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Work Stress and Coping Strategies among mental Health workers in Gaza Governorates

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Work Stress and Coping Strategies among Mental Health Workers in Gaza Governorates

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Jerusalem-Palestine

1432/هـ2011م

بسم الله الرحمن الرحيم

[يَرْفَعِ اللَّهُ الَّذِينَ آمَنُوا مِنكُمْ
وَالَّذِينَ أُوتُوا الْعِلْمَ دَرَجَاتٍ
وَاللَّهُ بِمَا تَعْمَلُونَ خَبِيرٌ] (المجادلة:11)

صدق الله العظيم

DEDICATION

MY APPRECIATION AND GRATITUDE TO THOSE PEOPLE WHO HAVE BEEN WITH ME ALWAYS, IDEDICATE THIS WORK

TO MY FAMILY

FOR THEIR PATIENCE AND UNDERSTANDING

TO MY TEACHERS

FOR THEIR SUPPORT AND HELP

TO MY FRIENDS

FOR THEIR TOLERANCE.

Researcher

MOHAMED ALI EL-HASSANY

Declaration

I here Certify that this thesis submitted for the degree of Master is the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed.....

Mohamed Ali El-Hassany

Date.....

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I hope they feel their unquestioning support is vindicated by the result. To Abdullah .Mohanad, and my wife who make my life easier by giving me the time and space needed to work on the study.

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Researcher

Mohamed A El-Hassany

Abstract

This study "Work Stress and Coping Strategies among the Health Care Workers in Gaza Governorates" aimed to determine the level of work stress and the mechanism of adaptation among those working in the field of mental health. The study sample consisted of 254 mental health workers who represented all those working in the governmental institutions, namely the Palestinian Ministry of Health and Education in Gaza governorates. The sample population consisted of psychiatrists, psychologists, nurses, social workers, and educational counselors. The researcher used two main tools to achieve the goal and objectives of the study; the first was self-administered questionnaire (prepared by the researcher) to measure the work stress. And the second was Ways of Coping Scale measure to test the Coping Strategies of the participants. For the analysis of the data, the researcher employed the descriptive statistics, the t-test and the one-way ANOVA statistical analyses. The results revealed that the mean of work stress reached to (94.02) among the study population. The most common ways of coping strategies used to face the work stress were re-interpretation with mean (28.61), ability to resolve problem (18.57) problem escaping strategy with (11.20). The results showed statistically significant differences in the levels of work pressure among the study population. Those differences can be attributed to some demographic variables such as gender, rank at birth in the family, level of education, place of work and type of work. Significant differences in the coping mechanism have been observed among the study population due to the following variables: gender, age, and place of residence, level of education, place of work, years of experience and the type of work. In addition the results indicated that there is a statistically significant correlation between the method of coping strategies and the level of psychological stress of the participants. The study comes up with some key recommendations in light of the findings.

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Abbreviations

ACTH	Adrenal Corticotrophin Hormone
AIDS	Acquired Immunodeficiency Syndrome
CRF	Corticotrophins Releasing Factor
GS	Gaza Strip
HIV	Human Immunodeficiency Virus
MHW	(MHW) Mental Health Workers
MOH	Ministry of Health
NIOSH	National Institute for Occupational Safety and Health
OSI	Occupational Stress Indicator
PTSD	Post –Traumatic Stress Syndrome
RNs	Registered Nurse
UNRWA	United Nations of Relief and Works Agency
WHO	The World Health Organization

Chapter 1

1.1 Introduction

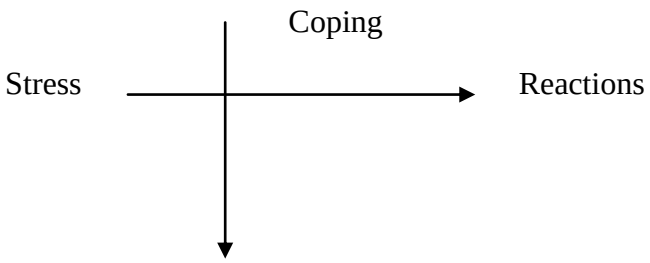
Rates of mental illness all over the world, in developed and developing countries including Palestine are dramatically increasing people suffering from mental illnesses tend not to turn to mental health clinics they stay at home because of stigma, furthermore the, Palestinians are the most vulnerable, to have not only mental illnesses, but also serious ones. The life they have been living since 1948 and 1967 under the Israel occupation has been a great reason in general, in addition, the last four years of restricted closure and siege in specific (Patel , 2008).

Also, Gaza War (27 -12- 2008 to 21 -1 -2009) exposed Palestinian residents in Gaza to trauma, that caused emotional and behavioral disorders for all Palestinian strata .

The most common psychological disorders in the Gaza Strip include traumatic experiences, PTSD (post traumatic stress disorder), addiction, and anxiety. Moreover the majority of children have suffered from different disorders such as hyperactivity, anxiety, depression and bed wetting. They do not feel safe uncertainty in schools, and among their families

Mental health workers in Gaza Strip work together as mental health team, their work focuses on dealing with clients and their families by affording treatment and supporting them in hospitals, out- patient clinics and homes. In spite of these efforts the Mental health workers suffered from many problems and faced many constraints such as, non – availability of medication most of the time in the clinics which are free, lack of public awareness of mental illness among the community members, so clients came to visit psychiatric doctors after a long period of time after the patients become chronically sick and severely deteriorated. Shortage of mental health workers is in relation to the huge number of cases, absence of transportation vehicles for community home visit of handicapped patients with mental heath illness. Lack of facilities as buildings, psychological tests, and a absence of protective measures from addicted clients and aggressive clients impact the services offered to the clients.

The current research tries to examine the work stress among mental health workers in the Gaza governorates, and the effectiveness of coping strategies they use to overcome such problems.



1.2 Problem statement

Many predisposing factors well affect the mental health status as human being.

In the current study the researcher would study in the types and levels of work stress among the mental health workers and how they adapt with such stress. In addition it will focus on whether there are statistically significant differences in the level of work stress and coping strategies due to some socio-demographic variables. This study will target the mental health workers in the governmental clinics, including the counselors at schools.

Is there a relationship between work stress among mental health workers and the type of coping strategies they use to face work stress

1.3 Study Justification

Mental health professionals in Gaza Strip has been exposed to multiple stressors, these stressors may be interfere with their roles as a therapists.

This study focus on the type of stressors that mental health professionals has been experienced in 2010 and how they cope with these stressors, and if their coping strategies were adaptive and effective , and what is the specified programs to alleviate work stress and enhance mental health professionals' coping also.

This study focuses on the mental health workers as an important part in the Palestinian society, especially under the current Palestinian difficult situation which has exposed the whole population to various stressors which may lead to mental disorders. Professionals mental health workers need special attention to enable them to practice their work effectively to deal with such disorders. Although they give therapy to the mental health patients, they themselves may be affected by the different types of stressors that may interfere with their roles as mental health providers.

1.4 Objectives

1.4.1 Main goal

The main goal of this research is to examine types and level of work stress among mental health workers in the Gaza strip; in addition to, identifying the most common types of coping strategies used by such workers to adapt with such stressors reactions, which is extended to what relationship between work stress and coping strategies among mental health workers in Gaza Governorates.

1.4.2 Specific Objectives

1- To determine types and levels of work stressors for the mental health workers in Gaza Governorates.

2- To determine types of coping strategies used by mental health workers in Gaza Governorates.

3- To determine the relationships and differences in work stress ,coping strategies and other socio-demographic variables like (gender, age, and type of job, place of residence, economic status, marital status, educational level, place of work, work experience) .

4- To clarify the relationship between coping strategies and work stressors.

5- To figure out any correlation between the level of work stress and coping strategies for the health policy makers.

6- To find out the relationships between (age, gender, experience) on work stress and coping strategies .

1.5 Study questions

1- What is the level of work stress among the mental health workers in the Gaza governorates?

2-Are there statistically significant differences in the level of work stress due to gender, age, birth order, place of residence, economic status ,marital status, educational level, place of work, work experience, and type of job.

3-What are the most common coping strategies used by the mental health workers in the Gaza governorates?

4- Are there statistically significant differences in coping strategies among mental health workers due to gender, age, birth order, place of residence, economic status, marital status, and educational level, place of work, work experience, and type of job?

5- Is there statistically significant correlation between work stress and coping strategies?

6- Are there significant differences in coping strategies among mental health workers due to the level of work stress?

1.6 Operational definitions

1.6.1 Work stress

The researcher operationally defines work stress as the daily problem which mental health workers are exposed in their jobs in psychiatric hospitals, psychiatric clinics, and counselors at schools, like excessive jobs.

Insufficient supplies to meet employees need, employees expectation from their job at adequate salary, job satisfaction and promotion, decrease in job performance, job stress and its effects on psychiatric stress

1.6.2 Coping strategy

It's the method through which mental health workers adapt to the problems which they face at their works.

1.6.3 Coping strategies

Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events. Two general coping strategies have been distinguished: problem-solving strategies are efforts to do something active to alleviate stressful circumstances, whereas emotion-focused coping strategies involve efforts to regulate the emotional consequences of stressful or potentially stressful events. Research indicates that people use both types of strategies to combat most stressful events (Folkman & Lazarus, 1980). The predominance of one type of strategy over another is determined, in part, by personal style (e.g., some people cope more actively than others). And also, by the type of stressful event; for example, people typically employ problem-focused coping to deal with potential controllable problems such as work-related problems and family-related problems; whereas stressors perceived as less controllable, such as certain kinds of physical health problems, prompt more emotion-focused coping. (Folkman & Lazarus, 1980)

1.6.4 Vocational stress

Stress happens because of the large number of reviewers that affects performing the work and limits the development of the employees and makes them nervous. Furthermore, employees may be attacked by the patients, which consequently affect the social and personal life of them.

1.6.5 Administrative stress

This happened because failing to listen to suggestions from workers by administrative, inequitable distribution of work between workers, lack of incentives and support by administrative, and the lack of involvement and intervention s with employees when they are problems,

1.6.6 Colleagues stress

There are jealousy envy and tension in the working atmosphere and permanent differences, mistrust, lack of understanding between colleagues, lack of appreciation of competencies, and indifference of some work.

1.6.7 Physical stress

This happened because of noise from the movement or transportation markets near the place of work, power repeated electrical cut off, non-paved streets, lack of cleanliness, inadequate office privacy, small places, and lighting or ventilation is not enough.

1.7 Mental health workers

Those are all persons who are professionals in dealing with clients complains from mental and psychiatric illnesses including trained psychiatrist, nurses, social workers, psychologists, and educational counselors.

1.7.1 Gaza strip

Gaza strip is narrow piece of land lying on the coast of the Mediterranean sea. Its position on the crossroads from Africa to Asia made it target for occupies and conquerors over the centuries. The last of these was Israel who occupied the Gaza strip from Egyptians in 1967. Gaza strip is very crowded place with area 365sq.Km and constitutes 6.1% of total area of Palestinian territory land. In mid year of 2005 the population number is to be 1,389,789

mainly concentrated in the cities, small village, and eight refugee camps that contain two third of the population of Gaza Strip. In Gaza Strip, the population density is 3,808 inhibitants/Km2, that comprises the following main five governorates: North of Gaza constituted 17% of the total area of Gaza strip and 1.0% of total area of Palestinian territory area with area 61sq.Km. The total number of population living in North Gaza is to be 265,932 individuals in 2005 with capita per sq. Km 4,360. Gaza City constituted 20.3% of the total areas of Gaza strip and 1.2% of the total area of Palestinian territory area with area 74 sq.Km. The total number of population living in Gaza City is 487,904 individuals in 2005 with capita per sq Km 6,593.

Mid-Zone constituted about 15% of the total area of Gaza Strip and 1.0% of total area of Palestinian territory area with area 58 Km sq. the total number of population living in Mid –Zone is 201,112 individuals in 2005 with capita per sq Km 3,467.

