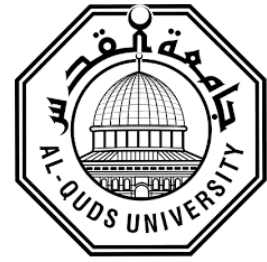


**Deanship of Graduate Studies**

**Al-Quds University**



**Assessment of Professional Commitment, Occupational  
Stress, and Intention to Stay Among New Nursing  
Employee in West Bank, a Quantitative Study**

**Jasmin Khalid Hussien Manasra**

**M. Sc. Thesis**

**Jerusalem – Palestine**

**1447-2025**

**Assessment of Professional Commitment, Occupational Stress, and Intention to Stay Among New Nursing Employee in West Bank, a Quantitative Study**

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**A thesis Submitted in Partial Fulfillment of the  
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## Thesis Approval

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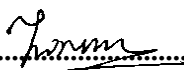
## **Dedication**

This work is lovingly dedicated to the memory of my grandmother, may she rest in peace, whose wisdom and prayers continue to guide me even in her absence. To my beloved family, whose unwavering support and encouragement have been my greatest strength throughout this journey. To my very special sister, whose constant support and encouragement have given me strength during my academic career. To my beloved parents for all their efforts. I want to express my gratitude to my close friends for their assistance, love, and faith in me throughout the entire process. And to all the teachers and instructors who have instructed me throughout my undergraduate and graduate courses, your expertise, commitment, and enthusiasm have greatly influenced my course. I sincerely appreciate it.

I am deeply grateful to my supervisor, Dr. Ashraf Abuejheisheh and Dr. Farid Ghrayeb, for his invaluable guidance, insightful advice, and steadfast belief in my potential. Your contributions have been instrumental in shaping this work and my academic growth. This accomplishment is a testament to all of you—thank you for walking this path with me.

## **Declaration**

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

Signed: .....

Jasmin Khalid Hussi Manasra

Date: 12/08/2025

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It is with great pleasure and gratitude that I take this opportunity to thank those who made the completion of this thesis possible.

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Special thanks to my thesis committee members for their invaluable insights, encouragement, and expert advice, which greatly enriched the quality of this work. Your support and understanding played a significant role in the successful completion of this research.

Thank you all for your contributions, guidance, and belief in my abilities

## Abstract

**Background:** Retention of newly qualified nurses New Nursing Employees is a critical challenge for healthcare systems, particularly in conflict-affected regions such as Palestine, where occupational stress and the effectiveness of onboarding programs remain underexplored. Understanding the interplay between professional commitment, occupational stress, and the intention to stay among NNEs is essential for sustaining a resilient nursing workforce under adverse circumstances.

**Aim:** This study aimed to assess the levels of professional commitment, occupational stress, and intention to stay among newly qualified nurses employed in Palestinian healthcare hospitals, while examining how demographic and organizational factors, including orientation programs, influence these outcomes.

**Methods:** A quantitative cross-sectional design was employed, surveying all newly qualified nurses (New Nursing Employees, n=180) in six governmental and private hospitals across Ramallah, Nablus, and Hebron in the West Bank, Palestine. Data were collected in (25/12/2025 – 01/02/2025) using structured questionnaires that measured commitment, stress, and retention intentions. After adjusting for an 83.3% response rate, 150 completed surveys were analyzed. Descriptive and inferential statistics explored associations between study variables and demographic characteristics.

**Results:** NNEs reported relatively high commitment (mean=3.98 for extra effort, 3.82 for belonging). Notably, nurses who did not attend orientation programs displayed higher commitment but also increased stress. Moderate occupational stress was widespread (mean=3.58, SD=0.41), driven by administrative burdens, interprofessional conflict, and the intensification of resource scarcity amid ongoing political conflict. Intention to stay was moderate (mean=3.31), with lower confidence in long-term retention, reflecting systemic challenges and instability. Significant positive correlations emerged between commitment and intention to stay ( $r=0.367$ ,  $p<0.01$ ), as well as between stress and intention to stay ( $r=0.341$ ,  $p<0.01$ ). Demographic factors such as age, ward assignment, and income bracket also influenced experiences of stress and commitment.

**Conclusions:** Newly qualified nurses in Palestine demonstrate notable resilience and professional commitment despite moderate occupational stress and uncertain long-term retention, highlighting both strengths and vulnerabilities in this workforce. The apparent shortcomings of current orientation programs and the paradoxical link between stress and intention to stay underscore the urgent need for evidence-based reforms in onboarding, targeted support for high-risk groups, and systemic interventions to improve work conditions. Future research should employ longitudinal and mixed-method approaches to unravel the intricate retention dynamics and inform policy in crisis-impacted healthcare settings.

**Keywords:** Professional commitment; Occupational stress; Intention to stay; Newly qualified nurses; Orientation programs; Retention; Palestine; Cross-sectional study.

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## **List of Abbreviations**

**NNEs:** New Nursing Employees

**PC:** Professional Commitment

**OC:** Organizational Commitment

**OS:** Occupational Stress

**IS:** Intention to Stay

**HR:** Human Resources

**HCWs:** Healthcare Workers

**WHO:** World Health Organization

**MSF:** Médecins Sans Frontières (Doctors Without Borders)

**PCBS:** Palestinian Central Bureau of Statistics

**MOHE:** Ministry of Higher Education

**MOH:** Ministry of Health

**SDGs:** Sustainable Development Goals

**SDG 3:** Good Health and Well-Being

**MCS:** Meyer's Commitment Scale (Meyer et al., 1993)

**OSS:** Occupational Stress Scale (Ming-Chen Yeh & Shu Yu, 2009, adapted)

**ITS-S:** Intention to Stay Scale (Nancarrow et al., 2014)

## **CHAPTER ONE**

---

### **INTRODUCTION**

#### **Introduction**

This chapter presents the basic framework of the study. It includes the background, problem statement, and importance of the research. It also explains the study's main goal, specific research questions, and the definitions used in both theoretical and practical terms. The chapter ends with a brief recap of these main parts.

#### **Background**

Health systems worldwide are dealing with a growing shortage of nurses. By 2030, this gap is expected to reach about 5.9 million (WHO, 2021). The issue is especially severe for newly graduated nurses, who often struggle with the shift from school to clinical practice (Rogers et al., 2023). In Palestine, this challenge is made worse by the country's healthcare system, which suffers from limited resources and long-standing political tensions (Doctors Without Borders [MSF], 2024).

The move from being a student to becoming a practicing nurse is a key stage. It usually comes with stress and difficulties that can impact how new nurses grow in their careers

(Ernawaty et al., 2024). This period, sometimes called “reality shock,” can be intense. New nursing employees (NNEs) must handle high workloads, learn to use complex tools and systems, and sometimes deal with aggressive behavior at work (Rogers et al., 2023). In Palestine, they face even more pressure. They must adjust to tough work demands, care for many patients, manage self-doubt, deal with a lack of resources, and work in a system influenced by unstable political conditions (Marie et al., 2017).

Recent studies have highlighted the struggles new nurses face, especially in Palestine and nearby countries. These problems often lead to high turnover rates. Data shows that 35% to 60% of new nurses quit their jobs within their first year (Abu Yahya et al., 2019; Al-Hamdan et al., 2021). Common reasons for quitting include having too many patients, safety concerns, little support, and too much responsibility (Abualrub & Alghamdi, 2012; Aboshaiqah & Qasim, 2018). In addition, new nurses often feel more stress related to their skills compared to more experienced staff (Alshutwi & Ahmad, 2022; Hamaideh et al., 2021).

Studies worldwide show mixed results on how committed healthcare workers are to their workplaces. For example, a study in Urmia, Iran, found a commitment rate of 67.3%, while similar research in Saudi Arabia and the Philippines showed rates of 52.1% and 63.9%. Another study in Saudi Arabia reported a much lower rate of only 3.13% (Al-Haroon & Al-Qahtani, 2020; Saberinia & Zadeh, 2019).

Commitment to the workplace brings both positive and negative effects for health organizations. Staff with strong commitment tend to work hard toward goals, feel more satisfied, want to stay longer, miss fewer workdays, and show more motivation and morale. They are also more likely to stay because they feel connected to their workplace. All this leads to better performance and alignment between individual and organizational aims (Arage et al., 2022; Al-Dossary & Chiang, 2021).

In Palestine, the nursing sector has grown. The number of nurses rose from 10,520 in 2010 to 22,478 in 2021 (Central Bureau of Statistics, 2023). By 2022, 16,562 students

were enrolled in nursing programs, and 2,724 completed their studies that year (Ministry of Higher Education, 2022).

Due to the many factors that affect stress, commitment, and retention among new nurses, there is a strong need to explore how these variables relate within the Palestinian healthcare system. This study focuses on measuring the influence of commitment and stress on the desire of NNEs to continue working in the field. The aim is to provide data-driven solutions to help reduce resignations, build stronger professional resilience, and improve service delivery under limited resources. Tackling these problems is necessary to fix the nursing shortage, protect care quality, and create lasting career options for new nurses in Palestine's difficult healthcare environment.

## **Problem Statement**

The Palestinian healthcare system is currently under pressure due to a major shortage of nursing staff, which has been made worse by high turnover among newly graduated nurses. Studies from Arab countries show that between 35% and 60% of new nurses leave their jobs within their first year (Abu Yahya et al., 2019; Al-Hamdan et al., 2021). This worrying trend is tied to the challenges that new nurses face when they enter the workforce. These include handling large patient loads, poor conditions for patient care, lack of proper support, and having too much responsibility too soon (Abualrub & Alghamdi, 2012; Alboliteh et al., 2017).

Even though the number of nurses in Palestine has grown—from 10,520 in 2010 to 22,478 in 2021 (Central Bureau of Statistics, 2023)—keeping these new nurses in the profession remains a serious issue. The shift from student to professional nurse in Palestine is especially difficult. New nurses must deal not only with the usual pressures of adapting to their new roles but also with the added challenges of limited resources and ongoing political unrest (Marie et al., 2017).

New nurses in Palestine are forced to adapt quickly under difficult conditions. They face the normal struggles of a new job while also dealing with a health system strained by shortages and instability. This combination raises stress levels, weakens their sense of

commitment, and lowers their desire to stay in the job. Although studies in the region have pointed to a link between these pressures and early resignations (Alboliteh et al., 2017; Alshutwi & Ahmad, 2022), there is limited research that focuses on how these factors are connected in the Palestinian context. This gap in knowledge makes it harder to create policies and programs that could help keep new nurses in the workforce and protect the quality of care in an already struggling health system.

## **Significance of the Study**

This study focuses on a key issue—why new nurses in Palestine are leaving the profession despite the increase in nurse training and recruitment. High turnover among NNEs remains a major problem in Arab countries, with rates reported between 35% and 60% (Abu Yahya et al., 2019; Al-Hamdan et al., 2021). The combined effect of high stress, reduced job commitment, and low motivation to stay in the role threatens healthcare services in settings like Palestine, where both resources and stability are limited (Marie et al., 2017).

## **Clinical Practice**

In hospital and clinical environments, when many new nurses leave, it leads to understaffing, heavier workloads for those who stay, and risks to patient safety. By studying workplace stress and the level of organizational support available to new nurses, this research will help identify practical steps that can improve retention. Reducing stress and boosting job satisfaction can lead to better patient care and a stronger, more stable health team.

