation was "0.91" indicating a high level of satisfaction among dietitians in this dimension. Results in table (4.5) showed that the phrase “I feel satisfied with the role of the dietitian in the nutritional assessment of patients” received the highest rank within this dimension, with a mean of "4.39" and SD of "0.96" This indicated that dietitians expressed a very high level of satisfaction with their role in nutritional assessment. while the phrase “I feel satisfied with the tasks of the dietitian in managing the kitchen department in the hospital” had the lowest rank within the dimension. However, despite being in the lowest ranking, dietitians still reported a mean satisfaction score of "3.52" with an SD of "1.09." This indicated that, while it ranked lower, there was still a level of satisfaction with this aspect of their role.

Table (4.5): Means values for “Area of Practice”

No.	Item	Mean	SD	Satisfaction level
1.	I feel satisfied with applying the job description for a dietitian in a hospital	3.77	0.92	High
2.	I feel satisfied with the tasks of the dietitian in the field of food safety in the hospital	3.87	1.02	High
3.	I feel satisfied with the tasks of the dietitian in managing the kitchen department in the hospital	3.52	1.09	High
4.	I feel satisfied with the dietitian’s supervision of daily meals in the hospital	4.13	1.38	High
5.	I feel satisfied with the system of preparing and distributing meals for patients in the hospital by the hospital staff	3.84	1.24	High
6.	I feel satisfied with the role of the dietitian in the nutritional assessment of patients	4.39	0.96	Very high
7.	I feel satisfied with the role of the dietitian in enteral tube feeding in the hospital	3.84	1.04	High
8.	I feel satisfied with the role of the dietitian in parenteral nutrition in the hospital	3.55	0.96	High
Total items		3.86	0.91	High

A significant majority 72.7% (24 dietitians) of dietitians have a job description, and the majority of them indicate that the job description matches their specialty. The mean value for the statement "I feel satisfied with applying the job description for a dietitian in a hospital" was calculated as “3.7” indicating a highly satisfied response. This implied that dietitians, in general, are content with the application of their job descriptions. A notable percentage of

42.4% (14 dietitians) of dietitians were working in the management of the kitchen department. Additionally, the same percentage was involved in the field of food safety. In general, the food distribution system was reported as satisfactory for most dietitians. About 75.8% (25 dietitians) of dietitians answered there is an integrated system for the patients' meals (oral food), in which all the hospital's crew are working daily and regularly.

A significant portion 60.6% (20 dietitians) of dietitians primarily worked in the field of nutritional assessment. However, it's noted that they didn't use the main tools in assessment completely. However, the implementation of educational intervention was reported as very high, with 84.8% (28 dietitians) of dietitians answering "yes" and only 9.1% (3 dietitians) partially applying this intervention.

The information provided in Figure (4.1) gave a visual representation of the distribution of daily working hours among dietitians in three areas of practice. Most dietitians spent more than 4 hours in clinical nutrition practice. The dietitians in governmental hospitals had the highest average of daily working hours in clinical nutrition. Additionally, they had the lowest average of daily hours in the food safety and management of the kitchen department.

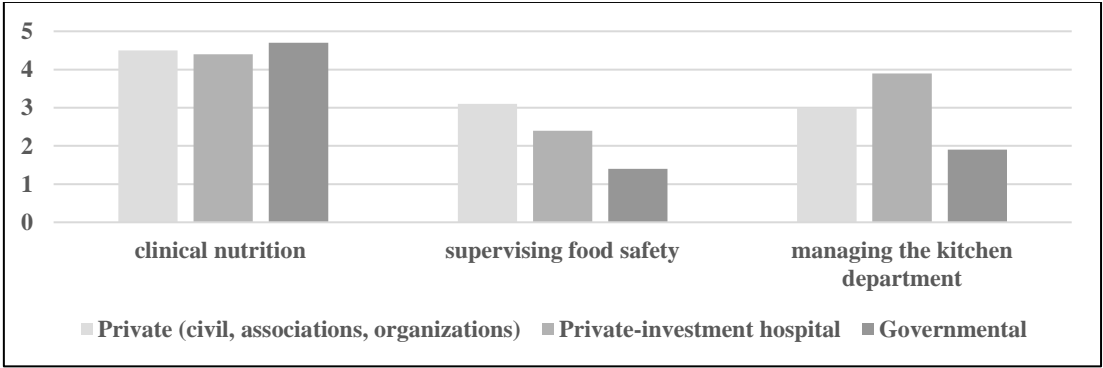


Figure (4.1) The average number of daily hours distributed on three fields of practice for dietitians (if they work in it)

4.4.2 Test values for “Staffing and Patient Numbers” dimension

This section consisted of one item or phrase related to the staffing and patient numbers. The mean score was calculated as "3.45" and the standard deviation was "1.23" This suggested that, in general, dietitians expressed a high level of satisfaction with this dimension.

Table (4.6): Means values for “Staffing and Patient Numbers”

No.	Item	Mean	SD	Satisfaction level
1.	The number of dietitians in the hospital is appropriate for the number of patients, according to your point of view?	3.45	1.23	High
Total items		3.45	1.23	High

The study reports that 87% (27 dietitians) of dietitians have permanent contracts. This highlighted the employment status and job stability for a significant majority of dietitians in the surveyed hospitals. The distribution of dietitians according to the number of beds in hospitals was reported to be in favor of private investment hospitals. The overall average number of patients who received nutritional intervention from one dietitian is reported to be 19 patients. This information provides insights into the workload of dietitians and the number of patients they typically handle.

4.4.3 Test values for “Work Environment (Infrastructures)” dimension

This section consisted of 3 items or phrases related to the area of practice. In general, this dimension represented the third ranking among all dimensions of job satisfaction. The mean score was calculated as "3.50" and the standard deviation was "0.98." This means that dietitians expressed a high level of satisfaction with this dimension.

Results in table (4.7) showed that the phrase “I feel satisfied with the position of the dietitian in the electronic information system” had the highest rank within the dimension. The mean score was "3.74" and the standard deviation was "1.09" This indicated that dietitians expressed a high level of satisfaction with the integration of their role in the electronic information system. On the other hand, the phrase "I feel satisfied with having a suitable office for a dietitian in the hospital" was in the lowest rank within the dimension. Despite being in the lowest ranking, dietitians still reported a mean satisfaction score of "3.32" with a standard deviation of "1.30" This indicated that dietitians were moderately satisfied with having a suitable office.

45.5% (15 dietitians) of dietitians didn’t have a nutrition clinic. Only one governmental hospital had a nutrition clinic, while the rest (7 dietitians) reported not having one. 66.7% (22 dietitians) of dietitians have an account on the electronic health information system of the hospital.

Table (4.7): Means values for “Work Environment (Infrastructures)”

No.	Item	Mean	SD	Satisfaction level
1.	I feel satisfied with having a suitable office for a dietitian in the hospital	3.32	1.30	Moderate
2.	I feel satisfied with the position of the dietitian in the electronic information system	3.74	1.09	High
3.	The organization provides supplies, equipment, and tools needed by dietitians if requested	3.45	1.18	High
Total items		3.50	0.98	High

4.4.4 Test values for “Communication with Medical Staff and with Patients” dimension

This section consisted of 3 items or phrases related to communication with medical staff and with patients. In general, this dimension represented the first ranking among all dimensions of job satisfaction with a mean “4.08” and SD “0.65” which concludes that the dietitians were in a high level of satisfaction with this dimension. Results in table (4.8) showed that the phrase "Communication with patients is positive, and you feel that they are interested in nutritional counseling" had the highest rank within the dimension. The mean score was "4.26" and the standard deviation was "0.68" This indicates that dietitians were highly satisfied with communication with patients. On the other hand, the phrase "Communication with physicians is positive, and you feel that they are interested in nutritional counseling" was in the lowest rank within the dimension. Despite being in the lowest rank, dietitians still reported a mean satisfaction score of "3.97" with a standard deviation of "0.88" This concludes that dietitians were highly satisfied with this dimension, even though it ranked lower compared to other aspects of communication. The results related to communication were acceptable.

Table (4.8): Means values for “Communication with Medical Staff and with patients”

No.	Item	Mean	SD	Satisfaction level
1.	Communication with physicians is positive and you feel that they are interested in nutritional counseling	3.97	0.88	High
2.	Communication with nursing staff is positive and you feel that they are interested in nutritional counseling	4.03	0.80	High
3.	Communication with patients is positive and you feel that they are interested in nutritional counseling	4.26	0.68	Very high
Total items		4.07	0.66	High

The results in table (4.9) showed that a very high percentage of physicians and nurses communicate with dietitians and inform them of cases. In addition, 45.5% (15 dietitians) of dietitians provided educational lectures to medical staff and hospital staff during the past 6 months.

Table (4.9): Results of answers related to dietitians' communications in hospitals

Variable	Category	Frequencies	Per cent
		(F)	(%)
Communication with physicians: Is there recognition of the role of the dietitian among most physicians in the hospital, and do they inform you of cases that require nutritional intervention?	Most physicians	18	54.5
	Some physicians	13	39.4
	They do not inform the dietitian	0	0
Communication with nursing staff: Is there recognition of the role of the dietitian among most nurses in the hospital, and do they inform you of cases that require nutritional intervention?	Most nurses	23	69.7
	Some nurses	8	24.2
	They do not inform the dietitian	0	0

4.4.5 Test values for “Incentives System” dimension

The dimension related to the incentives system represented the seventh ranking among all dimensions of job satisfaction. The mean score was calculated as "3.04" and the standard deviation was "0.88" This indicated that, in general, dietitians were in moderate (neutral) satisfaction with this dimension. Results in table (4.10) showed that the phrase "Your direct

manager motivates and encourages you to work" had the highest rank within the dimension. The mean score was "3.58" and the standard deviation was "1.12" This indicates that dietitians were highly satisfied with the motivation and encouragement provided by their direct managers. On the other hand, the phrase "The organization provides financial incentives to the dietitian to motivate the employee" was the lowest rank within the dimension. Its mean was equal to "2.26" and the standard deviation was "0.93". This concludes that dietitians were less satisfied with the financial incentives provided by the hospital.

Table (4.10): Means values for the “Incentives System”

No.	Item	Mean	SD	Satisfaction level
1.	Your direct manager motivates and encourages you to work	3.58	1.12	High
2.	I feel satisfied with my current employment situation	3.52	1.06	High
3.	The organization provides financial incentives to the dietitian to motivate the employee	2.26	0.93	Low
4.	The organization provides moral incentives to the dietitian to motivate the employee	2.81	1.25	Low
Total items		3.04	0.88	Moderate

4.4.6 Test values for “Policies and Protocols” dimension

This section consisted of three items or phrases related to the policies and protocols. In general, this dimension represented the second-ranking among all dimensions of job satisfaction with a mean of “3.87” and SD “0.69” which concludes that the dietitians were in high satisfied with this dimension. Results in table (4.11) showed that the phrase "I feel satisfied with a protocol or manual of therapeutic nutrition in the hospital" had the highest

rank within the dimension. The mean score was "4.00" and the standard deviation was "0.78" This indicates that dietitians had a high satisfaction with the presence of protocols or manuals related to therapeutic nutrition. On the other hand, the phrase "I feel satisfied with a protocol or manual of food safety in the hospital" was the lowest rank within the dimension. Its mean was equal to "3.77" and the standard deviation was "0.96". Despite being in the lowest rank, this suggested that dietitians were still in high satisfaction with the presence of protocols or manuals related to food safety.