Khan Younis constituted about 30.5% of the total area of Gaza Strip and 1.8% of total area of Palestinian territory area with 108.Km sq. The total number of population in Khan Younis is 269,601 individuals in 2005 with capita per sq Km 2,496.

Rafah constituted about 16.2% of the total area of Gaza strip and 1.1% of total area of Palestinian territory area with area 64 sq Km. The total number of population in Rafah is 165,240 individuals in 2005 with capita per sq Km 2,582 (MOH,2006). (Anex1)

1.8 Study limitations

The current study is limited to difficulty in finding tools, as coping strategies scale, work stress scale, and the sample size which is formed of 254 of governmental health workers in the Gaza Strip 168 of the were educational counselors, and is limited do the time of implementation as it was conducted in the second semester of scholastic year 2010.

At schools, for example, educational counselors deal with psychological and behavioral problems that students complain from, like enuresis, PTSD, phobia from, dark places, shyness, separation between parents, attention deficit hyperactive disorder for some students, not solving assignment , problems with hearing and seeing, aggressive, low economic status and isolation, so the teachers seat them at the first desk in the classroom. The counseling program addresses three areas: academic, career and personal/social. School counselors advocate, mediate, coordinate, consult, lead and collaborate with teachers, administrators and parents to help students be successful. Professional school counselors also help children to understand themselves. Here, for instance, school counselors do some activities and works in counseling like:

• Developing a guidance plan based on a school needs assessment, for example, debriefing by drawing, psychodrama, role playing, and recall the events.
• Counseling students individually and/or in groups.
• Providing systematic and developmental classroom guidance to all students.
• Responding to student needs in critical situations.
• Working with absentees, potential dropouts and other at-risk students.
• Referring students to special programs and services when necessary.
• Analyzing test results to provide information about abilities, achievement, interests and needs.
• Conducting conferences with parents and facilitating parent discussion groups.
• Coordinating staff support activities.
• Pursuing continuous professional growth and development.
• Conducting an annual evaluation of the guidance program.
- they would help guide students with emotional problems to overcome and find solution satisfactory to them and make them feel good about themselves.
- To help students resolve social or behavioral problems and help them develop a clearer focus or sense of direction.

All of these activities and duties can make a real difference in students' lives, improving their self-understanding and self-confidence, motivation, decision-making, goal-setting, planning and problem solving, interpersonal relationships at schools and home, communication skills, respect for others and more.

So the role of educational counselors at schools is developmental, preventive, and therapeutic. (Obeid, 2011).

But here in our Gaza Strip mental health Services face a lot of difficulties like:

1-Lack of mental health organizations systems.
2-Poor coordination between mental health institutions mainly governmental.
3-Shortage of mental health services.
4-Shortage of case management system.
5-Absence of clinical supervision in most of metal health institutions.
6-Absence of clear job description.
7- Difficulty in finding tools and instruments.
8-Ristance and lack of cooperation of mental health professionals.

Chapter 2

Conceptual Framework & Literature Review

2.1 Introduction:

It is very important to be clear when talking about work stress. The political, economic, and social situations influence the mental health providers as well as the entire Palestinian population. As a result of, the Israeli occupation which has a significant impact on the daily was suffering of the people who are exposed to great psychological stressors. The people in the Gaza strip have experienced many psychological disorders; therefore, the continuing all that happened and was siege and after the war on Gaza Strip in(2008-2009); where so many people have been killed , handicapped ,and so suffered from many mental illnesses.

According to Palestinian ministry of health in Gaza Strip- the number of injuries in last war in 2008-2009 in Palestinian population was 5394. Male injuries 4092 and female injuries were 1302 persons and the total number of dead persons was 1491 from both gender. And according to ministry of education in the year 2009 the numbers of injuries from the last war was between students and teachers 459, and dead cases were 176 persons from males and females.

The number of doctors in all Gaza Governorates deals with the victims were 1300 general and specialist doctors were 321 nurses from ministry of health in Gaza Strip. And the number of nurses deals with the victims of last war. (Palestinian National Authority Ministry of Health Information System Unit 2009)

Meanwhile, people have started looking for treatment in psychiatric health clinics and psychiatric hospital hospital. Also, these cases have led to overload of work stressors on mental health providers like trained psychiatrists, nurses, psychologists, social workers, and educational counselors work stress has formed a threat to physical health of the workers.

2.2 Work stress

Work stress is caused by conditions in the workplace that negatively affect an individual's performance and/or overall well-being of his body and mind. Therefore, we found two types positive stress and negative stressors positive stress is actually essential, beneficial, so it can be the strongest assistant for leading, and stimulating healthy lives, filled with energy under salience (Simmons&Nelson,2001).

The best way to come up with a meaningful definition of work stress is to create one that takes the personal experiences into consideration. Whether positive or negative, experiencing stress triggers emotions such as anxiety, pressure, excitement, fear, panic, and other feelings.

Work stress is something we all face as workers and we all handle it differently. There is no getting around it; but rather, not all stress is bad, and learning how to deal with and manage stress is critical to our maximizing our work performance, staying safe on the work, and maintaining our physical and mental health. Infrequent doses of work stress pose little threat and may be effective in increasing motivation and productivity, but too much, and too prolonged can lead to a downward spiral both professionally and personally. Some works, by definition, tend to be higher stress, such as ones that are in dangerous settings (fire police), that deal with demanding customers (service providers), that have demanding time pressures (healthcare), and that have repetitive detailed work (manufacturing). However, stress is not limited to any one particular work or industry. The National Institute for Occupational Safety and Health (NIOSH), part of the U.S. Department of Health and Human Services, states that work stress, now more than ever, poses a threat to the health of workers, and the health of organizations. NIOSH defines work stress as the harmful physical and emotional responses that occur when the requirements of the work do not match the capabilities, resources, or needs of the worker. Stress also occurs when the situation has high demands and the worker has little or no control over it. Finally, work stress can lead to poor health and injury.

2.3Theories of Stress

There are several theoretical positions devised for examining and understanding stress and stress-related disorders. Brantley and Thomason (1995) categorized them into three groups: response theories, stimulus theories, and interaction (or transaction) theories. Given the distinction made earlier between stress as a stimulus and as a response, this system serves as a useful way to present the various theories and associated research.

2.3.1 Response theories and research

Because chronic stress responses involve actual physiological changes to body systems and organs, a good bit of attention has been paid to acute physiological stress responses and how they might possibly lead to subsequent chronic stress responses (McEwen and Stellar,

1993). Historically, both Walter Cannon (1929) and Hans Selye (1956) provided the foundation for the current interest in this physiological process.

2.3.1.1The Work of walter Cannon

Cannon was a physiologist at Harvard University who was the first to use the term 'homeostasis.' According to Cannon (1929), the body possesses an internal mechanism to maintain stable bodily functioning or equilibrium. As the environment presents the organism with various challenges, the body must respond to each new situation by adjusting various physiological systems to compensate for the resources being taxed. A classic example of this type of compensation involves fluid regulation. When an organism ingests a large amount of water, the kidney releases more waste fluid into the bladder for eventual disposal in an effort to maintain bodily equilibrium. Many of the feedback mechanisms that regulate blood pressure which share similar characteristics with bodily systems that maintain homeostasis. According to Cannon (1935), failure of the body to respond to environmental challenges by maintaining bodily homeostasis results in damage to target organs and eventually death.

Translating his work with physical challenges associated with eating, drinking, and physical activity into those of a psychological nature. Cannon hypothesized that common homeostatic mechanisms were involved. Accordingly, if an organism's response to threat involves significant sympathetic nervous system arousal, so that respiration and heart rate increase significantly. The body's compensatory response should involve either reducing sympathetic nervous system activity or increasing parasympathetic nervous system counter-activity.

If the compensatory response is inadequate, tissue damage can result, placing the organism at a greater risk for subsequent medical problems associated with the damaged tissue.
In brief, the concept of homeostasis introduced by Cannon has proved to be very valuable in explaining how acute physiological stress responses to threats of survival lead toward chronic stress responses.

2.3.1.2 The Work of Hans Selyes theory

The Selye (1956) was the first investigator to use the term 'stress' to describe the problems associated with homeostasis identified by Cannon decades earlier. Although he borrowed

the term from physics, he used it to describe the effects on the organism rather than the environmental stressors he examined in his empirical work. According to Selye, the ‘stress’ response of the organism represented a common set of generalized physiological responses that were experienced by all organisms exposed to a variety of environmental challenges like temperature change or exposure to noise. From his perspective, the stress response was nonspecific; that is, the type of stressor experienced did not affect the pattern of response. In other words, a wide variety of stressors elicited an identical or general stress response. He termed this nonspecific response the general adaptation syndrome, which consisted of three stages: alarm reaction, resistance, and exhaustion. Selye reasoned that the first stage, alarm reaction, involved the classic ‘fight-flight’ response described above. As a result, the body’s physiological system dropped below optimal functioning. As the body attempted to compensate for the physiological reactions observed in the alarm reaction stage, the organism entered the resistance stage. Physiological compensatory systems began working at peak capacity to resist the challenges the entire system was confronting, and according to Selyes (1956), actually raised the body’s resistance to stress above homeostatic levels. However, because this response consumed so much energy, a body could not sustain it forever. Once energy had been depleted, the organism entered the stage of exhaustion. In this stage, resistance to environmental stressors broke down and the body became susceptible to tissue damage and perhaps even death. In Selye’s terminology, the" Alarm Reaction Stage" was comparable to the acute stress response described above, and "the Exhaustion Stage" was comparable to a chronic stress response.

2.3.1.3 The Work of Bruce McEwen

More recently, the historic works of Cannon(1922) and Selye(1956) that have attempted to explain how acute physiological stress responses evolved into chronic stress responses have been revisited by Bruce McEwen and colleagues (McEwen and Stellar, 1993; McEwen, 1998) at Rockefeller University. In contrast to the state of physiological equilibrium of homeostasis essential for survival that Cannon discussed, McEwen used the term ‘allostasis,’ referring to the body’s ability to adapt to a changing environment in situations that did not challenge survival. From his perspective, an organism that maintained a perfectly stable physiological equilibrium during a stressful encounter (a no response) might be just as problematic as an organism that exhibited an exaggerated

physiological response. Allostasis referred to the body’s ability to adjust to a ‘new steady state’ in response to the environmental challenge (McEwen and Stellar, 1993).

To clarify the distinction between homeostasis and allostasis, consider two physiological parameters: body temperature and heart rate. For an organism to survive in a changing environment, there exists a very narrow window of acceptable body temperatures. Even though the temperature of the environment can change 50 degrees over the course of a single day, body temperature remains constant. Deviations from a normal temperature are met with a range of symptoms (sweating, chills) that occur as part of our body's attempt to regain homeostasis. For body temperature, homeostasis is a very important mechanism of survival. Now, let's consider heart rate. In contrast to body temperature, our body can tolerate a wide range of heart rates. When we are asleep, our heart rate drops to basal levels. When we are awake, heart rates increase substantially, and when we are engaged in aerobic exercise, heart rates climb even higher. Rather than maintaining stability in the face of a changing environment, as body temperature does, heart rate adjusts to a changing environment to optimize functioning. In this case, the ability of the body to adjust to aerobic exercise by resetting heart rate at a higher level is called allostasis, not homeostasis. McEwen argues that most acute stress responses represent challenges to the body's allostasis, not challenges to its homeostasis. According to the work of McEwen and colleagues, 'allostatic load' is a term that refers to the price the body pays for being challenged repeatedly by a variety of environmental stressors. Increased allostatic load, or what McEwen and Wingfield (2003) called 'allostatic overload,' occurs with increased frequency of exposure to stressors, increased intensities of these stressors, or decreased efficiency in coordinating the onset and termination of the physiological response.

McEwen (1998) outlined four distinct types of allostatic overload. In the first type, the organism is exposed to multiple environmental stressors during a short period of time.