## **Education**

For nursing schools and educators, understanding how commitment and stress affect whether new nurses stay in the profession is essential. This insight can shape how students are trained, including stress coping skills and resilience-building techniques. Preparing students for the realities of the workplace can reduce the number of early exits from the profession. This approach supports past findings that professional support and skill-building help reduce nurse turnover.

## **Research and Policy**

This study adds new evidence to the limited research on nurse retention in crisis-affected environments. It offers data that build on earlier work about stress and job loss among Arab nurses (Alshutwi & Ahmad, 2022; Hamaideh et al., 2021). The results can guide future studies—especially long-term or comparative research—on how factors like lack of resources and political stress affect new nurses. Policymakers can use these insights to design better support systems, reduce stress in the workplace, and encourage nurses to stay. These changes can help stabilize the health system, support the achievement of Sustainable Development Goal 3 (good health and well-being), and meet WHO targets for healthcare staffing. The study’s recommendations provide clear guidance for researchers and decision-makers aiming to reduce nurse attrition, improve care quality, and maintain healthcare delivery in difficult conditions.

## **Aim of the Study**

The aim of this study was to assess of commitment, stress, and intention to stay among NNE in Palestinian healthcare hospitals.

## **Objectives of the Study**

1. Assess the levels of stress, intention to stay, and organizational commitment among new nursing employees in their initial employment period in Palestine.
2. Examine the correlations between stress, commitment, and intention to stay among new nursing employees.
3. Determine whether there are statistically significant differences of stress, commitment, and intention to stay levels based on demographic factors (e.g., age, sex, education level, prior healthcare experience, marital status...etc).

## **Research questions**

1. What is the level of stress among new nursing employees?
2. What is the level of intention to stay among new nursing employees?
3. What is the level of commitment among new nursing employees?
4. Is there any correlation between stress, commitment, intention to stay among new nursing employees?
5. Is there a statistically significant difference of stress, commitment, intention to stay levels among new nursing employees based on their demographics?

## **Study hypothesis**

H1: Occupational stress has a statistically significant direct negative relationship with intention to stay among new nursing employees in the West Bank.

H2: Occupational stress has a statistically significant negative relationship with professional commitment among new nursing employees in the West Bank.

H3: Professional commitment has a statistically significant direct positive relationship with intention to stay among new nursing employees in the West Bank.

H4: There are statistically significant differences in the levels of professional commitment among new nursing employees based on their demographic characteristics (age, ward type, and orientation program attendance).

H5: There are statistically significant differences in the levels of occupational stress among new nursing employees based on their demographic characteristics (age, annual income, qualifications, and orientation program attendance).

## **Definition of terms**

**Commitment:** Commitment is defined as the psychological state that binds an employee to their organization. It reflects the degree to which employees identify with their organization and its goals, leading to a willingness to exert effort on behalf of the organization (Meyer & Allen, 1991). High levels of organizational commitment among NNEs are associated with increased job satisfaction and reduced turnover intentions.

Stress: Stress in the workplace refers to the mental or emotional strain resulting from challenging situations or demands placed on employees (Lazarus & Folkman, 1984). For NNEs, stress can arise from high workloads, complex patient care requirements, and insufficient support during their transition into professional roles. High levels of stress can negatively impact job performance and lead to burnout (Hamaideh et al., 2021).

**Intention to Stay:** Intention to stay describes how likely an employee is to remain in their current job or organization for a certain period, based on their own assessment. This concept is shaped by several elements, such as how satisfied they feel at work, how committed they are to their organization, and the level of support they believe they receive from coworkers (Tett & Meyer, 1993). For newly graduated nurses (NNEs) in Palestine, exploring their intention to stay is essential to understanding and addressing the high turnover in the healthcare sector. A detailed theoretical and practical explanation of this term is shown in Table 1.

**Table 1.1:** Theoretical and Operational Definition of the Study Variable

Variable	Theoretical Definition	Operational Definition
1- <b>Commitment</b>	Commitment is defined as the psychological state that binds an employee to their organization. It reflects the degree to which employees identify with their organization and its goals, leading to a willingness to exert effort on behalf of the organization (Meyer & Allen, 1991).	professional Commitment scale developed by Meyer et al.'s (1993) with 10 items on a 5-point Likert scale participant are new nursing employees in Palestinian healthcare hospitals
2- <b>Stress</b>	: Stress in the workplace refers to the mental or emotional strain resulting from challenging situations or demands placed on employees (Lazarus & Folkman, 1984). For NNEs, stress can arise from high workloads, complex patient care requirements, and insufficient support during their transition into professional roles. High levels of stress can negatively impact job performance and lead to burnout (Hamaideh et al., 2021).	<b>Ming-Chen Yeh and Shu Yu, 2009</b> 24-item scale with a four-factor structure, scored on a five-point Likert scale participant are new nursing employees in Palestinian healthcare hospitals participant are new nursing employees in Palestinian healthcare hospitals
3- <b>Intention to Stay</b>	Intention to stay refers to an employee's self-reported likelihood of remaining in their current position or organization over a specified period. This construct is influenced by various factors including job satisfaction, organizational commitment, and perceived support from colleagues (Tett & Meyer, 1993)	Nancarrow, S. et al, 2014 measured using a 3-item scale with a 5-point Likert scale participant are new nursing employees in Palestinian healthcare hospitals

## **Theoretical framework**

The theoretical framework for this study is an integrative model that explains the complex interplay between occupational stress, professional commitment, and intention to stay among new nursing employees (NNEs) within the unique context of the Palestinian healthcare system. It is predicated on the foundational work of several key theorists and is contextualized by the literature on nursing in crisis environments.

The framework is primarily anchored in Meyer and Allen's (1991) Three-Component Model (TCM) of organizational commitment, particularly the affective commitment dimension. This component, which reflects an employee's emotional attachment to, identification with, and involvement in the organization, is the most directly relevant to understanding a nurse's desire to remain. The study operationalizes this as "professional commitment," measuring the degree to which NNEs identify with the nursing profession and its goals, leading to a willingness to exert effort on its behalf. The TCM posits that high affective commitment is a critical antecedent to reduced turnover intentions, a relationship this study seeks to test.

To explain the stressors that may erode this commitment, the framework incorporates the Transactional Model of Stress and Coping by Lazarus and Folkman (1984). This model defines stress as a relationship between the individual and the environment that is appraised as taxing or exceeding one's resources. For NNEs in the West Bank, the environmental demands are exceptionally high: overwhelming workloads, complex clinical tasks, unfamiliar administrative procedures, interpersonal conflicts, and the overarching strains of political instability and resource scarcity. The framework posits that this persistent occupational stress acts as a critical mediating variable, potentially diminishing professional commitment and, consequently, the intention to stay.

The outcome variable, intention to stay, is conceptualized through the lens of behavioral intention theories (e.g., Tett & Meyer, 1993), which establish intention as the most immediate and powerful predictor of actual behavior (in this case, turnover). The framework proposes that intention to stay is not a standalone attitude but is dynamically shaped by the interplay of the internal psychological state of commitment and the external environmental pressure of stress.

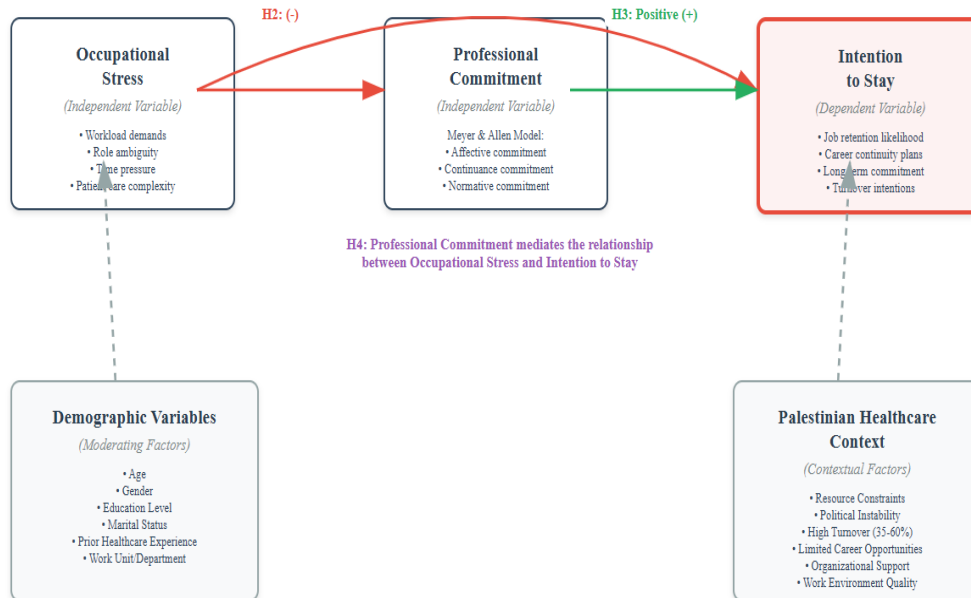
Crucially, this framework is not applied in a vacuum. It is explicitly situated within the contextual realities of the Palestinian healthcare system, as detailed in the problem statement and background. The model acknowledges that the relationships between these variables are intensified and uniquely shaped by systemic factors such as political conflict, chronic underfunding, and institutional constraints. This context acts as a moderating layer, exacerbating typical transition stressors into chronic, systemic challenges. Furthermore, the framework accounts for the influence of demographic and occupational factors (e.g., age, income, ward type, orientation experience), which are hypothesized to cause significant variations in how NNEs experience stress, develop commitment, and form their intention to stay.

In synthesis, this theoretical framework posits that the intention of a new nurse to remain in their profession is a function of their level of professional commitment, which is itself challenged or fortified by their appraisal of and coping with significant occupational stressors. All of this occurs within the specific, high-pressure context of the West Bank, making this a model of resilience and retention under duress. This integrated perspective provides a comprehensive lens through which to analyze the quantitative data and ultimately develop targeted interventions to support the retention of this vital workforce.

## Conceptual Framework: Factors Influencing Intention to Stay Among New Nursing Employees

Target Population: New Nursing Employees (NNEs) in West Bank, Palestine

H1: Negative Relationship (-)



**Figure 1.1:** Conceptual model illustrating the relationships between occupational stress, professional commitment, contextual factors, and intention to stay.

### Summary

This chapter underscores the urgent need to address the issue of nurse retention in Palestine, where newly qualified nurses (NNEs) face high turnover rates estimated between 35% and 60% (Marie et al., 2017; Abu Yahya et al., 2019). These rates threaten the stability of healthcare services, especially in a system already strained by limited resources and ongoing political challenges. The study explores how professional commitment, job-related stress, and the intention to remain in the profession interact, aiming to uncover both structural and personal barriers to retention—such as heavy workloads and lack of workplace support. By examining these relationships, the research aims to offer practical, evidence-based solutions that reduce stress, improve commitment, and support long-term career development for NNEs. The results are intended to guide

health policy and management strategies, contributing to a more stable and resilient nursing workforce. This work supports broader health system goals in line with international frameworks, including those set by the WHO (2021), and lays the groundwork for improving healthcare services in environments affected by ongoing crises.

## **CHAPTER TWO**

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### **LITERUTRE REVIEW**

#### **Introduction**

This chapter begins by outlining the approach used to search and select relevant literature. It then reviews studies that focus on stress, organizational commitment, and the intention to stay among newly qualified nurses (NNEs). The review also identifies important research gaps and closes with a summary of the main insights gathered from the literature.

