

Deanship of Graduate Studies

Al-Quds University



**Assessing Midwives' Perception and Knowledge Toward
Disaster Emergency Management at Southern West
Bank Hospitals**

Marah Jafar Hassan Humidat

M. Sc. Thesis

Jerusalem- Palestine

1447/2025

**Assessing Midwives' Perception and Knowledge Toward
Disaster Emergency Management at Southern West
Bank Hospitals**

**Prepared By:
Marah Jafar Hassan Humidat**

B.Sc.: Midwifery – Bethlehem University -Palestine

Supervisor: Dr. Imad Abu Khader

**A thesis submitted in fulfillment of the requirements for the
Master's degree in Maternal and Child Health Nursing, Faculty
of Health Professions, Department of Nursing, Al-Quds
University**

1447/2025

Al-Quds University
Deanship of Graduate Studies
Maternal Child Health/Nursing



Thesis Approval

Assessing Midwives' Perception and Knowledge Toward Disaster Emergency Management at Southern West Bank Hospitals

Prepared by: Marah Jafar Hassan Humidat
Registration No: 22312308

Supervisor: Dr. Imad Abu Khader

Master thesis submitted and accepted, Date: Dec.23th /2025

The names and signatures of the examining committee members are as follows:

1. Supervisor: Dr. Imad Abu Khader Signature

2. Internal examiner: Dr. Summer Jallad Signature:

3. External examiner: Dr. Eman Tayyem Signature:

Jerusalem- Palestine

1447/2025

Dedication

This thesis is dedicated to Gaza, the beloved. A journey that was neither short nor easy, and a dream that required perseverance and faith to be achieved.

It is dedicated to every resilient heart that beats with patience and dignity, to every mother who bids farewell to her children in silence, to the righteous martyrs, and to every child who falls asleep to the sound of bombardment instead of lullabies. This work stands as a humble tribute and a firm belief that knowledge is a light of resistance, and that hope remains alive as long as Gaza continues to endure.

I dedicate this work to my beloved father, whose name I proudly carry, whose guidance illuminated my path, and whose sacrifices shaped my strength and determination.

To my beloved mother, the light of my life, whose prayers eased my hardships, whose heart embraced me before her hands, and whose unwavering support gave me hope and strength.

To my dear husband, Ibrahim, my constant support and source of security, who stood beside me throughout this journey and provided encouragement and love at every step.

To my husband's family, my second family, who embraced me with warmth, kindness, and unwavering support.

To my sisters and brother, whose encouragement, guidance, and noble support helped me remain steadfast until this dream was fulfilled.

To my beloved children, Adam and Rena, whose presence brings peace to my heart and joy to my life.

Finally, to everyone who supported and encouraged me in any way, this achievement is dedicated to you.

Declaration

I certify that this thesis which is submitted to the Deanship of Graduate Studies to get the degree of master in on filed MCH, this is my own research and my own work and it doesn't submit to any other universities or any institutions.

Signed:

A handwritten signature in cursive script that reads "Marah Hmeedat".

Name: Marah Jaffar Hassan Hmeedat

Date: 6 /4/ 2025

Acknowledgment

Praise be to God, the Most Merciful, who has granted me the strength and determination to reach this important stage in my academic career.

I would like to sincerely thank **Dr. Imad Abu Khader**, my supervisor, for his unwavering support, tolerance, and wise counsel during the writing of this thesis. His support has always been a source of motivation, and I pray that God would bless him with excellent health and wellbeing.

I extend my deepest gratitude and appreciation to my professors and colleagues at Al-Quds University for their cooperation and unwavering support, and for creating a rich environment that has given this achievement even greater meaning.

To my beloved and supportive family, and to my second family—my husband's family—and to my supportive and inspiring husband, Ibrahim, and my children, Adam and Rina, and to everyone who stood by me—your sacrifices, prayers, and unconditional love were the true foundation of this achievement. This success is as much yours as it is mine.

Finally, this achievement is dedicated to the steadfast Gaza Strip, which has endured so much suffering, yet remains resilient in the face of occupation, clinging to its faith and dignity. I carry their voices and hopes within me, and I dedicate this work to their courage. May this humble effort serve as a reminder that knowledge and perseverance, even in the most difficult times, are forms of resistance and light.

Marah Jaffar Hassan Hmeedat

Abstract

Background: Disasters lead to a significant threat to maternal and neonatal health, despite skilled midwives' primary role in maternal and neonatal health, limited research in Palestine has examined midwives' perception and knowledge regarding disaster emergency management.

Aim: This study aims to assess the perception and knowledge of midwives towards disasters in emergency management in hospitals across Bethlehem and Hebron, and to explore factors associated with their preparing and hospital readiness.

Methods: A descriptive, cross-sectional quantitative approach was employed among 195 midwives working in ten hospitals located in Bethlehem and Hebron in the West Bank. Data were gathered through a structured, self-administered questionnaire containing 61 items across five key domains: knowledge, roles, skills, preparedness, and hospital readiness.

Results: Findings revealed that midwives had a moderate level of overall knowledge and perception, with an average score of 3.21. Levels of knowledge and role clarity were higher compared to preparedness and hospital readiness. Higher preparedness scores were significantly associated with advanced education, greater years of experience, and previous participation in disaster-related training ($p < 0.05$). Moreover, hospitals that regularly implemented drills or training programs demonstrated higher readiness outcomes.

Conclusion: Midwives in Bethlehem and Hebron hospitals possess adequate awareness of their roles in disaster situations but remain insufficiently prepared to manage such events effectively. Institutional readiness and continuous training programs are urgently needed to enhance disaster preparedness and strengthen healthcare resilience in Palestine.

Keywords: *Midwives, disaster preparedness, knowledge, role perception, hospital readiness, Palestine.*

Table of contents

Declaration	I
Acknowledgment.....	II
Abstract	III
Table of Contents.....	V
List of Tables	vii
List of Figures	viii
List of Appendices.....	ix
List of Abbreviations.....	x
Chapter one: Introduction	1
1.1Background	1
1.2 Statement of the Problem	2
1.3 Significance of the Study	3
1.4 Aim of the Study:	3
1.5 Objectives of the Study	3
1.6 Research questions:	3
1.7 Study hypothesis:	4
1.8 Summary	4
Chapter Two: Conceptual framework and literature review	5
2.1 Introduction	5
2.1.1 Variables	5
2.1.2 Study Independent Variables	5
2.1 Introduction	7
2.2 Search Strategy	7
2.3 Theoretical Framework	8
2.4 Definition of Disaster	8
2.4.1 Types of Disasters	8
2.4.2 Natural Disasters	8
2.4.3 Man-made Disasters	9
2.5 Phases of disaster	9
2.6 Management of Disasters	10
2.7 Midwives' Role in Disaster Management	10
2.7.1 Mitigation/Prevention	10
2.7.2 Preparedness.....	11
2.7.3 Response	11
2.7.4 Recovery / Rehabilitation	12

2.8 Disasters in Palestine	12
2.9 Disaster Preparedness and Management	14
2.10 Disaster Emergency Management	14
2.11 Preparedness of Emergency midwives	16
2.12 Midwives' perception and knowledge toward disaster emergency management	18
2.13 Summary of Previous Research	19
Chapter Three: Methodology	21
3.1 Introduction	21
3.3 Study setting.....	21
3.4 Study population	21
3.5 Sampling frame	22
3.5.1 Inclusion criteria:	22
3.6 Outcomes Measurements	22
3.7 Pilot study	23
3.8 Validity and reliability of the tool	23
3.9 Reliability for study tools	24
3.10 Data collection	24
3.11 Ethical and Administrative Considerations:	24
4.2 Chapter Four: Descriptive Results	26
4.3 The first question:	31
4.4The second question:	32
4.5 The third question:	33
4.6 The fourth question:	36
4.7 The fifth question:	37
4.9The second hypothesis:	42
4.10 The third hypothesis:	45
4.11The fourth hypothesis:	47
4.13 The fifth hypothesis:	50
4.15 The seventh hypothesis:	60
4.16 The eight hypotheses:	62
4.17 Summary	64
Chapter five: Discussion.....	65
5.1 introduction	65
5.2 Overview of Results	65
5.3 Role Perception.....	65
5.5 Impact of Training and Education	66
5.5 Impact of Training and Education	66
5.6 Demographic and Professional Influences	66

5.7 Thematic Synthesis	67
5.8 Strengths and Limitations	67
5.9 Recommendations	67
References	32
Appendix.....	46
<u>A.</u> Instrument Used in the Study.....	47
<u>B.</u> Permission Letter.....	48
<u>C.</u> Ethical Approval Letter.....	49
الملخص.....	50

List of Tables

Table No.	Title	Page
Table 4.1 (A)	Professional and demographic characteristics of the study.	19
Table 4.1(B)	Professional and demographic characteristics of the study.	20
Table (4.2)	Experiences on previous training in disaster management.	20
Table (4.2)	Means and standard deviations of midwives' knowledge toward disaster emergency management.	21
Table (4.3)	Results of ANOVA for differences in midwives' knowledge according to age.	22
Table (4.4)	Means and standard deviations of midwives' perception toward disaster emergency management.	23
Table 4.5 (A)	ANOVA results for differences in perception according to years of experience.	23
Table 4.5 (B)	ANOVA results for differences in perception according to years of experience.	24
Table (4.5)	ANOVA results for midwives' perception of roles and skills according to education level.	25
Table (4.6)	Tukey test results for bilateral comparisons posteriori hypotheses of the level of the perception and knowledge of disaster emergency management according to the Education level.	26

List of figures

Section	Title	Page
Figure 1.1	Conceptual framework of The Study.....	6
Figure 1-A	Phases of disaster	9
Figures 2-A, 2-B	Disaster Phases.....	10
Figure 3.1	The model disaster management cycle.....	10
Figure 3.2	Disaster Management phases.....	11

List of Appendix

NO	Annex	Pages
A	Instrument Used in the Study	43
B	MOH approval latter.....	48
C	Permission Letter.....	49
D	Ethical Approval Letter.....	50
E	Arabic Abstract.....	51

Abbreviations

ADPC	Asian Disaster Preparedness Center
ANOVA	One-Way Analysis of Variance
COVID-19	Coronavirus Disease 2019
DPET	Disaster Preparedness Evaluation Tool
DRR	Disaster Risk Reduction
ED	Emergency Department
EM	Emergency Management
ER	Emergency Room
HCPs	Healthcare Professionals
ICN	International Council of Nurses
IFRC	International Federation of Red Cross
IRB	Institutional Review Board
IRCS	International Rescue Committee Strategy
ISDR	International Strategy for Disaster Reduction
MENA	Middle East and North Africa
MOH	Ministry of Health
NGO	Non-Governmental Organization

Chapter One

Introduction

1.1 Background

Disasters are typically defined as sudden events that significantly disrupt normal operations, causing extensive damage to life, property, and livelihoods. These events often overwhelm the capacity of affected communities, requiring external support to mitigate the consequences and facilitate recovery (Fourie & Terblanche-Greeff, 2021).

Natural and man-made disasters pose significant challenges to public health and healthcare systems, often resulting in the disruption of essential services and increased physical and psychological health risks among affected populations (Visser et al., 2021). The growing frequency and intensity of disasters worldwide, including armed conflicts and pandemics, place considerable strain on healthcare systems, particularly in fragile and resource-constrained settings (Beek et al., 2019).

Within this broader public health context, maternal and maternity healthcare services are among the most vulnerable to service disruption. Pregnancy, childbirth, and the postpartum period represent critical phases that require timely, continuous, and skilled care, and interruptions in these services are associated with increased risks of adverse maternal and neonatal outcomes (World Health Organization [WHO], 2020).

Midwives play a pivotal and critical role during disasters and emergency situations by ensuring the continuity of essential maternal and newborn care. Their role includes early detection and management of obstetric complications, provision of life-saving interventions, infection prevention and control, psychosocial support, health education, and appropriate referral to higher levels of care when required. In emergency contexts, midwives often serve as the primary and most accessible healthcare providers for pregnant women, making their contribution essential to safeguarding maternal and neonatal health outcomes (WHO, 2020). In Palestine, these challenges have been particularly evident in recent years. The COVID-19 pandemic significantly disrupted access to routine maternal and maternity services, while ongoing political instability, severe economic hardship, and movement restrictions further

limited individuals' ability to reach healthcare facilities, especially pregnant women in need of antenatal, intrapartum, and postnatal care (Beek et al., 2019; WHO, 2020).

1.2 Statement of the Problem

The increase in the frequency of disasters worldwide has adverse effects on humans and the economy (Botzen et al., 2019). This rise necessitates the development of policies and programs that could work in reducing and managing the impacts of disasters on people and communities (Botzen et al., 2019). The aim of disaster management is to reduce the overall impact of a disaster. This requires complete preparedness at the administrative level along with proper coordination and communication between all stakeholders as well as availability of resources and active professionals (World Health Organization, 2019).

Palestine has undertaken several initiatives to strengthen disaster risk management, including the establishment of the Palestinian Center for Disaster Risk Management (PalDRM) and the development of national preparedness and response strategies by key organizations such as the Palestinian Red Crescent Society (PRCS) (PalDRM, 2018; PRCS, 2019). Despite these efforts, the healthcare system continues to face significant challenges during emergencies.