For example, imagine chasing a pesky salesperson off your front porch, running to get the phone only to realize it is a telemarketer, then finding your three-year-old coloring on the kitchen wall with permanent markers, and the family dog urinating on the floor. In a case like this, the physiological response associated with the first stressor was just starting to lessen when the second stressor hit, and likewise, recovery from the second stressor was interrupted by the onset of the third stressor. In this type of all static overload, the problem is associated with the frequency of the stressors encountered. In the second form of all static overload, repeated stressors elicit responses that fail to habituate. Consider an example in which you are dealing with five consecutive irate customers who are demanding their money back for a defective product that you sold them. Normally, one's physiological response to this series of encounters would decrease, or habituate, with each subsequent encounter. When the body fails to exhibit the normal habituation response, this

type of all static overload occurs. A third form of all static overload involves delayed physiological recovery from a given environmental stressor. In this case, the frequency or magnitude of the physiological response may be entirely normal; however, it is the length of time that the response is sustained that leads to all static overload. For example, imagine having an argument with a family member and experiencing some physiological arousal associated with the argument. Rather than the arousal gradually declining after the argument, in this type of all static overload the physiological recovery is delayed and the arousal is still apparent hours or days later. The final form of all static overload involves an inadequate physiological response. In this case, the organism encounters a stressful circumstance or environmental change, but the physiological response is either very weak or entirely absent. Imagine walking through the woods and encountering a black bear, only to find that your body's fight-flight response failed to occur and therefore did not provide the necessary energy and altered blood flow to run away from the threat.

According to McEwen and Stellar (1993), all static overload, whatever its source, is the mechanism through which acute physiological responses result in permanent tissue damage. Research using animal's documents not only changes in peripheral tissues associated with increased all static load, but also altered functioning in the cerebral cortex (McEwen, 1993 or 1998).

This altered brain functioning has included atrophy of dendrites on neurons, suppression of neurogenesis (creation and proliferation of new neurons), and permanent loss of pyramidal neurons. Obviously, McEwen and other contemporary stress researchers have extended the theories and empirical work of Cannon and Selye to further our understanding of how stress results in actual tissue damage in the brain and peripheral body systems.

Selye's (1956) General Adaptation Syndrome described above is a classic representation of a theoretical perspective that focuses upon stress as a response. In fact, Selye went so far as to state that the nature of the stimulus was irrelevant to the stress response. To support his view, he subjected animals to a wide variety of experimental conditions that elicited very similar physiologic stress responses including temperature change, pain stimulation, and exposure to infection. Likewise, although acknowledging the importance of the stress stimulus in their theoretical models, McEwen and colleagues have also focused on the physiological stress response, paying less attention to the type or nature of the eliciting stimulus (McEwen and Stellar, 1993; McEwen, 1998). Although response theories have contributed greatly to our understanding of the physiological response systems that mediate the relation between environmental stressors and chronic stress responses, they

have typically neglected a detailed exploration of types of environmental stressors and how they might influence the disease process. [Semenchuk 1907]

2.3.2 Definition of stress

Stress: is abroad area of study in many branches of social and medical sciences . The definition of stress depends on which branch of science we are talking about. Therefore the definition of stress is confused by reference of many overlapping concepts.

Stress is normal. Everyone feels stress related to work, family, decisions, your future, and more. Stress is both physical and mental. It is caused by major life events such as illness, the death of a loved one, a change in responsibilities or expectations at work, and job promotions, loss, or changes,smaller,daily events also cause stress. This stress is not as apparent to us, but the constant and cumulative impact of the small stressors adds up to big impact.

2.3.2.1 Origin and terminology

The term stress was first employed in a biological context by the endocrinologist Hans Selye in the 1930s. He later broadened and popularized the concept to include inappropriate physiologic response to any demand. In his usage stress refers to a condition and stressor to the stimulus causing it. It covers a wide range of phenomena, from mild irritation to drastic dysfunction that may cause severe health breakdown.

2.3.3 Models of stress:

- Stress is a nonspecific response to real or imagined challenges or threats.
- A stressor is an environmental stimulus that affects an organism, producing physical and psychological effects such as tension and anxiety**.**
  Lazarus says that stress is a result of a cognitive appraisal of a situation involving challenges or threats lazarus 1988 vol 54 no 3 486 – 495.
- Selye's General Adaptation Syndrome.
- The general adaptation syndrome was proposed by Hans Selye.
- According to Selye, people's responses to a stressor are similar, regardless of the type of stressor.
- There are three stages in the general adaptation syndrome:
- Alarm (an initial short stage).

- Resistance (a longer period).
- Exhaustion (the final stage).

2.3.3.1 Lazarus and Stress

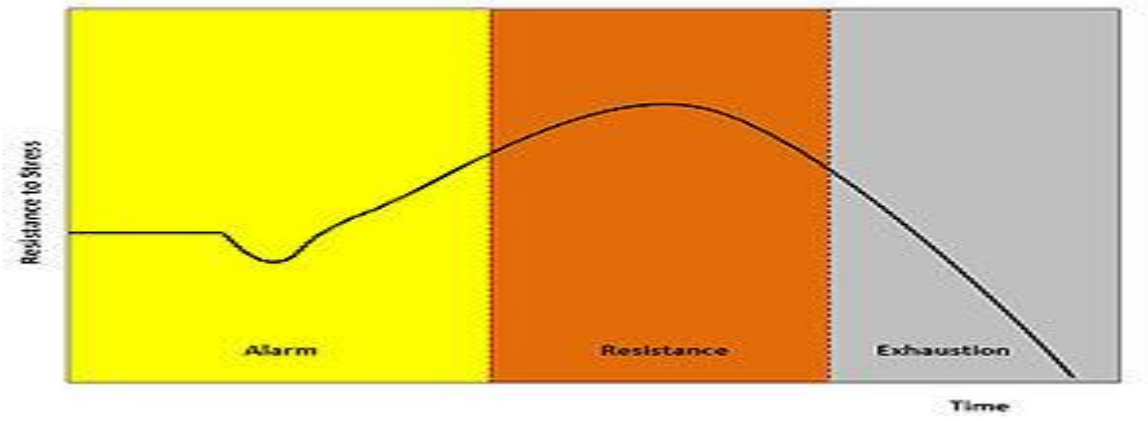
- Lazarus asserts people actively negotiate between environmental demands (stressors) and personal beliefs and behaviours.
- Stress is the result of an interaction of events and evaluations of those events, what is referred to as cognitive appraisal.
  http://en.wikipedia.org/wiki/Stress_(biology)

2.3.3.2 Stress (biology)

From Wikipedia, the free encyclopedia.
Jump to: navigation, search.
Stress is a term in psychology and biology, first coined in the biological context in the 1930s, which has in more recent decades become commonly used in popular parlance. It refers to the consequence of the failure of an organism – human or animal – to respond appropriately to emotional or physical threats, whether actual or imagined.
Signs of stress may be cognitive, emotional, physical or behavioral. Signs include poor judgment, a general negative outlook excessive worrying, moodiness, irritability, agitation, inability to relax, feeling lonely, isolated or depressed, aches and pains, diarrhea or constipation, nausea, dizziness, chest pain, rapid heartbeat, eating too much or not enough, sleeping too much or not enough, social withdrawal, procrastination or neglect of responsibilities, increased alcohol, nicotine or drug consumption, and nervous habits such as pacing about, nail-biting and neck pains.

2.3.3.3 General adaptation syndrome

Selye's General Adaptation Syndrome Figure



Physiologists define stress as how the body reacts to a stressor, real or imagined a stimulus that causes stress. Acute stressors affect an organism in the short term; chronic stressors over the longer term.

Selye researched the effects of stress.

Alarm is the first stage. When the threat or stressor is identified or realized, the body's stress response is a state of alarm. During this stage adrenaline will be produced in order to bring about the fight-or-flight response. There is also some activation of the HPA axis, producing cortisol.**Resistance** is the second stage. If the stressor persists, it becomes necessary to attempt some means of coping with the stress. Although the body begins to try to adapt to the strains or demands of the environment, the body cannot keep this up indefinitely, so its resources are gradually depleted.

Exhaustion is the third and final stage in the GAS model. At this point, all of the body's resources are eventually depleted and the body is unable to maintain normal function. The initial autonomic nervous system symptoms may reappear (sweating, raised heart rate etc.). If stage three is extended, long term damage may result as the body, and the immune system is exhausted and function is impaired resulting in decomposition.

The result can manifest itself in obvious illnesses such as ulcers, depression, diabetes, trouble with the digestive system or even cardiovascular problems, along with other mental illnesses.

2.3.3.4 Selye: eustress and distress

Selye published in 1975 a model dividing stress into eustress and distress. Where stress enhances function (physical or mental, such as through strength training or challenging

work) it may be considered eustress. Persistent stress that is not resolved through coping or adaptation, deemed distress, may lead to anxiety or withdrawal (depression) behavior.
The difference between experiences which result in eustress or distress is determined by the disparity between an experience (real or imagined), personal expectations, and resources to cope with the stress. Alarming experiences, either real or imagined, can trigger a stress response.

2.3.4 Lazarus: cognitive appraisal model

Lazarus argued that in order for a psychosocial situation to be stressful, it must be appraised as such. He argued that cognitive processes of appraisal are central in determining whether a situation is potentially threatening, constitutes a harm/loss, a challenge, or is benign.
Both personal and environmental factors influence this primary appraisal, which then triggers the selection of coping processes. Problem-focused coping is directed at managing the problem, while emotion-focused coping processes are directed at managing the negative emotions. Secondary appraisal refers to the evaluation of the resources available to cope with the problem, and may alter the primary appraisal.
In other words, primary appraisal also includes the perception of how stressful the problem is; realizing that one has more than or less than adequate resources to deal with the problem affects the appraisal of stressfulness. Further, coping is flexible in that the individual generally examines the effectiveness of the coping on the situation; if it is not having the desired effect, s/he will generally try different strategies.

2.4 Coping strategies

Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events,
Two general coping strategies have been distinguished: problem-solving strategies are efforts to do something active to alleviate stressful circumstances, whereas emotion-focused coping strategies involve efforts to regulate the emotional consequences of stressful or potentially stressful events. Research indicates that people use both types of strategies to combat most stressful events (Folkman & Lazarus, 1980). The predominance of one type of strategy over another is determined, in part, by personal style (e.g., some people cope more actively than others). And also, by the type of stressful event; for example, people typically employ problem-focused coping to deal with potential

controllable problems such as work-related problems and family-related problems; whereas stressors perceived as less controllable, such as certain kinds of physical health problems, prompt more emotion-focused coping.
Problem focus coping strategies used more frequently in western countries because mental health professionals found a lot of resources and emotional focus coping is used more frequently in the developing countries because of lack of recourses.

2.4.1 Theories of coping

The study of coping has evolved to encompass large variety of disciplines beginning with all areas of psychology such as health psychology, environmental psychology, neuron-psychology and developmental psychology to areas of medicine spreading into the area of anthropology and sociology. Dissecting coping strategies into three broad components, (biological, psychological, cognitive, and learned) will provide a better understanding of what the seemingly immense area is about. (Folkman &Lazarus 1984).

2.4.1.1 Biological/ psychological theory

The body has its own way of coping with stress. Any threat or challenge that an individual perceives in the environment triggers a chain of neuron-endocrine events (Naughton, 1997). These events can be conceptualized as two separate responses, that being of sympathetic/adrenal response, with the secretion of catecholamine (epinephrine, nor epinephrine), and the pituitary/adrenal response, with the secretion corticosteroids (Frankhauser, 1986).