Table (4.11): Means values for “Policies and Protocols”

No.	Item	Mean	SD	Satisfaction level
1.	I feel satisfied with a protocol or manual of therapeutic nutrition in the hospital	4.00	0.78	High
2.	I feel satisfied with a protocol or manual of food safety in the hospital	3.77	0.96	High
3.	I feel satisfied with the strategic plans or policies for the nutrition department in the hospital	3.84	0.67	High
Total items		3.87	0.69	High

The results regarding the policies and protocols were very satisfactory. Most dietitians 87.1% & 84.8% had protocols for therapeutic nutrition and food safety respectively. And, 66.7% (22 dietitians) of dietitians had a strategic plan for the departments of nutrition at hospitals. The documentation rate was very high 81.8% (27 dietitians). There were many types of documentation processes according to figure (4.2) but in general, most of dietitians used health electronic system.

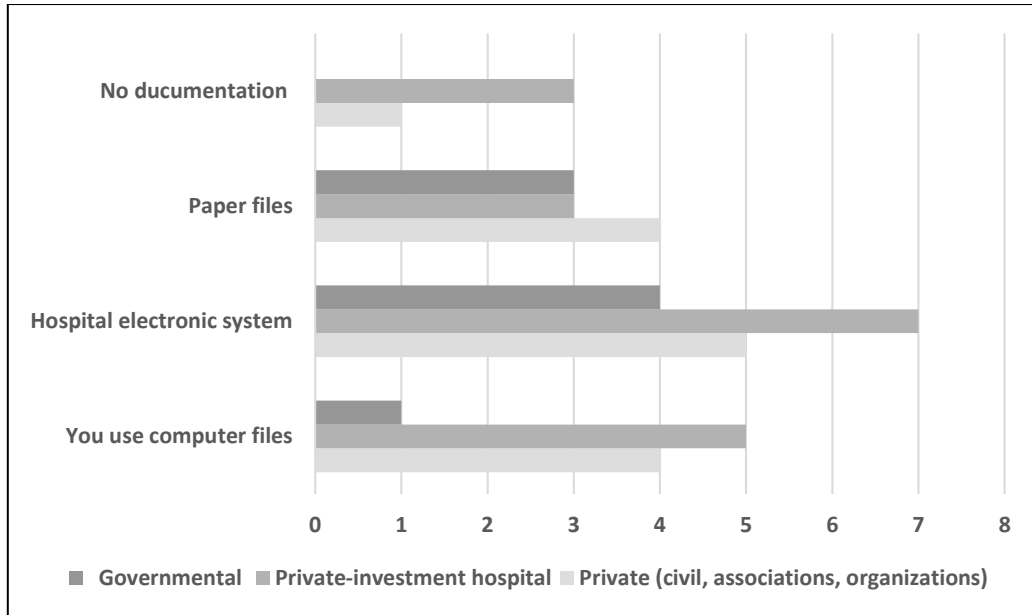


Figure (4.2): Number of answers related to the documentation process

Table (4.12) showed the involvement of dietitians in meetings regarding the nutrition practice at hospitals. The involvement of dietitians in clinical meetings and kitchen equipment supply was not satisfied. Only 48.5% (16 dietitians) were involved in clinical meetings and 48.5% (15 dietitians) were involved in kitchen equipment supply meetings.

Table (4.12): Results related to meetings

Variable	Category	Frequencies (F)	Per cent (%)
Is the Nutrition Department involved in bidding and supply meetings for food supplies for the hospital?	Yes	21	63.6
	No	10	30.3
Is the Nutrition Department involved in bidding and supply meetings for kitchen equipment and utensils for the hospital?	Yes	16	48.5
	No	15	45.5
Is the Nutrition Department involved in quality and patient safety committee meetings within the hospital on an ongoing basis?	Yes	21	63.6
	No	10	30.3
Is the Nutrition Department involved in the general clinical meetings held for the various medical specialties in the hospital?	Yes	16	48.5
	No	15	45.5

4.4.7 Test values for “Performance Development” dimension

This section consists of four items or phrases related to the policies and protocols. In general, this dimension represented the sixth ranking among all dimensions of job satisfaction with a mean “3.39” and SD “0.73” which concluded that the dietitians were in moderate (neural) satisfaction with this dimension. Results in table (4.13) showed that both phrases about “the practical skills and theoretical skills acquired during the training - if any - are sufficient to perform the work” had the highest rank with a mean equal “3.7” and SD “0.77” and “0.82” respectively which means that the dietitians had a high satisfaction to this dimension. while the phrase “I feel satisfied with a protocol or manual of food safety in the hospital” was the lowest rank. Its mean was “2.90” and SD “1.04” which concluded that the

dietitians were in moderate (neutral) satisfaction with this dimension despite it being in the lowest rank.

Table (4.13): Means values for “Performance Development”

No.	Item	Mean	SD	Satisfaction level
1.	The practical skills you acquired during the training - if any - are sufficient to perform the work	3.74	0.77	High
2.	The scientific and theoretical skills you acquired during the training - if any - are sufficient to perform the work	3.71	0.82	High
3.	The level of courses offered by the workplace is appropriate for developing performance	2.90	1.04	Moderate
4.	The institution encourages the continuous acquisition of scientific skills	3.21	1.05	Moderate
Total items		3.39	0.73	Moderate

Only 36.4% (12 dietitians) reported participating in theoretical training courses during the last 6 months. This suggested that a relatively low percentage of dietitians have engaged in formal theoretical training within the specified timeframe. A smaller percentage, 15.2% (5 dietitians) reported participating in practical training courses during the last 6 months. On a positive note, the majority 61% (19 dietitians) reported reading from scientific sources weekly. According to the results in table (4.15), the cooperation and exchange of experiences between dietitians in other hospitals were reported as very weak.

Table (4.14): Results related to training

Variable	Category	Frequencies (F)	Per cent (%)
Have you participated in a theoretical training course related to your specialty during the past 6 months?	Yes	12	36.4
	No	19	57.6
Have you participated in a practical training course related to your specialty during the past 6 months?	Yes	5	15.2
	No	26	78.8

Table (4.15): Results related to cooperation and exchange of experiences between dietitians

Variable	Category	Frequencies (F)	Per cent (%)	
Is there continuous and frequent cooperation and exchange of experiences between dietitians in other hospitals in terms of:	A special case study or consultation with the most experienced colleagues	Yes	7	21.2
		No	24	72.7
	Organizing seminars among colleagues	Yes	2	6.1
		No	29	87.9
	Workshops between colleagues	Yes	7	21.2
		No	24	72.7

4.3.9 The relationship between four variables of demographic data and the job satisfaction of dietitians in Palestinian West Bank hospitals using independent sample t-test of job satisfaction

4.3.9.1 Independent sample t-test of job satisfaction due to educational level

Table (4.16) showed that the probability value for most of the dimensions was more than 0.05, and this was evidence of no statistically significant difference between the dietitians' responses toward these dimensions due to the educational level.

Table (4.16): Independent sample t-test of job satisfaction due to educational level

No.	Dimension	Mean	Mean	T-test	P value
		Bachelor's degree	*Master's degree		
1.	Area of Practice	4.01	3.60	1.244	0.223
2.	Staffing and Patient Numbers	3.55	3.27	0.592	0.558
3.	Work Environment (Infrastructures)	3.55	3.42	0.336	0.739
4.	Communication with Medical Staff and Patients	4.03	4.18	-0.597	0.555
5.	Incentives System	3.06	3.00	0.187	0.853
6.	Policies and Protocols	4.05	3.55	1.729	0.107
7.	Performance Development	3.60	3.00	2.125	0.050
All dimensions of job satisfaction		3.70	3.43	1.040	0.307

* Master's degree (or currently registered in master's degree)

4.3.9.2 Independent sample t-test of job satisfaction due to the type of recruitment contract

Table (4.17) showed that the probability value for all dimensions was more than 0.05, and this was evidence of no statistically significant difference between the dietitians' responses toward these dimensions due to the type of recruitment contract.

Table (4.17): Independent sample t-test of job satisfaction due to the type of recruitment contract

No.	Dimension	Mean	Mean	T-test	P value
		Permanent contract	Temporary contract		
1.	Area of Practice	3.97	3.12	1.800	0.082
2.	Staffing and Patient Numbers	3.48	3.25	0.652	0.528
3.	Work Environment (Infrastructures)	3.57	3.08	0.920	0.365
4.	Communication with Medical Staff and Patients	4.14	3.75	1.103	0.279
5.	Incentives System	3.07	2.81	0.549	0.587
6.	Policies and Protocols	3.90	3.67	0.626	0.536
7.	Performance Development	3.43	3.13	0.764	0.451
All dimensions of job satisfaction		3.65	3.26	1.087	0.286

4.3.9.3 Independent sample t-test of job satisfaction due to the type of shift

Table (4.18) showed that the probability value for most of the dimensions was more than 0.05, and this concluded that, for these dimensions, there was no statistically significant difference in job satisfaction based on the type of shift. An exception for the "Policies and protocols" where the p-value was less than 0.05. This indicated that there was evidence of a significant difference in job satisfaction related to the "Policies and protocols" based on the type of shift in favor of full-time work.

Table (4.18): Independent sample t-test of job satisfaction due to type of shift

No.	Dimension	Mean	Mean	T-test	P
		Full time	Part-time		
1.	Area of Practice	3.96	2.96	1.886	0.069
2.	Staffing and Patient Numbers	3.46	3.33	0.172	0.865
3.	Work Environment (Infrastructures)	3.58	2.78	1.372	0.181
4.	Communication with Medical Staff and Patients	4.13	3.67	1.174	0.250
5.	Incentives System	3.10	2.50	1.126	0.269
6.	Policies and Protocols	3.95	3.11	2.113	0.043
7.	Performance Development	3.40	3.25	0.337	0.738
All dimensions of job satisfaction		3.66	3.09	1.413	0.168

4.3.9.4 Independent sample t-test of job satisfaction due to the employment position

Table (4.19) showed that the probability value for most of the dimensions was more than 0.05, and this was evidence of no statistically significant difference between the dietitians' responses toward these dimensions due to the employment position.

Table (4.19): Independent sample t-test of job satisfaction due to employment position

No.	Dimension	Mean	Mean	T-test	P
		Head of section or division	Employee		
1.	Area of Practice	4.01	3.50	1.127	0.286
2.	Staffing and Patient Numbers	3.59	3.11	0.982	0.334
3.	Work Environment (Infrastructures)	3.55	3.41	0.350	0.729
4.	Communication with Medical Staff and Patients	4.15	3.93	0.866	0.393
5.	Incentives System	3.01	3.11	-0.283	0.779
6.	Policies and Protocols	3.91	3.78	0.473	0.640
7.	Performance Development	3.43	3.28	0.567	0.602
All dimensions of job satisfaction		3.66	3.44	0.819	0.420

4.3.10 The relationship between four variables of demographic data and the job satisfaction of dietitians in Palestinian West Bank hospitals using One-Way ANOVA test of job satisfaction

4.3.10.1 One-way ANOVA test of job satisfaction due to age group

The results in table (4.20) showed that the probability value of most dimensions was more than 0.05, and this was evidence of no statistically significant difference between the dietitians' responses toward most dimensions of job satisfaction due to their age group. An exception was for the "Staffing and Patient Numbers" dimension with a P value (0.035). That meant there was a statistically significant difference in this dimension in favor of age less than 25 years.