The shift from nursing student to professional practice presents both emotional and organizational pressures that have a direct effect on how new nurses cope, commit, and decide whether to stay in the field. Across the world, nursing shortages remain a serious concern, especially with high turnover among NNEs, which threatens the stability of healthcare delivery. In Arab countries, studies show that 35% to 60% of new nurses leave their positions within the first year (Abu Yahya et al., 2019; Al-Hamdan et al., 2021). In Palestine, this issue is even more severe. Systemic stressors like staff shortages, lack of

resources, and ongoing political tension increase workplace strain and weaken nurses' ability to stay committed (Marie et al., 2017; Albelbeisi et al., 2024).

### **Search Strategy**

To ensure a comprehensive review, the literature search followed a clear and structured process using several academic sources. Databases used included PubMed, Sage Journal, ScienceDirect, EBSCO, and Wiley. The review was limited to English-language articles that were fully accessible in full text and published between 2018 and 2024.

### **Commitment and Intention to Stay**

Albelbeisi et al. (2024) carried out a cross-sectional study involving 250 nurses working in Gaza, Palestine, and used the 30-item Occupational Stress Scale to assess their stress levels. The findings showed that 64.8% of participants reported high levels of stress, with an average score of 3.9 out of 5. The main sources of stress were high workloads, staff shortages, and a lack of recognition for their efforts. Despite these difficult conditions, the nurses displayed notable resilience, which is consistent with previous reports highlighting the dedication of Palestinian healthcare workers during ongoing crises. The researchers emphasized the importance of including stress-management strategies—like peer support systems and better workload distribution—in staff orientation programs to help maintain organizational commitment.

**Wei et al. (2021)** emphasized the role of structured orientation in fostering confidence and job fulfillment. Their analysis highlighted that programs incorporating practice-based learning, mentorship, and clear competency frameworks significantly improved retention rates among new nurses. This aligns with findings from Gaza, where systemic barriers like resource scarcity exacerbate stress but do not fully diminish commitment.

### **Organizational Commitment and Retention**

**Ernawaty et al. (2024)** reviewed 14 studies on orientation programs globally, identifying key components: hands-on training, mentorship, and competency assessments. Programs lasting 2 weeks to 2 years showed improved retention when tailored to nurses' learning

needs. In Palestine, however, political instability and underfunding limit the implementation of such programs, highlighting a gap in context-specific adaptations.

**NSI Nursing Solutions Inc. (2021)** reported that 24.1% of new nurses leave within their first year, often due to inadequate onboarding. In contrast, hospitals with evidence-based orientation programs, such as those described by **Kiel (2021)**, saw 15–20% lower turnover. This underscores the economic and operational urgency for Palestinian healthcare systems to invest in standardized onboarding.

### **Stress Reduction**

**Albelbeisi et al. (2024)** identified demographic predictors of stress: male nurses with advanced degrees and fixed shifts reported higher stress levels. The study advocates for gender-sensitive policies and flexible scheduling in orientation programs. Additionally, nurses working overtime faced elevated stress, suggesting the need for workload caps during onboarding<sup>14</sup>.

**Vichitragoonthavon et al. (2020)** examined COVID-19's impact on new nurses, revealing that disrupted clinical training during education led to skill gaps and heightened anxiety. Their findings support integrating simulation-based training and extended preceptorship periods in orientation to bridge competency deficits<sup>13</sup>.

### **Stress and Its Implications**

The **Occupational Stress Scale** (Mosadeghrad, 2013) applied in Gaza highlighted "too much responsibility" as the top stressor (mean: 4.2/5). Comparatively, **Arroyo (2024)** evaluated a 16-week orientation program in a U.S. hospital, finding that structured feedback loops reduced stress by 30% among new nurses. This contrasts with Gaza's resource-constrained settings, where such interventions are rare<sup>14</sup>.

### **Intention to Stay: Drivers and Barriers**

**Pertiwi & Hariyati (2019)** linked ineffective onboarding to "reality shock," where 40% of new nurses considered leaving due to mismatched expectations. Conversely, **Ernawaty et al. (2024)** found that programs with mentorship and gradual autonomy-building increased retention intent by 35%. In Palestine, however, chronic understaffing and lack of career progression remain unresolved barriers<sup>14</sup>.

### **Commonalities Between Our Study and Previous Research**

- Focus on New Nursing Employees (NNEs): Both our study and prior research concentrate on the unique challenges faced by NNEs, particularly during their transition from student to professional nurse. This includes the phenomenon of "reality shock," high workloads, and adaptation to complex healthcare environments.
- Key Variables: The central constructs—organizational commitment, occupational stress, and intention to stay—are consistently addressed across studies as critical determinants of nurse retention and workforce stability.
- Contextual Challenges: Both our study and earlier works emphasize the compounded difficulties for NNEs in Palestine due to resource constraints and political instability, which exacerbate stress and turnover risks.
- Turnover Rates: Previous studies and our research highlight alarmingly high turnover rates among NNEs in Arab countries, with estimates ranging from 35% to 60% in the first year of practice.
- Consequences of Attrition: There is shared recognition that high turnover undermines healthcare delivery, increases workload for remaining staff, and threatens patient care quality.

### ***Differences Between Our Study and Previous Research***

- Quantitative Focus: While much of the existing literature is qualitative or descriptive, our study employs a quantitative approach, using validated scales (e.g., Meyer et al. for commitment, Ming-Chen Yeh & Shu Yu for stress, Nancarrow et al. for intention to stay) to systematically measure these variables among NNEs in Palestinian hospitals.
- Specific Population: Our research specifically targets new nursing employees in Palestinian healthcare hospitals, providing a focused lens on this critical subgroup, whereas previous studies often examined broader nursing populations or mixed healthcare professionals.

- Exploration of Demographics: Our study uniquely investigates the influence of demographic factors (age, sex, education, prior experience, marital status) on stress, commitment, and intention to stay, offering a nuanced understanding of subgroup differences.
- Contextual Synthesis: While earlier research often addresses either psychosocial or systemic factors, our study integrates both, examining how personal and organizational factors interact within the unique Palestinian context.

### ***Synthesis of the Literature and Our Research Contribution***

The existing literature establishes that NNEs globally, and especially in Palestine, face significant obstacles that threaten their retention—primarily high stress, eroding commitment, and limited intention to stay. Previous studies have identified key drivers of attrition, such as excessive workloads, inadequate support, and unsafe working conditions, but have often lacked a focused, quantitative examination of how these factors interrelate within the Palestinian context.

*Our study advances the field by:*

- Providing robust, empirical data on the interplay between organizational commitment, stress, and intention to stay among NNEs, using standardized measurement tools.
- Addressing a critical gap by quantifying the relationships between these variables and exploring how demographic and contextual factors modulate their effects.
- Delivering actionable insights for policymakers and healthcare administrators to design targeted interventions that address both systemic and psychosocial barriers to retention.
- Laying a foundation for future longitudinal and comparative studies, enabling researchers to track changes over time and evaluate the impact of policy or organizational reforms.

Our research touch is distinguished by its methodological rigor, its focus on a vulnerable and understudied population, and its commitment to generating evidence-based recommendations tailored to the realities of the Palestinian healthcare system. By integrating global insights with local realities, our study not only fills a significant

research gap but also provides a model for addressing nurse retention in other crisis-affected settings.

### **Summary**

The reviewed studies highlight the urgent need to explore how stress, commitment, and the intention to remain in the profession affect newly qualified nurses in Palestine. Common transitional challenges are made worse by ongoing political conflict and limited healthcare resources, making it harder for new nurses to adjust and succeed in their roles. Moving forward, research should focus on context-specific solutions that enhance institutional support, reduce stress, and respond to the psychological and professional needs of new nurses. Such strategies are essential to building long-term career stability and improving retention within the Palestinian healthcare system.

## **CHAPTER THREE**

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### **METHODOLOGY**

#### **1.3 Introduction**

This chapter explains the procedures followed during the study. It outlines the research methodology in full detail, covering the study sample, tools used, data collection process, ethical issues, and the statistical methods applied to analyze the results.

#### **3.2 Research Design**

This research used a quantitative cross-sectional design to examine levels of commitment, stress, and the intention to stay among newly qualified nurses (NNEs) working in Palestinian healthcare institutions. The decision to use this design was based on several important considerations.

First, the cross-sectional method allows for data collection at one specific point in time, which helps capture the present experiences of NNEs and the direct effects of orientation programs (Creswell & Creswell, 2018). It gives a clear view of the variables as they exist

in the current moment, making it easier to detect patterns and connections. Second, cross-sectional studies are often more efficient and cost-effective compared to long-term research. They do not require multiple rounds of follow-up, which is useful in resource-limited settings such as healthcare institutions (Bryman & Bell, 2015). This approach allows researchers to gather a large amount of data without placing extra strain on staff or hospital operations.

Third, this design is a strong fit for descriptive and exploratory goals, which aligns well with the focus of this study (Kumar, 2019). It makes it possible to look at how different factors—like elements of orientation programs—are related to outcomes such as nurse stress, commitment, and plans to remain in the profession. By using this design, the study gains a clearer understanding of how these key issues connect.

### 3.3 Study Population

The target group for this study included newly qualified nurses who were working in healthcare facilities throughout the West Bank, Palestine. Specifically, it focused on nurses who had graduated recently and were within their first year of employment in 2024. The total number of participants meeting these criteria was 180.

**Table 3.1: study population**

#	Hospitals	NNE
1.	Ramallah governmental hospital - Ramallah	51
2.	Istishari Arab hospital - Ramallah	50
3.	Al Watani- Nablus	18
4.	Al- Arabe Specialized hospital - Nablus	20
5.	Hebron governmental hospital - Hebron	26
6.	Ahli-hospital –Hebron	15
Total		180

SOURCE: (Palestinian health ministry, 2023)

### **3.4 Study setting**

The research was conducted in multiple healthcare hospitals throughout West Bank in Palestine, including public hospitals and private hospitals in Ramallah, Nablus, and Hebron. This diverse setting ensured that the findings are representative of the broader nursing workforce in the region.

### **3.5 Sample Size and Selection Method**

This study employed a census sampling approach, targeting the entire population of New Nursing Employees (NNEs) who met the inclusion criteria across the selected healthcare institutions in the West Bank, Palestine. The total population size was  $N = 180$ . A census was chosen to ensure maximum inclusivity and representation from diverse healthcare settings (both public and private) and geographical regions (Ramallah, Nablus, Hebron), thereby enhancing the validity and generalizability of the findings within this specific context.

To scientifically justify the adequacy of the achievable sample size, an a priori power analysis was conducted using G\*Power software (version 3.1). For a multiple linear regression analysis (with up to 10 predictors, anticipating the inclusion of demographic and key study variables) set to detect a medium effect size ( $f^2 = 0.15$ ) with 80% statistical power at a 5% significance level, the analysis indicated a minimum required sample size of 118 participants.

The survey yielded a final response rate of 83.3%, providing a robust analyzable sample of  $n = 150$  participants. This final sample not only represents an excellent response rate for a survey-based study but also exceeds the minimum threshold determined by the power analysis. Consequently, the sample size of 150 is deemed statistically adequate for detecting significant relationships within the proposed model, ensuring methodological rigor while maintaining practical feasibility within the study's operational constraints.