The sympathetic /adrenal response takes the message from the brain to the adrenal medulla via the sympathetic nervous system, which secretes epinephrine and norepinephrine. This is the basic "fight or fight" response (cannon, 1929), where the heart rate quickens and the blood pressure rises. In the pituitary/adrenal response, the hypothalamus is stimulated and produces the corticotrophin releasing factor(CRF) to the pituitary gland through the blood veins, then the adrenal corticotrophic hormone(ACTH) is released from the pituitary gland to adrenal cortex. The adrenal cortex in turn secretes cortical, a hormone that will report back to the original brsain centers together with other body organs to tell it to stop the whole cycle. However, since cortisol is a potent hormone, the prolonged secretion of it will lead to health problems such as the break down of cardiovascular system, digestive system, musculoskeletal system, and the recently established immune system. Also when the

organism does not have a chance for recovery, it will lead to both catecholamine and corisol depletion and result in the third stage of the General Adaptation Syndrome of exhaustion that exceed the alarm reaction (Seyle, 1956). Social support has also been established by studies to be linked to stress(Boolger & Eckenrole, 1991). This can be seen as a dimension of that individual. There are many aspects to social support; the major categories would be of emotional, tangible, and informational. Personality types as so called Type A personality have been defined to have such characteristics as competitive, impatient and hostile. Hostility has been linked to coronary hear disease which is thought be caused by stress (Rosenman, 1978). Eysenck (1988) has coined the term Type C personality for those who are known to be repressors and are prone to cancer. Hardiness also is a defined as having a sense of control, commitment, and challenge towards life in general. Although it may be possible to modifying ones personality, research has shown it to be heritable. (Rahe, Herrig,& Rosenman,1978).

2.4.1.2 Cognitive theory

The cognitive approach to coping is based on a mental process of how the individual appraises the situation. Where the level of appraisal determines the level of stress and the unique coping strategies are that the individual partakes. (Lazarus& Folk man, 1984). There are two types of appraisals, the primary and the secondary. A primary appraisal is made when the individual makes a conscious evaluation of the matter at hand of whether it is either a harm or a loss, a threat or a challenge. Then secondary appraisal takes place when the individual asks him/herself" What can I do? by evaluating the coping resources around him/her. These resources includes, physical resources, such as how healthy one is, or how much energy one has, social resources, such as the family or friends one has to depend on for support in his/her immediate surroundings, psychological resources, such as self-esteem and self-efficacy, and also material resources such as how much money you have or what kind of equipment you might be able to use. How much personal control one perceives to have is another factor to consider when looking at coping from the cognitive

perspective. Usually an individual will find themselves feeling more stressful in uncontrollable situations (Naughton,1997).

Also, since personal control, better sense of coping ability one will have. The categories of the attribution theory give a good picture of the extreme ends of the "in control/lack of

control" continuum. An individual will perceive to have the most control where the situations fit the categories of internal, stable, and global where the person will perceive lack of control. There are other easy of the approach coping from a cognitive perspective such as that of constructive and destructive thinking as conceptualized by Epstein and Meier(1989) a similar concept to that of optimistic versus pessimistic(Taylor, 1991), the perceived level of self efficacy and self esteem and so on.

2.4.1.3 Learning theory

The learned component of coping includes everything from various social learning theories, which assume that much of human motivation and behavior is the result of what is learned through experiential reinforcement, learned helplessness phenomena which is believed to have a relationship to depression, and even implications of the particular culture or society that the stress at hand is affected by can also be included in this component (Haughton, 1997).

Some of the examples for the social learning theories would be the wide range of stress management techniques that have been found to help eases stress. Changing how you cognitively process a particular situation, so called behavior modification, biofeedback which uses operant conditioning to alter involuntary responses mediated by the automatic nervous system, and the numerous relaxation techniques such as meditation, breathing, and exercise are all part of what is learned through experiential reinforcement. The learned helplessness phenomena has been linked to depression by such researchers as Coyne, Aldwin, and Lazarus(1981) when they studied subjects who tried to exert control when they perceive to be stressful or not (Colby, 1987). People will have different responses in a monogamous culture to that of a polygamous culture. In Africa, where polygamy is the norm, when they find out that the children and the household chores. If the husband does not take on many wives, it can become a strain the rest of the wives. An interesting study was done by using Holmes and Rahe's (1967) stressful life event measure in south Africa,

and found that it correlated very little with standard distress measures. (Swartz, & Tagging, 1983).

2.4.2 Mental health workers

Now a day's mental health are being largely overlooked as part of strengthening primary care services. This is despite the fact that mental illnesses are found in all countries , in

women and men ,at all stages of life, among the rich, poor, rural, and urban settings (Wonca,2008).

Mental health illnesses are common, affecting more than 25% of all people at some time during their lives. The point prevalence of mental illness in the adult population at any given time is about 10%. Similarly, around 20% of all patients seen by primary health care providers have one or more mental health illnesses (Kabir, et al, 2004).

Mental health workers refer to all persons who provide mental health services and interventions. Such workers include psychiatrists, psychologists, social workers, counselors, psychiatric nurses. Mental health workers help people to promote optimal mental health and reduce personal stress responses by dealing constructively with their psychological, emotional, and social problems, both individually and in groups.

A psychiatrist is a medical doctor who specializes in diagnosing and treating mental and emotional disorders, focusing on biological causes and possible medications to treat them. Psychologists utilize interviewing, psychological testing, and psychotherapy, with a focus on how a patient's thinking and behavioral patterns affect the ability to adjust to life's problems. Clinical psychologists work with a variety of stress-related health conditions that span both physical and mental health problems.

Social workers aid clients who are overwhelmed by social problems and needs caused by factors such as poverty, inadequate housing, unemployment, illness, family maladjustments, physical, mental, and emotional handicaps. Substance abuse counselors work with people who have alcohol and other drug problems to overcome their addiction to these substances.

Marriage and family therapists aid individuals and families experiencing problems with family relationships or other aspects of their social functioning that affect the family unit, such as divorce, family violence, childbearing, and parenting. Mental health workers work with a full range of other health workers, community agencies, and the courts to provide services for their clients/patients. Important characteristics for mental health workers include stable personal and familial functioning, a sense of responsibility, and the ability to remain calm in emergencies. They must be willing to attempt to help other people who are in distress and be flexible in accepting the full range of human diversity in coping with stress.

(http://flahec.org/hlthcareers/Psychologist Social Work.)

2.5 Literature review

A lot of studies were exposed to work stress for mental health workers in all over the world. Also, in this section the researcher will put on the hand some of the relevant studies concerning with my research about work stress and coping to see the differences and the similarities in my study and the relationships between these studies. Definitely, this study is focusing on the stressors that occurring to the mental health workers, and ,with deeply, knowing the dimensions about this problem.

Braaten (2000**)** determined the current level of occupational stress experienced by mental health counselors through the use of the Weiman Occupational Stress Scale (Weiman, 1978) as well as determining the three most common occupational stressors and stress reduction strategies identified by mental health counselors 256. The standardized instrument utilized was the Sample mental health counselors Result of study question Likert-type instrument that measures work related stress. Answers on the scale range from 1-5 points, with 1=never, 2=seldom, 3=sometimes, 4=frequently, and 5=nearly always. Past administrations of the Weiman Occupational Stress Scale have yielded a .90 reliability coefficient, and has also been shown to be a valid measure of occupational stress. The Weiman Occupational Stress Scale has also shown predictive validity in that high scores on this scale been used as not only an in their present situations.

Al- Ahmady (2002) conducted a survey study on work stress among 900 doctors working in 7 Governmental hospitals and 3 private hospitals in Saudi Arabia. Questionnaire interview was based on previous literature and occupational stress indicator (Cary Cooper). The sources of stress were found to be trust of others, availability of facilities, vocational factors, social support, work stress, economic status, psychological stress, conflict interaction and colleague relationship.

The Palestinian nurses who are apart of mental health team experienced different types of work stress.

Joudeh (2003) in his study identified job stress among Palestinian nurses working in Northern West Bank District Hospitals. With the sample of 276 nurses were randomly selected for the study. Questionnaire interview was used. It was found that total degree of general average of job stress sources among Palestinian nurses was moderate. The psychosocial stress domain was in the first place among job stress sources domains.. The

domain of personality stress came last in order, its percentage of response was 63.33%. It was found that there were statistically significant mean differences at 0.05 in job stress sources related to variables of years of experience, marital status, and place of living, kind of hospital, place of hospital and kind of work. No statistically significant differences at 0.05 in degree of job stress sources related to gender, and academic qualifications.

Hall (2004) identified work-related stressors and coping mechanisms of registered nurses (RNs) within a hospital setting. A sample of 10 RNs was interviewed about work-related stressors and observed under normal working conditions. RNs identified stress related to failure to meet patients' needs, self-expectations, workload, and inexperienced colleagues. Staff development implications include education of clinical nurses and administrators in identifying systems barriers to providing patient care, interventional staffing, stress debriefing, patient assessment, and active coping.

Lambert and Lambert (2008) conducted a mail survey of 141 human service workers aged 25-65 years to investigate the effects of coping on psychological strain and burnout produced by job stress. The survey assessed job stressors and coping strategies with open-ended questions and measured strain using closed-ended alienation, satisfaction, and symptom scales. Results showed that job stress was associated with high levels of strain, and group coping with low levels,. No gender differences in individual coping were predicted and none were found.

Al Jadili (2009) examined the mental health status of 358 patients from Shifa Hospital in Gaza Strip with cancer and the coping strategies that adopted by them in front of stressful situations. Some of modified scales from which; socioeconomic questionnaire for the patients with cancer and ways of coping were used. The prevalence of anxiety and PTSD among the study sample of patients with cancer, found that affiliation at the highest rank (81.6%), followed by reinterpretation (75.5%), followed by self-control coping strategy (75.3%), followed by problem solving (72.3%), wish and avoidance thinking was at the fifth rank (69.0%), trouble and escape was at the sixth rank (61.8%), where accountability coping strategy was at the lowest rank (53.0%), among the study sample of cancer patients this may related to the high ratio among this study to female subjects more than male (female 68.2% , male 31.8%).

2.5.1 Neurochemistry and physiology

Although the basic neurochemistry of the stress response is now well understood, much remains to be discovered about how the components of this system interact with one another, in the brain and throughout in the body. In response to a stressor, neurons with cell bodies in the paraventricular nuclei (PVN) of the hypothalamus secrete corticotropin-releasing hormone (CRH) and arginine-vasopressin (AVP) into the hypophyseal portal system.

The locus ceruleus and other noradrenergic cell groups of the adrenal medulla and pons, collectively known as the LC/NE system, also become active and use brain epinephrine to execute autonomic and neuroendocrine responses, serving as a global alarm system.
The autonomic nervous system provides the rapid response to stress commonly known as the fight-or-flight response, engaging the sympathetic nervous system and withdrawing the parasympathetic nervous system, thereby enacting cardiovascular, respiratory, gastrointestinal, renal, and endocrine changes. The hypothalamic-pituitary-adrenal axis (HPA), a major part of the neuroendocrine system involving the interactions of the hypothalamus, the pituitary gland, and the adrenal glands, is also activated by release of CRH and AVP.

This results in release of adrenocorticotropic hormone (ACTH) from the pituitary into the general bloodstream, which results in secretion of cortisol and other glucocorticoids from the adrenal cortex. The related compound, cortisone, is frequently used as a key anti-inflammatory component in drugs that treat skin rashes and in nasal sprays that treat asthma and sinusitis. Recently, scientists realized the brain also uses cortisol to suppress the immune system and reduce inflammation within the body. These corticoids involve the whole body in the organism's response to stress and ultimately contribute to the termination of the response via inhibitory feedback.

2.5.2 Somatic complications of stress

Chronic stress can significantly affect many of the body's immune systems, as can an individual's perceptions of, and reactions to, stress. The term psychoneuroimmunology is used to describe the interactions between the mental state, nervous and immune systems, as well as research on the interconnections of these systems. Immune system changes can

create more vulnerability to infection, and have been observed to increase the potential for an outbreak of psoriasis for people with that skin disorder.

Chronic stress has also been shown to impair developmental growth in children by lowering the pituitary gland's production of growth hormone, as in children associated with a home environment involving serious marital discord, alcoholism, or child abuse.[10]

Studies of female monkeys at Wake Forest University (2009) discovered that individuals suffering from higher stress have higher levels of visceral fat in their bodies. This suggests a possible cause-and-effect link between the two, wherein stress promotes the accumulation of visceral fat, which in turn causes hormonal and metabolic changes that contribute to heart disease and other health problems.