Table (4.20): One-way ANOVA test of job satisfaction due to age group

Dimension	Category	Sum of Squares	Df	Mean Square	F	P value
Area of Practice	Between groups	0.578	2	0.289	0.333	0.720
	Within Groups	24.308	28	0.868		
	Total	24.886	30			
Staffing and Patient Numbers	Between groups	9.741	2	4.870	3.795	0.035
	Within Groups	35.937	28	1.283		
	Total	45.677	30			
Work Environment (Infrastructures)	Between groups	2.347	2	1.173	1.239	0.305
	Within Groups	26.514	28	0.947		
	Total	28.860	30			
Communication with Medical Staff and Patients	Between groups	0.298	2	0.149	0.332	0.720
	Within Groups	12.583	28	0.449		
	Total	12.882	30			
Incentives System	Between groups	2.303	2	1.151	1.548	0.230
	Within Groups	20.834	28	0.744		
	Total	23.137	30			
Policies and Protocols	Between groups	0.110	2	0.055	0.108	0.898
	Within Groups	14.262	28	0.509		
	Total	14.373	30			
Performance Development	Between groups	1.646	2	0.823	1.607	0.218
	Within Groups	14.334	28	0.512		
	Total	15.980	30			
All dimensions of job satisfaction	Between groups	1.670	2	0.835	1.946	0.162
	Within Groups	12.018	28	0.429		
	Total	13.689	30			

4.3.10.2 One-way ANOVA test of job satisfaction due to monthly income

The results in table (4.21) showed that the probability value of all dimensions was more than 0.05, and this was evidence of no statistically significant difference between the dietitians' responses toward all dimensions of job satisfaction due to their monthly income.

Table (4.21): One-way ANOVA test of job satisfaction due to monthly income

Dimension	Category	Sum of Squares	Df	Mean Square	F	P value
Area of Practice	Between groups	1.005	2	0.502	0.583	0.566
	Within Groups	22.420	26	0.862		
	Total	23.425	28			
Staffing and Patient Numbers	Between groups	2.318	2	1.159	0.740	0.487
	Within Groups	40.717	26	1.566		
	Total	43.034	28			
Work Environment (Infrastructures)	Between groups	2.486	2	1.243	1.294	0.291
	Within Groups	24.985	26	0.961		
	Total	27.471	28			
Communication with Medical Staff and Patients	Between groups	2.266	2	1.133	2.870	0.075
	Within Groups	10.263	26	0.395		
	Total	12.529	28			
Incentives System	Between groups	0.039	2	0.019	0.022	0.978
	Within Groups	22.336	26	0.859		
	Total	22.375	28			
Policies and Protocols	Between groups	0.658	2	0.329	0.625	0.543
	Within Groups	13.680	26	0.526		
	Total	14.337	28			

Performance Development	Between groups	0.164	2	0.082	0.151	0.860
	Within Groups	14.099	26	0.542		
	Total	14.263	28			
All dimensions of job satisfaction	Between groups	0.671	2	0.336	0.696	0.508
	Within Groups	12.546	26	0.483		
	Total	13.217	28			

4.3.10.3 One-way ANOVA test of job satisfaction due to hospital classification

The results in table (4.22) showed that the probability value of the “Communication with Medical Staff and Patients” and “Policies and Protocols” dimensions was more than 0.05, and this was evidence of no statistically significant difference between the dietitians’ responses to these dimensions of job satisfaction due to their hospital classification. However, the probability value of other dimensions was less than 0.05 which means there was evidence of a statistically significant difference between the dietitians’ responses to “Area of Practice”, “Staffing and Patient Numbers”, “Work Environment (Infrastructures)”, “Incentives System”, and “Performance Development” in favor of private (civil, associations, organizations) hospitals.

Table (4.22): One-way ANOVA test of job satisfaction due to hospital classification

Dimension	Category	Sum of Squares	Df	Mean Square	F	P value
Area of Practice	Between groups	7.137	2	3.569	5.630	0.009
	Within Groups	17.749	28	0.634		
	Total	24.886	30			
Staffing and Patient Numbers	Between groups	23.563	2	11.782	14.917	0.000
	Within Groups	22.114	28	0.790		
	Total	45.677	30			
Work Environment (Infrastructures)	Between groups	8.301	2	4.151	5.653	0.009
	Within Groups	20.559	28	0.734		
	Total	28.860	30			
Communication with Medical Staff and Patients	Between groups	1.263	2	0.631	1.521	0.236
	Within Groups	11.619	28	0.415		
	Total	12.882	30			
Incentives System	Between groups	7.649	2	3.824	6.914	0.004
	Within Groups	15.488	28	0.553		
	Total	23.137	30			
Policies and Protocols	Between groups	2.571	2	1.286	3.050	0.063
	Within Groups	11.802	28	0.421		
	Total	14.373	30			
Performance Development	Between groups	4.741	2	2.370	5.905	0.007
	Within Groups	11.239	28	0.401		
	Total	15.980	30			
All dimensions of job satisfaction	Between groups	6.311	2	3.156	11.976	0.000
	Within Groups	7.377	28	0.263		
	Total	13.689	30			

4.3.10.4 One-way ANOVA test of job satisfaction due to years of experience at hospital

The results in table (4.23) showed that the probability value of all dimensions was more than 0.05, and this was evidence of no statistically significant difference between the dietitians' responses toward all dimensions of job satisfaction due to their years of experience at the hospital.

Table (4.23): One-way ANOVA test of job satisfaction due to years of experience at hospital

Dimension	Category	Sum of Squares	Df	Mean Square	F	P value
Area of Practice	Between groups	0.105	2	0.052	0.059	0.943
	Within Groups	24.781	28	0.885		
	Total	24.886	30			
Staffing and Patient Numbers	Between groups	2.407	2	1.203	0.779	0.469
	Within Groups	43.271	28	1.545		
	Total	45.677	30			
Work Environment (Infrastructures)	Between groups	0.380	2	0.190	0.187	0.831
	Within Groups	28.481	28	1.017		
	Total	28.860	30			
Communication with Medical Staff and Patients	Between groups	0.586	2	0.293	0.667	0.521
	Within Groups	12.296	28	0.439		
	Total	12.882	30			
Incentives System	Between groups	0.962	2	0.481	0.607	0.552
	Within Groups	22.175	28	0.792		
	Total	23.137	30			
Policies and Protocols	Between groups	0.126	2	0.063	0.124	0.884
	Within Groups	14.247	28	0.509		

	Total	14.373	30			
Performance Development	Between groups	0.095	2	0.047	0.084	0.920
	Within Groups	15.885	28	0.567		
	Total	15.980	30			
All dimensions of job satisfaction	Between groups	0.265	2	0.132	0.276	0.761
	Within Groups	13.424	28	0.479		
	Total	13.689	30			

Chapter Five: Discussion

5.1 Discussion of the results

In this section, the study results were discussed and compared with the results and findings of previous studies that related to the different parts of the research. The researcher arranged the discussion according to the research questions:

5.1.1 What is the level of job satisfaction of dietitians in Palestinian West Bank hospitals?

In this study, the overall job satisfaction among the dietitians in West Bank's hospitals was high by 63.6% and a mean score of "3.60" with a standard deviation of "0.68". This indicated that a significant majority of dietitians in the study expressed satisfaction with their jobs. However, 21.2% were moderately satisfied, and 9% were dissatisfied. The results were similar to the study of job satisfaction among renal dietitians in northeast Ohio by Sullivan, et al., which showed that 78% of dietitians expressed overall satisfaction with their jobs (Sullivan, et al., 2006). Another similarity in a study conducted by Yun, et al., in 2009, in Korea indicated that hospital dietitians reported a high level of job satisfaction. The specific metric used for measuring job satisfaction in this study was a score of 3.35 out of 5.00 (Yun, et al., 2009). This score suggested that, on average, the hospital dietitians participating in the study expressed a positive level of satisfaction with their jobs (Yun, et al., 2009). However, our results were in contrast with a Jordanian study which concluded that only 48.3% of the Jordanian dietitians were satisfied with their jobs (Elsahoryi, et al., 2022). The reason for these differences is that each country has its own laws and conditions of employment and a difference in the nature of the nutrition profession.

5.1.2 To what extent does job satisfaction factors relate to the overall job satisfaction of dietitians in Palestinian West Bank hospitals?

This study demonstrated that the highest satisfaction levels were observed in "Communication with medical staff and patients." Other dimensions such as "Area of Practice," "Adjustments in Staffing and Patient Numbers" "Work Environment (Infrastructure)," and "Policies and Protocols" also demonstrated high satisfaction. "Performance Development" and "Incentive Systems," however, received moderate and neutral levels of satisfaction, with the "Incentive System" experiencing the lowest job satisfaction rates of dietitians in Palestinian West Bank hospitals.

A Malaysian study showed that dietitians were moderately satisfied with their jobs, and they being relatively more satisfied in terms of supervision, co-workers, communication, and the nature of the work, but they were less satisfied with promotion among the 9 dimensions of the job satisfaction score considered within the profession (Ai-Hong, et al., 2012).

In a Sudanese study, the results showed that the dietitians were moderately satisfied with their workload, nature of the job, food service, and promotion. They were slightly satisfied with their increased knowledge and skills, salary, and working environment. However, they were moderately satisfied with their communication as dietitians. 56% of participants were unhappy about their work environment due to inadequate equipment and lack of technology (Ibrahim, et al., 2019).

Two studies were conducted in South Africa. One of them was released in 2012. And it resulted that the lower levels of satisfaction were observed to be related to poor salaries, lack of promotion opportunities, and a poor perception of professional image (Visser, et al. 2012).

And, significant positive correlations were found between age, professional experience, area of expertise, hours of work, and location of work (Visser, et al. 2012). The other study was released in 2023 by Berg, et al. and it concluded that most dietitians were moderately satisfied with the nature of their work and found it rewarding despite that the median scores for salaries, promotion opportunities, work environment, and availability of resources were low (Berg, et al, 2023).

The distribution of dietitians according to the number of beds in hospitals was reported to be in favor of private investment hospitals. This is attributed to these hospitals following international recommendations and emphasizing the quality of human resources. The overall average number of patients who received nutritional intervention from one dietitian is reported to be 19 patients. This information provides insights into the workload of dietitians and the number of patients they typically handle. A Turkish study found that higher satisfaction of dietitians in the work environment resulted in higher job satisfaction scores (Dağ et al, 2019). In addition, a daily number of patients was associated with a job satisfaction level as being lower job satisfaction score by higher numbers of patients ($p < 0.05$) (Dağ et al, 2019). And, it was found that there were significant correlations between job satisfaction scores and attendance to occupational conferences, congresses, seminars, or training ($p < 0.05$) (Dağ et al, 2019).