### **3.6 Eligibility Criteria**

#### **Inclusion Criteria**

1. **Clinical Practice Requirement:** Registered nurses or Diploma actively engaged in direct patient care roles within public hospitals, private hospitals, in the West Bank, Palestine (Ramallah, Nablus, Hebron).
2. **Employment Tenure:** Nurses who commenced their first clinical position within the past 12 months (as of 2024) and are classified as New Nursing Employees (NNEs) by their institutions.
3. **Geographical Scope:** Employed full- or part-time in one of the targeted healthcare settings.
4. **Professional Registration:** Hold valid licensure from the Palestinian Ministry of Health or equivalent regulatory body.

#### **Exclusion Criteria**

1. **Employment Duration:** Nurses with more than 12 months of cumulative clinical experience in any healthcare setting.
2. **Non-Clinical Roles:** Nurses working in administrative, educational, or research positions without direct patient care responsibilities.
3. **Locational Mismatch:** Nurses employed outside the designated study regions (Ramallah, Nablus, Hebron) or in non-participating institutions.
4. **Incomplete Tenure:** Nurses on temporary leave (e.g., maternity, sabbatical) or probationary status during the survey period.

### **3.7 Study Instruments**

The measurements of this study were consisted of four parts. First Part: Sociodemographic Information, which was composed of questions such as age, sex, educational level, and marital status. This section was developed by the author based on a review of the relevant literature, ensuring that all essential background variables relevant to new graduate nurses in crisis settings were included.

Second Part: Professional Commitment Scale: This scale comprises 10 items, each assessed on a 5-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). The scale has consistently demonstrated robust validity and reliability, with coefficient alphas (indicating internal consistency) reported between 0.73 and 0.87 in prior research. Higher scores on this scale signify a greater degree of professional commitment. Its psychometric properties and scoring methodology are well-established, with each item contributing to a cumulative professional commitment score.

Third Part: **Occupational Stress scale:** Developed by Yeh and Yu (2009), this scale consists of 24 items organized into four distinct factors. Each item is scored on a 5-point Likert scale, from 1 ("never") to 5 ("always"). The scale exhibits high internal consistency, evidenced by a Cronbach's alpha of 0.93, indicating excellent reliability. It is a validated and widely utilized instrument in nursing research, where higher scores reflect increased perceived stress. The scoring system involves summing responses across all items to generate a total stress score.

Fourth Part: Intention to Stay Scale, adapted from Nancarrow et al. (2014), this scale includes 3 items, each rated on a 5-point Likert scale from 1 ("strongly disagree") to 5 ("strongly agree"). The scale demonstrates good construct validity, with factor loadings ranging from 0.55 to 0.94. Its reliability and validity have been substantiated in previous research. The total score is calculated by summing the responses to the three items, with higher scores indicating a stronger intention to remain in the position.

### **3.7.1 Instrument Validity**

Validation of the instrument proceeded in two distinct phases. The initial phase involved a group of referees and expert arbitrators, who provided some comments on the tool. The second phase involved the implementation of a pilot study (N=20) to validate the survey using exploratory factor analysis. Factor loading for all items exceeded 0.60 (0.642 to 0.911), which means that those items are suitable in measuring every item of professional Commitment, Occupational Stress and Intention to Stay scale indicated in table no. 3.2

**Table no. (3.2-A). results of Factor analysis**

<b>No.</b>	<b>Items</b>	<b>Extraction</b>
1.	pcs1	0.786
2.	pcs2	0.811
3.	pcs3	0.762
4.	pcs4	0.885
5.	pcs5	0.809
6.	pcs6	0.746
7.	pcs7	0.721
8.	pcs8	0.795
9.	pcs9	0.802
10.	pcs10	0.729
11.	OC_Tasks_G1	0.732
12.	OC_Tasks_G2	0.773
13.	OC_Tasks_G3	0.736
14.	OC_Tasks_G4	0.866
15.	OC_Tasks_G5	0.807
16.	OC_Tasks_G6	0.750
17.	OC_Tasks_G7	0.764
18.	OC_Tasks_G8	0.801
19.	OC_Tasks_G9	0.866
20.	OC_Leadership10	0.780
21.	OC_Leadership11	0.680
22.	OC_Leadership12	0.795
23.	OC_Leadership13	0.729
24.	OC_Leadership14	0.836
25.	OC_Leadership15	0.857
26.	OC_Tasks_CC16	0.797
27.	OC_Tasks_CC17	0.746

**Table no. (3.2-B). results of Factor analysis**

28.	OC_Tasks_CC18	0.758
29.	OC_Tasks_CC19	0.731
30.	OC_Roles20	0.770
31.	OC_Roles21	0.855
32.	OC_Roles22	0.796
33.	OC_Roles23	0.843
34.	Intention_Stay1	0.642
35.	Intention_Stay2	0.911
36.	Intention_Stay3	0.774

Pcs: professional Commitment scale

OC\_Tasks\_G: Occupational Stress/ Tasks in general care

OC\_Leadership: Occupational Stress / Leadership/management

OC\_Tasks\_CC1: Occupational Stress/ Tasks in critical care

OC\_Roles: Occupational Stress / Roles-interpersonal relationships

### **3.7.2 Instrument Reliability**

The reliability and internal consistency of the survey instrument were evaluated using Cronbach's Alpha coefficients, as shown in Table 3.3. The results indicate excellent overall reliability, with the total Occupational Stress scale achieving a high alpha of 0.947. Subscale reliability values ranged from acceptable to very high, including Professional Commitment (0.922), Tasks in General Care (0.930), Leadership/Management (0.823), Tasks in Critical Care (0.789), Roles/Interpersonal Relationships (0.767), and Intention to Stay (0.718). Since all values exceed the commonly accepted threshold of 0.7, the instrument demonstrates strong consistency and

reliability, confirming its suitability for measuring the constructs of this study. Table 3.3 below shows the Cronbach's alpha coefficient for each scale and its domains.

Table (3.3): Results of the Cronbach alpha coefficient of reliability of the study instrument

<b>Variable</b>	<b>Subscale</b>	<b>No. of Items</b>	<b>Cronbach alpha coefficient</b>
professional Commitment scale		<b>10</b>	<b>0.922</b>
Occupational Stress	Tasks in general care	9	0.930
	Leadership/management	6	0.823
	Tasks in critical care	4	0.789
	Roles/interpersonal relationships	4	0.767
	Total	<b>23</b>	<b>0.947</b>
Intention to Stay		<b>3</b>	<b>0.718</b>

### 3.8 Data Collection procedure

Data collection was composed of multi-step process, ensuring compliance with ethical standards and participant confidentiality. First, we obtained the necessary ethical approvals by submitting our research proposal to the Research Ethics Committee (REC) of the relevant authority (AQU) Ref. No. RESC/2025-18 and seeking Institutional Review Board (IRB) approval from the selected hospitals. Once approvals are secured, we established collaborations with the nursing departments within these healthcare institutions to gain their support and assistance in distributing the questionnaires. The structured questionnaires, available in both online and paper-based formats to accommodate different accessibility needs, and were designed to capture data related to, commitment, stress, and intention to stay among new graduate nurses. The questionnaires were distributed through the nursing departments, with online surveys sent via email and paper-based formats handed out directly or made available at designated locations. To

ensure confidentiality and anonymity, participants were informed that their responses were kept confidential and were not be identifiable in the final analysis, and they will be provided with an informed consent form outlining the study's purpose, benefits, and risks. Finally, follow-up activities were conducted to ensure a high response rate, and once the questionnaires were completed and returned, the data were collected, reviewed for completeness, and prepared for analysis.

### **3.9 Data analysis**

Quantitative data was analyzed using statistical software such as SPSS v.27, involving several steps to address the research questions. Descriptive statistics summarized the demographic characteristics of the participants and key variables. Inferential statistics were employed to examine relationships and differences between variables. Non Parametric tests (such as Mann-Whitney, Kruskal-Wallis) were used where the data not met the assumptions of normality and equal variances; Pearson correlation test was used to examine the relationship among variables of stress, commitment, and intention to stay.

### **3.10 Ethical Consideration**

Ethical considerations were strictly observed throughout the study. Ethical approval was obtained from the Al-Quds University Scientific and Ethical Research Committee (Ref. No. RESC/2025-18), as well as from the Institutional Review Boards (IRBs) of each participating setting. The research was conducted in accordance with the Declaration of Helsinki regarding research ethics. Informed consent was obtained from all participants prior to their involvement, ensuring that each individual understood the purpose of the study, their right to withdraw at any time without penalty, and the confidentiality of their responses. Anonymity and confidentiality were maintained at all stages of data collection and analysis. Data were gathered using self-reported questionnaires and stored securely, with access restricted to the research team. The study adhered to the highest ethical standards, and all procedures were designed to protect the rights and well-being of participants.

### **3. 11 Scale correction (cut points):**

For the purpose of classifying response degrees, the following scoring scale was adopted:

1. Less than 2.33: Low score
2. From 2.34 to 3.66: Moderate degree
3. Above 3.66: High score

This classification facilitates the interpretation of results and the formulation of relevant recommendations pertaining to the study's subject. The categorization of scores into low, moderate, and high is not arbitrary; rather, it is grounded in widely accepted methodological practices for interpreting Likert scale data. The specific cut points employed in this study were determined by logically dividing the 5-point Likert scale range (1–5) into three intervals, a standard approach in quantitative research. This method of categorization has received support from previous studies in nursing and health sciences and is considered appropriate for enabling meaningful analysis and comparison of results. Consequently, the adopted cut points are methodologically justified (DeVellis, R. F., 2017).

### **Summary**

In summary, this chapter has detailed the methodological framework employed to investigate professional commitment, occupational stress, and intention to stay among new nursing employees in the West Bank. A quantitative, cross-sectional design was selected as the most appropriate approach to efficiently capture the current state of these variables and their interrelationships within the unique Palestinian context. The study targeted the entire population of eligible NNEs (N=180) across six major hospitals in Ramallah, Nablus, and Hebron, employing a census sampling method to ensure comprehensive representation. The final analyzable sample of 150 respondents (83.3% response rate) was confirmed to be statistically robust, exceeding the minimum requirement of 118 participants determined by an a priori power analysis. Data were collected using a structured, self-administered questionnaire comprising validated and pilot-tested scales with demonstrated strong reliability (Cronbach's alpha > 0.7 for all scales) and construct validity (factor loadings > 0.6 for all items). Rigorous ethical protocols were adhered to, including securing approvals from Al-Quds University and

participating hospitals, and ensuring informed consent and participant anonymity. The data analysis plan incorporates both descriptive and inferential statistical techniques, including non-parametric tests and correlation analysis, to thoroughly address the research questions and hypotheses. This meticulously planned methodology ensures the study's findings are derived from a rigorous, ethical, and scientifically sound process.

## **CHAPTER FOUR**

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### **RESULTS**

#### **Introduction**

This chapter presents the statistical analysis of the study's findings and their statistical significance. The subsequent sections detail the analyses of these findings in relation to the study's research questions and hypotheses.

#### **4.1 Findings**

##### **4.1.1 Characteristics of the participants**

The demographic profile of the sample in this study on new nursing employees reveals a predominantly young workforce, with 72% (n = 108) aged 21–25 years. The gender distribution is fairly balanced, though slightly more males (n = 84, 56%) than females (n = 66, 44%) participated. Most respondents were single (n = 102, 68%) and had no children (n = 114, 76%), suggesting fewer family responsibilities. Financially, over half (n = 84, 56%) report a low annual income, and the majority (n = 132, 88%) hold a bachelor's degree. Most participants work in inpatient settings (n = 96, 64%), and a significant majority (n = 105, 70%) have attended an orientation program. These insights suggest that the sample largely consists of early-career, bachelor-educated nurses who

may face unique challenges related to adjustment, financial stress, and professional development, which are important considerations when assessing their commitment, stress levels, and intention to stay.