Ongoing political instability and conflict have contributed to recurrent humanitarian crises that place sustained pressure on the health sector, limiting the effectiveness of disaster preparedness and response mechanisms (PRCS, 2023). These conditions are further compounded by economic hardship, shortages of medical resources, and restrictions on movement, all of which hinder timely access to healthcare services, particularly for pregnant women and newborns.

From a health perspective, disasters and emergencies disrupt the continuity of maternal and maternity care, increasing the risk of complications during pregnancy, childbirth, and the postpartum period. In parallel, weaknesses in infrastructure—such as damaged healthcare facilities, inadequate transportation networks, and vulnerability to natural further compromise service delivery during crises (United Nations [UN], 2015).

Within this context, midwives play a critical frontline role in maintaining essential maternal and newborn care during disasters. Their responsibilities include providing skilled intrapartum care, identifying and managing obstetric emergencies, delivering life-saving interventions, offering psychosocial support, and ensuring appropriate referral when higher-level care is required. However, despite the centrality of this role, disaster preparedness content remains insufficiently integrated into nursing and midwifery education and training programs in Palestine, limiting midwives' readiness to respond effectively to emergencies (Health, 2003; Lawrence et al., 2022).

Consequently, this gap in disaster preparedness poses a significant challenge to maternal and neonatal health outcomes during emergencies, particularly within hospital settings in the southern West Bank, highlighting the urgent need for targeted interventions to strengthen midwives' disaster preparedness and response capacity.

1.3 Significance of the Study

Communities worldwide are increasingly at risk from both natural and human-made disasters, which can severely disrupt healthcare delivery, particularly in maternity care units. Pregnant women, mothers, and newborns are among the most vulnerable populations during such crises. This study focuses on examining midwives' perceptions and knowledge regarding disaster management, with particular emphasis on maternal and newborn care, highlighting the critical role midwives play in emergency preparedness and response (International Council of Nurses [ICN], 2017).

By identifying potential gaps in midwives' readiness for emergencies, the study aims to inform targeted interventions that enhance their skills and knowledge in disaster response. The findings can also guide hospital administrators in designing effective training programs to strengthen midwives' preparedness and competencies for handling disasters.

Furthermore, the study will assist nursing educators in developing evidence-based strategies for training programs that improve midwives' knowledge, practical skills, and personal readiness for disaster situations. Enhancing these competencies is expected to lead to better maternal and neonatal outcomes, reduce morbidity and mortality rates, and improve the overall effectiveness of healthcare responses during disasters. Midwives must be able to rapidly assess situations, prioritize care, and efficiently manage limited resources to mitigate the impacts of emergencies (ICN, 2017).

1.4 Aim of the Study:

To assess the perception and knowledge of disaster emergency management among midwives working at Southern West Bank, Palestine.

1.5 Objectives of the Study

1. To assess midwives' knowledge of disaster emergency management in Southern West Bank hospitals.
2. To assess midwives' perceptions of disaster emergency management in Southern West Bank hospitals.
3. To examine the relationship between emergency midwives' socio-demographic characteristics and their perceptions of their roles in disaster management.

1.6 Research questions:

Q1: What is the level of midwives' knowledge toward disaster emergency management at Southern West Bank hospitals?

Q2: What is the level of midwives' perception toward disaster emergency management at Southern West Bank hospitals?

Q3: Is there a statistically significant relationship between emergency midwives' socio-demographic characteristics and their perception of their roles in disaster management?

1.7 Study hypothesis:

H₀₁: There is no statistically significant relationship at $\alpha \leq 0.05$ between midwives' socio-demographic characteristics and their knowledge toward disaster emergency management.

H₀₂: There is no statistically significant relationship at $\alpha \leq 0.05$ between midwives' socio-demographic characteristics and their perception toward disaster emergency management.

H₀₃: There is no statistically significant relationship at $\alpha \leq 0.05$ between emergency midwives' socio-demographic characteristics and their perception of their roles in disaster management.

1.8 Summary

In order to assessing midwives' perception and knowledge toward disaster emergency management Chapter 1 provides background information, Health care is disrupted by disasters particularly for mothers and newborns and current midwifery education frequently does not provide this training, this study attempts to evaluate midwives understanding and opinions of disaster management.

So, in this chapter, an overview of the proposed study has been presented including the background of the study, the statement of the problem, the aim and objectives as well as the importance of the study. In addition, the research assumptions were defined.

Chapter Two

Conceptual framework and literature review

2.1 Introduction

This section presents the conceptual framework of the study and provides an overview of relevant literature. The focus is on examining emergency midwives' perceptions and knowledge regarding disaster management in hospital settings. The conceptual framework is developed based on findings from the literature concerning midwives' understanding and preparedness for disaster-related emergencies.

The primary objective of this section is to evaluate how emergency midwives perceive their knowledge and assess their level of preparedness for disaster management. This involves addressing the key concepts and dimensions covered in the study questionnaire, which serve as the foundation for analyzing midwives' roles, competencies, and readiness in responding to disaster situations.

2.1.1 Variables

Dependent Variables

Midwives' perception and knowledge toward disaster management

A comprehensive strategy is necessary for midwives to be effective in disaster management. All of this includes access to supplies and communication tools regular practice drills for honing skills and educational programs on disaster response and triage. In addition, giving midwives clear responsibility giving them chances to take on leadership roles and providing strong support helps them feel more prepared and confident. Building a comprehensive disaster response framework also involves working well with other healthcare professionals interacting with the community through outreach and education and organizing.

2.1.2 Study Independent Variables

The independent variables in this study are related to **disaster emergency management** and include:

1. **Disaster Preparedness:** The extent to which midwives feel ready and capable to respond effectively during a disaster or emergency situation.

2. **Prior Experience:** Previous participation in or exposure to disaster situations, either as a responder or witness, which can enhance midwives' preparedness and confidence in emergency management.
3. **Training Programs and Courses:** Attendance of formal workshops, educational programs, or training sessions related to disaster management aimed at equipping midwives with the necessary knowledge and skills for emergency response.

These independent variables are considered crucial factors that influence midwives' **knowledge, skills, perceptions, role execution, and overall preparedness**, as well as the **hospital's readiness to manage disaster situations**. Previous studies have demonstrated that healthcare professionals with prior experience or training in disaster management show higher levels of preparedness and competence (Aykan et al., 2022; Adogu et al., 2012).

Conceptual Framework

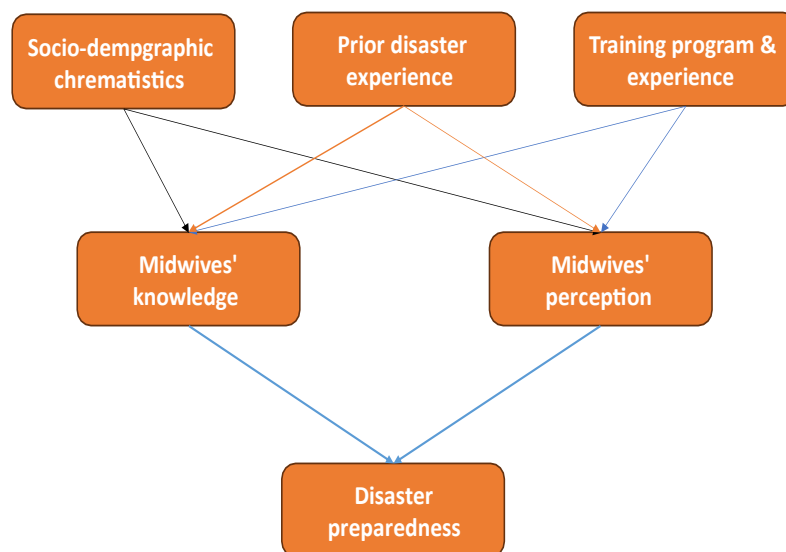


Figure 1.1 Conceptual framework of The Study

16 Variables Definitions

This study includes both dependent and independent variables. The dependent variables comprise midwives' knowledge, skills, and personal preparedness for disaster management,

while the independent variable pertains to midwives' perception of disaster management. Each variable is described below using both conceptual and operational definitions.

2.16.1 Conceptual Definitions

The concepts of this study were theoretically defined as the following:

Knowledge: Defined as the awareness or understanding of information acquired through experience, association, or study, enabling familiarity with specific topics (Mohanty et al., 2006).

Skills: Refers to the ability to effectively apply knowledge in practical tasks or performance (Staff, 2004).

Perception: refers to midwives' understanding, beliefs, attitudes, and self-evaluation regarding their roles, responsibilities, and actions in disaster emergency management. It reflects how midwives interpret and respond to disaster situations in a professional context (Lawrence et al., 2022).

Disaster emergency management: is a systematic process that includes the planning, organization, coordination, and implementation of actions aimed at preventing, preparing for, responding to, and recovering from natural or human-made disasters. It ensures the safety and well-being of patients, healthcare staff, and the community during emergency situations (World Health Organization [WHO], 2020).

Disaster preparedness: refers to the extent to which midwives and healthcare institutions are ready to respond effectively to emergency situations. It encompasses prior training, knowledge, skills, available resources, and the ability to implement disaster response plans to minimize adverse outcomes for patients and staff (Aykan et al., 2022; Adogu et al., 2012).

2.16.2 Operational definitions:

Midwife: A professional who has completed an accredited midwifery education program based on the International Confederation of Midwives (ICM) essential competencies, holds the necessary qualifications for legal practice, and demonstrates competence in midwifery practice (Borrelli, 2014).

Disaster: A sudden, catastrophic event that disrupts the functioning of a community or society and causes extensive human, material, economic, or environmental losses exceeding the affected community's capacity to cope using its own resources (Tay et al., 2022).

Disaster Emergency Management: The process of planning, coordinating, and implementing activities to prepare for, respond to, and recover from disasters (KhorramManesh et al., 2021).

Disaster Preparedness: A continuous cycle of planning, implementation, and evaluation aimed at minimizing the negative impacts of hazards and risks (Gülsoy et al., 2025).

Knowledge (alternate definition): Considered as justified true belief, emphasizing understanding grounded in evidence (Pavese, 2021).

Perception: The process of receiving information through the senses (sight, touch, smell, taste, hearing) and interpreting it to understand the surrounding environment (Qiong, 2017).

Literature Review

2.1 Introduction

This section presents an overview of the existing literature related to emergency midwives' perceptions, their knowledge, and their level of preparedness for disaster management. It synthesizes studies addressing these key variables and highlights the theoretical and empirical foundations that underpin the current research. The review is organized into four main parts: the search strategy used to identify relevant literature, the theoretical framework guiding the study, previous empirical studies related to disaster preparedness among midwives and healthcare professionals, derived from the reviewed evidence.

2.2 Search Strategy

The search process was performed by adopting these databases and search engines: PubMed, Google Scholar, and the National Library of Medicine. The keywords or terms utilized in the search process included disaster, knowledge, disaster management, preparedness, skills, midwives, emergency midwives, disaster training, and disaster programs.

The criteria for included articles involved a time frame between 2012 and 2024, written in the English language, and focused on midwives. The excluded articles involved those focused on other healthcare professionals, published before the year 2010, and in other languages except English. Some old references were included to provide definitions of the study concepts and instruments.

2.3 Theoretical Framework

This framework incorporates the theoretical foundations relevant to disasters, including key definitions, classifications, the phases of disaster events, principles of disaster management, the specific role of midwives within disaster settings, and the contextual overview of disasters in Palestine.

2.4 Definition of Disaster

Disasters are events that disrupt the normal functioning of communities and systems, often causing extensive harm to life, property, infrastructure, and essential services such as

healthcare, housing, and transportation (Gladston & Nayak, 2017; UN/ISDR, 2004). The World Health Organization (2007) defines disasters as occurrences that generate damage beyond the affected population's capacity to cope independently, typically arising from the interaction of hazards with existing vulnerabilities. In Palestine, disasters are reported as sudden incidents leading to injuries, fatalities, displacement, and pressure on emergency services, often requiring external support (Palestinian Civil Defense, 2010). At the hospital level, a disaster is any situation where the number of affected individuals exceeds the capacity of emergency departments, necessitating additional resources to manage patient influx (Talati et al., 2014).

2.4.1 Types of Disasters

Disasters are generally classified into natural and man-made events (Severin & Jacobson, 2020). Natural disasters occur without human intervention and include floods, earthquakes, volcanic eruptions, epidemics, and infestations. They can be sudden, unpredictable events such as earthquakes and storms, or slow-onset disasters like drought and desertification, which progressively worsen over months or years (Alexander, 2018).

Man-made disasters result from human activities, either intentional or unintentional. Examples include armed conflicts, forest fires, pollution, structural failures, and accidents caused by negligence. Intentional human-made disasters, such as sabotage, arson, or acts of war, can lead to widespread destruction and severe socio-economic consequences (United Nations Office for Disaster Risk Reduction, 2023; PubMed, 2019).

2.5 Phases of disaster

Disasters occur in distinct phases: pre-disaster (risk reduction), disaster (response), and post-disaster (recovery/rehabilitation) (Collander et al., 2008). The pre-disaster phase focuses on minimizing potential impacts through planning and preparedness. The disaster phase involves responding to immediate needs and mitigating losses. The post-disaster phase emphasizes recovery, rehabilitation, and the restoration of essential services (Figures 1-A, 2-A, 2-B).