In this study, 42.4% of dietitians work in the management of the kitchen department and food safety. While 60.6% work in nutrition assessment and 84.8% applied educational counseling for patients. These results showed that only one dietitian has multiple tasks in different areas of practice. A significant portion 60.6% of dietitians primarily worked in the field of nutritional assessment. However, it's noted that they didn't use the main tools in

assessment completely. This may indicate a potential area for improvement in the utilization of assessment tools. In addition, most dietitians spent more than 4 hours in clinical nutrition practice. This concluded that clinical nutrition was a significant aspect of their daily responsibilities. The dietitians in governmental hospitals had the highest average of daily working hours in clinical nutrition. Additionally, they had the lowest average of daily hours in the food safety and management of the kitchen department. The explanation provided was that governmental hospitals have administrative staff for kitchen departments and other staff working with dietitians in the field of food safety, such as infection control and the quality department. This organizational structure contributed to the dietitians' focus on clinical nutrition while other aspects are handled by specialized staff. A study by Martin, & Zaragoza, (2018) indicated that the dietitians who worked in the clinical area of practice had the lowest overall job satisfaction ranking of all practice areas (Martin, & Zaragoza, 2018). The researcher results disagree with this study. Most dietitians were satisfied with their clinical nutrition tasks in nutrition assessment, enteral nutrition, and parenteral nutrition practices. A study related to the clinical position of dietitians and how it related to job satisfaction reported that most 74% were in a nutrition department separate from food service and 89% of them were satisfied with these separations (Lessar et al, 2019).

A significant majority 72.7% of dietitians have a job description, and the majority of them indicate that the job description matches their specialty. This concluded that there was a positive alignment between their roles and the provided job descriptions.

Only 36.4% of dietitians reported participating in theoretical training courses during the last 6 months. This suggested that a relatively low percentage of dietitians have engaged in formal theoretical training within the specified timeframe. A smaller percentage, 15.2%, of

dietitians reported participating in practical training courses during the last 6 months. Practical training is essential for applying theoretical knowledge to real-world scenarios, and the lower participation rate may indicate a potential area for improvement or increased opportunities for practical training. On a positive note, the majority 61% of dietitians reported reading from scientific sources weekly. Regular reading from reputable sources reflects a commitment to staying informed about the latest developments and research in the field, contributing to ongoing professional development. According to the results in table (4.15), the cooperation and exchange of experiences between dietitians in other hospitals were reported as very weak. This highlights a potential challenge in fostering collaboration and sharing of knowledge and experiences among professionals in different hospital settings.

5.1.3 What is the relationship between certain demographic data and the job satisfaction of dietitians in Palestinian West Bank hospitals?

Eight variables were analyzed using a t-test or One-Way ANOVA: educational level, type of recruitment contract, type of shift, employment position, age group, monthly income, hospital classification, and years of experience. And their relationship to job satisfaction was determined.

5.1.3.1 The educational level

The results indicate that there was no significant relationship between educational level and job satisfaction and they were not in agreement with Abad-Jorge & Butcher's study, which revealed that registered dietitians with a master's degree had significantly higher job satisfaction and professional involvement than registered dietitians with bachelor's degree (Abad-Jorge & Butcher, 2016). The discrepancy in results might be influenced by various

factors, such as cultural differences, differences in the healthcare system, or variations in the scope of responsibilities for dietitians in different settings. The mention of higher income in Abad-Jorge & Butcher's study as a potential factor influencing job satisfaction adds another layer to consider (Abad-Jorge & Butcher, 2016). However, the governmental hospitals in Palestine increase the monthly salaries for dietitians with master's degrees by a relatively small amount raises questions about the financial incentives for pursuing advanced degrees (Palestinian Civil Service Law (2004-2005)). In hospitals, promotion due to academic degree is taken into consideration in promotion to higher administrative levels on the career ladder. As people usually tend to get a higher degree as these should be reflected in higher income and more advanced jobs. Not having so, may lead to poor job satisfaction, leading to lower motivation and performance.

5.1.3.2 The type of recruitment contract

The study found that there was no statistically significant difference between the dietitians' responses toward dimensions of job satisfaction due to the type of recruitment contract. This result was similar to the study by De Witte and Naswall, which concluded that temporary work is not associated with a reduction in job satisfaction and organizational commitment (De Witte and Naswall, 2003). By contrast, another study found that workers with permanent contracts had higher levels of job satisfaction compared to workers with temporary contracts (McDonald & Makin, 2000). However, there was no consensus regarding the effect of the type of employment contract on job satisfaction, as there were other studies that concluded that permanent workers had lower job satisfaction than temporary workers for example Benach and colleagues' study (Benach, et al., 2002). However, 82% of participant in the study had permanent contract they work in a hospital, which is an institution where

employment is often long-term in order to maintain the stability of human resources and reduce turnover.

Job satisfaction with permanent contracts can be explained by the fact that it is more job security and a fixed salary. At the same time, one of the advantages of temporary employment is the possibility of working in more than one place because the conditions of employment are less complicated and thinking about private work is greater, and therefore the financial return is greater.

5.1.3.3 The type of shift

This study found that there was no statistically significant difference in job satisfaction based on the type of shift in general. But an exception for the " Policies and Protocols " where the p-value was less than (0.05). This indicated that dietitians who worked in full-time shifts had higher job satisfaction than those who worked in part-time jobs. The results not agreed with a study on job satisfaction in South Carolina, that concluded there was no significant difference detected regarding job satisfaction between dietitians working full-time or part-time (Pless, et al., 1998).

Some studies find that part-time workers experience higher job satisfaction. A Turkish study summarized the study by Eberhardt and Shani (1984) which provided valuable insights into the factors influencing job satisfaction among part-time workers such as less involvement in the social system, limited information about organization policies and decisions, and inability to exhibit negative attitudes (Al, & Anıl, 2016). The same Turkish study collected studies that agree with this argument which were: Conway and Briner (2002), Sinclair, et al., (1999), Jackofsky and Peters (1987), and Eberhardt and Shani (1984), and their performances

being higher was consistent with the studies of Garnero, et al., (2014), Wotruba (1990), and Thurik and Wijst (1984) in (Al, & Anıl, 2016).

On the other hand, other studies may suggest that full-time workers reported greater job satisfaction because of factors such as higher wages, more comprehensive benefits, or opportunities for career advancement. For example, the data analysis conducted through questionnaires among 1,158 sales workers in Turkey revealed a significant difference in job satisfaction according to the type of shift. It concluded that part-time workers reported lower levels of job satisfaction compared to their full-time shift (Karatuna, & Basol, 2017). Similar results were found in a quantitative study in Japan that concluded that nurses employed in a flexible working system (which includes part-time work) had lower job satisfaction (Watanabe & Tsukahara, 2013) in (Komagata, et al., 2020). This is usually related with having permanent or temporary job. Usually, informal sector workers (like self-employed), have an unstable job and insecure one, which is usually associated with how much job satisfaction. In addition, usually part time jobs are temporary. Moreover, informal sector workers (like self-employed), have an unstable job and insecure one, which is usually associated with how much job satisfaction the worker has.

5.1.3.4 The employment positions

66.7% were working as a head of a section or division and only 27.3% were employees. That means there was a gap in most hospitals which means the nutrition departments have a head of department without enough employees. And, the management (administrative) tasks with daily (routinely) nutritional tasks were accomplished by the same employee.

The study results in this area found that there was no statistically significant difference between the dietitians' responses toward all dimensions of job satisfaction due to the employment position. Similarly, the Concialdi study results showed that occupational position did not play a significant role in job satisfaction (Concialdi, 2014). By contrast, a finding of the study by Andrade & Westover indicated that employees in managerial and professional positions had the highest job satisfaction levels. The interpretation of the study results could be influenced by two primary reasons: first, most dietitians were head of department and second, most hospitals have one dietitian in the hospital. Therefore, they carry out tasks like a regular employee. They do not have supervisory tasks over other dietitians.

5.1.3.5 Age group

The results of the research showed that there was no statistically significant difference between the dietitians' responses toward most dimensions of job satisfaction due to the age group except for "Staffing and Patient Numbers" dimension with a P value (0.035) where there was a statistically significant difference in this dimension in favor of age less than 25 years. The results were consistent with Bos and colleagues' study which was consistent with the fact that there was a difference in job satisfaction between age groups, but the differences were small (Bos, et al., 2009). However, Carrillo-García and colleagues indicated that the age of (20-30) years old and employees over 61 years old showed higher satisfaction levels than middle-aged professionals (41-50) years old (Carrillo-García, et al., 2013). Moreover, van den Berg and colleagues study that job satisfaction was high among those who are older and more experienced compared to those who are younger (van den Berg, et al., 2024). There were variations in findings across different studies and professions, indicating that factors influencing job satisfaction can be complex and multifaceted but the most population of the

study was small and in younger age group (79% were less than 35 years old) and that could affect the results of the study.

5.1.3.6 Monthly income

The study showed that there were no differences between the dietitians' responses toward all dimensions of job satisfaction due to their monthly income. This occurs because the average monthly income among 72% of dietitians were nearly located between 2500nis - 4500nis. So that, there is no clear differences according to the the income level. An Iranian study of Job Satisfaction of Dietetic Practitioners in Fars Province showed that nearly two-thirds of the participants were satisfied with their job conditions (Ahmadi, et al., 2014). The highest score was the nature of work itself and the lowest score was related to the salaries (Ahmadi, et al., 2014). Another study conducted in Jordan examined the association between salary and the intention to stay, alongside job satisfaction among dietitians. The findings revealed that dietitians earning higher monthly salaries tended to report higher levels of job satisfaction compared to their counterparts with lower monthly incomes. (Elsahoryi, et al., 2022).

5.1.3.7 Hospital classification

The results showed that the "Communication with Medical Staff and Patients" and "Policies and Protocols" dimensions did not differ according to the classification of hospitals. While, there was evidence of a statistically significant difference between the dietitians' responses to "Area of Practice", "Staffing and Patient Numbers", "Work Environment (Infrastructures)", "Incentives System", and "Performance Development" in favor of private (civil, associations, organizations) hospitals. However, the results were the opposite of other

studies in different countries. One of these was a Turkish study that found that job satisfaction in the public sector was higher than in the private sector (Top, et al., 2015). And communication and promotion in the public sector increased job satisfaction scores (Top, et al., 2015). Moreover, an Indian study made a comparison between public and private health sectors and it found that health workers in public sectors were more satisfied in their jobs (Peters, et al., 2010). In addition, in the United Arab Emirates, it was revealed that public sector employees tend to be more satisfied, more trusting, and have less intention to leave their organization (Zeffane & Bani Melhem, 2017). At last, a Jordanian study concluded that the level of job satisfaction among nursing staff -as a health worker- was higher in public hospitals than in private hospitals (Abdelhafiz, et al., 2016).