**Table 4.1: Demographic features of the sample**

<b>Variable</b>	<b>Variable Levels</b>	<b>Frequency</b>	<b>Percentage %</b>
Gender	Female	66	44.0
	Male	84	56.0
Age	21-25 years	108	72.0
	26-30 years	39	26.0
	above 31	3	2.0
Marital status	Single	102	68.0
	Married	45	30.0
	Divorced	3	2.0
Number of children	0	114	76.0
	1	21	14.0
	2	15	10.0
annual income	Low	84	56.0
	Middle	57	38.0
	High	9	6.0
Ward type	Inpatient	96	64.0
	Intensive and OR units	48	32.0
	Outpatient	6	4.0
Qualifications	Diploma	6	4.0
	Bachelor	132	88.0
	Postgraduate	12	8.0
Orientation program	NO	45	30.0
	YES	105	70.0

**4.1.2 level of professional commitment among new nursing employees in Palestinian healthcare institutions.**

The study found that new nursing employees in Palestinian healthcare institutions exhibit a moderately level of professional commitment, with a mean score of 3.62 (SD = 0.71) on the professional commitment scale. See table 4.2 for more details.

**Table (4.2). Professional Commitment Among New Nursing Employees (N = 150)**

Variable	N	Mean*	Std. Deviation	Percent %	Response degree
professional commitment among new nursing employees	150	3.61	0.712	72.2%	Moderate

**\*Mean out of 5 points.**

**4.1.3 Analysis of the expressions of professional commitment among new nursing employees in Palestinian healthcare institutions.**

Based on the provided data and the specified cut points, the results indicate that new nursing employees in Palestinian healthcare institutions generally demonstrate moderate to high levels of professional commitment across most items. The highest mean score was for "I am willing to put in a great deal of effort beyond what is normally expected" (M = 3.98, SD = 0.79), reflecting a high degree of commitment, while most other items fell within the moderate range (means between 3.44 and 3.82). All items about commitment are presented in Table 4.3 below.

**Table no. (4.3) Analysis of the expressions of professional commitment among new nursing employees**

No.	Item	Mean	Std. Deviation	Response Degree
1.	I am willing to put in a great deal of effort beyond what is expected	3.98	0.79	High
2.	I am a person who identifies strongly with my profession	3.82	0.844	High
3.	I am a person who considers my profession important	3.61	0.925	Moderate
4.	I am a person who tries to hide being a member of my profession	3.58	0.912	Moderate
5.	I am a person who feels strong ties to my profession	3.58	0.945	Moderate
6.	I am extremely glad that I chose this profession	3.56	0.945	Moderate
7.	My profession really inspires the best in me	3.54	0.924	Moderate
8.	I am a person who criticizes my profession	3.52	0.946	Moderate
9.	I would accept almost any type of job assignment in order to keep working in my profession	3.5	0.925	Moderate
10.	I am a person who is proud to be a member of my profession	3.44	0.986	Moderate

#### **4.1.4 Differences in professional commitment among new nursing employees**

The Kruskal-Wallis test revealed a statistically significant difference in professional commitment among new nursing employees based on age group,  $H = 11.24$ ,  $p = 0.004$ . Post hoc analyses indicated that nurses aged 21–25 years had a higher median professional commitment score (Mdn = 3.80, IQR = 1.0) compared to those aged 26–30 years (Mdn = 3.30, IQR = 0.7). No significant differences were found between other age groups.

Similarly, the Kruskal-Wallis test for ward type showed a statistically significant effect,  $H = 6.47$ ,  $p = 0.039$ . Professional commitment was higher among nurses working in inpatient wards (Mdn = 3.70, IQR = 0.7) compared to those in outpatient settings (Mdn = 3.10, IQR = 1.4), with no significant differences between inpatient and intensive/OR units, or between intensive/OR and outpatient units.

The Mann-Whitney U test for orientation program attendance indicated a statistically significant difference,  $U = 1562.0$ ,  $p = 0.001$ . Nurses who did not attend an orientation

program reported higher professional commitment (Mdn = 4.00, IQR = 0.6) than those who did attend (Mdn = 3.50, IQR = 1.0).

No statistically significant differences in professional commitment were found for gender (U = 2450.5, p = 0.112), marital status (H= 1.82, p = 0.403), number of children (H= 5.41, p = 0.067), annual income ( $\chi^2(2) = 0.14$ , p = 0.932), qualifications (H= 3.48, p = 0.176). These findings suggest that age, ward type, and orientation program attendance are key factors influencing professional commitment among new nursing employees, while other demographic variables do not appear to have a significant impact.

**table (4.4-A) Differences in Professional Commitment Among New Nursing Employees**

Variable	Variable Levels	Median	IQR	Statistical Value	p-value
Gender	Female	3.8	0.9	Mann-Whitney U = 2450.5	0.112
	Male	3.6	1		
Age	21–25 years	3.8	1	Kruskal-Wallis H = 11.24 df=2	0.004*
	26–30 years	3.3	0.7		
	Above 31	4.2	0		
Marital status	Single	3.7	1.1	Kruskal-Wallis H = 1.82 df=2	0.403
	Married	3.5	0.7		
	Divorced	3.5	0		
Number of children	0	3.7	1.1	Kruskal-Wallis H = 5.84 df=2	0.054
	1	3.4	0.6		
	2	3.4	0.4		

**table (4.4-B) Differences in Professional Commitment Among New Nursing Employees**

Annual income	Low	3.65	1.2	Kruskal-Wallis H = 0.14 df=2	0.932
	Middle	3.6	0.6		
	High	3.7	0.5		
Ward type	Inpatient	3.7	0.7	Kruskal-Wallis H = 6.47 df=2	0.039*
	Intensive & OR units	3.5	1.4		
	Outpatient	3.1	1.4		
Qualifications	Diploma	3.35	0.4	Kruskal-Wallis H = 3.48 df=2	0.176
	Bachelor	3.6	1		
	Postgraduate	4	0.5		
Orientation program	NO	4	0.6	Mann-Whitney U = 1562.0	0.001*
	YES	3.5	1		

*Mann-Whitney and Kruskal-Wallis tests*

*\*Significant at  $p < 0.05$*

#### **4.1.5 level of Occupational stress among new nursing employees in Palestinian healthcare institutions.**

New nursing employees in Palestinian healthcare institutions report a moderate level of occupational stress, with a mean score of 3.58 (SD = 0.41), placing them at the higher end of the moderate range according to the adopted scale. Subscale analysis reveals consistently moderate stress across general care tasks (3.55), leadership and management (3.63), critical care tasks (3.56), and interpersonal relationships (3.48).

**Table no. (4.5). Number, mean, standard deviation, and percentage of Occupational stress among new nursing employees**

<b>subscale</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>Percent %</b>	<b>Response degree</b>
Tasks general care	150	3.55	.745	71.0%	Moderate
Leadership management	150	3.63	.612	72.6%	Moderate
Tasks critical care	150	3.56	.674	71.2%	Moderate
Roles interpersonal relationships	150	3.48	.681	69.6%	Moderate
<b>Occupational Stress</b>		<b>3.57</b>	<b>.412</b>	71.4%	Moderate

**\*Mean out of 5 points.**

#### **4.1.6 Analysis of the expressions of Occupational stress among new nursing employees in Palestinian healthcare institutions.**

Based on the analysis, new nursing employees in Palestinian healthcare institutions experience predominantly moderate to high levels of occupational stress. High stress is most evident in areas related to documentation, unfamiliar administrative tasks, shift arrangements, and challenging interpersonal relationships, as indicated by mean scores above 3.66. Most other tasks-including general care, critical care, and adapting to workplace routines-register moderate stress levels (mean scores between 2.34 and 3.66). No items scored in the low-stress range. These findings highlight the need for targeted interventions, such as enhanced orientation programs, administrative support, and team-building initiatives, to reduce stress and improve the work environment for new nurses.

**Table no. (4.6-A) Analysis of the expressions of Occupational stress among new nursing employees**

#	Questionnaire Item	Analysis Code	Mean	Std. Deviation	Response Degree
Tasks in general care					
1	Documenting nursing notes	OC_Tasks_G 2	3.69	0.873	High
2	Accurate reporting during shift changes	OC_Tasks_G 7	3.63	0.93	Moderate
3	Administering medications	OC_Tasks_G 5	3.63	0.86	Moderate
4	Operating equipment masterfully	OC_Tasks_G 6	3.6	0.887	Moderate
5	Interpreting results of examinations or labs	OC_Tasks_G 1	3.56	1.043	Moderate
6	Staying beyond one's shift to finish work	OC_Tasks_G 4	3.54	0.892	Moderate
7	Familiarizing oneself with routines	OC_Tasks_G 8	3.48	1.003	Moderate
8	Assessing patients' conditions and changes	OC_Tasks_G 9	3.46	0.981	Moderate
9	Using professional terminology in English	OC_Tasks_G 3	3.44	0.891	Moderate
Leadership/management					
10	Lack of familiarity with charging fees	OC_Leadership hip13	3.79	0.708	High

**Table no. (4.6-B) Analysis of the expressions of Occupational stress among new nursing employees**

11	Policy of arranging working shifts, continuing	OC_Leaders hip11	3.71	0.765	High
12	Education and caseload according to seniority	OC_Leaders hip10	3.69	0.714	High
13	Using personal time to do public affairs	OC_Leaders hip14	3.67	0.968	Moderate
14	Leadership of head nurse	OC_Leaders hip15	3.52	0.961	Moderate
15	Senior nurses asked to change shifts	OC_Leaders hip12	3.46	0.892	Moderate
Tasks in critical care					
16	Dealing with death and dying	OC_Tasks_C C16	3.63	0.884	Moderate
17	Dealing with emergencies/first aid	OC_Tasks_C C17	3.6	0.933	Moderate
18	Caring of patients with unknown or	OC_Tasks_C C18	3.58	0.957	Moderate
19	Infectious diseases	OC_Tasks_C C19	3.49	0.713	Moderate
Roles/interpersonal relationships					
20	Working with unfriendly coworker(s)	OC_Roles20	3.79	0.708	High
21	Incorporating into the group	OC_Roles21	3.52	0.844	Moderate
22	Matching the working styles of senior coworkers	OC_Roles23	3.4	1.117	Moderate
23	Dealing with physicians	OC_Roles22	3.25	0.832	Moderate

#### **4.1.7 Differences in Occupational stress among new nursing employees**

The Mann-Whitney U test revealed that there was a marginally significant difference in occupational stress between female and male new nursing employees, with female nurses reporting a higher median stress score (Mdn = 3.68, IQR = 0.6) compared to males (Mdn = 3.55, IQR = 0.5),  $U = 2500.0$ ,  $p = 0.055$ . Although this result approaches statistical significance, it does not reach the conventional threshold for statistical significance ( $p < 0.05$ ).

The Kruskal-Wallis test indicated that there was a statistically significant difference in occupational stress among new nursing employees based on age group,  $\chi^2(2) = 10.89$ ,  $p = 0.004$ . Post hoc tests (with appropriate corrections for multiple comparisons) would suggest that nurses above 31 years of age reported the highest median stress score (Mdn = 4.00), while those aged 26–30 years reported the lowest (Mdn = 3.42, IQR = 0.5). However, due to the small sample size in the “above 31” group, this finding should be interpreted with caution.