2.5.3 Common sources

Both negative and positive stressors can lead to stress. The intensity and duration of stress changes depending on the circumstances and emotional condition of the person who is suffering from it (Arnold. E and Boggs. K. 2007). Some common categories and examples of stressors include: sensory input such as pain, bright light, or environmental issues such as a lack of control over environmental circumstances, such as food, housing, health, freedom, or mobility.

Social issues can also cause stress, such as struggles with conspecific or difficult individuals and social defeat, or relationship conflict, deception, or break ups, and major events such as birth and deaths, marriage, and divorce.

Life experiences such as poverty, unemployment, clinical depression, obsessive compulsive disorder, heavy drinking, or insufficient sleep can also cause stress. Students and workers may face stress from exams and project deadlines.

Adverse experiences during development (e.g. prenatal exposure to maternal stress, poor attachment histories, sexual abuse are thought to contribute to deficits in the maturity of an individual's stress response systems. One evaluation of the different stresses in people's lives is the Holmes and Rahe stress scale.

2.5.4 Stress tests

Measuring stress level independent of differences in people's personalities has been inherently difficult: some people are able to process many stressors simultaneously, while others can barely address a few. Such tests as Trier Social Stress Test attempted to isolate the effects of personalities on ability to handle stress in a laboratory environment. Other

psychologists, however, proposed measuring stress indirectly, through self-tests. Because the amount of stressors in a person's life often (although not always) correlates with the amount of stress that person experiences, they combine the results of stress and burnout self-tests. Stress test helps determine the number of stressors in a person's life, while burnout test – the degree to which the person is close to the state of burnout. Combining the both helps researchers gauge how likely additional stressors in the person's like to make him or her experience mental exhaustion.

2.5.5 Conclusion

I believe that lazarus model of stress is the most appropriate conceptualization that suit my research study, since it focus on the individual understanding and perception of stress, and his efforts and resources to cope with stress. I also believe that problem focused coping is the most mature coping strategies, since it helps the client to deal with the difficulties that follow stress, and so that he can resolve the conflicts rather than alleviating the emotional content of stress.

In the light of the last literature review the researcher will explain that :

1-Some of them talk about work stress for health workers like physicians ,nurses ,mental health counselors while in my study I talk about educational counselors , and these studies for (Braaten,2000), (AL-Ahmady,2002),(Joudeh,2003) and (Hall,2004) ,which it concentrate and related and agree to my study.

2-Another study concentrate on Coping Strategies of Cancer Patients(AL Jadili ,2009)

Which agree with my study in all coping strategies with work stressors .

3-Some of the literature review talk about socio- demographic variables like : gender ,age ,marital status, place of work, place of residence, level of education, years of experience ,salary ,type of job. These makes these studies similar with my study in some of these variables.

4- The researcher have a good benefits from these literature review in discussion of results and developments of the questionnaire.

Chapter Three

Methodology

3.1 Study design

The current study is a descriptive-analytical study, which tries to answer the study questions about examining the work stress among mental health workers and coping strategies in Gaza governorates, It has been selected because this method would be useful for descriptive and analysis of study variables. This type of study measures the level and the prevalence of the phenomena, which applied on the sample in particular time and place.

3.2 The Study population

The study population includes all mental health workers in the Gaza Strip" social workers, Trained psychiatric, nurses, psychologists and educational counselors.

3.3 Study sample

The researcher took the whole study population as it is limited to 254 government mental health workers in the Gaza Strip; 20 psychologists, 16 social workers, 37 nurses, 13 trained psychiatrists, and 168 school counselors.

3.4 Inclusion criteria

The inclusion criteria of the study were mental health workers who reside of Gaza Strip and work in governmental schools and metal hospitals and clinics at the time of the study were eligible for inclusion in the study

3.5 Exclusion criteria

Those who were in vacation, those who refused to answer the questionnaire, and the absent or traveling employees.

3.6 Period of the study

The study carrier out in the second semester of the scholastic year 2010.The duration of the study was approximately 3 month from 1- 4- 2010 to 3-7-2010

The study was conducted on mental health workers in ministry of health and governmental educational counselor at primary and preparatory schools distributed in all areas of Gaza Strip governorate (North Gaza 48 schools, Gaza city 120 school, Middle Zone 17 school, Khan younis 51 schools, Rafah 18 schools) the total numbers of schools 254 the returned number of questionnaires were 168 .

And mental health workers clinics in North Gaza Rasheed Abu Shbak clinic, Alsorani clinic and Almashtal clinic in Gaza city ,Alnosirat clinic in Middle Zone of Khan younis clinic , and Rafah clinic, in addition to Psychiatric hospital in Gaza city.

3.7 Instruments

The researcher used 2 main tools for the data collection, in order to answer the study questions, the first one is self administered questionnaire of work stress (prepared by the researcher ; the second is Lazarus coping strategies scale.

3.8.1 Work stress questionnaire

Description:

The questionnaire consists of 61 questions, and its divided into 4 dimensions. Vocational stress 19 questions, colleagues stress 18 questions, administrative stress 12 questions, and physical stress 12 questions.

The highest score of such questionnaire is (183) and the lowest one is (61).

The questionnaire was administered to a judgment committee consisted of 5 specialists in the field of psychometric testing, they modified some questions, and some other questions were excluded and some other were added(Annex 6).

3.8.2 Ways of coping scale (Lazarus and Folkman, 1986)

Usually the en counter is described by the subject in an interview or in brief written description saying who was involved, where it took place and what happened. Sometimes a particular encounter, such as a medical treatment or an academic examination, is selected by the investigator as the focus of the questionnaire. Each administration, however, focuses on coping process in a particular stressful encounter and not on coping styles or traits.

The response format in the original version was Yes or No; on the revised version the subject respond on a-4 point Likert scale(0=does not apply and or not used; 3=used a great deal). Redundant and unclear item were deleted or reworded, and several items, such as

prayer, were added. The way of coping that used in this study shortened to 44 items divided in 7 subscale as follow:

1) Wish and avoidance thinking the following items (3,11,19,21,34,39,42)
2) Problem solving including the following items (7,12,15,23,43,44)
3) Reinterpretation including the following items (5,8,9,16,20,31,32,38,40)
4) Affiliation including the following items (1,17,24,30,33)
5) Accountability including the following items (2,10,18,26,41)
6) Self control including the following items (6,13,14,22,28,35,37)
7) Trouble and escape including the following items (4,25,27,29,36)

Folkman et al (1986) studied the ways of coping among community sample and show their alphas independently as follow; confronting coping (alpha=0.70); Distancing (alpha=0.61); Self controlling (alpha=0.70); seeking social support (alpha=0.76); accepting responsibility (alpha=0.66); escape and avoidance (alpha=0.72) planful problem solving(alpha=0.68); and positive

The researcher collected data through the distribution of the questionnaire to governmental primary and preparatory schools of counselors and mental health workers in ministry of health mental health workers (North Gaza. east and west, Middle zone, Khan younis, and Rafah) in the period between 1- 4-2010 to 15-5-2010 Data entry and analysis(Annex 5).

3.8.3 Pilot study

The researcher applied the instruments of this study on 48 of mental health workers as a pilot sample from the original population of the study sample; 26 males and 22 females, where this technique used to estimate and discuss the validity and reliability of the instruments used in this study.

3.8.4 Statistical analysis

The collected data were processed and analyzed under the supervision of the academic supervisor and statisticians. Data were entered by the statistical package for social sciences (SPSS) software version 11 computer program for the data entry and analysis. This statistical program has a variety of option that is optimal for use in such studies. were data can be entered, labeled, coded and re corded as different variables, while the researcher used other statistical analysis that clarify the differences between the groups such as

frequencies t- independent test, comparing means, one way ANOVA that also denoted the differences between the groups and within the groups of the study variables.

3.9 Validity and reliability of work stress scale

3.9.1 Validity of work stress scale

The researcher compute the internal consistency of the stress scale; were the correlation coefficients of every item of the scale with the total score of its subscale, which the most of the items of stress sub-scales have significant levels of internal consistency validity with total score of its sub-scale.

While; there were two items not significant with its sub-scales, the number of these two items are (item 17 of the 1st subscale, and item 12 of the 4th subscale), the researcher deleted these two items and the scale must be consist of 59 items.

And the total scores of the stress scale ranged between (59 – 177 scores) where the high scores means high level of the stress.

In addition; the researcher calculates the correlation coefficients of every stress subscale with the total score of the scale, as shown in the following table:

Table 1: Internal consistency of stress subscale with total scores of the scale

Subscales	Correlation coefficients	P. value
Vocational stress	0.76	0.002 **
Colleagues stress	0.73	0.001 ***
Administrative stress	0.71	0.001 ***
Physical stress	0.66	0.001 ***

*p< 0.05, **p< 0.01, ***p< 0.001

As shown in table 1 all subscales of stress scale have good levels of internal consistency validity with total score of the scale.

3.9.2 Reliability of stress scale

To calculate the reliability of the stress scale; the researcher uses the following two methods:

a. Split half method

The researcher calculated the reliability of stress scale by using split half method (part1 = 30 items & part2 = 29 items of the stress scale); where the reliability coefficient was (R = 0.692).

b. Cronbach's alpha equation

The researcher estimated the reliability of the work stress scale by using the equation of Cronbach's alpha (No. of items = 59 of stress); the value of alpha was (0.923). The previous indicators of validity and reliability revealed that the stress scale is valid and reliable.

3.9.3Validity and reliability of coping strategies scale

a. Validity of coping strategies

To estimate the internal consistency of the coping strategies scale; the researcher calculated the correlation coefficients of every item of the subscale with the total score of its subscale, there are items of coping strategies subscales had good levels of internal consistency validity with total score of its every subscale.

b. Reliability of coping strategies

The researcher estimated the reliability of the subscales of coping strategies scale by using the equation of Cronbach's alpha as shown in the following table:

Table 2: Reliability by Cronbach's alpha

Subscale	No. of items	Alpha
1- Wish and avoidance thinking	7	0.64
2- Problem solving	6	0.59
3- Reinterpretation	9	0.66
4- Affiliation	5	0.56
5- Accountability	5	0.62
6- Self control	7	0.54
7- Trouble and escape	5	0.64

*p< 0.05, **p< 0.01,***p< 0.001

As shown in table 2 all values of alpha were significant at 0.01., which means that the scale of coping strategies and its subscales is valid and reliable.

3.10 Ethical consideration

1- An approval letter was obtained from Helsinki committee.
2- An official letter was obtained from the general director of Ministry of education in order to conduct the study in governmental primary and preparatory schools and
3- An official letter was obtained from general director of the ministry of health in order to conduct the study in governmental psychiatric hospitals and clinics.
4- All subjects were informed about the in the study had purpose of the research, confidentiality of information, the researcher explained to all subject that participation is optional and he emphasis of the confidentiality, ethical concept, respect for trust, and respect for people .

3.11 Limitations of the study

1-Lack of the resources related to my study in Palestine and neighboring countries.
2-Lack of full cooperation in answering the research questionnaire, some of them answer half of the questions, another refused to answer the questionnaire.
3-United Nations of Relief and Works Agency (UNRWA) disagreed to implement my questionnaire at their schools in Gaza Governorates about educational counselors .
4-My research have five dependent variables which were trained psychiatrists, nurses, social workers, psychologist, and educational counselors. This makes statistical analysis and results very complicated and confused.

Chapter Four

Results

4.1 Introduction

In this chapter the researcher will display the results of the study in four models. The first is the socio-demographic characteristics of the study sample, the second is about work stress and their relations to the socio-demographic data of mental health workers, the third model is about the coping strategies and their relations to the socio-demographic data of Mental health workers and the fourth is about the relationship between work stress and coping strategies among the study sample, population.