5.1.3.8 Years of experience at hospital

The study showed that there was no statistically significant difference between the dietitians' job satisfaction due to their years of experience at the hospital. However, many studies indicated that job satisfaction increased with years of experience. One of these studies showed that the dietitians with less than 10 years' experience showed higher satisfaction than those with more than 10 years (Kwak & Han, 2012). Another study indicated that there was significantly higher job satisfaction was seen in registered dietitians who had been in practice for longer years of practice (Visser, et al., 2012). Also, the study by Kavanaugh and colleagues and the study by Fuhse and colleagues indicated that years in the profession are associated with job satisfaction for health professionals in a defined pattern (Kavanaugh, et al., 2006) (Fuhse, et al., 2020).

5.2 Strengths of the study

The strengths of the study are that it is the first to explain the situation of nutritionists in Palestinian West Bank hospitals and measure the job satisfaction of this group. The outcomes of the study are very important as they describe the reality in an official and documented manner, providing nutritionists with real numbers to understand their current situation. Among the most important outcomes are the average dietitian to patient ratio and the focusing of educational intervention by the majority of dietitians in hospitals. The study also highlights, directly or indirectly, the existence of gaps in staffing and the application of the licensing law in hospitals.

5.3 Limitations of the study

It would have been better if a qualitative study had been applied because the sample size is small. However, the researcher did not anticipate that the sample size would be very small after discovering the gap in employment in hospitals.

The Ministry of Health does not have a hospital nutrition department, which made it difficult to obtain official data. Additionally, the Nutritionists Syndicate has limited, unorganized, and non-comprehensive information about affiliated dietitians/ nutritionist.

5.4 Conclusion

The overall job satisfaction was high 63.6%. “Communication with medical staff and patients” was the highest rank of job satisfaction. While the “Incentive system” had the lowest rank of job satisfaction. The findings indicate a generally positive perception of job satisfaction among dietitians in the West Bank, particularly in communication and operational aspects of their roles. However, areas related to performance incentives and development require attention to enhance overall job satisfaction. These results highlighted the need for

targeted interventions to improve employment conditions and retention strategies within hospital settings. The outcomes of the study are very important as they describe the reality in an official and documented manner, providing nutritionists with real numbers to understand their current situation. Among the most important outcomes are the average dietitian to patient ratio and the focusing of educational intervention by the majority of dietitians in hospitals.

5.5 Recommendations

- To conduct new studies regarding allied medical professions and jobs in which the number of cadres is small to evaluate their working conditions and the needs of the labor market.
- To conduct future studies regarding the job satisfaction of dietitians/ nutritionists working in primary health care and private centers to comprehensively evaluate the situation of dietitian/ nutritionists.
- The institutions responsible for licensing should scrutinize more closely the licensing of dietitians in hospitals, as it was noted that a large number of hospitals do not have a dietitian, which means that there are several job opportunities for which the vacancy has not been filled.
- There should be organized and official documentation of the data of dietitians in the Ministry of Health and the Nutrition Syndicate in Palestine.

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Annexes

Annex (1): Ethical approval letter

Al-Quds University Jerusalem School of Public Health		جامعة القدس القدس كلية الصحة العامة
التاريخ: 1/3/2023		
عزيزتي الطالبة ميساء ابراهيم المحترمة برنامج ماجستير السياسات والادارة الصحية		
الموضوع: موافقة لجنة اخلاقيات البحث العلمي		
قامت اللجنة الفرعية لأخلاقيات البحث التابعة لكلية الصحة العامة بمراجعة مشروع الرسالة بعنوان:		
" Factors Affecting Job Satisfaction of Dietitians in Palestinian Hospitals"		
المقدم من (مشرف البحث/د. رضوان القصراوي).		
يعتبر مشروعك مستوفياً لمتطلبات أخلاقيات البحث في جامعة القدس.		
نتمنى لكم كل التوفيق في تسيير المشروع.		
ملاحظة: في حالة الحاجة الى موافقة من اللجنة المركزية في الجامعة، تستطيع التقدم باستخدام هذه		
الرابط. <u>https://research.alquds.edu/en/ethics/48-how-to-apply.html</u>		
رئيسة اللجنة الفرعية لاخلاقيات البحث كلية الصحة العامة د. نهى الشريف		
		
نسخة/ أعضاء لجنة البحث نسخة/ الملف		
Jerusalem Branch/Telefax 02-2799234 Gaza Branch/Telefax 08-2644220 -2644210 P.O. box 51000 Jerusalem	فرع القدس / تلفاكس 02-2799234 فرع غزة / تلفاكس 08-2644220-2644210 ص.ب. 51000 القدس	

Annex (2): Questionnaire judging letter

تحكيم استبانة

العوامل المؤثرة على الرضا الوظيفي لاختصاصيي التغذية في المستشفيات الفلسطينية

حضرة الاستاذ الدكتور: المحترم

بعد التحية،

تقوم الطالبة ميساء شيخ ابراهيم باجراء دراسة بالعنوان المذكور وذلك كمتطلب للحصول على درجة الماجستير في الادارة والسياسات الصحية في جامعة القدس\ ابو ديس، وحسب مكانتكم العلمية وخبرتكم الواسعة نضع بين أيديكم هذه الاستبانة المكونة من تسعة أقسام كوسيلة لجمع البيانات والمعلومات اللازمة ، ولذلك نرجو مساهمتكم في تحكيمها وابداء الملاحظات عليها من حيث:

- ملائمة الاستبانة لمواضيع التغذية والادارة الصحية
- وضوح الفقرات وصياغتها اللغوية
- اي ملاحظات اضافية للاضافة او التعديل او الحذف

شاكرين لكم حسن تعاونكم وخالص الاحترام والتقدير

الباحثة

ميساء شيخ ابراهيم

Annex (3): Experts who reviewed the study questionnaire

- Dr. Manal Badrasawi

- Scientific degree: PhD in Nutrition and Dietetics – National University of Malaysia - Malaysia
- Workplace: An- Najah National University
- Email address: m.badrasawi@najah.edu

- Dr. Ola Anabtawi

- Scientific degree: PhD in Nutritional Sciences – University of Nottingham – United Kingdom
- Workplace: An- Najah National University
- Email address: ola.anabtawi@najah.edu

Annex (4): The form of the questionnaire (English version)



Al-Quds University

Department of Public Health

Policies & Health Management / Minor in Quality & Patient Safety

“Factors Affecting Job Satisfaction of Dietitians in Palestinian Hospitals”

Mr./Mrs. Participant:

After Greetings...

The researcher is conducting a study entitled Factors Affecting Job Satisfaction of Dietitians in Palestinian Hospitals, in order to obtain a master’s degree in Policies & Health Management - Patient Quality and Safety from Al-Quds University. Therefore, I ask you to answer the questionnaire objectively and accurately because it will affect the research results. With the assurance that all data will be treated with complete confidentiality and will be used for scientific research purposes only.

Knowing that you have the right not to participate or withdraw if you wish.

I thank you for your cooperation and you have all my appreciation and respect.

Researcher: Maisa Shaik Ibrahim

Supervisor: Dr. Radwan Qasrawi

The first part: Employment status	
Section One: Facility Specifications	
1.	What is the classification of the hospital you work at? <ul style="list-style-type: none"> <input type="radio"/> Governmental <input type="radio"/> Private-investment hospital <input type="radio"/> Private (civil, associations, organizations) <input type="radio"/> Military hospital <input type="radio"/> Mental hospital
2.	The hospital location? <ul style="list-style-type: none"> <input type="radio"/> East Jerusalem <input type="radio"/> West Bank
Section Two: Demographic data	
3.	How old are you? <ul style="list-style-type: none"> <input type="radio"/> Less than 25 years <input type="radio"/> 26-35 years <input type="radio"/> 45-36 years <input type="radio"/> More than 45 years
4.	Gender? <ul style="list-style-type: none"> <input type="radio"/> Male <input type="radio"/> Female
5.	Educational level? <ul style="list-style-type: none"> <input type="radio"/> Diploma <input type="radio"/> Bachelor's degree <input type="radio"/> Master's degree (or currently registered) <input type="radio"/> Doctorate (or currently registered)
6.	How many years have you been working as a dietitian in the hospital you are working at now? <ul style="list-style-type: none"> <input type="radio"/> Less than one year <input type="radio"/> 2- 5 years <input type="radio"/> 6 - 10 years <input type="radio"/> 11 - 15 years <input type="radio"/> More than 15 years
7.	How many years had you been working as a dietitian before your current work?

	<ul style="list-style-type: none"> <input type="radio"/> Less than one year <input type="radio"/> 2- 5 years <input type="radio"/> 6 - 10 years <input type="radio"/> 11 - 15 years <input type="radio"/> More than 15 years
8.	Type of working shifts in the hospital? <ul style="list-style-type: none"> <input type="radio"/> Full-time <input type="radio"/> Part-time in the hospital <input type="radio"/> Part-time in the clinic
9.	Your salary in Nis: <ul style="list-style-type: none"> <input type="radio"/> Less than 2500 Nis <input type="radio"/> 2501- 3500 Nis <input type="radio"/> 3501 - 4500 Nis <input type="radio"/> 4501 - 5500 Nis <input type="radio"/> 5501 - 6500 Nis <input type="radio"/> 6501 - 7500 Nis <input type="radio"/> 7501 - 8500 Nis <input type="radio"/> More than 8500 Nis
10.	Your employment position? <ul style="list-style-type: none"> <input type="radio"/> Manager <input type="radio"/> Head of section <input type="radio"/> Head of division <input type="radio"/> Employee
Section Three: Area of Practice	
11.	Did you get a job description template from the hospital's administration? <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
12.	If the answer is yes, does the job description match your speciality in nutrition and dietitian? <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
13.	Do you routinely work in the field of kitchen food safety? <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No

	<ul style="list-style-type: none"> ○ Partially not daily
14.	<p>Do you routinely work in the management of the kitchen department?</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ Partially not daily
15.	<p>Do you work in the field of supervising daily meals in the kitchen and have a main role in choosing the patients' oral meals routinely within their state of health?</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ Partially not daily
16.	<p>Is there an integrated system for the patients' meals (oral food), in which all the hospital's crew are working daily and regularly?</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ Partially
17.	<p>Do you mainly work in the field of nutritional assessment to detect the level of malnutrition or the risk of malnutrition for the majority of patients?</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ Partially not mainly
18.	<p>Do you routinely perform physical examinations (height) on a daily basis in a group of patients undergoing nutritional intervention?</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ Partially not mainly
19.	<p>Do you routinely perform physical examinations (weight) on a daily basis in a group of patients undergoing nutritional intervention?</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ Partially not mainly
20.	<p>Do you routinely perform physical examinations (waist circumference) on a daily basis in a group of patients undergoing nutritional intervention?</p> <ul style="list-style-type: none"> ○ Yes