(Figure 1-A)



(Figure 1-B)
 Figures 2-A, 2-B: Disaster Phases

2.6 Management of Disasters

The methodical organization and management of resources and duties regarding the thorough handling of all humanitarian aspects of disasters, including disaster preparedness, response, and restoration, is known as disaster management (IFRC, 2014). The practice of addressing catastrophic events in order to minimize or lessen their consequences before, during, and after they occur is known as disaster management. Prior planning and coordination amongst the parties involved are necessary for its implementation, which is divided into four stages: mitigation/prevention, preparedness, reaction, and rehabilitation or reconstruction (IFRC, 2014). As illustrated in Figure 3.1, the model disaster management cycle is another kind of cycle, according to Holloway (2003). It comprises two primary phases that are referred to as pre-disaster and post-disaster phases.



Figure 3.1: The model disaster management cycle

2.7 Midwives' Role in Disaster Management

Midwives play a key and vital role in every stage of the disaster management cycle. Midwives play a critical role at every stage of disaster management. **In mitigation**, they educate communities, conduct risk assessments, and advocate for maternal and newborn health during crises (Simcock et al., 2018; Tay et al., 2022). During the **preparedness phase**, midwives participate in training, develop emergency plans, and ensure the availability of essential medical supplies to safeguard maternal and neonatal health (Pusporini et al., 2022). In the **response phase**, midwives provide immediate care, manage

obstetric emergencies, and coordinate healthcare services in shelters or field hospitals (Wong et al., 2023). **During recovery**, they contribute to restoring healthcare infrastructure, offering postpartum care, education, and psychosocial support, ensuring long-term maternal and newborn health (Organization, 2013).



Figure 3.2 Disaster Management phases

2.8 Disasters in Palestine

Palestine has historically faced numerous man-made disasters, including wars, uprisings, and ongoing conflicts, resulting in extensive loss of life, displacement, and severe damage to infrastructure such as homes, hospitals, and schools (Hillis, 2016; ADPC, 2023). More recently, the events of October 7, 2023, caused widespread casualties and destruction, while the COVID-19 pandemic placed significant strain on the healthcare system, disrupting essential maternal and child health services (World Health Organization, 2020).

In addition, the population suffers from severe socio-economic hardships, including poverty, unemployment, and limited access to healthcare, which often prevents people from seeking necessary medical care. These conditions contribute to the neglect of health, particularly maternal and child health, and create significant psychological distress, anxiety, and trauma among citizens (Diab & Mabrouk, 2015; ADPC, 2023). Political instability and the ongoing Israeli occupation further restrict movement, access to services, and the implementation of effective disaster risk management strategies.

To improve disaster preparedness and response, the Palestinian Center for Disaster Risk Management (PalDRM) was established in 2017, creating a National Committee for Disaster Risk Management under the supervision of the Prime Minister (PalDRM, 2018). The

Palestine Red Crescent Society (PRCS) has implemented strategic initiatives to strengthen emergency medical response, psychosocial support, and hospital preparedness (PRCS, 2019). Despite these measures, the combination of political, economic, infrastructural, and psychosocial challenges continues to limit the effectiveness of disaster management and recovery efforts in Palestine.

2.9 Disaster Preparedness and Management

Knowledge, Skills, and Personal Preparedness for Disaster Preparedness

Effective disaster management requires a unique blend of expertise, skills, and attributes aimed at enhancing core disaster competencies. This ensures that hospital staff at all levels of responsibility acquire a fundamental understanding (Florida Department of Health, 2011). Such preparation enables individuals tasked with disaster management to operate with maximum efficiency and effectiveness during emergencies (Florida Department of Health, 2011). Some midwives may begin their roles in hospitals without prior knowledge or skills related to disaster management; however, they may come from other healthcare settings where they participated in the hospital's emergency response or incident management teams. Regardless, it is essential to provide hospital staff with training on the institution's emergency codes, patient notification procedures, available hospital services, and collaboration with community partners (Florida Department of Health, 2011).

2.10 Disaster Emergency Management

Local Studies (Palestine):

In Palestine, Saidam and Eljedi (2020) conducted a cross-sectional study in Gaza public hospitals among 162 emergency nurses to assess their perceptions and knowledge of disaster management. The study found that 81.5% understood their roles in emergencies and 78.03% had satisfactory knowledge. The authors recommended structured theoretical and practical workshops and ongoing in-service training to enhance preparedness and skills.

Regional Studies (Iran, Turkey, Indonesia, Tanzania):

Taghizadeh et al. (2018) conducted a cross-sectional study in Tehran, Iran, with 361 midwives to assess professional competence in preventing maternal deaths during emergencies. Results revealed gaps in managing chronic maternal illnesses and trauma, with age, experience, education, and prior disaster exposure affecting competence. Taghizadeh et al. (2020), also in Tehran, conducted a cross-sectional study to evaluate neonatal care competence during natural disasters, finding moderate awareness but insufficient knowledge and skills, recommending targeted training programs. Aykan et al. (2022) conducted a descriptive study in a Turkish hospital among 266 midwives, showing higher preparedness in those with prior training or personal disaster plans. Wahyuni and Madeni (2023) conducted a cross-sectional survey among 208 midwives in Central Aceh Regency, Indonesia, highlighting that disaster preparedness improved significantly with training and knowledge. Triwidyantari et al. (2024) conducted a descriptive study in Bojonegara, Indonesia.

Indonesia, with 38 midwives assessing knowledge of the Minimum Initial Service Package (MISP) for reproductive health in emergencies, showing 76.3% had good knowledge. Nyamteema et al. (2022) conducted a pilot interventional study in rural Tanzania across 14 healthcare facilities, finding that training and supportive supervision in emergency obstetric care increased facility-based deliveries and slightly reduced maternal mortality.

International Studies

Beck et al. (2019) performed a systematic review globally to examine midwifery roles in humanitarian settings, emphasizing the importance of midwives in reproductive health emergencies while identifying gaps in guidelines for all disaster phases. Montebianco and Leyser-Whalen (2019) conducted a qualitative study in the U.S. on out-of-hospital midwives' roles during disasters, showing commitment hindered by low professional status and limited social networks. Meroz et al. (2022) performed a nationwide cross-sectional survey in the UK evaluating emergency preparedness in midwifery units, identifying variability in training, simulation, and equipment availability. Maulani et al. (2024) conducted a pre-experimental study in Indonesia comparing medical disaster emergency kits versus midwife kits, showing better preparedness and positive attitudes among users of medical kits. Diab and Mabrouk (2015) carried out a quasi-experimental study in Egypt assessing nurses' knowledge and attitudes after using a guidebook, reporting significant improvements. Müllerçük et al. (2023) conducted a descriptive study among 340 Turkish nurses, showing moderate preparedness and highlighting the need for comprehensive training. Additional studies in Indonesia and Tanzania between 2021–2025 emphasized the positive impact of structured training on disaster preparedness among midwives, highlighting gaps in knowledge, skills, and coordination that can hinder effective emergency response.

2.13 Summary of Previous Researches

Previous research highlights the critical role of midwives in disaster preparedness, particularly in maternal and neonatal health. Local studies show gaps in practical knowledge and training. Regional studies indicate that prior experience, training, and personal preparedness improve midwives' readiness, yet knowledge and skills remain limited. International evidence confirms that structured training, simulation exercises, and continuous professional development enhance disaster management competencies, while professional status, social support, and resource availability can limit effectiveness. Overall, studies emphasize the need for standardized guidelines and targeted programs to strengthen midwives' preparedness across all disaster management phases.

Chapter Three

Methodology

3.1 Introduction

This chapter outlines the methodology used to assess midwives' perceptions and knowledge regarding disaster emergency management. A descriptive analytical approach was employed to address the study's aims and objectives. The chapter details the study design, study setting, target population, sampling frame, inclusion and exclusion criteria, sampling procedure, and data collection methods. Additionally, it reviews the selection and development of the study instrument, including any modifications made, as well as the procedures used to ensure the validity and reliability of the questionnaire.

3.2 Study design

This study employed a cross-sectional, descriptive, analytical quantitative design to assess midwives' perceptions and knowledge regarding disaster emergency management. This design is suitable for describing the current status of phenomena or exploring relationships among variables. Data were collected at a single point in time, capturing the phenomena under investigation during one period of data collection (Beck, 2012).

3.3 Study setting

The study was conducted in hospitals located in Bethlehem and Hebron cities, Palestine. The selected hospitals were categorized based on location and type (governmental or private) as follows:

Bethlehem:

- **Governmental Hospitals:** Beit-Jala Governmental Hospital.
- **Private Hospitals:** Holy Family Hospital, Al-Dbss Hospital, Al-Daman Hospital.

Hebron:

- **Governmental Hospitals:** Alia Governmental Hospital and Halhul Governmental Hospital.

- **Private Hospitals:** Al-Mizan Hospital, Al-Ahli Hospital, Al-Malaki Hospital, Red Crescent Hospital.

These hospitals provide maternal and neonatal services and were selected to assess midwives' knowledge, perception, and preparedness regarding disaster emergency management.

3.4 Study population

The population of this study consisted of all midwives working in antenatal, labor, postnatal, and surgery wards in selected hospitals. **In Bethlehem**, governmental hospitals included Beit-Jala Governmental Hospital with 19 midwives. Private hospitals in Bethlehem comprised Holy Family Hospital with 42 midwives, Al-Dbss Hospital with 8 midwives, and Al-Daman Hospital with 6 midwives. **In Hebron**, governmental hospitals included Alia Governmental Hospital with 20 midwives and Halhul Governmental Hospital with 9 midwives. Private hospitals in Hebron comprised Al-Mizan Hospital with 22 midwives, Al-Ahli Hospital with 52 midwives, Al-Malaki Hospital with 19 midwives, and Red Crescent Hospital with 7 midwives. Overall, the total study population included 204 midwives, of whom 195 midwives completed the questionnaire fully and were included in the final analysis.

3.5 Sampling frame

3.5.1 Inclusion criteria:

1. Midwives employed in maternity wards.
2. Midwives who agree to participate in the study during the period of data collection.

3.5.2 Exclusion criteria:

1. Midwives who are not willing to participate in the study.
2. Student midwives and midwives who work as volunteers in the selected hospitals.

3.5.3 Sampling and sample method

The study population included all midwives working in maternity-related departments in the previously mentioned hospitals (N = 204). A non-probability convenience sampling method was used to recruit participants, as all midwives available during the data collection period were invited to participate. Among them, 195 midwives completed the questionnaire fully and were included in the analysis. No formal sample size calculation (power analysis) was conducted, as the study aimed to include the entire accessible population of midwives in the selected hospitals, ensuring maximal coverage and representation.

3.6 Outcomes Measurements

The researcher used a self-administered questionnaire to assess midwives' perception and knowledge toward disaster emergency management in the selected hospitals. The instrument was adapted from the Master's thesis of Shikh Aleid (2020) and was administered to the study sample in English language (Annex A). Verbal consent was obtained from all participants prior to questionnaire distribution. A 5-point Likert scale was used to structure the questionnaire, where responses ranged from 1 (strongly disagree) to 5 (strongly agree).

The questionnaire consisted of two parts:

Part One: Professional and demographic data, including age, marital status, education level, years of experience, hospital workplace, place of residency, and department at the hospital. This section also included two researcher-generated questions regarding previous disaster-related experiences and training:

1. Have you participated in a maneuver inside the hospital?
2. Have you received prior instructions or courses on disaster preparedness and management?
- 3.

Part Two: Midwives' perception information, which included five domains presented in 61 items: Knowledge (13 items), Role (9 items), Skills (13 items), Preparedness (11 items), and Hospital Readiness (15 items) (Table 1). Participants were asked to express their responses using the 5-point Likert scale as described above.

3.6 Pilot study

A pilot study (N = 25) was conducted prior to the main data collection as a pretest to determine the actual time required to complete the questionnaire, identify areas of ambiguity, highlight weaknesses in wording, and predict the expected response rate. The pilot study also aimed to assess the validity and suitability of the questionnaire for the target population. No modifications were made to the questionnaire based on the pilot results, and the pilot sample was not included in the final study sample.

3.7 Validity and reliability of the tool

The questionnaire used in this study was a pre-existing, publicly accessible instrument obtained from Shikh Aleid (2020). The original tool had undergone prior validation and reliability testing, confirming that it accurately measures the intended constructs. Minor contextual adaptations were made to ensure relevance to the current study without altering the meaning of the items.

The **reliability** of the questionnaire in this study was assessed using **internal consistency** through Cronbach's Alpha. The overall Cronbach's Alpha coefficient was **0.96**, indicating

a very high level of reliability and confirming that the instrument is highly consistent for measuring midwives' knowledge, perception, and preparedness in disaster emergency management.

3.10 Data collection

Data for this study were personally collected by the researcher using a self-administered questionnaire. The data collection period extended over two months, from June 13 to July 25, 2025. Prior to data collection, thesis approval was obtained first (No. RES/2025-56), followed by ethical approval from the Research Ethics Committee (REC) (No. 555/REC/2025), and finally formal permission from the Palestinian Ministry of Health (Document No. 162/1632/2025) as well as from the administrations of the selected hospitals, including the directors of nursing.