Similarly, the Kruskal-Wallis test showed a statistically significant difference in occupational stress by annual income,  $\chi^2(2) = 13.24$ ,  $p = 0.001$ , with nurses in the middle income group reporting the highest median stress score (Mdn = 3.73, IQR = 0.5), followed by those with low income (Mdn = 3.51, IQR = 0.6), and those with high income (Mdn = 3.32, IQR = 0.4).

A significant difference was also found by qualification,  $\chi^2(2) = 6.48$ ,  $p = 0.039$ , with postgraduate nurses reporting the highest median stress score (Mdn = 3.76, IQR = 0.8), followed by those with a bachelor’s degree (Mdn = 3.58, IQR = 0.5), and those with a diploma (Mdn = 3.24, IQR = 0.3).

The Mann-Whitney U test demonstrated a statistically significant difference in occupational stress based on orientation program attendance,  $U = 1500.0$ ,  $p < 0.001$ . Nurses who did not attend an orientation program reported higher median stress (Mdn = 3.79, IQR = 0.4) compared to those who did attend (Mdn = 3.49, IQR = 0.6).

On the other hand, the Kruskal-Wallis tests revealed no statistically significant differences in occupational stress by marital status ( $\chi^2(2) = 3.12$ ,  $p = 0.210$ ), number of children ( $\chi^2(2) = 4.07$ ,  $p = 0.131$ ), ward type ( $\chi^2(2) = 0.02$ ,  $p = 0.990$ ).

These findings suggest that age, annual income, qualifications, and orientation program attendance are key factors influencing occupational stress among new nursing employees, while gender, marital status, number of children, and ward type do not appear to have a significant impact in this context<sup>12</sup>. More details are presented in Table 4.7.

**Table no. (4.7) Differences in Occupational stress among new nursing employees**

Variable	Variable Levels	Median	IQR	Statistical Value	P-value
Gender	Female	3.68	0.6	Mann-Whitney U= 2500	0.055
	Male	3.55	0.5		
Age	21-25 years	3.62	0.6	Kruskal-Wallis H= 10.89	0.004*
	26-30 years	3.42	0.5		
	Above 31	4	0		
Marital status	Single	3.56	0.6	Kruskal-Wallis H=3.12	0.21
	Married	3.58	0.6		
	Divorced	4.09	0		
Number of children	0	3.57	0.6	Kruskal-Wallis H=4.07	0.131
	1	3.72	0.5		
	2	3.41	0.2		
Annual income	Low	3.51	0.6	Kruskal-Wallis H=13.24	0.001*
	Middle	3.73	0.5		
	High	3.32	0.4		
Ward type	Inpatient	3.58	0.5	Kruskal-Wallis H= 0.02	0.99
	Intensive & OR units	3.57	0.6		
	Outpatient	3.59	0.5		
Qualifications	Diploma	3.24	0.3	Kruskal-Wallis H=6.48	0.039*
	Bachelor	3.58	0.5		
	Postgraduate	3.76	0.8		
Orientation program	NO	3.79	0.4	Mann-Whitney U= 1500	0.001*
	YES	3.49	0.6		

*Mann-Whitney and Kruskal-Wallis tests*

*\*Significant at  $p < 0.05$*

#### 4.1.8 Level of Intention to Stay Among New Nursing Employees

The findings reveal that new nursing employees in Palestinian healthcare institutions exhibit a moderate level of intention to stay, with a mean score of 3.31 (SD = 0.78), corresponding to 66.2% on the adopted scale.

**Table. (4.8). Intention to Stay Among New Nursing Employees**

Variable	N	Mean*	Std. Deviation	Percent %	Response degree
intention to stay among new nursing employees	150	3.31	0.781	66.2%	Moderate

#### 4.1.9 Analysis of the Expressions of Intention to Stay Among New Nursing Employees

Based on the provided cut points, the analysis of intention to stay among new nursing employees in Palestinian healthcare institutions reveals varied levels of commitment to remain. The item "I am likely to be working for the same service in 1 year" scored a mean of 3.67 (SD = 0.83), which falls at the threshold of a high response degree, indicating strong short-term retention intentions. In contrast, "I would still like to work for the same service in 5 years" and "I can see a future for me with this service" both had mean scores of 3.15 (SD = 1.08 and 1.00, respectively), reflecting a moderate response degree and suggesting more uncertainty about long-term retention. These results highlight that while new nurses are generally confident about staying in the short term, there is less certainty regarding their long-term commitment, pointing to the need for strategies that enhance career development opportunities, job satisfaction, and organizational support to strengthen long-term retention.

**Table no. (4.9) Analysis of the expressions of Intention of stay among NNE**

Item	Mean	Std. Deviation	Response Degree
I am likely to be working for the same service in 1 year	3.67	0.828	High
I would still like to work for the same service in 5 years	3.15	1.084	Moderate
I can see a future for me with this service	3.15	1.003	Moderate

#### **4.1.10 Differences in intention to stay among new nursing employees in Palestinian healthcare institutions according to demographic breakdown.**

The Mann-Whitney U test revealed no statistically significant difference in the outcome variable between male and female new nursing employees ( $U = 2400.0$ ,  $p = 0.072$ ), with female nurses reporting a slightly higher median score ( $Mdn = 3.9$ ,  $IQR = 0.7$ ) than males ( $Mdn = 3.7$ ,  $IQR = 0.8$ ). Similarly, the Mann-Whitney U test indicated no significant difference based on orientation program attendance ( $U = 2300.0$ ,  $p = 0.120$ ), with those who attended the orientation program reporting a slightly higher median score ( $Mdn = 3.9$ ,  $IQR = 0.7$ ) compared to those who did not attend ( $Mdn = 3.7$ ,  $IQR = 0.8$ ).

The Kruskal-Wallis test showed no significant differences in the outcome variable by age group ( $\chi^2(2) = 4.56$ ,  $p = 0.102$ ), marital status ( $\chi^2(2) = 2.34$ ,  $p = 0.310$ ), number of children ( $\chi^2(2) = 3.21$ ,  $p = 0.201$ ), ward type ( $\chi^2(2) = 1.23$ ,  $p = 0.540$ ), qualifications ( $\chi^2(2) = 4.78$ ,  $p = 0.092$ ). Although annual income approached significance ( $\chi^2(2) = 5.67$ ,  $p = 0.059$ ), this result did not reach the conventional threshold for statistical significance.

These findings suggest that, in this sample, no demographic factors—including gender, age, marital status, number of children, annual income, ward type, qualifications, or orientation program attendance—were associated with statistically significant differences in the outcome variable among new nursing employees. More details are presented in Table 4.10.

**Table no. (4.10) Differences in intention to stay among new nursing employees**

Variable	Variable Levels	Median	IQR	Statistical Value	P-value
Gender	Male	3.7	0.8	Mann-Whitney U=2400	0.072
	Female	3.9	0.7		
Age	21-25 years	3.8	0.8	Kruskal-Wallis H=4.56	0.102
	26-30 years	3.7	0.7		
	Above 31	4	0.5		
Marital status	Single	3.8	0.8	Kruskal-Wallis H=2.34	0.31
	Married	3.7	0.7		
	Divorced	4	0.6		
Number of children	0	3.8	0.8	Kruskal-Wallis H=3.21	0.201
	1	3.7	0.7		
	2	3.9	0.6		
Annual income	Low	3.7	0.9	Kruskal-Wallis H=5.67	0.059
	Middle	3.9	0.7		
	High	4	0.6		
Ward type	Inpatient Intensive & OR units	3.8	0.8	Kruskal-Wallis H=1.23	0.54
	Outpatient	3.9	0.6		
	Diploma	3.6	0.7		
Qualifications	Bachelor	3.8	0.8	Kruskal-Wallis H=4.78	0.092
	Postgraduate	4	0.6		
	NO	3.7	0.8		
Orientation program	YES	3.9	0.7	Mann-Whitney U=2300	0.12

*Mann-Whitney and Kruskal-Wallis tests*

*\*Significant at  $p < 0.05$*

#### **4.1.11 Relationship Between Stress, Commitment, Intention to Stay Among New Nursing Employees**

The Pearson correlation analysis reveals several significant relationships among professional commitment, occupational stress, and intention to stay among new nursing employees. Professional commitment is positively and significantly correlated with both

occupational stress ( $r = 0.252, p < 0.01$ ) and intention to stay ( $r = 0.367, p < 0.01$ ), indicating that employees with higher commitment levels tend to experience more stress but are also more likely to intend to remain in their positions. Additionally, occupational stress is positively correlated with intention to stay ( $r = 0.341, p < 0.01$ ).

Table 4.10 Pearson correlation results

	Professional Commitment	Occupational Stress	Intention to Stay
Professional Commitment	1	.252**	.367**
Occupational Stress	.252**	1	.341**
Intention to Stay	.367**	.341**	1

\*\* . Correlation is significant at the 0.01 level (2-tailed).

## **CHAPTER FIVE**

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### **DISCUSSION**

#### **Introduction**

This chapter included a summary of the most important findings of the study, a discussion and comparing the results of this study and the previous studies, of those results, and making recommendations by the researcher based on these results, Finally, acknowledges limitations.

#### **5.1 Discussion of the Results**

##### **5.1.1 Professional Commitment**

To be precise, the readiness shown by freshly-registered nurses (here called NNEs) to invest extra effort (mean = 3.98) together with their pronounced sense of belonging to the profession (mean = 3.82) points to an overall upbeat view of their duties, even when facing built-in hardships. This outcome echoes Albelbeisi et al. (2024), who stressed the toughness displayed by Palestinian nurses under adversity such as scarce supplies and political turmoil.

Yet the survey also uncovered that younger staff (21–25 years) expressed stronger loyalty than more senior colleagues. The pattern matches Alshutwi and Ahmad (2022), who argued that novices usually radiate more hope and zeal, likely because they have just stepped into the field and still carry the idealism typical of early career phases. On the

other hand, an unforeseen result was that nurses who skipped orientation sessions reported greater commitment. This finding casts doubt on how effective these programmes really are, as it clashes with the common belief—supported by Wei et al. (2021) and NSI Nursing Solutions Inc. (2021)—that well-structured onboarding lifts engagement and lowers turnover. The implication is that the orientation schemes now used in Palestinian hospitals may fail to meet the concrete needs of NNEs, possibly adding strain and discontent.

### **5.1.2 Occupational Stress**

The investigation shows that newly-registered nurses (NNEs) undergo moderate occupational strain (mean = 3.58, SD = 0.41). This outcome mirrors worldwide studies linking nursing pressure to burnout and high exit rates (Hamaideh et al., 2021). Principal stress triggers were paperwork, strange managerial tasks and clashes with colleagues—familiar hurdles for novices entering the workplace (Albelbeisi et al., 2024). Still, the finding must be read against the backdrop of continuing political unrest in Palestine and the severe hostilities that erupted on 7 October 2023.

### **5.1.3 The Impact of Political Conflict and War**

The moderate stress figure looks remarkable once the extreme working conditions of Palestinian NNEs are taken into account. The Palestinian health sector has long laboured under scant resources, political volatility and structural injustice (Marie et al., 2017). The escalation of conflict in October 2023 magnified these burdens: hospitals were shelled, supplies ran critically low, mass casualties poured in and much of the infrastructure crumbled (Médecins Sans Frontières, 2024). For NNEs, these realities layered everyday stressors with exposure to trauma, ethical anguish and a constant sense of danger.