	<ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Partially not mainly
21.	<p>Do you routinely explain educational brochures to patients in the departments regarding various health conditions that require nutritional intervention?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partially and not for all the patients that need it
22.	<p>During the past 6 months, have you given a nutritional lecture to the hospital staff?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
23.	<p>Do you follow up on the cases of patients with enteral tube feeding on a basic, routine, and organized basis for most cases in the hospital?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partially not mainly
24.	<p>Do you follow up on the cases of patients with parental tube feeding on a basic, routine, and organized basis for most cases in the hospital?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partially not mainly
25.	<p>If you work in supervising food safety, how many daily working hours do you work on food safety tasks in the kitchen department? The answer: hours</p>
26.	<p>If you work in managing the kitchen department, approximately how many daily working hours do you work on this task? The answer: hours</p>
27.	<p>If you work on tasks related to clinical nutrition with patients, approximately how many daily working hours do you work on this task? The answer: hours</p>
28.	<p>Do you follow up cases during a long stay in the hospital (for more than two weeks) for all cases that require continuous nutritional intervention?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Partially not mainly
29.	<p>Do you follow up cases after they leave the hospital for all cases that require continuous nutritional intervention?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partially not mainly
Section Four: Decrease in staff and increase in number of patients	
30.	<p>Approximately how many beds are occupied in the hospital?</p> <input type="radio"/> 1-100 <input type="radio"/> 200-101 <input type="radio"/> 300-201 <input type="radio"/> 400-301 <input type="radio"/> More than 400
31.	<p>How many dietitians are in the hospital? Answer:</p>
32.	<p>In your opinion, how many dietitians are appropriate for the number of patients in the hospital? With an explanation of the reason? Answer:</p>
33.	<p>What is your recruitment contract?</p> <input type="radio"/> Permanent contract <input type="radio"/> Temporary contract
34.	<p>On average, approximately how many patients do you provide nutritional counselling to on a daily basis? Answer:</p>
35.	<p>How many official daily working hours? Answer:</p>
36.	<p>How many official working days? Answer:</p>
Section Five: Work Environment (Infrastructures)	
37.	<p>Is there a nutrition clinic - other than the nutrition office - in the hospital?</p> <input type="radio"/> Yes <input type="radio"/> No
38.	<p>Is there a user account on the electronic health information system for the dietitian in the</p>

	<p>hospital?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
39.	<p>If the answer is yes, check the available services (you can choose more than one option):</p> <ul style="list-style-type: none"> <input type="radio"/> Medical file of admitted patients <input type="radio"/> Medical examinations and tests conducted by the patient <input type="radio"/> Entering the dietitian notes on the program <input type="radio"/> Having the option to request nutritional counselling from the medical staff <input type="radio"/> Dietary meals for patients according to their health condition
40.	<p>Are the following measuring tools available to the dietitian in the hospital (you can choose more than one option)?</p> <ul style="list-style-type: none"> <input type="radio"/> Length scale <input type="radio"/> Weight scale <input type="radio"/> Waist circumference measuring tape <input type="radio"/> Devices for analyzing body composition using electrical charges <input type="radio"/> There are no tools
Section Six: Communication with medical staff and with patients	
41.	<p>Communication with doctors: Is there recognition of the role of the dietitian among most doctors in the hospital, and do they inform you of cases that require nutritional intervention?</p> <ul style="list-style-type: none"> <input type="radio"/> Most doctors <input type="radio"/> Some doctors <input type="radio"/> They do not inform the dietitian
42.	<p>Communication with nursing staff: Is there recognition of the role of the dietitian among most nurses in the hospital, and do they inform you of cases that require nutritional intervention?</p> <ul style="list-style-type: none"> <input type="radio"/> Most nurses <input type="radio"/> Some nurses <input type="radio"/> They do not inform the dietitian
Section Seven: Health Model	
43.	<p>Is there a protocol or manual for therapeutic nutrition circulated in the hospital?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No

44.	<p>Is there a food safety protocol in the hospital?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
45.	<p>Are there strategic plans or policies for the nutrition department in the hospital?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
46.	<p>Do you document and record the cases you deal with daily in the hospital?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
47.	<p>If the answer is yes, is the documentation mechanism: (more than one option can be chosen)</p> <p><input type="radio"/> You use computer files</p> <p><input type="radio"/> On the hospital's electronic system</p> <p><input type="radio"/> You use paper files</p>
48.	<p>Is the Nutrition Department involved in bidding and supply meetings for food supplies for the hospital?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
49.	<p>Is the Nutrition Department involved in bidding and supply meetings for kitchen equipment and utensils for the hospital?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
50.	<p>Is the Nutrition Department involved in quality and patient safety committee meetings within the hospital on an ongoing basis?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
51.	<p>Is the Nutrition Department involved in the general clinical meetings held for the various medical specialities in the hospital?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
Section Eight: Performance improvement	
52.	<p>Have you participated in a theoretical training course related to your speciality during the past 6 months?</p> <p><input type="radio"/> Yes</p>

	<input type="radio"/> No					
53.	Have you participated in a practical training course related to your speciality during the past 6 months?					
	<input type="radio"/> Yes <input type="radio"/> No					
54.	Do you read scientific and new articles and books continuously and periodically and constantly review your knowledge?					
	<input type="radio"/> Yes <input type="radio"/> No					
55.	If the answer is yes, determine the average readings approximately:					
	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly					
	Is there continuous and frequent cooperation and exchange of experiences between dietitians in other hospitals in terms of:					
	56. A special case study or consultation with the most experienced colleagues:					
	<input type="radio"/> Yes <input type="radio"/> No					
	57. Organizing seminars among colleagues:					
	<input type="radio"/> Yes <input type="radio"/> No					
	58. Workshops between colleagues:					
	<input type="radio"/> Yes <input type="radio"/> No					
Part Two: Job Satisfaction						
No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Section One: Area of Practice						
1.	I feel satisfied with applying the job description for a dietitian in a hospital					
2.	I feel satisfied with the tasks of the					

	dietitian in the field of food safety in the hospital					
3.	I feel satisfied with the tasks of the dietitian in managing the kitchen department in the hospital					
4.	I feel satisfied with the dietitian's supervision of daily meals in the hospital					
5.	I feel satisfied with the system of preparing and distributing meals for patients in the hospital by the hospital staff					
6.	I feel satisfied with the role of the dietitian in the nutritional assessment of patients					
7.	I feel satisfied with the role of the dietitian in enteral tube feeding in the hospital					
8.	I feel satisfied with the role of the dietitian in parenteral nutrition in the hospital					
Section Two: Decrease in Staff and Increase in Number of Patients						
9.	The number of dietitians is appropriate for the number of hospital patients, according to your point of view					
Section Three: Work Environment (Infrastructures)						
10.	I feel satisfied with having a suitable office for a dietitian in the hospital					
11.	I feel satisfied with the position of the nutritionist in the electronic information system					

12.	The organization provides supplies, equipment and tools needed by dietitians if requested					
Section Four: Communication with Medical Staff and with patients						
13.	Communication with doctors is positive and you feel that they are interested in nutritional counseling					
14.	Communication with nursing staff is positive and you feel that they are interested in nutritional counselling					
15.	Communication with patients is positive and you feel that they are interested in nutritional counselling					
Section Five: Incentives System						
16.	Your direct manager motivates and encourages you to work					
17.	I feel satisfied with my current employment situation					
18.	The organization provides financial incentives to the dietitian to motivate the employee					
19.	The organization provides moral incentives to the dietitian to motivate the employee					
Section Six: Health Model						
20.	I feel satisfied with a protocol or manual of therapeutic nutrition in the hospital					
21.	I feel satisfied with a protocol or manual of food safety in the hospital					

22.	I feel satisfied with the strategic plans or policies for the nutrition department in the hospital					
Section Seven: Performance Improvement						
23.	The practical skills you acquired during the training - if any - are sufficient to perform the work					
24.	The scientific and theoretical skills you acquired during the training - if any - are sufficient to perform the work					
25.	The level of courses offered by the workplace is appropriate for developing performance					
26.	The institution encourages the continuous acquisition of scientific skills					

Annex (5): The form of the questionnaire (Arabic version)



جامعة القدس

دائرة الصحة العامة

برنامج السياسات والادارة الصحية | مسار جودة وسلامة المريض

"العوامل المؤثرة على الرضا الوظيفي لأخصائيي التغذية في المستشفيات الفلسطينية"

السيد المشارك | السيدة المشاركة:

تحية طيبة وبعد ...

تقوم الباحثة بدراسة بعنوان العوامل المؤثرة في الرضا الوظيفي لأخصائيي التغذية في المستشفيات الفلسطينية، وذلك لنيل درجة الماجستير في السياسات والإدارة الصحية - مسار جودة وسلامة المريض من جامعة القدس، لذا ارجو من حضرتكم الاجابة على اسئلة الاستبيان بشكل موضوعي ودقيق لما لها من اهمية في نتائج البحث، مع التأكيد بان جميع البيانات سيتم التعامل معها بسرية تامة وسوف تستخدم لاغراض البحث العلمي فقط.

مع العلم ان لك الحق في عدم المشاركة او الانسحاب في حال رغبت في ذلك.

واشكر لكم حسن تعاونكم ولكم فائق التقدير والاحترام.

الباحثة: ميساء شيخ ابراهيم

اشراف: الدكتور رضوان القصراوي

الجزء الاول:الوضع الوظيفي	
القسم الاول: مواصفات المنشأة	
1.	ما هو تصنيف المشفى الذي تعمل فيه؟ <input type="radio"/> حكومي <input type="radio"/> خاص <input type="radio"/> خاص (اهلي جمعيات منظمات) <input type="radio"/> الخدمات الطبية العسكرية
2.	مكان المشفى؟ <input type="radio"/> منطقة القدس الشرقية <input type="radio"/> الضفة الغربية
القسم الثاني: البيانات الديموغرافية	
3.	كم عمرك ؟ <input type="radio"/> أقل من 25 <input type="radio"/> 26- 35 س <input type="radio"/> 36-45 س <input type="radio"/> أكثر من 45
4.	الجنس ؟ <input type="radio"/> ذكر <input type="radio"/> انثى
5.	المستوى التعليمي: <input type="radio"/> دبلوم <input type="radio"/> بكالوريوس <input type="radio"/> ماجستير (او مسجل بالوقت الحالي) <input type="radio"/> دكتوراه (او مسجل بالوقت الحالي)
6.	عدد سنوات العمل في الوظيفة الحالية كإخصائي تغذية في المشفى؟ <input type="radio"/> أقل من سنة <input type="radio"/> 2- 5 س <input type="radio"/> 6 - 10 س <input type="radio"/> 11 - 15 س <input type="radio"/> أكثر من 15 سنة
7.	عدد سنوات العمل في التخصص قبل الوظيفة الحالية؟ <input type="radio"/> أقل من سنة <input type="radio"/> 2- 5 س

	<input type="radio"/> 6 - 10 س <input type="radio"/> 11 - 15 س <input type="radio"/> أكثر من 15 سنة
8.	طبيعة الدوام في المستشفى: <input type="radio"/> دوام كامل <input type="radio"/> دوام جزئي داخل المشفى <input type="radio"/> دوام جزئي في العيادة
9.	الراتب بالشيكول: <input type="radio"/> أقل من 2500 ش <input type="radio"/> 2501 - 3500 ش <input type="radio"/> 3501 - 4500 ش <input type="radio"/> 4501 - 5500 ش <input type="radio"/> 5501 - 6500 ش <input type="radio"/> 6501 - 7500 ش <input type="radio"/> 7501 - 8500 ش <input type="radio"/> أكثر من 8500 ش
10.	موقعك الوظيفي: <input type="radio"/> مدير <input type="radio"/> رئيس قسم <input type="radio"/> رئيس شعبة <input type="radio"/> موظف
القسم الثالث: مجال العمل	
11.	هل استلمت نموذج الوصف الوظيفي من قبل ادارة المشفى? <input type="radio"/> نعم <input type="radio"/> لا
12.	إذا كان الجواب نعم هل يطابق الوصف الوظيفي اختصاصك في التغذية والحميات? <input type="radio"/> نعم <input type="radio"/> لا
13.	هل تعمل في مجال السلامة الغذائية في قسم المطبخ بشكل روتيني? <input type="radio"/> نعم <input type="radio"/> لا <input type="radio"/> بشكل جزئي وليس يومي
14.	هل تعمل في مجال ادارة قسم المطبخ بشكل روتيني?