Data collection was conducted during the morning shifts due to the difficulty of accessing healthcare centers caused by road closures and restrictions imposed by the Israeli occupation. These restrictions necessitated the use of long and potentially unsafe alternative routes, which made the data collection process time-consuming and physically demanding, and occasionally prevented access to certain hospitals.

The researcher provided participants with a clear explanation of the study's objectives and procedures. Informed consent was obtained from all midwives who agreed to participate, ensuring that they were fully aware of their rights, including the right to withdraw at any time. Participants were assured of the anonymity and confidentiality of their responses.

Questionnaires were distributed to midwives working in maternity-related departments, including antenatal, labor, postnatal, and surgery wards, and participants were allowed sufficient time to complete them. The researcher collected the completed questionnaires directly, verifying their completeness and accuracy. Out of 204 distributed questionnaires, 195 were returned fully completed, constituting the final study sample.

Despite the logistical and security challenges, this systematic approach ensured that data collection was conducted ethically, rigorously, and reliably, thereby enhancing the validity and credibility of the study findings.

3.11 Ethical and Administrative Considerations:

The researcher adhered to all ethical and administrative requirements to conduct this study. Ethical approval was obtained from the Research Ethical Committee of Al-Quds University (No. 555/REC/2025), and academic approval was granted by the General Administration of Health Education and Scientific Research at the Ministry of Health (No. 162/1632/2025).

Right to self-determination: Participation in the study was entirely voluntary. Participants were informed that they could withdraw at any time without providing a reason. The consent documents clearly outlined the purpose and procedures of the study, as well as the measures

taken to protect participants' privacy and confidentiality. The anonymity and confidentiality of participants' identities were strictly maintained, and all information was treated with the highest level of confidentiality.

3.12 Data entry and Statistical treatment

Prior to data entry, all questionnaires were carefully reviewed to ensure completeness and accuracy. Responses were numerically coded by converting the Likert-scale items as follows: *strongly agree* = 5, *agree* = 4, *unsure* = 3, *disagree* = 2, and *strongly disagree* = 1. Higher scores indicated greater levels of midwives' role perception and preparedness for disaster management in the selected hospitals of Bethlehem and Hebron.

Data were entered and analyzed using SPSS version 2025. The Shapiro–Wilk test was employed to assess the normality of the data distribution. The results indicated that all variables were normally distributed ($p > 0.05$), satisfying the assumptions for parametric testing. Parametric tests were therefore applied for subsequent analyses.

Descriptive statistics—including frequencies, percentages, means, and standard deviations—were calculated to summarize participants' demographic characteristics and study variables. To examine differences between groups, independent t-tests were used to compare the means of two independent groups, while one-way ANOVA was employed for comparisons across three or more groups. Where significant differences were detected using ANOVA, Tukey's post-hoc test was applied to identify specific group differences.

Pearson correlation analysis was conducted to determine the strength and direction of linear relationships between continuous variables, such as knowledge, preparedness, and role perception scores. Additionally, standardized regression analysis was performed to examine the predictive effect of independent variables (e.g., socio-demographic characteristics, prior disaster experience, and training) on midwives' role perception and preparedness.

The internal consistency and reliability of the study instrument were assessed using Cronbach's alpha, with values ≥ 0.70 considered acceptable. This ensured that the questionnaire items consistently measured the intended constructs.

3.13 Summary

This chapter outlines the methodology used to examine midwives' perceptions and knowledge of disaster emergency management. A cross-sectional, descriptive, and analytical quantitative design was employed, with data collected via a structured, self-administered questionnaire. Ethical approvals were obtained, and participants' confidentiality and informed consent were ensured. Data were analyzed using appropriate statistical methods to address the study objectives.

Chapter Four

Results

1.4 Introduction:

This chapter presents the findings of the study in relation to the research questions and hypotheses. The results are organized according to the study objectives and include descriptive and inferential statistical analyses addressing midwives' knowledge, perceptions, and the relationship between socio-demographic characteristics and perceptions of disaster emergency management in Southern West Bank hospitals.

4.2 Descriptive Results

Socio-demographic characteristics of the study participants (N=195)

This section describes the socio-demographic characteristics of the participating midwives, including age, marital status, educational level, years of work experience, workplace, previous disaster experience, and participation in training programs related to disaster emergency management. These characteristics provide an overview of the study sample and form the basis for examining their relationship with midwives' perceptions in subsequent analyses. The detailed distribution is presented in Table 4.1(A+B).

Table. 4.1 (A): Professional and demographic characteristics of the study.

variables	Number	Valid percent	System missing
Age			
30 year and less	119	64.0	9
31-39 year	42	22.6	
40 year and above	25	13.4	
Social status			
Single	53	27.5	2
Engaged	11	5.7	
Married	107	55.4	
Divorce	11	5.7	

Table 4.1(B): Professional and demographic characteristics of the study.

Widowed	11	5.7	
Education level			
Diploma	24	12.4	1
Bachelor's degree	144	74.2	
Master	26	13.4	
Years of experience			
5 years and less	102	54.0	6
6-11 year	57	30.2	
12 year and above	30	15.9	
Place of work			
Beit-Jala	25	13.3	7
Hospital, Holy family	24	12.8	
Al Dbss Hospital	8	4.3	
AL Daman Hospital	6	3.2	
Red Crescent Hospital	9	4.8	
Al Mizan Hospital	26	13.8	
Alia Hospital	20	10.6	
Al- Ahli Hospital	41	21.8	
Halhul Hospital	10	5.3	
Al Malaki Hospital	19	10.1	
Work place			
Antenatal Department	28	14.6	3
Labor Department	76	39.6	
Postnatal Department	59	30.7	
Department of surgery	29	15.1	

Table (4.2): Experiences on previous training in disaster management.

Have you participated in maneuver inside the hospital?		
Yes	107	55.4
No	86	44.6
Have you received previous instructions and courses on disaster preparedness and how to manage and deal with them?		
Yes	116	60.4
No	76	39.6

The findings related to participants' experiences with disaster preparedness showed varying levels of involvement. More than half of the respondents (55.4%) reported

participating in disaster maneuvers within the hospital, while 44.6% had not participated in such activities. Additionally, 60.4% indicated that they had previously received instructions or attended training courses on disaster preparedness and management, whereas 39.6% reported not receiving any form of training. These results demonstrate that although a considerable proportion of nurses have engaged in disaster-related training and drills, a notable percentage have not been exposed to such preparedness activities.

Analyzing dimensions of the questionnaire (N= 195). First, answer the questions of the study:

Research Question One

What is the level of midwives’ knowledge toward disaster emergency management at Southern West Bank hospitals?

To answer this research question, descriptive statistical analyses including means and standard deviations were calculated to determine the level of midwives’ knowledge toward disaster emergency management.

Results Related to Research Question One

Table 4.2: Means and standard deviations of midwives’ knowledge toward disaster emergency management

Domain	Mean	Std. Deviation	Level
Knowledge toward disaster emergency management	3.45	0.73	High

The results revealed that the overall level of midwives’ knowledge toward disaster emergency management was **high**, with a mean score of **3.45** and a standard deviation of **0.73**, indicating that midwives possessed an acceptable level of knowledge regarding disaster preparedness and response.

Testing Null Hypothesis One (H₀₁)

H₀₁:

There is no statistically significant relationship at $\alpha \leq 0.05$ between midwives’ socio-demographic characteristics and their knowledge toward disaster emergency management. One-way analysis of variance (ANOVA) and independent t-tests were conducted to examine differences in knowledge levels according to socio-demographic variables.

Table 4.3: Results of ANOVA for differences in midwives' knowledge according to age.

Domain	Age	Number	Mean	Std. Deviation
Midwives' perception of their knowledge about disaster management	30 year and less	119	3.35	0.69
	31–39-year	42	3.57	0.65
	40 year and above	25	3.85	0.83
Midwives ' perceptions of their role and skills about disaster management	30 year and less	119	3.34	0.68
	31–39-year	42	3.59	0.74
	40 year and above	25	3.74	0.87
Midwives' perception of their preparedness for disaster management	30 year and less	119	3.01	1.00
	31–39-year	42	3.21	0.89
	40 year and above	25	3.56	1.07
Hospital readiness to manage disaster	30 year and less	119	2.75	1.05
	31-39 year	42	2.71	0.96
	40 year and above	25	2.70	1.16
Total degree	30 year and less	119	3.14	0.72
	31-39 year	42	3.30	0.64
	40 year and above	25	3.48	0.77

The findings indicated that there were statistically significant differences in midwives' knowledge according to age ($p < 0.05$), with higher knowledge levels observed among older midwives. Accordingly, **the null hypothesis was rejected.**

Research Question Two

What is the level of midwives' perception toward disaster emergency management at Southern West Bank hospitals?

Descriptive statistics were used to determine midwives' perception levels across the perception domains.

Results Related to Research Question Two

Table 4.4: Means and standard deviations of midwives' perception toward disaster emergency management.

Domain	Mean	Std. Deviation	Level
Roles and skills	3.41	0.71	Moderate
Preparedness	3.09	0.98	Moderate
Hospital readiness	2.75	1.04	Moderate
Total perception score	3.15	0.74	Moderate

The results showed that the overall level of midwives' perception toward disaster emergency management was **moderate**, with a total mean score of **3.15**, indicating moderate preparedness, role awareness, and hospital readiness.

Testing Null Hypothesis Two (H₀₂)

H₀₂:

There is no statistically significant relationship at $\alpha \leq 0.05$ between midwives' socio-demographic characteristics and their perception toward disaster emergency management.

Table 4.5 (A): ANOVA results for differences in perception according to years of experience.

Domain	Years of experience	Number	Mean	Std. Deviation
Midwives' perceptions of their knowledge about disaster management	5 years and less	102	3.38	0.67
	6-11 year	57	3.42	0.77

Table 4.5 (B): ANOVA results for differences in perception according to years of experience.

	12 year and above	30	3.70	0.78
Midwives ' perceptions of their roles and skills for disaster management	5 years and less	102	3.35	0.64
	6-11 year	57	3.41	0.80
	12 year and above	30	3.72	0.82
Midwives'' perceptions of their preparedness for disaster management	5 years and less	102	2.94	1.00
	6-11 year	57	3.23	0.94
	12 year and above	30	3.46	0.93
Hospital Readiness to Manage Disaster	5 years and less	102	2.66	1.03
	6-11 year	57	2.80	1.04
	12 year and above	30	2.97	1.03
Total degree	5 years and less	102	3.11	0.68
	6-11 year	57	3.23	0.76
	12 year and above	30	3.49	0.65

The results revealed **statistically significant differences** in perception levels according to years of experience ($p < 0.05$), with higher perception scores among midwives with longer experience. Therefore, **the null hypothesis was rejected**.

Research Question Three

Is there a statistically significant relationship between emergency midwives' socio-demographic characteristics and their perception of their roles in disaster management?

Table 4.5: ANOVA results for midwives' perception of roles and skills according to education level

Domain	Source	DF	Sum of squares	Mean Squares	F	Sig
Midwives' perceptions of their knowledge about disaster management	Between groups	2	2.693	1.346	2.554	0.080
	Within groups	191	100.683	0.527		
	Total	193	103.376			
Midwives' perceptions of their roles and skills for disaster management	Between groups	2	3.267	1.634	3.066	0.049
	Within groups	191	101.773	0.533		
	Total	193	105.040			
Midwives'' perceptions of their preparedness for disaster management	Between groups	2	10.714	5.357	5.723	0.004
	Within groups	191	178.767	0.936		
	Total	193	189.480			
Hospital Readiness to Manage Disaster	Between groups	2	3.319	1.659	1.531	0.219
	Within groups	191	206.963	1.084		
	Total	193	210.282			
Total degree	Between groups	2	4.124	2.062	4.113	0.018
	Within groups	191	95.746	0.501		
	Total	193	99.870			

The findings revealed statistically significant differences in midwives' perception of their roles and skills in disaster management according to educational level ($p < 0.05$), with higher perception scores observed among midwives holding higher academic degrees.

Post hoc multiple comparisons using the Tukey test were conducted to identify the source of these differences.

Furthermore, the results indicated that there were no statistically significant differences at $\alpha \leq 0.05$ in midwives' knowledge about disaster management or hospital readiness to manage disasters according to educational level.

Table 4.6: Tukey test results for bilateral comparisons posteriori hypotheses of the level of the perception and knowledge of disaster emergency management according to the Education level.

Domain	Education level	Diploma	Bachelor's degree	Master
Midwives ' perceptions of their roles and skills for disaster management	Diploma		-0.19792	*-0.50029
	Bachelor's degree			-0.30237
	Master			
Midwives" perceptions of their preparedness for disaster management	Diploma		-0.22538	*-0.84848
	Bachelor's degree			*-0.62311
	Master			
Total degree	Diploma		-0.17350	*-0.54324
	Bachelor's degree			*-0.36975
	Master			

The Tukey post-hoc test revealed significant differences in midwives' overall perception and knowledge of disaster emergency management, their perception of roles and skills, and their perception of preparedness for disaster management according to education level. Specifically, midwives with a Master's degree scored significantly higher than those with a Diploma or a Bachelor's degree in all three domains, indicating that higher education level is associated with better perception and knowledge, as well as greater preparedness for disaster management.