4.2 Socio-demographic results of the study sample

The following table shows the descriptive results of the socio-demographic variables of the mental health workers

Table 3: Socio demographic characteristic of the Socio-demographic variables of the Study sample (N= 254)

Variable		N	**%**
Gender	Male	114	44.9
	Female	140	55.1
Age	30 years and less	117	46.1
	31 – 40 years	56	22.0
	41 – 50 years	53	20.9
	51 years and more	28	11.0
Rank of birth	First	87	34.3
	Middle	125	49.2
	Last	42	16.5
Place of residence	City	172	67.7
	Village	31	12.2
	Camp	51	20.1
Family income	Low	23	9.1
	Average	203	79.9
	High	28	11.0

Variable		N	%
Marital status	Single	49	19.3
	Married	199	78.3
	Divorced	3	1.2
	Widowed	3	1.2
Level of education	Diploma	13	5.1
	University	212	83.5
	Master	24	9.4
	PH.D	5	2.0
Place of work	Governmental schools in Gaza Governorates	254	66.5
	Psychiatric hospital of mental health	37	14.6
	Mental clinics in Gaza Governorates	48	18.9
Experience in the field of mental health	5 years and less	134	52.8
	6 – 10 years	55	21.7
	11 years and above	65	25.6
Type of Job	Psychologist	20	7.9
	Social worker	16	6.3
	Trained Psychiatrist	13	5.1
	Nurse	37	14.6
	Educational counselor	168	66.1

*p< 0.05, **p< 0.01, ***p< 0.001

4.3 Work Stress according to socio-demographic variables among the study sample

4.3.1 Means and standard deviations of work stress

The following table shows that the prevalence of work stress, where the physical stress at the highest rank (62.8%), followed by administrative stress (54.1%), vocational stress at the third rank (51.8%), and colleagues stress at the last rank (47.9%), among the study sample of mental health workers.

Table 4: Prevalence of work stress among the study sample

Symptoms	**N of items**	**Mean**	**SD**
Vocational stress	18	27.98	5.55
Colleagues stress	18	25.85	5.74
Administrative stress	12	19.48	6.40
Physical stress	11	20.71	5.12
Total scores of work stress	59	94.02	17.34

*p< 0.05, **p< 0.01,***p< 0.001

4.3.2 Work stress according to gender

The researcher adopts t-independent test to investigate the differences between male (n= 114) and female (n= 140) in demonstrating dependent variables of work stress.

As shown in the following table, the result show that there were significant differences in colleagues stress (t= 3.04, p= 0.003), administrative stress (t= 2.34, p= 0.020), and total scores of work stress (t= 2.35, p= 0.020) according to gender, in favor to the males of the study sample.

However; there are no significant differences in vocational stress (t= 0.56, p= 0.575), and physical stress (t= 1.00, p= 0.317) according to gender of the study sample.

Table 5: Independent t-Test Comparing means of work stress according to gender

Variable	**Gender**	**N**	**Mean**	**Std. Dev**	***t-value***	***p-value***
Vocational stress	Male	114	28.20	5.62	0.56	0.57
	Female	140	27.80	5.51		
Colleagues stress	Male	114	27.04	6.43	3.04	**0.003
	Female	140	24.87	4.92		
Administrative stress	Male	114	20.50	6.61	2.34	*0.02
	Female	140	18.63	6.11		
Physical stress	Male	114	21.07	5.03	1.00	0.31
	Female	140	20.42	5.20		
Total scores of work stress	Male	114	96.82	18.58	2.35	*0.02
	Female	140	91.73	15.96		

*p< 0.05,**p< 0.01,***p< 0.001

4.3.3 Work stress according to age of the study sample

In order to investigate the difference in work stress according to age of the study sample (30 years and less, 31– 40, 41– 50, 51 and above) the researcher used one-way ANOVA.

The following table shows that: there are no significant differences in most of work stresses and total scores of work stress according to age of the study sample.

While there Is a significant difference in administrative stress according to age of the study sample (f= 5.374, p= 0.001).

Table 6: One-way ANOVA comparing work stress according to age

Variable	**Source of Variance**	**Sum of Squares**	**Df**	**Mean Square**	**F-value**	**Sig. Level**
Vocational stress	Between Groups	127.329	3	42.44	1.38	0.24
	Within Groups	7688.608	250	30.75		
	Total	7815.937	253			
Colleagues stress	Between Groups	82.276	3	27.42	0.82	0.47
	Within Groups	8266.736	250	33.06		
	Total	8349.012	253			
Administrative stress	Between Groups	627.893	3	209.29	5.37	***0.001
	Within Groups	9737.466	250	38.95		
	Total	10365.358	253			
Physical stress	Between Groups	54.820	3	18.27	0.69	0.55
	Within Groups	6591.200	250	26.36		
	Total	6646.020	253			
Total scores of work stress	Between Groups	1533.490	3	511.16	1.71	0.16
	Within Groups	74573.412	250	298.29		
	Total	76106.902	253			

*p< 0.05,**p< 0.01,***p< 0.001

Post –hoc analysis using Scheffee statistical test was done and indicated; the means of administrative stress according to age of the study sample.

As shown in the following table 13; the group of 41 - 50 years has significantly higher in administrative stress than that in 31-40 years and 30 years which in the least among the study sample.

Table 7: Means of administrative stress aaccording to age

Variable		N	Mean	S.D
Administrative stress	30 years and less than	117	18.51	6.01
	31 - 40 years	56	19.91	6.29
	41 - 50 years	53	22.20	6.89
	51 years and more than	28	17.46	5.72

*p< 0.05, **p< 0.01, ***p< 0.001

4.3.4 Work stress according to rank of birth of the study sample

In order to investigate the difference in work stress according to rank of birth of the study sample (first, middle, last), the researcher employed the one-way ANOVA analysis.

The following table shows that: there are significant differences in vocational stress (f= 7.009, p= 0.001) and total scores of work stress (f= 4.239, p= 0.015) according to rank of birth of the study sample.

While there are no significant differences in colleagues stress, administrative stress, and physical stress according to rank of birth of the study sample.

Table 8: One-way ANOVA comparing work stress according to rank of birth

Variable	Source of Variance	Sum of Squares	Df	Mean Square	F-value	Sig. Level
Vocational stress	Between Groups	413.409	2	206.70	7.00	***0.001
	Within Groups	7402.528	251	29.49		
	Total	7815.937	253			
Colleagues stress	Between Groups	140.050	2	70.02	2.14	0.12
	Within Groups	8208.962	251	32.70		
	Total	8349.012	253			
Administrative stress	Between Groups	151.596	2	75.79	1.86	0.15
	Within Groups	10213.762	251	40.69		
	Total	10365.358	253			
Physical stress	Between Groups	64.592	2	32.29	1.23	0.29
	Within Groups	6581.428	251	26.22		
	Total	6646.020	253			
Total scores of work stress	Between Groups	2486.560	2	1243.28	4.23	* 0.01
	Within Groups	73620.342	251	293.30		
	Total	76106.902	253			

*p< 0.05,**p< 0.01,***p< 0.001

Post –hoc analysis using Scheffee statistical test was done and indicated, the means of vocational stress and total scores of work stress according to rank of birth of the study sample.

As shown in the following table 8, Scheffee statistical test indicate that the differences in vocational stress and total scores of work stress were between how was born in the first and the middle, in favor to middle rank of birth of the study sample.

Because the palestinian filmily pay more attention to the first child and last child is overly nice and the family meet all of their needs, but the middle child of each family did not meet all of his basic needs .

Table 9: Means of work stress according to rank of birth

Variable		N	Mean	S.D
Vocational stress	First	87	26.45	4.21
	Middle	125	29.24	6.05
	Last	42	27.40	5.68
Total scores of work stress	First	87	91.24	15.16
	Middle	125	97.18	17.77
	Last	42	90.35	18.92

*p< 0.05,**p< 0.01, ***p< 0.001

4.3.5 Work stress according to place of residence of the study sample

In order to investigate the difference in work stress according to place of residence of the study sample (city, village, camp) the researcher used the one-way ANOVA analysis.

The following table shows that: there are no significant differences in all of work stress and total scores of work stress according to place of residence of the study sample.

Table 10: One-way ANOVA comparing work stress according to place of residence

Variable	Source of Variance	Sum of Squares	Df	Mean Square	F-value	Sig. Level
Vocational stress	Between Groups	20.489	2	10.24	0.33	0.71
	Within Groups	7795.448	251	31.05		
	Total	7815.937	253			
Colleagues stress	Between Groups	27.865	2	13.93	0.42	0.65
	Within Groups	8321.147	251	33.15		
	Total	8349.012	253			
Administrative stress	Between Groups	45.031	2	22.51	0.54	0.57
	Within Groups	10320.327	251	41.11		
	Total	10365.358	253			
Physical stress	Between Groups	55.927	2	27.96	1.06	0.34
	Within Groups	6590.092	251	26.25		
	Total	6646.020	253			
Total scores of work stress	Between Groups	118.002	2	59.00	0.19	0.82
	Within Groups	75988.900	251	302.74		
	Total	76106.902	253			

*p< 0.05,**p< 0.01, ***p< 0.001

4.3.6 Work stress according to economic status of the study sample

In order to investigate the difference in work stress according to economic status of the study sample (low, average, high) the researcher used one-way ANOVA analysis.

The following table shows that: there are no significant differences in work stress in most of work stress and total scores of work stress according to economic status of the study sample.

While; there is a significant difference in physical stress (f= 3.215, p= 0.042), according to economic status, in favor the group of average economic status of the study sample.

Table 11: One-way ANOVA comparing work stress according to economic status

Variable	**Source of Variance**	**Sum of Squares**	**DF**	**Mean Square**	**F-value**	**Sig. Level**
Vocational stress	Between Groups	25.404	2	12.70	0.40	0.66
	Within Groups	7790.533	251	31.03		
	Total	7815.937	253			
Colleagues stress	Between Groups	41.446	2	20.72	0.62	0.53
	Within Groups	8307.566	251	33.09		
	Total	8349.012	253			
Administrative stress	Between Groups	8.647	2	4.32	0.10	0.90
	Within Groups	10356.712	251	41.26		
	Total	10365.358	253			
Physical stress	Between Groups	165.981	2	82.99	3.21	*0.04
	Within Groups	6480.039	251	25.81		
	Total	6646.020	253			
Total scores of work stress	Between Groups	583.857	2	291.92	0.97	0.38
	Within Groups	75523.045	251	300.88		
	Total	76106.902	253			

*p< 0.05,**p< 0.01,***p< 0.001

Post-hoc analysis using Scheffee statistical test was done and indicated, the means of physical stress according to economic status of the study sample.

As shown in the following table; Scheffee statistical test indicates that the differences in physical stress are in favor of average economic status of the study sample.

Because the workers are looking for good health and environment and not to be attacked by illness which barriers their work and cost a lot of money to buy medicine and looking for treatment .and the place of work near of his living and not cause stress for him .

Table 12: Means of work stress according to economic status

Variable		N	Mean	S.D
Physical stress	Low	23	19.95	4.88
	Average	203	21.08	5.09
	High	28	18.60	5.14

*p< 0.05, **p< 0.01,*** p< 0.001

4.3.7 Work stress according to marital status of the study sample

In order to investigate the difference in work stress according to marital status of the study sample (single, married, divorced, widowed), the researcher employed the one-way ANOVA analysis.

The following table shows that: there are no significant differences in all of work stress and total scores of work stress according to marital status of the study sample.

Table 13: One-way ANOVA comparing work stress according to marital status

Variable	Source of Variance	Sum of Squares	Df	Mean Square	F-value	Sig. Level
Vocational stress	Between Groups	90.287	3	30.09	0.97	0.40
	Within Groups	7725.650	250	30.90		
	Total	7815.937	253			
Colleagues stress	Between Groups	114.546	3	38.18	1.15	0.32
	Within Groups	8234.466	250	32.93		
	Total	8349.012	253			
Administrative stress	Between Groups	57.432	3	19.14	0.46	0.70
	Within Groups	10307.926	250	41.23		
	Total	10365.358	253			
Physical stress	Between Groups	48.958	3	16.31	0.61	0.60
	Within Groups	6597.062	250	26.38		
	Total	6646.020	253			
Total scores of work stress	Between Groups	564.287	3	188.09	0.62	0.60
	Within Groups	75542.615	250	302.17		
	Total	76106.902	253			

*p< 0.05,**p< 0.01,***p< 0.001

4.3.8 Work stress according to educational level of the study sample

To investigate the difference in work stress according to educational level of the study sample (diploma, university, master, PH.D), the researcher used the one-way ANOVA analysis.