	<input type="radio"/> نعم <input type="radio"/> لا <input type="radio"/> يشكل جزئي وليس يومي
15.	هل تعمل في مجال الاشراف على الوجبات اليومية في قسم المطبخ ويكون لك دور رئيسي في اختيار الوجبات لدى المرضى الذين يتناولون الطعام عن طريق القم بشكل روتيني ضمن حالتهم الصحية؟ <input type="radio"/> نعم <input type="radio"/> لا <input type="radio"/> يشكل جزئي وليس يومي
16.	هل يوجد نظام متكامل بخصوص وجبات المرضى المنتظمة عن طريق القم ويتم العمل فيه بشكل دائم ومنتظم من قبل جميع طواقم المشفى؟ <input type="radio"/> نعم <input type="radio"/> لا <input type="radio"/> يشكل جزئي
17.	هل تعمل في مجال التقييم التغذوي بشكل رئيسي بخصوص كشف مستوى سوء التغذية او خطر الاصابة بسوء التغذية عند اغلب مرضى المشفى بشكل روتيني ؟ <input type="radio"/> نعم <input type="radio"/> لا <input type="radio"/> يشكل جزئي وليس رئيسي
18.	هل تقوم بعمل فحوصات الجسم (الطول) بشكل يومي لدى مجموعة من المرضى بشكل روتيني ؟ <input type="radio"/> نعم <input type="radio"/> لا <input type="radio"/> يشكل جزئي وليس رئيسي
19.	هل تقوم بعمل فحوصات الجسم (الوزن) بشكل يومي لدى مجموعة من المرضى بشكل روتيني ؟ <input type="radio"/> نعم <input type="radio"/> لا <input type="radio"/> يشكل جزئي وليس رئيسي
20.	هل تقوم بعمل فحوصات الجسم (محيط الخصر) بشكل يومي لدى مجموعة من المرضى بشكل روتيني ؟ <input type="radio"/> نعم <input type="radio"/> لا <input type="radio"/> يشكل جزئي وليس رئيسي
21.	هل تقوم بشرح نشرات تعليمية للمرضى في الاقسام بمختلف الحالات الصحية التي تستدعي ذلك بشكل روتيني؟ <input type="radio"/> نعم <input type="radio"/> لا <input type="radio"/> يشكل جزئي وليس لجميع المرضى ذوي الحاجة

22.	هل قمت خلال الأشهر الـ 6 الماضية بإعطاء محاضرة تغذية لطاقم المستشفى؟ <input type="radio"/> نعم <input type="radio"/> لا
23.	هل تتابع حالات المرضى ذوي التغذية الأنبوية بشكل روتيني ومنظم لأغلب حالات المشفى؟ <input type="radio"/> نعم <input type="radio"/> لا <input type="radio"/> بشكل جزئي وليس روتيني
24.	هل تتابع مرضى التغذية الوريدية بشكل روتيني ومنظم لأغلب حالات المشفى؟ <input type="radio"/> نعم <input type="radio"/> لا <input type="radio"/> بشكل جزئي وليس روتيني
25.	في حال عملك في الإشراف على السلامة الغذائية كم عدد ساعات العمل اليومية في مهام السلامة الغذائية في قسم المطبخ تقريبا؟ الجواب: ساعة في اليوم
26.	في حال عملك في إدارة قسم المطبخ كم عدد ساعات العمل اليومية في هذه المهمة تقريبا ؟ الجواب: ساعة في اليوم
27.	في حال عملك في مهام تتعلق بالتغذية العلاجية مع المرضى كم عدد ساعات العمل اليومية في هذه المهمة تقريبا؟ الجواب: ساعة في اليوم
28.	هل تقوم بمتابعة الحالات خلال مكوثها لفترة طويلة في المشفى؟ <input type="radio"/> نعم <input type="radio"/> لا <input type="radio"/> بشكل جزئي وليس روتيني
29.	هل تقوم بمتابعة الحالات بعد خروجها من المشفى؟ <input type="radio"/> نعم <input type="radio"/> لا <input type="radio"/> بشكل جزئي وليس روتيني
القسم الرابع: نقص عدد الموظفين وزيادة عدد المرضى	
30.	كم عدد الأسرة المشغلة في المشفى تقريبا؟ <input type="radio"/> 100-1 <input type="radio"/> 200-101

	<input type="radio"/> 300-201 <input type="radio"/> 400-301 <input type="radio"/> أكثر من 400 سرير
31.	<p>كم عدد اختصاصيي التغذية في المشفى الذي تعمل فيه؟ الجواب رقم:</p>
32.	<p>كم عدد اختصاصيي التغذية المناسب لعدد المرضى في المشفى حسب وجهة نظرك؟ الجواب رقم:</p> <p>شرح السبب :</p>
33.	<p>النية التوظيف؟</p> <input type="radio"/> موقف مثبت <input type="radio"/> على عقد مؤقت
34.	<p>كم متوسط عدد المرضى الذين تقدم لهم استشارة غذائية يوميا تقريبا؟ الجواب رقم:</p>
35.	<p>كم عدد ساعات العمل الرسمي يوميا ؟ الجواب رقم:</p>
36.	<p>كم عدد ايام الدوام الرسمي؟ الجواب رقم:</p>
القسم الخامس: بيئة العمل (البيئة التحتية)	
37.	<p>هل يوجد عيادة تغذية (عيادة خارجية) - غير مكتب التغذية - في المشفى ؟</p> <input type="radio"/> نعم <input type="radio"/> لا
38.	<p>هل يوجد حساب مستخدم على نظام المعلومات الصحي الالكتروني لاختصاصي التغذية في المشفى؟</p> <input type="radio"/> نعم <input type="radio"/> لا
39.	<p>إذا كانت الاجابة نعم ضع اشارة على الخدمات المتاحة (يمكن اختيار اكثر من خيار):</p> <input type="radio"/> الملف الطبي للمرضى المدخلين <input type="radio"/> الفحوصات الطبية التي اجراها المريض <input type="radio"/> ادخال ملاحظات اختصاصي التغذية على البرنامج <input type="radio"/> وجود خيار طلب استشارة تغذوية من قبل الطاقم الطبي <input type="radio"/> الوجبات الغذائية للمرضى حسب وضعهم الصحي
40.	<p>هل يوجد ادوات القياس التالية لدى اختصاصي التغذية في المشفى (يمكن اختيار اكثر من خيار)؟</p> <input type="radio"/> مقياس الطول <input type="radio"/> الوزن

<ul style="list-style-type: none"> ○ شريط قياس محيط الخصر ○ أجهزة تحليل مكونات الجسم عن طريق الشحنتات الكهربائية ○ لا يوجد ادوات 	
القسم السادس: التواصل مع الطاقم الطبي والمرضى	
<p>41. التواصل مع الاطباء: هل يوجد اعتراف بدور اخصائي التغذية عند اغلب الاطباء في المشفى ويقومون بإبلاغكم بالحالات التي تستدعي التدخل التغذوي؟</p> <ul style="list-style-type: none"> ○ اغلب الاطباء ○ بعض الاطباء ○ لا يتم التبليغ 	
<p>42. التواصل مع طاقم تمريض: هل يوجد اعتراف بدور اخصائي التغذية عند اغلب الممرضين في المشفى ويقومون بإبلاغكم بالحالات التي تستدعي التدخل التغذوي؟</p> <ul style="list-style-type: none"> ○ اغلب الممرضين ○ بعض الممرضين ○ لا يتم التبليغ 	
القسم السابع: نموذج الصحة	
<p>43. هل يوجد بروتوكول او نشرة للتغذية العلاجية معممة في المشفى ؟</p> <ul style="list-style-type: none"> ○ نعم ○ لا 	
<p>44. هل يوجد بروتوكول للسلامة الغذائية في المشفى؟</p> <ul style="list-style-type: none"> ○ نعم ○ لا 	
<p>45. هل توجد خطة استراتيجية او سياسات معممة لقسم التغذية في المشفى في الاقسام الاخرى ؟</p> <ul style="list-style-type: none"> ○ نعم ○ لا 	
<p>46. هل تقوم بتوثيق الحالات التي تتعامل معها يوميا داخل المشفى وتسجيلها اول باول؟</p> <ul style="list-style-type: none"> ○ نعم ○ لا 	
<p>47. اذا كان الجواب نعم هل الية التوثيق: (يمكن اختيار اكثر من خيار)</p> <ul style="list-style-type: none"> ○ على الحاسوب الخاص بالعمل ○ على نظام المشفى الالكتروني ○ على ملفات ورقية 	
<p>48. هل يتم اشراك قسم التغذية في اجتماعات العطاءات والتوريدات للمواد الغذائية للمؤسسة؟</p> <ul style="list-style-type: none"> ○ نعم ○ لا 	

49.	هل يتم اشراك قسم التغذية في اجتماعات العطاءات والتوريدات لادوات واجهزة المطبخ للمؤسسة؟ <input type="radio"/> نعم <input type="radio"/> لا
50.	هل يتم اشراك قسم التغذية في اجتماعات لجان الجودة وسلامة المريض في داخل المشفى؟ <input type="radio"/> نعم <input type="radio"/> لا
51.	هل يتم اشراك قسم التغذية في الاجتماعات الاكلينيكية العامة التي تعقد لمختلف التخصصات الطبية في المشفى؟ <input type="radio"/> نعم <input type="radio"/> لا
القسم الثامن: تحسين الاداء	
52.	هل شاركت في دورة تدريبية نظرية متعلقة بالتخصص خلال ال 6 اشهر الماضية؟ <input type="radio"/> نعم <input type="radio"/> لا
53.	هل شاركت في دورة تدريبية عملية متعلقة بالتخصص خلال ال 6 اشهر الماضية؟ <input type="radio"/> نعم <input type="radio"/> لا
54.	هل تقوم بقراءة المصادر العلمية والحديثة في التخصص بشكل مستمر ودوري ومراجعة المعلومات؟ <input type="radio"/> نعم <input type="radio"/> لا
55.	اذا كان الجواب نعم حدد متوسط القراءات بشكل تقريبي: <input type="radio"/> يومي <input type="radio"/> اسبوعي <input type="radio"/> شهري
56.	هل يوجد تعاون وتبادل خبرات بين اختصاصيي التغذية في <u>المستشفيات</u> الاخرى بشكل مستمر ومتكرر من ناحية: دراسة حالة خاصة او استشارة للاكثر خيرة بين الزملاء: <input type="radio"/> نعم <input type="radio"/> لا حلقة دراسية بين الزملاء: <input type="radio"/> نعم <input type="radio"/> لا الايلاغ عن ورشات عمل مشتركة بين الزملاء: <input type="radio"/> نعم <input type="radio"/> لا
الجزء الثاني: الرضا الوظيفي	