Testing Null Hypothesis Three (H₀₃)

H₀₃:

There is no statistically significant relationship at $\alpha \leq 0.05$ between emergency midwives' socio-demographic characteristics and their perception of their roles in disaster management.

Based on the results of the ANOVA and post hoc analyses, significant relationships were identified between socio-demographic characteristics (age, education level, and years of experience) and midwives' perception of their roles in disaster management. Consequently, **the null hypothesis was rejected.**

Summary

This chapter presented the findings of the study regarding emergency midwives' perception and knowledge of their roles in disaster management and the influence of socio-demographic characteristics on these perceptions. The results indicated that midwives demonstrated

moderate to high levels of knowledge across all assessed domains, with older, more educated, and more experienced midwives generally scoring higher. In terms of perception of their roles and skills, midwives recognized the importance of their responsibilities in disaster situations, although their ability to implement these roles varied according to education level and professional experience, with midwives holding a Master's degree scoring significantly higher. Additionally, ANOVA and post-hoc analyses revealed significant relationships between socio-demographic characteristics—age, education level, and years of experience—and midwives' perception of their roles, leading to the rejection of the corresponding null hypothesis (H_{03}), which confirmed that these demographic factors influence perception and preparedness in disaster management. Overall, the findings highlight the critical role of education and experience in enhancing midwives' readiness and effectiveness in managing disasters.

Chapter Five

Discussion

5.1 introduction

This chapter interprets and discusses the study's findings in relation to the research objectives and relevant literature. Data were collected from midwives working in Bethlehem and Hebron hospitals and analyzed to identify their perception, knowledge, and preparedness for disaster management. The discussion highlights key patterns, explores reasons behind the findings, compares them with previous studies, and considers implications for midwifery practice, education, and hospital policy. Particular attention is given to areas needing improvement, including institutional preparedness, structured training, and psychological support, to strengthen disaster response capacity in Palestinian hospitals.

5.2 Overview of Results

The results of this study indicate that midwives in Bethlehem and Hebron hospitals demonstrated an average level of perception and knowledge regarding disaster emergency management (mean = 3.21). Knowledge and role perception scored relatively higher than hospital preparedness, suggesting that midwives are aware of their responsibilities but lack the organizational support and training necessary to implement effective disaster response measures.

These findings are consistent with several international studies. For example, a study by Taghizadeh et al. (2020) in Iran found that midwives had sufficient perception of disaster preparedness but lacked the practical skills to manage neonatal emergencies. Similarly, Aykan et al. (2022) in Turkey reported that midwives generally felt unprepared for disasters, although those who had received prior training or participated in disaster planning activities demonstrated greater confidence and preparedness. Taken together, these results highlight that structured training and continuous simulation exercises are truly essential to improving midwives' ability to respond to disasters.

5.3 Role Perception

Although midwives demonstrated awareness of their responsibilities in disaster management, their ability to implement these roles in practice was limited. This gap arises because knowledge and role perception alone are not sufficient for effective action; midwives face systemic and organizational barriers such as inadequate hospital protocols, shortages of necessary resources, and weak institutional support, which hinder the translation of knowledge into practice. The rationale behind this finding is that structured institutional frameworks, hands-on simulation training, and clear procedural guidelines are essential to bridge the gap between awareness and practical readiness. Supporting evidence from previous studies reinforces this explanation: Montebianco and Lesser-Wallen (2019) reported that midwives often exhibit strong professional commitment but encounter practical barriers during crises, while Farrokhzadian et al. (2024) highlighted that role ambiguity and absence of clear protocols limit nurses' effectiveness in emergency situations. In this study, these factors collectively explain why midwives' role perception exceeded their actual preparedness, emphasizing the need for integrated training and institutional support to enable effective disaster response.

5.4 Institutional Preparedness

Hospital preparedness scored lowest among the assessed domains, reflecting broader systemic limitations within Palestinian healthcare institutions. This low preparedness may result not only from reactive rather than proactive planning, limited resources, and insufficient interdepartmental coordination, but also from a lack of regular training programs, unclear disaster protocols, and inadequate communication channels among departments. These factors collectively hinder midwives' ability to translate their knowledge and role perception into practical action during disasters. Local studies, including Ammar et al. (2025) and Miqdadi et al. (2024), support this finding, emphasizing persistent gaps in emergency planning and resource allocation. Strengthening institutional preparedness through clear policy development, efficient resource management, cross-department coordination, and regular simulation-based exercises is essential to enable midwives to perform effectively, increase confidence in disaster response, and improve overall hospital resilience.

5.5 Impact of Training and Education

In this study, the results demonstrated that midwives with higher educational levels and those who had greater exposure to training opportunities showed significantly higher levels of perception and preparedness for disaster management, as evidenced by the ANOVA and post-hoc analyses presented in Chapter 4. These findings indicate that education and training play a critical role in enhancing midwives' readiness, not merely through theoretical knowledge but by improving confidence and role clarity during disasters. This result is consistent with a Palestinian study by Ammar et al. (2025), which reported significant improvements in nurses' knowledge, skills, and triage performance following specialized training programs. Similarly, Wahiouni and Madani (2023) found that disaster preparedness training significantly enhanced Indonesian midwives' earthquake preparedness, while

Labragh (2024) confirmed that regular simulation-based training is one of the strongest predictors of preparedness. However, disaster preparedness extends beyond technical competence alone; following the 2023 Turkey earthquake, Ediz (2023) highlighted the importance of empathy and psychological resilience in shaping nurses' preparedness. Together, these findings suggest that disaster training programs should integrate technical skills, simulation-based practice, and psychological preparedness to enable midwives to respond effectively and confidently in high-stress emergency situations.

5.6 Demographic and Professional Influences

In this study, statistically significant differences were identified between certain socio-demographic characteristics and midwives' perception of their roles in disaster management, particularly in relation to education level and years of experience, as demonstrated by the ANOVA and post-hoc analyses in Chapter 4. However, higher educational attainment and longer professional experience did not consistently translate into higher levels of practical preparedness. This may be explained by the absence of regular, structured disaster training and limited opportunities for simulation-based practice, which restrict the application of accumulated experience and academic knowledge in real disaster scenarios. Similar findings were reported in studies conducted in China by Zhang et al. (2023) and in Turkey by Aykan et al. (2022), both of which concluded that formal disaster training is a stronger predictor of disaster management competence than experience alone. In contrast, studies emphasizing structured education, such as Ersoz Genç (2025), demonstrated that targeted training programs significantly enhance teamwork, decision-making, and stress management during disaster response. These findings suggest that while demographic and professional factors may influence perception, structured and continuous training plays a more decisive role in improving actual preparedness, highlighting the need to prioritize continuing professional development programs that integrate academic learning with practical disaster simulations.

5.7 Thematic Synthesis

Overall, several key themes emerged from the findings of this study. First, midwives in Palestine demonstrated moderate levels of disaster preparedness, with role perception exceeding practical readiness, primarily because awareness and professional commitment are not supported by sufficient institutional preparedness, clear protocols, or regular hands-on training opportunities. Second, structured and simulation-based training was found to effectively link knowledge to practice by allowing midwives to apply theoretical concepts in realistic, high-pressure scenarios, thereby improving decision-making, confidence, and role clarity during disasters. Third, limited institutional preparedness within Palestinian hospitals, including inadequate resources and fragmented emergency planning, continues to constrain individual performance regardless of personal knowledge or experience. Finally, the findings emphasize that disaster preparedness should extend beyond technical and procedural training to include emotional and psychological support, as resilience, stress management, and empathy are essential for maintaining effective performance during crisis situations. Taken

together, these themes highlight the need for a comprehensive, multidimensional approach to disaster preparedness that integrates structured education, simulation-based training, psychological support, and strengthened institutional frameworks to enhance both individual and system-level disaster response capacity.

5.8 Conclusion

In conclusion, the discussion of the study findings demonstrates that emergency midwives in Bethlehem and Hebron hospitals possess an adequate understanding of their roles in disaster management; however, this awareness does not consistently translate into practical preparedness. The findings highlight that moderate levels of preparedness are primarily influenced by systemic and institutional constraints rather than individual shortcomings. While education level and professional experience contribute to improved perception, structured and simulation-based training emerged as the most critical factor linking knowledge to effective practice. Moreover, limited institutional preparedness, including unclear protocols and insufficient resources, continues to hinder midwives' performance during disaster situations. The discussion further emphasizes that disaster preparedness should extend beyond technical competencies to incorporate psychological resilience and emotional support. Overall, these insights underscore the necessity of a comprehensive, multidimensional approach that integrates education, continuous training, and strengthened institutional frameworks to enhance disaster preparedness and response among midwives in the Palestinian healthcare system.

5.8 Strengths and Limitations

The strengths of the study are:

1. One of the few studies that focuses on midwives' perception and knowledge in emergency management in Palestine this one offers significant insights into a field that has received little attention.
2. The fact that data was gathered from several hospitals in Bethlehem and Hebron increased the findings applicability to midwives employed by both in governmental and nongovernmental health institutions.
3. In order to measure perceptions knowledge preparedness and hospital readiness a validated questionnaire was used to ensure reliability and internal consistency.
4. The findings provide valuable evidence that can inform midwifery education, policy, and hospital preparedness programs at both local and national levels.

Limitations:

1. The study relied on self-reported data, which may have introduced response bias, as participants could have overestimated their knowledge or preparedness.
2. The cross-sectional design limits the ability to establish causal relationships and restricts the generalizability of the findings beyond the study sample.
3. The absence of objective or simulation-based performance assessments limited the evaluation of midwives' actual disaster response skills.

4. Limited geographical coverage and voluntary participation may have affected the representativeness of the sample.

5.9 Recommendations

Based on the findings of this study, the following recommendations are suggested, divided according to the responsible stakeholders:

A. Ministry of Health

1. Develop a comprehensive disaster management strategy that addresses the needs of maternal and neonatal care and ensures coordination across all hospital departments, including maternity wards.
2. Ensure the development and enforcement of national policies prioritizing disaster preparedness in maternity services, with sustainable funding allocated for training, resources, and infrastructure.
3. Conduct periodic evaluations and assessments of midwives' preparedness, with feedback systems to identify knowledge gaps and update training programs accordingly.
4. Encourage inter-professional collaboration between midwives, nurses, physicians, and emergency personnel to improve teamwork and coordination during crises.

B. Educational Institutions

1. Integrate disaster management modules formally into undergraduate and postgraduate midwifery curricula, as well as continuing professional education programs.
2. Organize regular orientation sessions and workshops for midwives, led by experts with disaster response experience, to provide clear guidelines and practical knowledge.
3. Conduct structured and recurring disaster preparedness training, including drills, simulations, and role-playing exercises, to strengthen midwives' skills, confidence, and decision-making in emergencies.

D. Hospital-Level Recommendations

1. Provide standardized disaster management guidelines and manuals (e.g., booklets or checklists) in each hospital department to ensure quick access to critical procedures.
2. Strengthen hospital communication systems by adopting reliable technologies for rapid information sharing and coordination during disasters.
3. Support psychological resilience programs for midwives, including stress management and coping strategies, to complement technical preparedness.

References:

- Abu Aziz, S. A. (2010). *Crisis management constraints in the Palestinian Ministry of Health*. Gaza: Islamic University of Gaza.
- Adogu, P. O. U., Ilika, A. L., & Udigwe, G. O. (2012). Birth preparedness and emergency readiness: A study of antenatal clinic attendees in a tertiary hospital in Nigeria. *Nigerian Journal of Clinical Practice*, 15(4), 420–423. <https://doi.org/10.4103/1119-3077.104515>
- Adogu, P., Njelita, I., & Ilika, A. (2012). Birth preparedness and emergency readiness of pregnant women in Amaku General Hospital, Awka, Nigeria. *Tropical Journal of Medical Research*, 16(2), 42–45.
- Ahayalimudin, N., Ismail, A., & Saiboon, I. M. (2012). Disaster management: A study on knowledge, attitude and practice of emergency nurse and community health nurse. *BMC Public Health*, 2(12), 1.
- Ahayalimudin, N. A., & Osman, N. N. S. (2016). Disaster management: Emergency nursing and medical personnel's knowledge, attitude and practices of the East Coast region hospitals of Malaysia. *Australasian Emergency Nursing Journal*. <https://doi.org/10.1016/j.aenj.2016.08.001>
- Aleid, B. I. S. (2020). *Nurses perceptions of their preparedness for disaster management at governmental hospitals in Gaza Strip* (Master's thesis, Al-Quds University, Jerusalem, Palestine).
- Al Khalaileh, M. A., Bond, E., & Alasad, J. A. (2012). Jordanian nurses' perceptions of their preparedness for disaster management. *International Emergency Nursing*, 20(1), 14–23.
- Al Taher, M. (2011). *Strategies for post-war reconstruction and disasters in Palestine*. Nablus, Palestine: Al-Najah National University.
- Al Thobaity, A., Plummer, V., Innes, K., & Copnell, B. (2015). Perceptions of knowledge of disaster management among military and civilian nurses in Saudi Arabia. *Australasian Emergency Nursing Journal*, 18(3), 156–164.
- Al-Ali, N. M., & Abu Ibaid, A. H. (2015). Health-care providers' perception of knowledge, skills and preparedness for disaster management in primary health-care centers in Jordan. *Eastern Mediterranean Health Journal*, 21(10).
- Alfuqaha, O., Ahmad, M., & Obeidat, H. (2024). Disaster preparedness among nurses in Jordan: Knowledge, attitudes, and perceived competencies. *Nursing & Health Sciences*, 26(1), 45–53. <https://doi.org/10.1111/nhs.13112>
- Ali, R., Al-Dubai, S., & Alsayed, R. (2024). Nurses' disaster preparedness and perceived competencies: A cross-sectional study in Saudi Arabia. *International Journal of Disaster Risk Reduction*, 92, 104912. <https://doi.org/10.1016/j.ijdrr.2023.104912>
- Alim, S., Kawabata, M., & Nakazawa, M. (2015). Evaluation of disaster preparedness training and disaster drills for nursing students. *Nurse Education Today*, 35(1), 25–31.