The following table shows that: there are significant differences in colleagues stress (f= 3.074, p= 0.028), administrative stress were (f= 11.993, p= 0.001), and total scores of work stress (f= 5.625, p= 0.001) according to educational level of the study sample.
While there was no significant difference in vocational stress and physical stress according to educational level of the study sample.

Table 14: One-way ANOVA comparing work stress according to educational level

Variable	**Source of Variance**	**Sum of Squares**	**DF**	**Mean Square**	**F-value**	**Sig. Level**
Vocational stress	Between Groups	92.506	3	30.83	0.99	0.39
	Within Groups	7723.431	250	30.89		
	Total	7815.937	253			
Colleagues stress	Between Groups	297.042	3	99.01	3.07	*0.02
	Within Groups	8051.970	250	32.20		
	Total	8349.012	253			
Administrative stress	Between Groups	1304.053	3	434.68	11.99	***0.001
	Within Groups	9061.306	250	36.24		
	Total	10365.358	253			
Physical stress	Between Groups	73.485	3	24.49	0.93	0.42
	Within Groups	6572.534	250	26.29		
	Total	6646.020	253			
Total scores of work stress	Between Groups	4812.684	3	1604.22	5.62	***0.001
	Within Groups	71294.217	250	285.17		
	Total	76106.902	253			

*p< 0.05,**p< 0.01,***p< 0.001

Post-hoc analysis using Scheffee statistical test was done and indicated; the means of significant work stress according to educational level of the study sample.
As shown in the following table Scheffee statistical test indicates, that the differences in colleagues stress, administrative stress and total scores of work stress are between the

group of diploma and master degree and the group of university in favor to group of university educational level of the study sample.

Table 15: Means of work stress according to educational level

Variable		N	Mean	S.D
Colleagues stress	Diploma	13	29.00	4.35
	University	212	25.37	5.70
	Master	24	27.70	5.80
	PH.D	5	28.60	6.94
Administrative stress	Diploma	13	25.07	6.98
	University	212	18.51	5.92
	Master	24	24.87	6.50
	PH.D	5	19.80	4.54
Total scores of work stress	Diploma	13	106.53	14.22
	University	212	92.12	16.79
	Master	24	102.87	18.71
	PH.D	5	99.20	17.79

*p< 0.05,**p< 0.01, ***p< 0.001

4.3.9 Work stress according to place of work of the study sample

In order to investigate the difference in work stress according to place of work of the study sample (governmental schools, psychiatric hospital of mental health, psychiatric clinics) the researcher used the one-way ANOVA.

The following table shows that: there are significant differences in vocational stress (f= 5.445, p= 0.005), colleagues stress (f= 28.163, p= 0.001), administrative stress (f= 119.650, p= 0.001), and total scores of work stress (f= 41.046, p= 0.001) according to place of work of the study sample.

While there is no significant difference in physical stress according to place of work of the study sample.

Table 16: One-way ANOVA comparing work stress according to place of work

Variable	**Source of Variance**	**Sum of Squares**	**Df**	**Mean Square**	**F-value**	**Sig. Level**
Vocational stress	Between Groups	325.031	2	162.51	5.44	**0.005
	Within Groups	7490.906	251	29.84		
	Total	7815.937	253			
Colleagues stress	Between Groups	1530.171	2	765.08	28.16	***0.001
	Within Groups	6818.841	251	27.16		
	Total	8349.012	253			
Administrative stress	Between Groups	5058.998	2	2529.49	119.65	***0.001
	Within Groups	5306.361	251	21.14		
	Total	10365.358	253			
Physical stress	Between Groups	133.005	2	66.50	2.56	0.079
	Within Groups	6513.014	251	25.94		
	Total	6646.020	253			
Total scores of work stress	Between Groups	18756.960	2	9378.48	41.04	***0.001
	Within Groups	57349.941	251	228.48		
	Total	76106.902	253			

*p< 0.05,**p< 0.01, ***p< 0.001

Post-hoc analysis using Scheffee statistical test was done and indicated; the means of significant work stress according to place of work of the study sample.

As shown in the following table; Scheffee statistical test shows that the differences in vocational stress, colleagues stress, administrative stress and total scores of work stress were between the group of hospital and mental clinics and the group of governmental school counselors in favor to group of hospital and mental clinics of the study sample.

Because working hours and number of clients and their mental disorders in psychiatric hospital for 24 hours and mental health clinics for 7 hours are more than working hours in school for counselors for 5 hours in the day and number of students are stable and limited and they have behavioral problems with small number .

Table 17: Means of work stress according to place of work

Variable		N	Mean	S.D
Vocational stress	Governmental schools	169	27.21	5.23
	Psychiatric hospital l	37	28.83	5.27
	Psychiatric clinics	48	30.02	6.33
Colleagues stress	Governmental schools	169	24.14	4.27
	Psychiatric hospital	37	30.21	7.17
	Psychiatric clinics	48	28.47	6.35
Administrative stress	Governmental schools	169	16.33	3.79
	Psychiatric hospital	37	24.59	5.35
	Psychiatric clinics	48	26.58	6.28
Total scores of work stress	Governmental schools	169	87.94	13.84
	Psychiatric hospital	37	104.67	17.15
	Psychiatric clinics	48	107.18	17.58

*p< 0.05,**p< 0.01,***p< 0.001

4.3.10 Work Stress according to experience of the study sample

In order to investigate the difference in work stress according to experience in the field of mental health of the study sample (5 years and less than, 6- 10 years, 11 years and above) the researcher used one-way ANOVA analysis.

The following table shows that: there is a significant difference in administrative stress (f= 5.270, p= 0.006) according to experience in the field of mental health of the study sample.

While there are no significant differences in vocational stress, colleagues stress, physical stress, and total scores of work stress according to experience in the field of mental health of the study sample.

Table 18: One-way ANOVA comparing work stress according to experience in the field of mental health

Variable	Source of Variance	Sum of Squares	Df	Mean Square	F-value	Sig. Level
Vocational stress	Between Groups	18.598	2	9.29	0.29	0.74
	Within Groups	7797.339	251	31.06		
	Total	7815.937	253			
Colleagues stress	Between Groups	74.061	2	37.03	1.12	0.32
	Within Groups	8274.951	251	32.96		
	Total	8349.012	253			
Administrative stress	Between Groups	417.706	2	208.85	5.27	**0.006
	Within Groups	9947.652	251	39.63		
	Total	10365.358	253			
Physical stress	Between Groups	1.629	2	.815	0.03	0.97
	Within Groups	6644.390	251	26.47		
	Total	6646.020	253			
Total scores of work stress	Between Groups	611.367	2	305.68	1.016	0.36
	Within Groups	75495.535	251	300.77		
	Total	76106.902	253			

*p< 0.05, **p< 0.01, ***p< 0.001

Post-hoc analysis using Scheffee statistical test was done and indicated; the means of administrative stress according to experience in the field of mental health of the study sample.

As shown in the following table; Scheffee statistical test indicates that the differences in administrative stress are between the group of 5 years and less than and the group of 6- 10 years of experience in favor to group of 6- 10 years of experience of the study sample.

Employees who have experience of 6-10 years have more administrative stress , because the have a lot of responsibilities toward their works .

Table 19: Means of work stress according to experience in the field of mental health

Variable		N	Mean	S.D
Administrative stress	5 years and less than	134	18.28	5.53
	6 – 10 years	55	21.18	7.48
	11 years and above	65	20.49	6.66

*p< 0.05, **p< 0.01, ***p< 0.001

4.3.11 Work stress according to type of job of the study sample

In order to investigate the difference in work stress according to type of job of the study sample (psychologist, social worker, psychiatrist, nurse, educational counselor) the researcher employed the one-way ANOVA analysis.

The following table shows that: there are significant differences in all subscales of work stress and total scores of work stress according to type of job of the study sample.

Table 20: One-way ANOVA comparing work stress according to type of job

Variable	Source of Variance	Sum of Squares	Df	Mean Square	F-value	Sig. Level
Vocational stress	Between Groups	584.790	4	146.19	5.03	***0.001
	Within Groups	7231.147	249	29.04		
	Total	7815.937	253			
Colleagues stress	Between Groups	1931.638	4	482.90	18.73	***0.001
	Within Groups	6417.374	249	25.77		
	Total	8349.012	253			
Administrative stress	Between Groups	5137.368	4	1284.34	61.17	***0.001
	Within Groups	5227.990	249	20.99		
	Total	10365.358	253			
Physical stress	Between Groups	254.349	4	63.58	2.47	*0.045
	Within Groups	6391.671	249	25.66		
	Total	6646.020	253			
Total scores of work stress	Between Groups	21768.460	4	5442.11	24.93	***0.001
	Within Groups	54338.442	249	218.22		
	Total	76106.902	253			

*p< 0.05, **p< 0.01, ***p< 0.001

Post-hoc analysis using Scheffee statistical test was done and indicated, the means of every work stresses according to type of job of the study sample.

As shown in the following table; Scheffee statistical test indicates that the differences in vocational stress and physical stress are between the group of psychiatrist and the group of educational counselor in favor to group of Psychiatrist of the study sample.

Because psychiatrist have large number of clients and new cases each minutes and hours with different mental diagnoses which have a lot of efforts from the psychiatrist to deal with each case and have 24 hours shift working . while the educational counselor have less responsibility toward students at school .

The differences in colleagues stress, administrative stress and total scores of work stress were between the groups of psychologists, psychiatrists and nurses and the group of Social worker and educational counselors in favor to the group of psychologist, psychiatrist and nurse of the study sample.

Table 21: Means of work stress according to type of job

Variable		**N**	**Mean**	**S.D**
Vocational stress	Psychologist	20	30.30	5.84
	Social worker	16	27.56	6.49
	Trained psychiatrist	13	33.38	4.36
	Nurse	37	28.35	5.69
	Educational counselor	168	27.25	5.22
Colleagues stress	Psychologist	20	31.20	7.75
	Social worker	16	26.06	6.10
	Trained psychiatrist	13	33.15	7.25
	Nurse	37	28.02	5.30
	Educational counselor	168	24.14	4.28
Administrative stress	Psychologist	20	26.75	6.60
	Social worker	16	21.75	7.28
	Trained psychiatrist	13	26.46	5.23
	Nurse	37	26.29	4.881
	Educational counselor	168	16.35	3.80
Physical stress	Psychologist	20	20.90	4.55
	Social worker	16	20.18	4.67
	Trained psychiatrist	13	24.46	3.97
	Nurse	37	21.62	5.04
	Educational counselor	168	20.25	5.22
Total scores of work	Psychologist	20	109.15	18.39

stress	Social worker	16	95.56	17.02
	Trained Psychiatrist	13	117.46	13.91
	Nurse	37	104.29	15.92
	Educational counselor	168	87.99	13.86

*p< 0.05, **p< 0.01, ***p< 0.001

As shown in the following table, Scheffee statistical test indicates that the differences in vocational, colleagues, administrative stress and total scores of work stress were between.

4.4 Coping strategies according to socio-demographic variables among the study sample

4.4.1 Means and SD of coping strategies among the study sample

The following table shows the prevalence of mental health problems among the study sample of mental health workers. The results show that reinterpretation coping at the highest rank (79.5%), followed by problem solving (77.4%), followed by self-control coping strategy (75.0%), followed by affiliation (73.9%), accountability was at the fifth rank (70.0%), wish and avoidance thinking was at the sixth rank (61.2%), while the trouble and escape coping strategy was at the lowest rank (56.0%) among the study sample of mental health workers.