الرقم	الفقرات	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
القسم الأول: مجال العمل						
1.	اشعر بالرضا عن تطبيق الوصف الوظيفي لاخصائي التغذية في المشفى					
2.	اشعر بالرضا عن طبيعة عمل اخصائي التغذية في مجال السلامة الغذائية في المشفى					
3.	اشعر بالرضا عن طبيعة عمل اخصائي التغذية في مجال ادارة قسم المطبخ في المشفى					
4.	اشعر بالرضا عن طبيعة اشراف اخصائي التغذية على الوجبات اليومية في المشفى					
5.	اشعر بالرضا عن نظام تحضير وتوزيع وجبات المرضى في المشفى من قبل طواقم المشفى					
6.	اشعر بالرضا عن دور اخصائي التغذية في التقييم التغذوي للمرضى					
7.	اشعر بالرضا عن دور اخصائي التغذية في التغذية الانبويية في المشفى					
8.	اشعر بالرضا عن دور اخصائي التغذية في التغذية الوريدية في المشفى					
القسم الثاني: نقص عدد الموظفين وزيادة عدد المرضى						
9.	عدد اخصائيي التغذية مناسب لعدد مرضى المشفى حسب وجهة نظرك					
القسم الثالث: بيئة العمل (البنية التحتية)						
10.	اشعر بالرضا عن توفر مكتب مناسب لاخصائي التغذية					
11.	اشعر بالرضا عن مكانة اخصائي التغذية في نظام المعلومات الالكتروني					
12.	تقدم المؤسسة لوازم اخصائي التغذية من معدات وادوات في حال طلبها					
القسم الرابع: التواصل مع الطاقم الطبي والمرضى						
13.	طبيعة التواصل مع الاطباء ايجابية و تسهر					

					اتهم مهتمون بالاستشارة التغذوية	
					14. طبيعة التواصل مع طاقم التمريض ايجابية و تشعر اهتم مهتمون بالاستشارة التغذوية	
					15. طبيعة التواصل مع المرضى ايجابية و تشع ان المرضى مهتمون بالاستشارة التغذوية	
القسم الخامس: نظام الحوافز						
					16. يقوم المدير المباشر بتحفيزك وتشجيعك للعمل	
					17. اشعر بالرضا عن وضعي الوظيفي الحالي	
					18. تقدم المؤسسة حوافز مادية لاختصاصي التغذية لتحفيز الموظف	
					19. تقدم المؤسسة حوافز معنوية لاختصاصي التغذية لتحفيز الموظف	
القسم السادس: نموذج الصحة						
					20. اشعر بالرضا عن بروتوكول او نشرات التغذية العلاجية في المشفى	
					21. اشعر بالرضا عن بروتوكول السلامة الغذائية في المشفى	
					22. اشعر بالرضا عن الخطة الاستراتيجية ومسياسات قسم التغذية في المشفى	
القسم السابع: تحسين الاداء						
					23. المهارات العملية التي اكتسبتها خلال التدريبات - ان وجدت - كافية لاداء العمل	
					24. المهارات العلمية والنظرية التي اكتسبتها خلال التدريبات - ان وجدت - كافية لاداء العمل	
					25. مستوى الدورات التي يقدمها مكان العمل مناسبة لتطوير الاداء	
					26. تشجع المؤسسة على اكتساب المهارات العلمية باستمرار	

Annex (6): The map of West Bank in Palestine

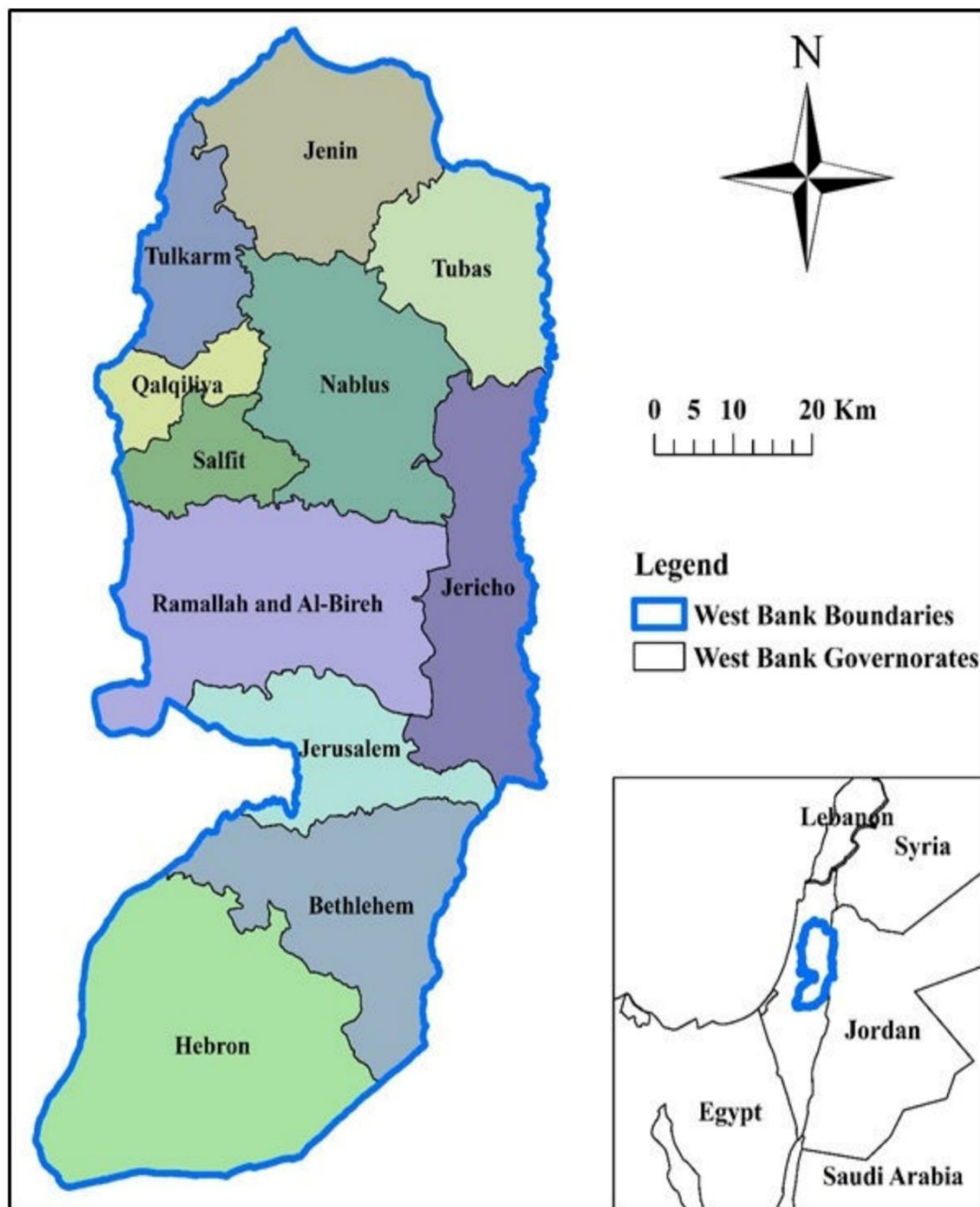


Figure (7.1): The map of West Bank in Palestine from Shaded, (2020)

Annex (7): The abstract (Arabic version)

العوامل المؤثرة على الرضا الوظيفي لدى اختصاصيي التغذية في مستشفيات الضفة الغربية، فلسطين

اعداد: ميساء رفعت شيخ ابراهيم

اشراف: د. رضوان القصراوي

ملخص الدراسة :

الخلفية: تعتبر الموارد البشرية الصحية من أهم الموارد في القطاع الصحي، في فلسطين تعتبر مهنة اختصاصيي التغذية في المستشفيات من القوى العاملة التابعة للمهن الطبية المساندة، ونظرًا للدور الحاسم الذي يلعبه الرضا الوظيفي في الموارد البشرية، فإن هذه الدراسة تستخدمه كمقياس رئيسي لتقييم الوضع المهني لاختصاصيي التغذية.

أهداف الدراسة: الهدف الرئيسي للدراسة هو تقييم مستوى الرضا الوظيفي لدى اختصاصيي التغذية العاملين في المستشفيات في مختلف أنحاء الضفة الغربية الفلسطينية.

طرق البحث: باستخدام تصميم مقطعي، استخدمت الدراسة استبيانًا ذاتيًا تم توزيعه في أكتوبر 2023 على جميع اختصاصيي التغذية البالغ عددهم 35 الذين يمارسون المهنة في المستشفيات، تم التحقق من صحة الأداة واختبارها للتأكد من موثوقيتها، وتضمن الاداة أقسامًا تتناول الوضع الوظيفي والرضا الوظيفي و تم استخدام مقياس ليكرت المكون من خمس نقاط تتعلق بتقييم مستوى الرضا الوظيفي.

النتائج: كان مجمل عدد اختصاصيي التغذية 35 اختصاصي مع أن عدد مستشفيات الضفة الغربية 51 مشفى (باستثناء مستشفيات القدس)، وبشكل عام بلغت نسبة الرضا الوظيفي (63.6%)، وان "التواصل مع الطاقم الطبي والمرضى" كان أعلى مرتبة في الرضا الوظيفي (موافقة عالية في هذا الجانب)، وكانت عوامل "مجال العمل"، و"انخفاض عدد الموظفين وزيادة عدد المرضى"، و"بيئة العمل (البنية التحتية)"، و"النموذج الصحي" متوافقة مع الرضا الوظيفي، و بالنسبة ل"تطوير الأداء" و"نظام الحوافز" كانت النتائج متوسطة "محايد"، وأن "نظام الحوافز" قد حصل على أدنى مرتبة من حيث الرضا الوظيفي، كانت من اهم نتائج الدراسة معدل عدد المرضى لكل اختصاصي تغذية وهي 19 مريض لكل اختصاصي.

الاستنتاج: تشير النتائج إلى وجود تصور إيجابي بشكل عام للرضا الوظيفي بين اختصاصيي التغذية في الضفة الغربية، وخاصة في جوانب الاتصال والتواصل مع الطاقم الطبي والمرضى، ومع ذلك، فإن المجالات المتعلقة بحوافز الأداء والتطوير تتطلب مزيد من الاهتمام لتعزيز الرضا الوظيفي العام، سلطت هذه النتائج الضوء على الحاجة إلى تدخلات مستهدفة لتحسين ظروف العمل واستراتيجيات التوظيف داخل المستشفيات.

الكلمات المفتاحية: الرضا الوظيفي، اختصاصي التغذية، الضفة الغربية.