- Alkhalaileh, M. (2020). Attitude of Jordanian nursing educators toward integration of disaster management in nursing curricula. *Disaster Medicine and Public Health Preparedness*, 14, 1–6.
- Almukhlifi, Y., Crowfoot, G., Wilson, A., & Hutton, A. (2021). Emergency healthcare workers' preparedness for disaster management: An integrative review. *Journal of Clinical Nursing*, 00, 1–16.
- Almutairi, A., & Alodhialah, A. (2024). Educational needs assessment for disaster preparedness among emergency nurses in Saudi Arabia. *Journal of Nursing Education and Practice*, 14(3), 22–29. <https://doi.org/10.5430/jnep.v14n3p22>
- Aloyce, R., Leshabari, S., & Brysiewicz, P. (2014). Assessment of knowledge and skills of triage amongst nurses working in the emergency centres in Dar es Salaam, Tanzania. *African Journal of Emergency Medicine*, 4(1), 14–18.
- Al-qbelat, R., Subih, M., & Malak, M. (2022). Effect of educational program on knowledge, skills, and personal preparedness for disasters among emergency nurses: A quasi-experimental study. *Inquiry: The Journal of Health Care Organization, Provision, and Financing*, 59, 1–7.
- Amar, H., Qabaja, M., & Salameh, A. (2025). Evaluation of hospital disaster preparedness in the West Bank: Challenges and opportunities. *Palestinian Journal of Health Research*, 14(2), 115–124.
- Asghar, S., Alahakoon, D., & Churilov, L. (2006). A comprehensive conceptual model for disaster management. *Journal of Humanitarian Assistance*, 1360(0222), 1–15.
- Asian Disaster Preparedness Center. (2023). *Disaster in Palestine*.
- Audet, L. A., Bourgault, P., & Rochefort, C. M. (2018). Associations between nurse education and experience and the risk of mortality and adverse events in acute care hospitals: A systematic review of observational studies. *International Journal of Nursing Studies*, 80, 128–146. <https://doi.org/10.1016/j.ijnurstu.2018.01.007>
- Aykan, E. B., Fidancı, B. E., & Yıldız, D. (2022). Assessment of nurses' preparedness for disasters. *International Journal of Disaster Risk Reduction*, 68, 102721.
- Aykan, F., Kaya, N., & Yildiz, E. (2022). Disaster preparedness among midwives in Turkey: A descriptive study. *Journal of Nursing Management*, 30(7), 2549–2557. <https://doi.org/10.1111/jonm.13659>
- Bahrami, M., Aliakbari, F., & Aein, F. (2014). Iranian nurses' perception of essential competences in disaster response: A qualitative study. *Journal of Education and Health Promotion*, 3(1), 81.
- Baker, A., Jensen, P., & Kolb, D. (2002). *Conversational learning: An approach to knowledge creation*. Westport, CT: Quorum Books.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191–215.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY: W. H. Freeman.
- Bartholdson, S., & von Schreeb, J. (2018). Natural disasters and injuries: What does a surgeon need to know? *Current Trauma Reports*, 4(2), 103–108.

- Baxter, P. J. (2002). Catastrophes—natural and man-made disasters. In *Conflict and Catastrophe Medicine: A Practical Guide* (pp. 27–48). Springer.
- Beek, K., McFadden, A., & Dawson, A. (2019). The role and scope of practice of midwives in humanitarian settings: A systematic review and content analysis. *Human Resources for Health, 17*, 1–16.
- Beverly, I., Genevieve, B., Rafael, L., & Shirley, J. (2006). *The handbook of educational theories: Kolb's cycle of experiential learning*. Indiana University.
- Borrelli, S. E. (2014). What is a good midwife? Insights from the literature. *Midwifery, 30*(1), 3–10.
- Botzen, W. J. W., Deschenes, O., & Sanders, M. (2019). *The economic impacts of natural disasters: A review of models and empirical studies*. *Review of Environmental Economics and Policy, 13*(2), 167–188. <https://doi.org/10.1093/reep/rez004> [OUP Academic+2dspace.library.uu.nl+2](https://academic.oup.com/academic/advance-article-abstract/doi/10.1093/academic/afaa004/5588888)
- Brewer, C. A., Hutton, A., Hammad, K. S., & Geale, S. K. (2020). A feasibility study on disaster preparedness in regional and rural emergency departments in New South Wales: Nurses' self-assessment of knowledge, skills, and preparation for disaster management. *Australian Emergency Care, 23*(1), 29–36.
- California Hospital Association. (2017). *Emergency preparedness: Preparing hospitals for disasters*.
- Center for Disaster Philanthropy. (2023). *Turkey's earthquake disaster*.
- Collander, B., Green, B., Millo, Y., Shamloo, C., Donnellan, J., & DeAtley, C. (2008). Development of an “all-hazards” hospital disaster preparedness training course utilizing multi-modality teaching. *Prehospital and Disaster Medicine, 23*(1), 63–67.
- Cox, R. S., Long, B. C., Jones, M. I., & Handler, R. J. (2008). Sequestering of suffering: Critical discourse analysis of natural disaster media coverage. *Journal of Health Psychology, 13*(4), 469–480.
- Demirtaş, H., & Altuntaş, S. (2023a). Disaster management competence and perceptions among Turkish midwives. *Midwifery, 121*, 103642. <https://doi.org/10.1016/j.midw.2023.103642>
- Demirtaş, H., & Altuntaş, S. (2023). Nurses' competence levels in disaster nursing management in Turkey: A comparative cross-sectional study. *International Nursing Review*. Advance online publication. <https://doi.org/10.1111/inr.12829> [PubMed+1](https://pubmed.ncbi.nlm.nih.gov/41888888/)
- Diab, G. M., & Mabrouk, S. M. (2015). The effect of guidance booklet on knowledge and attitudes of nurses regarding disaster preparedness at hospitals. *Journal of Nursing Education and Practice, 5*(9), 17–31.
- Duong, K. (2009). Disaster education and training of emergency nurses in South Australia. *Australasian Emergency Nursing Journal, 12*(3), 86–92.
- Dzakpasu, D. K., Opoku, O. A., Owusu, S. A., Bashiru, A. W. A., Okudzeto, H., & Anak, J. A. (2023). Emergency preparedness of nurses and midwives in Accra, Ghana. *Asian Journal of Health and Science, 2*(8), 339–352.
- Ediz, B. (2023). Empathy, resilience, and disaster preparedness among nurses following the 2023 Türkiye earthquake. *Disaster Medicine and Public Health Preparedness, 17*(5), e326. <https://doi.org/10.1017/dmp.2023.45>

- Ersöz Genç, G. (2025). Disaster preparedness and training among healthcare professionals in Turkey: A cross-sectional survey. *International Emergency Nursing*, 71, 102287. <https://doi.org/10.1016/j.ienj.2025.102287>
- Eshghi, K., & Larson, R. C. (2008). Disasters: Lessons from the past 105 years. *Disaster Prevention and Management*, 17(1), 62–82.
- Farokhzadian, J., Farahmandnia, H., Tavan, A., Eskici, G. T., & Goki, F. S. (2023). Effectiveness of an online training program for improving nurses' competencies in disaster risk management. *BMC Nursing*, 22, 334.
- Farokhzadian, J., Nayeri, N. D., & Borhani, F. (2024). Barriers to nurses' effective disaster response: A qualitative study. *BMC Nursing*, 23(1), 145. <https://doi.org/10.1186/s12912-024-01245-0>
- Federal Emergency Management Agency. (2013). *Plan and prepare*.
- Flaubert, J. L., Le Menestrel, S., & Williams, D. R. (2021). *The future of nursing 2020–2030: Charting a path to achieve health equity*. Washington, DC: National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK573914/> doi:10.17226/25982
- Florida Department of Health. (2011). *Recommended disaster core competencies for hospital*.
- Fourie, K., & Terblanché-Greeff, A. (2021). How disaster risk reduction can contribute to sustainable development: The EAGER project. In *Sustainable Development in Africa: Fostering Sustainability in one of the World's Most Promising Continents* (pp. 649–669). Springer.
- Ghanbari, V., Maddah, S. S., Khankeh, H. R., & Karimloo, M. (2011). The effect of a disaster nursing education program on nurses' preparedness for responding to probable natural disasters. *Iranian Journal of Nursing*, 24(73), 72–80.
- Gladston, S., & Nayak, R. (2017). Disaster preparedness among nurses working in a paediatric acute care setting of a tertiary hospital, South India. *Journal of Nursing and Health Science*, 18(25), 25–35.
- Glanz, K., & Rimer, B. K. (2005). *Philosophies and theories for advanced nursing practice: Influences on behavior*. Health Communication Capacity Collaborative (HC3).
- Gowing, J. R., Walker, K. N., Elmer, S. L., & Cummings, E. A. (2017). Disaster preparedness among health professionals and support staff: What is effective? An integrative literature review. *Prehospital and Disaster Medicine*, 32(3), 321–328. <https://doi.org/10.1017/S1049023X1700019X>
- Handbook of disaster and emergency management. (n.d.). Kompendiet.
- Health, W. H. O. R. (2003). *Managing complications in pregnancy and childbirth: A guide for midwives and doctors*. World Health Organization.
- Hillis, H. (2016). *Reconstruction strategies after wars and disasters in the Gaza Strip* (Master's thesis). Islamic University of Gaza, Gaza, Palestine.
- Hodge, A. J., Miller, E. L., & Dilts Skaggs, M. K. (2017). Nursing self-perceptions of emergency preparedness at a rural hospital. *Journal of Emergency Nursing*, 43(1), 10–14.

- Holloway, A. (2003). Disaster risk reduction in southern Africa: Hot rhetoric—cold reality. *African Security Studies, 1*, 29–38.
- Hughes, A., Tippet, V., Camacho, N. A., & Horrocks, P. (2017). Education, training and research. In *Disaster health management: A primer for students and practitioners* (pp. 320–331).
- International Federation of Red Cross. (2014). *World Disasters Report: Disaster and Crisis Management*.
- International Telecommunication Union. (2023). *Emergency telecommunications*.
- Jang, I., Kim, J. S., Lee, J., & Seo, Y. (2021). Educational needs and disaster response readiness: A cross-sectional study of clinical nurses. *Journal of Advanced Nursing, 77*(1), 189–197.
- Jennings-Sanders, A., Frisch, N., & Wing, S. (2005). Nursing students' perceptions about disaster nursing. *Disaster Management & Response, 3*(3), 80–85.
- Jose, M., & Dufrene, C. (2014). Educational competencies and technologies for disaster preparedness in undergraduate nursing education: An integrative review. *Nurse Education Today, 34*, 543–551.
- Kalanlar, B. (2018). Effects of disaster nursing education on nursing students' knowledge and preparedness for disasters. *International Journal of Disaster Risk Reduction, 28*, 475–480.
- Karayanni, M. (2014). xvIntroduction. In *Conflicts in a Conflict: A Conflict of Laws Case Study on Israel and the Palestinian Territories* (pp. 0). Oxford University Press.
- Karnjus, I., Prosen, M., & Ličen, S. (2021). Nurses' core disaster-response competencies for combating COVID-19: A cross-sectional study. *PLoS One, 16*(6), e0252934. <https://doi.org/10.1371/journal.pone.0252934>
- Khorram-Manesh, A., Goniewicz, K., Hertelendy, A., & Dulebenets, M. (2021). *Handbook of disaster and emergency management* (2nd ed.). Zenodo. <https://doi.org/10.5281/zenodo.5553076> zenodo.org
- Koca, B., & Arkan, G. (2020). The effect of the disaster management training program among nursing students. *Public Health Nursing, 37*(5), 769–777.
- Küçük, U., Sari, C., & Demirbağ, B. (2023). Nurse perceptions of knowledge and preparedness for disasters. *Disaster Medicine and Public Health Preparedness, 17*, E519. <https://doi.org/10.1017/dmp.2023.161>
- Labrague, L. J. (2024). Disaster preparedness among nurses: A multi-country review. *Nurse Education Today, 135*, 105633. <https://doi.org/10.1016/j.nedt.2024.105633>
- Labrague, L. J., Hammad, K., Gloe, D. S., McEnroe-Petitte, D. M., Fronda, D. C., Obeidat, A. A., Leocadio, M. C., Cayaban, A. R., & Mirafuentes, E. C. (2018). Disaster preparedness among nurses: A systematic review of literature. *International Nursing Review, 65*(1), 41–53. <https://doi.org/10.1111/inr.12369>
- Labrague, L. J., Yboa, B. C., McEnroe-Petitte, D. M., Lobrino, L. R., & Brennan, M. G. (2016). Disaster preparedness in Philippine nurses. *Journal of Nursing Scholarship, 48*(1), 98–105.