- **Resource Scarcity & Workload Intensification:** Persistent understaffing and missing medical items—worsened by wartime blockades—forced NNEs to make morally tough calls, for example triaging limited care. This observation aligns with research showing that shortages raise stress and erode coping ability (Albelbeisi et al., 2024; WHO, 2021).
- **Safety Threats:** NNEs worked in settings where medical facilities themselves came under fire, erasing the line between workplace and battleground. Fear for one’s life and

the sight of severe patient suffering markedly increased psychological strain, feeding feelings such as “survivor guilt” and exhaustion (Rogers et al., 2023).

- **Disrupted Training & Support:** War shattered existing orientation schemes and mentoring systems, leaving NNEs without key guidance while they were still mastering skills. This isolation amplified stress linked to administrative duties and clinical uncertainty (Vichitragoonthavon et al., 2020).

#### **5.1.4 Demographic Nuances in Stress**

Older nurses (over 31) registered higher stress, probably because they act as informal leaders in crises—coaching peers while juggling complex patient care with scarce resources (Vichitragoonthavon et al., 2020). Economic strain also surfaced as a major driver: mid-income earners, who frequently support wider kin networks, confronted sharp financial insecurity arising from conflict-linked job loss and price rises, thereby deepening their perceived stress (Alshutwi & Ahmad, 2022).

#### **5.1.5 Implications for Retention**

The moderate stress score may well under-represent the true psychological load carried by NNEs. It is likely that they treat extreme pressures as normal because conflict is ever-present, a process labelled “chronic crisis acclimatisation” (Marie et al., 2017). Yet such adaptation can hide future flight risks: untreated trauma and moral wounds could in the long run drive turnover, even if short-term stability looks intact.

#### **5.1.6 Intention to Stay**

The middling score on intention to stay (mean = 3.31, SD = 0.78) signals considerable hesitation among Palestinian NNEs. Although their immediate commitment (one-year horizon, mean = 3.67) seems fairly firm, the sharp drop in long-range plans (five-year horizon, mean = 3.15) reveals deep doubt about whether nursing in Palestine can be sustained. The pattern matches regional data showing 35–60 % turnover among Arab NNEs (Abu Yahya et al., 2019; Al-Hamdan et al., 2021), yet our results place the trend in context: the “certainty gap” between short- and long-range intentions probably mirrors systemic weaknesses in Palestine’s health system. Ongoing shortages, scarce career ladders and political instability shape a professional climate in which early enthusiasm is ground down by relentless pressure, nudging nurses toward migration or resignation.

## **The Commitment-Stress Paradox**

The positive correlation between intention to stay and professional commitment ( $r = 0.367, p < 0.01$ ) is expected—committed nurses invest emotionally in their roles (Tett & Meyer, 1993). However, the counterintuitive positive correlation between *stress* and intention to stay ( $r = 0.341, p < 0.01$ ) demands nuanced interpretation. In stable contexts, high stress typically accelerates turnover. Here, we propose this reflects "**professional commitment under adversity**":

1. **Survivor Commitment in Crisis Settings:** As Albelbeisi et al. (2024) observed, Palestinian nurses often persist despite stress due to strong identification with community needs amid adversity. NNEs may interpret enduring stress as a moral duty—particularly in a setting with acute healthcare shortages.
2. **Investment Traps:** Early-career nurses who successfully navigate high-stress environments (e.g., excessive workloads, interpersonal conflicts) may develop a "sunk cost" mentality. The prospect of leaving can feel like abandoning hard-won adaptive efforts, particularly after overcoming significant resource barriers (e.g., equipment shortages).
3. **Contextual Dependence:** In Palestine's constrained job market, stress may not necessarily lead to nurses leaving their positions if alternative employment opportunities are scarce. Nurses might "tolerate" high levels of stress while discreetly seeking other options, which could explain the observed moderate retention scores.

## **Implications for the Palestinian Context**

This interconnected relationship between stress, commitment, and intention to stay highlights a retention dynamic specific to crisis-affected regions:

- **Short-Term Retention  $\neq$  Sustainable Commitment:** While strong short-term intentions may reflect newly qualified nurses' (NNEs) determination to demonstrate competence or to fulfill educational investments, this commitment can erode into long-term attrition without adequate systemic support.

- Stress as a Double-Edged Sword: Stressors such as understaffing or political disruptions can, paradoxically, foster a sense of solidarity among nurses through shared hardship. However, this is an unsustainable coping mechanism without proactive interventions.
- The Limits of "Resilience": Over-reliance on nurses' inherent resilience risks normalizing burnout. Structural solutions, including safe staffing levels and trauma support, are urgently required, rather than solely focusing on psychological coping strategies.

### **5.1.7 Demographic Variables**

Beyond age, the type of ward significantly influenced professional commitment. Nurses working in inpatient settings (Mdn = 3.70) reported higher commitment compared to those in outpatient units (Mdn = 3.10,  $p = 0.039$ ). This disparity could be attributed to greater team cohesion, clearer role definitions, or a perceived higher impact within core hospital functions in inpatient environments.

The counterintuitive finding regarding orientation programs warrants particular attention. Nurses who did not attend orientation reported significantly higher commitment (Mdn = 4.00 vs. Mdn = 3.50,  $p = 0.001$ ) and concurrently higher stress levels (Mdn = 3.79 vs. Mdn = 3.49,  $p < 0.001$ ). This strongly suggests that current orientation programs in Palestine are either ineffective or potentially counterproductive. Possible explanations include:

- 1.Program Misfit: The content of these programs may not adequately address the specific, acute stressors prevalent in the Palestinian context (e.g., resource limitations, the impact of political instability).
- 2.Poor Quality: The programs might be poorly structured, inadequately delivered, or lack meaningful support, thereby failing to build confidence or commitment while insufficiently preparing nurses for the realities of their roles, which in turn heightens stress.
- 3.Selection Bias: It is possible that nurses who opt out of orientation are inherently more self-reliant or intrinsically motivated (leading to higher commitment) but also less prepared for practical challenges (resulting in higher stress). Regardless of the precise reason, this finding urgently signals the need for a critical evaluation and redesign of

orientation programs, emphasizing evidence-based components such as structured mentorship and simulation training (Wei et al., 2021; NSI Nursing Solutions Inc., 2021).

### **5.1.8 Relationships Among Variables**

The interrelationships observed among commitment, stress, and intention to stay illuminate the intricate dynamics at play within the nursing workforce. The positive correlation identified between professional commitment and occupational stress suggests that while highly committed nurses may experience elevated stress levels, they are also more inclined to remain in their positions. This finding aligns with Meyer and Allen's (1991) framework, which posits that affective commitment can contribute to increased job satisfaction and, consequently, higher retention rates.

However, the study's results also indicate that persistently high stress levels can, over time, undermine both commitment and the intention to stay. This is particularly concerning given the documented high turnover rates among newly qualified nurses (NNEs) in the Palestinian context (Abu Yahya et al., 2019; Al-Hamdan et al., 2021). The complex interplay between these variables underscores the critical need for targeted interventions that address both the systemic and psychosocial factors contributing to stress and attrition among NNEs.

### **5.2 Study Limitations**

Several limitations warrant consideration. Firstly, the cross-sectional design precludes establishing causality; while correlations exist (e.g., commitment linked to intention to stay), we cannot determine if commitment causes intention to stay or vice versa. Secondly, convenience sampling from specific Palestinian institutions limits generalizability to other regions or healthcare settings within Palestine or internationally. Thirdly, reliance on self-reported questionnaires introduces risks of social desirability bias (over-reporting commitment/intention to stay, under-reporting stress) and common method variance. Fourthly, the small sample sizes in some demographic subgroups (e.g., only 3 nurses aged >31, 6 with postgraduate degrees, 6 in outpatient units) reduces the power and reliability of statistical comparisons involving these groups (e.g., the high stress reported by those >31). Fifthly, the operationalization of variables like "low/middle/high" income lacked objective benchmarks, potentially introducing subjectivity. Finally, the study did not measure organizational factors (e.g., specific

leadership styles, workload metrics, resource availability) or external factors (e.g., local job market) that significantly influence stress, commitment, and retention intent, providing an incomplete picture of the drivers.

### **5.3 Recommendations**

Based on the findings and limitations, key recommendations emerge:

1. **Revamp Orientation Programs:** Conduct a thorough evaluation and redesign of onboarding programs. Incorporate evidence-based elements proven globally: structured mentorship, simulation-based skill training, phased workload increases, clear competency frameworks, and dedicated support for navigating administrative/documentation systems. Ensure programs demonstrably reduce stress and build commitment.
2. **Targeted Support for High-Stress Groups:** Develop interventions for nurses with higher qualifications (postgraduate), those in middle-income brackets, and older new hires, focusing on stress management resources, role clarity, and career pathway support. Address specific stressors like complex documentation and fee-charging procedures through streamlined systems and training.
3. **Foster Long-Term Retention:** Address the uncertainty in long-term (5-year) intention to stay. Enhance career development opportunities, implement recognition programs, improve working conditions (especially shift flexibility and workload management), and strengthen professional support networks to build loyalty beyond the initial year.
4. **Further Research:** Conduct longitudinal studies to track changes in commitment, stress, and retention over time. Employ mixed-methods designs to explore the reasons behind the counterintuitive orientation finding and the complex stress-commitment-stay relationship in depth. Include robust measures of organizational factors and external context in future models. Replicate the study with larger, more representative samples, ensuring adequate subgroup sizes.

### **Conclusion**

This study provides crucial quantitative insights into the experiences of new nursing employees within the challenging Palestinian healthcare context. It confirms their resilience, evidenced by moderate-high professional commitment despite facing

significant occupational stressors. However, it also reveals vulnerabilities, particularly concerning long-term retention intentions and the apparent failure of current orientation programs to mitigate stress or enhance commitment effectively. The unexpected positive correlation between stress and intention to stay underscores the complex interplay of dedication and pressure in this environment. Addressing the identified gaps, particularly through radically improved onboarding and targeted support strategies, is essential for stabilizing the nursing workforce and ensuring sustainable, quality healthcare delivery in Palestine. Future research should build on these findings to deepen understanding and evaluate interventions.

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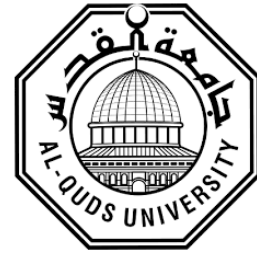
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## **Appendix**

### **Appendix (A): Study instruments**

#### **Faculty of Health Professions**

#### **Management in Nursing Program**



#### **Questionnaire: Assessment of commitment, stress, and intention to stay among New Nursing Employee, a Quantitative study**

This is in fulfillment of the requirements for obtaining a Master's degree in Management from Al-Quds University.