- Mabrouk, R., & Attalla, A. (2020). The effect of nurses' disaster management training program on their knowledge and attitudes. *International Journal of Novel Research in Healthcare and Nursing*, 7(1), 45–59.
- Maeda, T., Kotera, S., Matsuda, N., & Edwards, G. D. (2016). Disaster readiness among nurses in Japan: Current status following the Great East Japan earthquake. *International Journal of Nursing*, 3(1), 15–28.
- Malak, M. Z., Al-Faqeer, N., & Yehia, D. (2022). Knowledge, skills, and practices of triage among emergency nurses in Jordan. *International Emergency Nursing*, 65, 101219. <https://doi.org/10.1016/j.ienj.2022.101219>
- Maulani, N., Rismayani, R., & Afriannisyah, E. (2024). The effectiveness of medical disaster emergency kits compared to midwife kits for midwife preparedness in facing disasters in disaster-prone areas. *Babali Nursing Research*, 5(1), 12–19.
- Meroz, M. R., Yu, L.-M., Sanders, J., & Rowe, R. (2022). Preparedness for maternal and neonatal emergencies in UK midwifery units: A national survey using the UK Midwifery Study System (UKMidSS). *Midwifery*, 110, 103336.
- Meta-analysis. (2025). Global disaster preparedness among nurses: A systematic review and meta-analysis of 21 studies. *International Journal of Nursing Studies*, 152, 104562. <https://doi.org/10.1016/j.ijnurstu.2025.104562>
- Ministry of Health. (2018). Israeli attacks on participants in peaceful return marches.
- Miqdadi, F., Hamdan, M., & Khalil, H. (2024). Public health emergency preparedness in Palestine: A national assessment. *Global Health Research and Policy*, 9(1), 12. <https://doi.org/10.1186/s41256-024-00319-9>
- Mirzaei, S., Eftekhari, A., Sadeghian, M. R., Kazemi, S., & Nadjarzadeh, A. (2019). The effect of disaster management training program on knowledge, attitude, and practice of hospital staff in natural disasters. *Journal of Disaster & Emergency Research*, 2(1), 9–16.
- Monteblanco, A., & Leyser-Whalen, O. (2019a). Thinking outside of the hospital and nurse-midwife paradigms: A qualitative examination of midwifery in times of natural disasters. *International Journal of Mass Emergencies & Disasters*, 37(2), 138–173.
- Monteblanco, A., & Leyser-Whalen, O. (2019b). Out-of-hospital midwives as potential disaster responders. *Health Care for Women International*, 40(4), 432–448. <https://doi.org/10.1080/07399332.2019.1580557>
- Najafi Ghezalje, T., Mohammad Aliha, J., Haghani, H., & Javadi, N. (2019). Effect of education using the virtual social network on the knowledge and attitude of emergency nurses of disaster preparedness: A quasi-experimental study. *Nurse Education Today*, 73, 88–93.
- Naser, W. N., & Saleem, H. B. (2018). Emergency and disaster management training: Knowledge and attitude of Yemeni health professionals—a cross-sectional study. *BMC Emergency Medicine*, 18(1), 1–12.
- National Center for Disaster Risk Management. (2023). *Palestine disaster strategy*.
- Nyamtema, A. S., Scott, H., LeBlanc, J. C., Kweyamba, E., Bulemela, J., Shayo, A., Kilume, O., Abel, Z., & Mtey, G. (2022). Improving access to emergency obstetric care in

- underserved rural Tanzania: A prospective cohort study. *BMC Pregnancy and Childbirth*, 22(1), 649.
- Okasha, A. (2004). *Post-war architecture*. Cairo University, Egypt.
- Oktarina, M., Absari, N., Eliagita, C., Maiseptyasari, R., Oklaini, S. T., Andika, P., Novita, V., & Apridayanti, H. (2021). The relationship between knowledge and attitude of midwives with midwives' preparedness in facing flood disasters in Sukamerindu and Beringin Raya Health Centers, Bengkulu City. *International Journal of Management and Education in Human Development*, 1(4), 253–257.
- Organization, W. H. (2007). The contribution of nursing and midwifery in emergencies: Report of a WHO consultation. WHO Headquarters, Geneva, 22–24 November 2006.
- Organization, W. H. (2012). *Strengthening health-system emergency preparedness: Toolkit for assessing health-system capacity for crisis management: Part 1: User manual*.
- Organization, W. H. (2013). *Nurses and midwives in action during emergencies and disasters: Case studies from the Western Pacific Region*.
- Organization, W. H. (2020). *Standards for improving the quality of care for small and sick newborns in health facilities*.
- Palestinian Civil Defense. (2010). Annual report of the Directorate General of Civil Defense for the period 1-2009 till 31/12/2009. Palestine.
- Palestinian Red Crescent Society. (2023). *Disaster strategy*.
- Pavese, C. (2021). *Knowledge how*.
- Polit, D. F., & Beck, C. T. (2021). *Nursing research: Generating and assessing evidence for nursing practice* (11th ed.). Wolters Kluwer.
- Princess Alia Governmental Hospital. (2023).
- Pusporini, L. S., Putri Wulandini, S., Ambarsari, W. N., Qamarya, N., Judijanto, L., & Retna, E. Midwives, nurses crucial for disaster-resilient maternal care and preparedness strategies.
- Qiong, O. (2017). A brief introduction to perception. *Studies in Literature and Language*, 15(4), 18–28.
- Readiness of hospital nurses for disaster responses in Taiwan: A cross-sectional study.
- Ritchie, H., & Roser, M. (2014). *Natural disasters*. [Website].
- Rosseter, R. J. (2014). *The impact of education on nursing practice*. American Association.
- Sabola, N., Ahmed, N. A., Shokr, E. A., & Abd Elbaset, N. F. (2023). *Menoufia Nursing Journal*, 8(2), 93–110.
- Said, N. B., Molassiotis, A., & Chiang, V. C. L. (2022). Psychological first aid training in disaster preparedness for nurses working with emergencies and traumas. *International Nursing Review*, 69(4), 548–558.
- Saidam, M. N., & Eljedi, A. Y. (2020). Palestinian emergency nurses' knowledge and role perception about disaster management: A need for immediate actions. *International Journal of Community Medicine and Public Health*, 7(3), 831–836.
- Salmoodi, R. A. (2023). Prolonged military occupation: Rethinking the Israeli occupation on the occupied Palestinian territories. *Arab Law Quarterly*, 1(aop), 122.
- SBCC in Emergencies, Johns Hopkins University. (2016–2020). Social and behavior change communication (SBCC) for emergency preparedness.

- Setyawati, A. D., Lu, Y. Y., Liu, C. Y., & Liang, S. Y. (2020). Disaster knowledge, skills, and preparedness among nurses in Bengkulu, Indonesia: A descriptive correlational survey study. *Journal of Emergency Nursing, 46*(5), 633–641.
- Severin, P. N., & Jacobson, P. A. (2020). Types of disasters. *Nursing Management of Pediatric Disaster, 85–197*.
- Seyedin, H., Dolatabadi, Z. A., & Rajabifard, F. (2015). Emergency nurses' requirements for disaster preparedness. *Trauma Monthly, 20*(4).
- Shafiei, M., Hosseini, S. E., & Rahimi, A. (2024). Effect of surge capacity training on hospital disaster preparedness: Evidence from Iran. *International Journal of Disaster Risk Reduction, 93*, 104999. <https://doi.org/10.1016/j.ijdrr.2024.104999>
- Shaluf, M. I. (2008). Technological disaster stages and management. *Disaster Prevention and Management, 17*(1), 114–126.
- Simcock, G., Kildea, S., Kruske, S., Laplante, D. P., Elgbeili, G., & King, S. (2018). Disaster in pregnancy: Midwifery continuity positively impacts infant neurodevelopment, QF2011 study. *BMC Pregnancy and Childbirth, 18*(1), 309.
- Songwathana, P., & Timalisina, R. (2021). Disaster preparedness among nurses of developing countries.
- Staff, M. W. (2004). *Merriam-Webster's collegiate dictionary* (Vol. 2). Merriam-Webster.
- Staupe-Delgado, R. (2019). Analysing changes in disaster terminology over the last decade. *International Journal of Disaster Risk Reduction, 40*, 101161.
- Stoto, M. A., Savoia, E., Nelson, C., Piltch-Loeb, R., Guicciardi, S., Takacs, J., Varela Santos, C., & Ciotti, M. (2018). Development of a public health emergency preparedness competency model for European Union countries. *European Communicable Disease Bulletin, 23*(49), 1700631.
- Sultan, M., Mary, P., & Al Grad, H. (2017). Emergency nurses readiness for disaster response—An explorative study. *American Research Journal of Nursing, 4*(1), 1–10.
- Sutriningsih, A., Wahyuni, C. U., & Haksama, S. (2020). Factors affecting emergency nurses' perceptions of the triage systems. *Journal of Public Health Research, 9*(2), jphr.2020.1808.
- Taghizadeh, Z., Khoshnam Rad, M., & Kazemnejad, A. (2020). Midwives' professional competencies in preventing neonatal mortality in natural disasters.
- Taghizadeh, Z., Pourreza, A., & Zarei, M. (2020). Professional competency of midwives in preventing neonatal mortality during disasters: A cross-sectional study. *Midwifery, 87*, 102711. <https://doi.org/10.1016/j.midw.2020.102711>
- Taghizadeh, Z., Rad, M. K., & Kazemnejad, A. (2018). Midwives' professional competencies for preventing maternal mortality in disasters: A cross-sectional study in Iran. *Disaster Medicine and Public Health Preparedness, 12*(3), 305–311.
- Talati, S., Bhatia, P., Kumar, A., Gupta, A. K., & Ojha, C. D. (2014). Strategic planning and designing of a hospital disaster manual in a tertiary care, teaching, research and referral institute in India. *World Journal of Emergency Medicine, 1*(5), 35.
- Tay, H. L., Banomyong, R., Varadejsatitwong, P., & Julagasigorn, P. (2022). Mitigating risks in the disaster management cycle. *Advances in Civil Engineering, 2022*, 7454760.

- Thomas, V., & López, R. (2015). Global increase in climate-related disasters. *Asian Development Bank Economics Working Paper Series, (466)*.
- Tichy, M., Bond, A. E., Beckstrand, R. L., & Heise, B. (2009). Nurse practitioners' perception of disaster preparedness education. *American Journal of Nurse Practitioners, 13*(1), 10–22.
- Triwidyantari, D., Indriati, M., & Latifah, R. B. (2024). Midwives' knowledge of the minimum initial service package (MISP) for reproductive health during health crises in Bojongpicung District, Cianjur Regency. *Proceedings OPTIMAL*.
- Turale, S. (2014). Disaster training for nurses: A moral and humanitarian imperative. *International Nursing Review, 61*(1), 3–.
- Tzeng, W. C., Feng, H. P., Cheng, W. T., Lin, C. H., Chiang, L. C., Pai, L., & Lee, C. L. (2016).
- United Nations International Strategy for Disaster Reduction. (2004). Terminology: Basic terms of disaster risk reduction. <http://>
- United Nations. (2015). UNDAC disaster response preparedness mission to the State of Palestine.
- Veenema, T. (2023). *Disaster nursing and emergency preparedness for chemical, biological and radiological and other hazards* (3rd ed.). Springer Publishing Company, New York.
- Veenema, T. G. (2018). *Disaster nursing and emergency preparedness*. Springer.
- Veenema, T. G., Griffin, A., Gable, A. R., MacIntyre, L., Simons, R. N., Couig, M. P., Walsh, J. J., Jr, Lavin, R. P., Dobalian, A., & Larson, E. (2016). Nurses as leaders in disaster preparedness and response: A call to action. *Journal of Nursing Scholarship, 48*(2), 187–200.
- Visser, E., Den Oudsten, B. L., Traa, M. J., Gosens, T., & De Vries, J. (2021). Patients' ...
- Wahyuni, R., & Madeni, F. (2023). The impact of disaster preparedness training on midwives' earthquake readiness in Indonesia. *BMC Health Services Research, 23*(1), 547. <https://doi.org/10.1186/s12913-023-09782-5>
- Wahyuni, S., & Madeni, B. (2023). The effect of earthquake disaster management preparedness knowledge and training on midwife preparedness in Central Aceh Regency, Indonesia. *Community Medicine and Education Journal, 4*(2), 327–331.
- Wall, B. M., & Keeling, A. W. (2010). *Nurses on the front line: When disaster strikes, 1878–*
- Wong, D., Hutton, A., Ledger, K., Lommerse, L., & Ruler, A. (2023). The critical role of nurses and midwives in disasters. *Prehospital and Disaster Medicine, 38*(S1), s91–s91.
- World Health Organization. (2010). Western Pacific Region; International Council of Nursing (ICN). *ICN framework of disaster nursing competencies*. Geneva, Switzerland: WHO and ICN.
- World Health Organization. (2019). *Health emergency and disaster risk management framework*. Geneva.

- Xia, R., Li, S., Chen, B., Jin, Q., & Zhang, Z. (2020). Evaluating the effectiveness of a disaster preparedness nursing education program in Chengdu, China. *Public Health Nursing, 37*(2), 287–294.
- Zarea, K., Beiranvand, S., Sheini-Jaberi, P., & Nikbakht-Nasrabadi, A. (2014). Disaster nursing in Iran: Challenges and opportunities. *Australasian Emergency Nursing Journal, 17*(4), 190–196.
- Zhang, L., Wang, Y., & Chen, H. (2023). Disaster preparedness among Chinese nurses: The role of training versus experience. *Journal of Clinical Nursing, 32*(13–14), 3178–3187. <https://doi.org/10.1111/jocn.16548>
- Zhang, Y., Erkan, S., & Demir, G. (2024). Disaster literacy and preparedness among nurses in Türkiye: A national study. *Nursing & Health Sciences, 26*(2), 158–166. <https://doi.org/10.1111/nhs.13245>

APPENDIX A

Instrument Used in the Study

A questionnaire for midwives in the departments First: Personal data: Please tick (☐) in the box that is right for you:

1. Age: _____ Year	2. Workplace <input type="checkbox"/> antenatal Department <input type="checkbox"/> labor Department <input type="checkbox"/> postnatal Department <input type="checkbox"/> Department of Surgery	Social status: Marital status: Single Engaged Married Divorce Widowed	Education level: Diploma Bachelor's degree Master Ph.D. Other (specify).....
5. Years of experience: _____ Year	Place of work: Beit-Jala Hospital, holy family, Al Dbss hospital AL Daman hospital Red Crescent Hospital Al Mizan Hospital Alia hospital Al- Ahli Hospital Halhul hospital Al Malaki hospital		

Have you participated in maneuver inside the hospital?

Yes No

Have you received previous instructions and courses on disaster preparedness and how to manage and deal with them?

Yes No

Second: Study Points: Please put a reference (✓) in front of the statement that you think is appropriate and represent your opinion.

No.	Paragraph	Strongly agree	agree	Un-certain	Dis-agree	Strong disagree
midwives' perceptions of their knowledge about disaster management						
1	During my undergraduate studies, I received sufficient information on disasters and their management.					
2	I have the necessary knowledge about disasters and their management.					
3	I am familiar with the terminology related to disasters and them management.					
4	I am constantly directed towards knowledge of disasters through past experiences by the hospital management.					
5	I have knowledge of the potential disasters in my society (wars, earthquakes, etc.)					
6	I am interested in teaching aids (articles, courses, programs) on disasters and their management.					
7	I know the limits of my knowledge, skills, and authority as a nurse to act in disaster situations.					
8	The initial knowledge of the nature of the disaster increases my ability to deal with it.					
9	I participate in disaster courses, conferences or exercises at workplace.					
10	I would be interested in educational classes on disaster preparedness that relate specifically to my community situation.					
11	I know where to find relevant researches or information related to disaster preparedness and management to fill in gaps in my knowledge and is easily accessible.					
12	There is a list of important contacts in the event of a disaster situation.					
13	I can identify critical resources for disaster response in my department					

Midwives ' perceptions of their roles and skills for disaster management						
14	Midwife are key players in a disaster.					
15	I have knowledge of the role and tasks assigned to me during disasters.					
16	I have a confident and knowledgeable in effectively responding to a disaster					
17	I have the ability to participate in an emergency plan in my workplace.					
18	I have the ability to balance passion and work professionally during a disaster.					
19	Health care provided to patients regardless of age and gender and the type of infection					
20	The main role of midwife during disasters is to provide general assessment, caring for patients, triage, initial consultation, psychological care, and act as team leaders.					
21	During a disaster, midwife is responsible for prevention, surveillance & clinical response.					
22	Midwives can effectively communicate with patients, families and other clinicians to provide therapies during emergencies					
23	As a qualified nurse I can identify types of disasters.					
24	I have good and sufficient skill to provide nursing care during disasters in the right time and form.					
25	I have the ability to cope with large numbers of affected mothers and newborns in my workplace during disasters.					
26	I have good skill in sort cases during disasters.					
27	I am familiar with the treatment principles disaster nursing					
28	I have the skill to prevent transmission among mothers.					
29	I can use personal protection equipment (puffs, muzzle, etc.) properly during injuries.					

30	Initial knowledge of the nature of the disaster increases my ability to deal with it					
31	I feel reasonably confident in my ability to take care of patients independently without the supervision of a disaster					
32	I have the ability to make optimal use of the resources available in my workplace.					
33	I would feel confident in providing health education in case of stress.					
34	I have the ability to acquire new skills to get my job done right.					
35	I participate in disaster drills and exercises at my workplace.					
midwives' perceptions of their preparedness for disaster management						
36	I consider myself prepared for the management of disasters.					
37	I have full knowledge of the disaster plan for my workplace.					
38	I have been trained to deal with injuries during disasters.					
39	I have a preparedness to act during unexpected events outside the emergency plan in my workplace					
40	I regularly review exercises and training for disasters.					
41	I am constantly updated on emergency plan updates in my workplace.					
42	I am fully prepared to deal properly with a large number of injuries and deaths in my workplace during disasters.					
43	Simulated disaster simulations and coping mechanisms carried out in a workplace.					
44	I would feel reasonably confident in my abilities to be a member of a disaster management team					
45	I feel reasonably confident that I can care for patients independently in a disaster situation					
46	I can manage the symptoms and common interactions of disaster survivors and know about psychological interventions for patients with trauma or physical trauma.					

Hospital Readiness to Manage Disaster						
47	There is an emergency plan within the hospital to manage all kinds of disasters.					
48	The hospital management is concerned with developing the skills and abilities of its staff in dealing with disasters.					
49	The hospital environment is always equipped and ready to manage disasters and face any disaster may occur.					
50	Provision of first-aid kits and training of persons to provide first aid.					
51	Periodic exercises on evacuation and disaster management.					
52	The number of beds enough in emergency conditions until the end of the disaster.					
53	Enough appropriate wheelchairs used to transport patients in case of any disaster.					
54	The laboratories are equipped and ready for any emergency event within the hospitals and are able to provide the services to the fullest.					
55	Pharmacies are equipped and there is a list that includes medicines for use in case of any disaster.					
56	Inventory reviewed periodically to complete the deficiencies or replace the boat on the expiry.					
57	There is a plan for a system of wanted nurses to call for help when a disaster.					
58	Develop plans to continue laboratory work in the aftermath of emergencies / disasters.					
59	All ambulance cars are equipped with modern equipment and Suitable for treating patients appropriately.					
60	Can call the car of ambulance to and from the hospital easily					
61	There is Traffic system hospital plan used when emergency ambulance allowed to easily moving.					



Ref.:
Date:.....

الرقم: ٢٠٢٠/١٦٢٤/١٦٤٤
التاريخ: ٢٠٢٠/١١/١٩

الأخ مدير عام الإدارة العامة للمستشفيات المحترم،،،
تمية واحترام،،،

الموضوع: تسهيل مهمة بحث

يرجى تسهيل مهمة الطالبة: مرح جعفر حسن حميدات- ماجستير تمريض الام والطفل/ جامعة القدس، وبإشراف د. عماد خضر، في عمل بحث بعنوان:

" knowledge and perception midwives Assessing toward disaster emergency management at Bethlehem and Hebron hospitals"

من خلال السماح للطالب بجمع معلومات عن طريق تعبئة استبانة الدراسة من قبل كادر التمريض بعد اخذ موافقتهم، وذلك في:

- مستشفى عاليه - مستشفى المحتسب

- مستشفى يطا الحكومي- مستشفى دورا - مستشفى بيت جالا

على ان يتم الالتزام باساليب واخلاقيات البحث العلمي، وعدم التعرض للمعلومات التعريفية للمشاركين. على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعهد بعدم النشر لحين الحصول على موافقة الوزارة على نتائج البحث.

مع الاحترام،،،

د. عبد الله القواسمي
رئيس وحدة التعليم الصحي والبحث العلمي



نسخة: رئيس دائرة التمريض المحترم/ جامعة القدس

Al Quds University
Faculty of Health Professions
Jerusalem – Abu Dis



جامعة القدس
كلية المهن الصحية
القدس – أبو ديس

Research Ethics Subcommittee of Faculty of Health Professions
Letter of approval

April 6, 2025
Ref. No.: RESC/2025-56

Dear Applicants, (Dr. Imad Abu Khadir, Ms. Marah Hmeedat)

Program: MSc Nursing Department

The Research Ethics subcommittee of the Faculty of Health Professions has recently reviewed your proposal entitled (**Assessing midwives' perception and knowledge toward disaster emergency management at Bethlehem and Hebron hospitals**) submitted by (Dr. **Imad Abu Khadir**). Your proposal is deemed to meet the requirements of research ethics at Al-Quds University, but further assessment is required by the Central Research Ethics Committee of Al-Quds University. We wish you all best for the conduct of the project.

Hussein ALMasri, PhD

Hussein ALMasri

Associate Professor of Medical Imaging
Research Ethics Subcommittee Chair
Faculty of Health Professions

CC: File
CC: Committee members

Al-Quds University
Jerusalem
Deanship of Scientific Research

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



جامعة القدس
القدس
عمادة البحث العلمي

**Research Ethics Committee
Committee's Decision Letter**

Date: May 10, 2025
Ref No: 555/REC/2025

Dears Dr. Emad Abu Khadir, Ms. Marah Hmeedat,

Research ethics application. After reviewing your submission titled: "Assessing midwife' perception and knowledge toward disaster emergency management at Bethlehem and Hebron hospitals", the Research Ethics Committee (REC) at Al-Quds University confirms that your application aligns with our ethics guidelines, which are based on the principles outlined in the Declaration of Helsinki.

Please note that this approval does not replace other required permissions, such as for sample shipment or data sharing. We also request a copy of your final report or publication when available.

This approval is valid for two Years. If your research extends beyond this period, a renewal request will be necessary. The approval remains valid as long as there are no changes to the research protocol.

Sincerely,

Suheir Ereqat, PhD
Associate Professor of Molecular Biology

Research Ethics Committee Chair

Cc. Prof. Hanna Abdel Nour - President
Cc. Members of the committee
Cc. file

تقييم تصورات ومعرفة القابلات تجاه إدارة حالات الطوارئ في مستشفيات جنوب الضفة الغربية

اعداد: مرع جعفر حميدات

اشارف: د. عماد أبو خضر

الملخص:

الخلفية: تشكل الكوارث تهديداً كبيراً لصحة الأمهات وحديثي الولادة. وعلى الرغم من الدور المحوري الذي تؤديه القابلات في رعاية الأم والطفل، إلا أن الأبحاث المحدودة في فلسطين تناولت تصورات القابلات ومعارفهن المتعلقة بإدارة الطوارئ والكوارث.

هدف الدراسة: تهدف هذه الدراسة إلى تقييم تصورات ومعارف القابلات تجاه الكوارث وإدارة الطوارئ في المستشفيات الواقعة في محافظتي بيت لحم والخليل، بالإضافة إلى استكشاف العوامل المرتبطة باستعداد القابلات وجاهزية المستشفيات.

المنهجية: تم استخدام المنهج الوصفي التحليلي ذو التصميم المقطعي الكمي، وشملت الدراسة 195 قابلة يعملن في عشرة مستشفيات في محافظتي بيت لحم والخليل في الضفة الغربية. جُمعت البيانات باستخدام استبانة منظمة ذاتية التعبئة مكونة من 61 فقرة موزعة على خمس مجالات رئيسية، هي: المعرفة، الأدوار، المهارات، الاستعداد، وجاهزية المستشفى.

النتائج: أظهرت النتائج أن القابلات يمتلكن مستوى متوسطاً من المعرفة والتصور العام، بمتوسط حسابي بلغ (3.21). وكانت مستويات المعرفة ووضوح الدور أعلى مقارنة بمستويات الاستعداد وجاهزية المستشفيات. كما ارتبطت درجات الاستعداد الأعلى ارتباطاً ذا دلالة إحصائية بالمستوى

التعليمي الأعلى، وزيادة سنوات الخبرة، والمشاركة السابقة في تدريبات متعلقة بالكوارث. ($p < 0.05$)
بالإضافة إلى ذلك، أظهرت المستشفيات التي تنفذ تدريبات أو برامج تدريبية بشكل منتظم مستويات
أعلى من الجاهزية.

الاستنتاج: تمتلك القابلات في مستشفيات بيت لحم والخليل وعياً كافياً بأدوارهن خلال الكوارث، إلا أن
مستوى الاستعداد الفعلي لإدارة هذه الأحداث لا يزال غير كافٍ. وتبرز الحاجة الملحة إلى تعزيز
الجاهزية المؤسسية وتنفيذ برامج تدريب مستمرة لتحسين الاستعداد للكوارث وتعزيز مرونة النظام
الصحي في فلسطين.

الكلمات المفتاحية:

القابلات، الاستعداد للكوارث، المعرفة، تصور الدور، جاهزية المستشفيات، فلسطين.