The researcher designed this questionnaire to study Assessment of commitment, stress, and intention to stay among New Nursing Employee, a Quantitative study. Appreciating your effort in filling out the questionnaire, knowing that it does not take more than 10 minutes of your time. The information in this questionnaire will be used for scientific research purposes only and complete confidentiality will be observed. Please answer the questions objectively with complete confidence that they are for study purposes only. If you are interested in viewing the research results, I will be happy to share the results with you via email. Thank you for your cooperation

Supervised by: Doctor: Ashraf Abuejheisheh

Researcher: Jasmin Manasra

Email: [Jasmin.Manas@students.alquds.edu](mailto:Jasmin.Manas@students.alquds.edu)

#### **Part 1: demographic information**

##### **Gender**

- Male
- Female

Age:

- 20–25 years
- 26–29 years
- 30 years and over

Ward type:

- Inpatient
- Intensive and OR units
- Outpatient

Qualifications:

- Diploma
- Bachelor
- Postgraduate

Previous working experience in health care:

- <1 year
- 1–3 years
- >3 years

Do you enrolled in Orientation program before:

- Yes
- No

**Part 2: professional Commitment scale Developed by Meyer et al.'s(1993) ,**

#	Paragraph	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
1.	I am willing to put in a great deal of effort to develop my profession beyond expected					
2.	I am a person who identifies strongly with my profession					
3.	I would accept almost any type of job that related to my profession to keep working beyond expected from me					
4.	I am a person who feels strong ties with other members of my profession					
5.	I am a person who is proud to belong to my profession					
6.	My profession really inspires the very best in me in the way of job performance					
7.	I am extremely glad that I chose this profession to work for ever in advance					
8.	I am a person who criticizes my profession					
9.	I am a person who considers my profession to be important					
10.	I am a person who tries to hide belonging to my profession					

### Part 3: Occupational Stress

(Ming-Chen Yeh and Shu Yu, 2009)

#	Paragraph	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
Tasks in general care						
1.	Documenting nursing notes					
2.	Accurate reporting during shift changes					
3.	Administering medications					
4.	Operating equipment masterfully					
5.	Interpreting results of examinations or labs					
6.	Staying beyond one's shift to finish work					
7.	Familiarising oneself with routines					
8.	Assessing patients' conditions and changes					
9.	Using professional terminology in English					
Leadership/management						
10.	Lack of familiarity with charging fees					
11.	Policy of arranging working shifts, continuing					
12.	education and caseload according to seniority					
13.	Using personal time to do public affairs					
14.	Leadership of head nurse					
15.	Senior nurses asked to change shifts					

Tasks in critical care						
16.	Dealing with death and dying					
17.	Dealing with emergencies/first aid					
18.	Caring of patients with unknown or					
19.	infectious diseases					
Roles/interpersonal relationships						
20.	Working with unfriendly coworker(s)					
21.	Incorporating into the group					
22.	Matching the working styles of senior coworkers					
23.	Dealing with physicians					

#### Part 4: Intention to Stay

(Nancarrow, S. et al, 2014)

#	Paragraph	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
1.	I am likely to be working for the same service in 1 year					
2.	I would still like to work for the same service in 5 years					
3.	I can see a future for me with this service					

Appendix (B): ethical approvals the Research Ethics Committee (REC)

00:18

3G 10



كتاب تسهيل مهمة (الاستشاز...)



Al- Quds University  
Faculty of Health  
professions  
Clinical training unit  
Jerusalem-Abu Dies



جامعة القدس  
كلية المهن الصحية  
وحدة التدريب العملي  
القدس-أبوديس

التاريخ: 23/2/2025

حضرة الأستاذ عثمان عواد المحترم في مستشفى  
الاستشاري العربي التخصصي

الموضوع : تسهيل مهمة طالبة ماجستير في جمع بيانات  
لغرض البحث العلمي

تحية طيبة وبعد ،،،

يرجى من حضرتكم تسهيل مهمة طالبة الماجستير "  
جاسمين خالد حسين مناصرة" ورقمها الجامعي  
(١٨٨٣ ٢٢٣١)، وهي طالبة ماجستير إدارة التمريض/ كلية  
المهن الصحية / جامعة القدس في جمع بيانات المعلومات  
اللازمة عن طريق توزيع استبيان على التمريض الجدد  
العاملين في جميع الأقسام في المستشفى العربي  
التخصصي الواقع في المحافظة الشمالية من الضفة  
الغربية (نابلس)، وذلك لغرض اجراء دراسة بحثية  
لرسالتها الماجستير بعنوان:-

Assessment of commitment ,stress and intention to)  
stay in New Nursing employee, a Quantitative  
(.study

بإشراف الدكتور اشرف أبو جحيشة، وذلك في الفترة  
الواقعة ما بين 23/2/2025 حتى 20/4/2025 ومن بعد  
موافقتكم على الكتاب

وتفضلوا بقبول فائق الاحترام

،،، والتقدير،،،

منسقة برنامج الماجستير/ دائرة التمريض

د. سلام الخطيب

مرفق: استبانة الدراسة ونموذج الموافقة المستنيرة

Dr. Yousef Jakrati < y.jakrati@qu.edu.jo >

basaafeen@yahoo.com < basaafeen@yahoo.com >

00:33

3G 4



**Dear Dr. Salam Al-Khatib**

**Master's Program Coordinator**

**Nursing Department - Al-Quds University**

Greetings,

With reference to your request to facilitate the task of Master's student "Jasmine Khaled Hussein Manasra" in collecting data for the purpose of scientific research,

For my master's thesis, entitled:

**Assessment of commitment, stress, and intention to stay among New Nursing Employee,**

We are pleased to inform you of our approval to collect data from hospital staff during the specified period, to complete the requirements of the master's thesis for the student **Jasmine** .

I confirm our consent to conduct the study, and we hope that the student himself will distribute and collect the questionnaires, taking into account the

↩ Reply

➦ Forward



Ref.: .....  
Date:.....

الرقم: 491/2015  
التاريخ: 2015/12/20

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

الموضوع: تسهيل مهمة بحث

يرجى تسهيل مهمة الطالبة: جاسمين خالد حسين مناصرة- ماجستير ادارة التمريض/ جامعة القدس، وبإشراف د. أشرف أبو جحيشة، في عمل بحث بعنوان:

**" Assessment of commitment, stress, and intention to stay among  
New Nursing Employee, a Quantitative study "**

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

- مستشفى عاليه - مستشفى الوطني - مجمع فلسطين الطبي

على ان يتم الالتزام باساليب واخلاقيات البحث العلمي، وعدم التعرض للمعلومات التعريفية للمرضى.  
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: منسقة برنامج الماجستير/ دائرة التمريض المحترمة/ جامعة القدس

---

**Research Ethics Subcommittee of Faculty of Health Professions  
Letter of approval**

**Feb. 15, 2025**

**Ref. No.: RESC/2025-18**

Dear Applicants, **(Dr. Ashraf Abuejheisheh, Ms. Jasmin Manasra)**

**Program: MSc Nursing Department**

The Research Ethics subcommittee of the Faculty of Health Professions has recently reviewed your proposal entitled **(Assessment of commitment, stress, and intention to stay in New Nursing Employee, a Quantitative study)** submitted by **(Dr. Ashraf Abuejheisheh)**. 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

## تقييم الالتزام والتوتر والنية للبقاء بين موظفي التمريض الجدد، دراسة كمية

إعداد: جاسمين خالد حسين مناصرة

إشراف: د. أشرف أبو جحيشة

### الملخص

**الخلفية:** تواجه أنظمة الرعاية الصحية، لاسيما في المناطق المتأثرة بالنزاعات مثل فلسطين، تحديات كبيرة في الحفاظ على الكوادر التمريضية حديثة التخرج، حيث لا تزال قضايا الضغط الوظيفي وفعالية برامج التوجيه الوظيفي غير مستكشفة بالشكل الكافي. ويُعد فهم العلاقة بين الالتزام المهني، والضغط الوظيفي، والرغبة في الاستمرار بالعمل من العوامل الأساسية لدعم استمرارية وتماسك قوة التمريض في ظل هذه الظروف الصعبة.

**هدف الدراسة:** هدفت هذه الدراسة إلى تقييم مستويات الالتزام المهني، والضغط الوظيفي، والرغبة في البقاء بالعمل بين الممرضين حديثي التخرج العاملين في المستشفيات الفلسطينية، إلى جانب تحليل تأثير العوامل الديموغرافية والتنظيمية، مثل برامج التوجيه الوظيفي، على هذه المتغيرات.

**المنهجية:** أُجريت دراسة كمية ذات تصميم مقطعي شملت جميع الممرضين حديثي التخرج (ن=180) في ستة مستشفيات حكومية وخاصة في محافظات رام الله ونابلس والخليل بالضفة الغربية، فلسطين. جُمعت البيانات خلال عام 2020 باستخدام استبيانات مقننة لقياس الالتزام والضغط الوظيفي ونوايا الاستمرارية. بعد تغطية معدل استجابة بلغ 83.3%، تم تحليل 150 استبيانًا مكتملاً باستخدام الأساليب الإحصائية الوصفية والاستنتاجية لدراسة الروابط بين متغيرات الدراسة والمتغيرات الديموغرافية.

**النتائج:** أظهرت النتائج تمتع الممرضين حديثي التخرج بمستوى عالٍ نسبياً من الالتزام المهني (متوسط=3.98 فيما يتعلق ببذل الجهد الإضافي، 3.82 للشعور بالانتماء)، انعكاساً لحماسهم في بداية مشوارهم المهني، مع الإشارة لوجود فجوات محتملة في فعالية برامج التوجيه الحالية. كما تبين أن الذين لم يلتحقوا ببرامج التوجيه أظهروا التزاماً أعلى ومستوى ضغط وظيفي مرتفعاً، ما يثير تساؤلات حول فعالية عمليات الاستيعاب الحالية. لوحظ انتشار متوسط للضغط الوظيفي (متوسط=3.58، بانحراف معياري=0.41)، نتيجة أعباء إدارية، وصراعات مهنية، وتصادم شح الموارد في ظل الأوضاع السياسية الراهنة. كما كانت نية الاستمرارية في العمل متوسطة (متوسط=3.31)، مع ضعف الثقة في إمكانية الاستمرار على المدى الطويل، انعكاساً للتحديات البنوية وعدم الاستقرار. أظهرت النتائج علاقات ارتباطية إيجابية معنوية بين كل من الالتزام المهني والرغبة في البقاء ( $r=0.367$ ،  $p<0.01$ )، وبين الضغط الوظيفي والرغبة في البقاء ( $r=0.341$ ،  $p<0.01$ )، ما يؤشر إلى ديناميكة معقدة في الاحتفاظ بالممرضين ضمن ظروف الأزمات. كما كان للعوامل الديموغرافية مثل العمر، مكان العمل، ومستوى الدخل دور في التأثير على مشاعر الضغط والالتزام.

**الخلاصة:** يظهر الممرضون حديثو التخرج في فلسطين مستويات ملحوظة من الصمود والالتزام المهني رغم معاناتهم من ضغط وظيفي متوسط وتردد حول الاستمرارية في العمل على المدى الطويل، الأمر الذي يبرز نقاط القوة ونقاط الضعف في هذه القوى العاملة. وتشير النتائج إلى تحديد قصور في برامج التوجيه الحالية، كما أن العلاقة المتناقضة بين الضغط الوظيفي والرغبة في البقاء تستدعي الحاجة إلى إصلاحات قائمة على الأدلة في سياسات الاستيعاب والدعم. توصي الدراسة

بضرورة دعم الفئات الأكثر عرضة للمخاطر، وتحسين بيئة العمل، والتخطيط لدراسات طولية ونوعية لفهم أعمق لديناميكيات الاحتفاظ بالمرضى في سياقات الأزمات، بما يسهم في تطوير سياسات واستراتيجيات فعّالة ومبنية على الأدلة لتعزيز استدامة القوى التمريضية في فلسطين.