Table 22: Types of coping strategies among the study sample

Variables	**N of items**	**Mean**	**St. Dev.**
Wish and avoidance thinking	7	17.15	3.78
Problem solving	6	18.57	2.89
Reinterpretation	9	28.61	3.77
Affiliation	5	14.78	2.63
Accountability	5	14.00	2.67
Self-control	7	20.99	3.22
Trouble and escape	5	11.20	2.93

*p< 0.05, **p< 0.01, ***p< 0.001

4.4.2 Coping strategies according to gender

The researcher adopts the t-independent test to investigate the differences between male (N= 114) and female (N= 140) in demonstrating dependent variables coping strategies.

As shown in following table; the result shows that there are no significant differences in most of coping strategies according to gender of the study sample.

While; there is significant differences in reinterpretation according to gender (t= 2.02, p= 0.044) in favor to females of the study sample.

Table 23: Independent t-test comparing means of coping strategies according to gender

Variable	**Gender**	**N**	**Mean**	**Std. Dev**	***t-value***	***p-value***
Wish and avoidance thinking	Male	114	16.68	3.54	1.777	0.077
	Female	140	17.52	3.93		
Problem solving	Male	114	18.47	2.94	0.502	0.616
	Female	140	18.65	2.85		
Reinterpretation	Male	114	28.07	3.74	2.023	*0.044
	Female	140	29.03	3.75		
Affiliation	Male	114	14.66	2.79	0.616	0.539
	Female	140	14.87	2.50		
Accountability	Male	114	13.83	2.61	0.875	0.382
	Female	140	14.12	2.71		
Self Control	Male	114	20.61	3.18	1.694	0.091
	Female	140	21.30	3.23		
Trouble and Escape	Male	114	11.35	2.78	0.716	0.475
	Female	140	11.08	3.04		

*p< 0.05, **p< 0.01, ***p< 0.001

4.4.3 Coping strategies according to age of the study sample

In order to investigate the difference in coping strategies according to age of the study sample (30 years and less, 31– 40, 41– 50, 51 and above) the researcher used one-way ANOVA analysis.

The following table shows that: there are no significant differences in most of coping strategies according to age of the study sample.

While there is a significant difference in wish and avoidance thinking according to age of the study sample (f= 3.008, p= 0.031).

Table 24: One-way ANOVA comparing coping strategies according to age

Variable	**Source of variance**	**Sum of Squares**	**Df**	**Mean Square**	**F-value**	**Sig. Level**
Wish and avoidance thinking	Between Groups	126.112	3	42.03	3.00	*0.03
	Within Groups	3494.203	250	13.97		
	Total	3620.315	253			
Problem solving	Between Groups	62.267	3	20.75	2.52	0.05
	Within Groups	2055.812	250	8.22		
	Total	2118.079	253			
Reinterpretation	Between Groups	45.907	3	15.30	1.07	0.36
	Within Groups	3554.723	250	14.21		
	Total	3600.630	253			
Affiliation	Between Groups	25.894	3	8.63	1.24	0.29
	Within Groups	1727.759	250	6.91		
	Total	1753.654	253			
Accountability	Between Groups	8.783	3	2.92	0.40	0.74
	Within Groups	1798.213	250	7.19		
	Total	1806.996	253			
Self control	Between Groups	27.994	3	9.33	0.89	0.44
	Within Groups	2597.990	250	10.39		
	Total	2625.984	253			
Trouble and escape	Between Groups	12.041	3	4.01	0.46	0.70
	Within Groups	2163.313	250	8.65		
	Total	2175.354	253			

*p< 0.05, **p< 0.01, ***p< 0.001

Post– hoc analysis using Scheffee statistical test was done and indicated; the means of wish and avoidance thinking coping according to age of the study sample.

As shown in the following table; the group of 30 years and less than are significantly higher in wish and avoidance thinking than 51 years and more than among the study sample.

Because group of 30 years and less have more attention toward their private life and their families more than dealing with problems around them and live happy life.

Table 25: Means of wish and avoidance thinking according to age

Variable		**N**	**Mean**	**S.D**
Wish and avoidance thinking	30 years and less than	117	17.76	3.75
	31 - 40 years	56	17.23	3.28
	41 - 50 years	53	16.47	4.21
	51 years and more than	28	15.71	3.54

*p< 0.05, **p< 0.01, ***p< 0.001

4.4.4 Coping strategies according to rank of birth of the study sample

In order to investigate the difference in coping strategies according to rank of birth of the study sample (first, middle, last), the researcher employed one-way ANOVA analysis.

The following table shows that; there are no significant differences in all of coping strategies according to rank of birth of the study sample.

Table26: One-way ANOVA comparing coping strategies according to rank of birth

Variable	**Source of variance**	**Sum of Squares**	**Df**	**Mean Square**	**F-value**	**Sig. Level**
Wish and avoidance thinking	Between Groups	22.462	2	11.23	0.78	0.45
	Within Groups	3597.853	251	14.33		
	Total	3620.315	253			
Problem solving	Between Groups	29.206	2	14.60	1.75	0.17
	Within Groups	2088.873	251	8.32		

	Total	2118.079	253			
Reinterpretation	Between Groups	8.207	2	4.10	0.28	0.75
	Within Groups	3592.423	251	14.31		
	Total	3600.630	253			
Affiliation	Between Groups	10.397	2	5.19	0.74	0.47
	Within Groups	1743.257	251	6.94		
	Total	1753.654	253			
Accountability	Between Groups	19.292	2	9.64	1.35	0.26
	Within Groups	1787.704	251	7.12		
	Total	1806.996	253			
Self control	Between Groups	4.876	2	2.43	0.23	0.79
	Within Groups	2621.109	251	10.44		
	Total	2625.984	253			
Trouble and escape	Between Groups	11.512	2	5.75	0.66	0.51
	Within Groups	2163.843	251	8.62		
	Total	2175.354	253			

*p< 0.05, **p< 0.01, ***p< 0.001

4.4.5 Coping Strategies according to place of residence of the study sample

In order to investigate the difference in coping strategies according to place of residence of the study sample (city, village, camp) the researcher used one-way ANOVA analysis.

The following table shows that: there are no significant differences in most of coping strategies according to place of residence of the study sample.
While there were a significant difference in problem solving (f= 3.322, p= 0.038), and affiliation (f= 4.049, p= 0.019) according to place of residence of the study sample.

Table 27: One-way ANOVA comparing coping strategies according to place of residence

Variable	**Source of variance**	**Sum of Squares**	**Df**	**Mean Square**	**F-value**	**Sig. Level**
Wish and avoidance thinking	Between Groups	24.697	2	12.34	0.86	0.42
	Within Groups	3595.618	251	14.32		
	Total	3620.315	253			
Problem solving	Between Groups	54.627	2	27.31	3.32	*0.03
	Within Groups	2063.452	251	8.22		
	Total	2118.079	253			
Reinterpretation	Between Groups	21.831	2	10.91	0.76	0.46
	Within Groups	3578.799	251	14.25		
	Total	3600.630	253			
Affiliation	Between Groups	54.809	2	27.40	4.04	*0.01
	Within Groups	1698.845	251	6.76		
	Total	1753.654	253			
Accountability	Between Groups	4.004	2	2.00	0.27	0.75
	Within Groups	1802.992	251	7.18		
	Total	1806.996	253			
Self control	Between Groups	48.133	2	24.06	2.34	0.09
	Within Groups	2577.851	251	10.27		
	Total	2625.984	253			
Trouble and escape	Between Groups	12.932	2	6.46	0.75	0.47
	Within Groups	2162.422	251	8.61		
	Total	2175.354	253			

*p< 0.05, **p< 0.01, ***p< 0.001

Post –hoc analysis using Scheffee statistical test indicates that the differences in problem solving and affiliation are between who reside in village and camp in favor to those who reside in camps..

Because people living in the camp have difficult life economic and bad physical life and good social relationship with each other , but people in the village have good resources and have less problems .

Table 28: Means of coping strategies according to place of residence

Variable		N	Mean	S.D
Problem solving	City	172	18.69	2.81
	Village	31	17.35	3.52
	Camp	51	18.92	2.59
Affiliation	City	172	14.82	2.73
	Village	31	13.64	2.69
	Camp	51	15.31	2.02

*p< 0.05, **p< 0.01, ***p< 0.001

4.4.6 Coping strategies according to economic status of the study sample

In order to investigate the difference in coping strategies according to economic status of the study sample (low, average, high) the researcher used one-way ANOVA analysis.

The following table shows that: there are no significant differences in all of coping strategies according to economic status of the study sample.

Table 29: One-way ANOVA comparing coping strategies according to economic status

Variable	Source of variance	Sum of Squares	Df	Mean Square	F-value	Sig. Level
Wish and avoidance thinking	Between Groups	36.689	2	18.34	1.28	0.27
	Within Groups	3583.626	251	14.27		
	Total	3620.315	253			
Problem solving	Between Groups	23.484	2	11.74	1.40	0.24
	Within Groups	2094.595	251	8.34		
	Total	2118.079	253			
Reinterpretation	Between Groups	24.601	2	12.30	0.86	0.42
	Within Groups	3576.029	251	14.24		
	Total	3600.630	253			
Affiliation	Between Groups	26.181	2	13.09	1.90	0.15
	Within Groups	1727.472	251	6.88		
	Total	1753.654	253			
Accountability	Between Groups	36.483	2	18.24	2.58	0.07
	Within Groups	1770.513	251	7.05		
	Total	1806.996	253			

Self control	Between Groups	52.383	2	26.19	2.55	0.08
	Within Groups	2573.602	251	10.25		
	Total	2625.984	253			
Trouble and escape	Between Groups	28.516	2	14.25	1.66	0.19
	Within Groups	2146.838	251	8.55		
	Total	2175.354	253			

*p< 0.05, **p< 0.01, ***p< 0.001

4.4.7 Coping strategies according to marital status of the study sample

In order to investigate the difference in coping strategies according to marital status of the study sample (single, married, divorced, widow), the researcher performed one-way ANOVA analysis.

The following table shows that: there are no significant differences in all of coping strategies according to marital status of the study sample.

Table 30 One-way ANOVA comparing coping strategies according to marital status

Variable	**Source of variance**	**Sum of Squares**	**Df**	**Mean Square**	**F-value**	**Sig. Level**
Wish and avoidance thinking	Between Groups	27.585	3	9.19	0.64	0.59
	Within Groups	3592.730	250	14.37		
	Total	3620.315	253			
Problem solving	Between Groups	50.092	3	16.69	2.01	0.11
	Within Groups	2067.987	250	8.27		
	Total	2118.079	253			
Reinterpretation	Between Groups	73.025	3	24.34	1.72	0.16
	Within Groups	3527.605	250	14.11		
	Total	3600.630	253			
Affiliation	Between Groups	49.851	3	16.61	2.43	0.06
	Within Groups	1703.803	250	6.81		
	Total	1753.654	253			
Accountability	Between Groups	19.724	3	6.57	0.92	0.43
	Within Groups	1787.272	250	7.14		
	Total	1806.996	253			
Self-control	Between Groups	11.002	3	3.66	0.35	0.78
	Within Groups	2614.982	250	10.46		
	Total	2625.984	253			

Trouble and escape	Between Groups	3.296	3	1.09	0.12	0.94
	Within Groups	2172.058	250	8.68		
	Total	2175.354	253			

*p< 0.05, **p< 0.01, ***p< 0.001

The is no significant differences for mean of marital status

4.4.8 Coping strategies according to educational level of the study sample

To investigate the difference in coping strategies according to educational level of the study sample (diploma, university, master, PH.D), the researcher performed one-way ANOVA analysis.

The following table shows that: there are no significant differences in most of coping strategies according to educational level of the study sample.

While; there is a significant difference in trouble and escape coping (f= 3.123, p= 0.027) according to educational level of the study sample.

Table 31: One-way ANOVA comparing coping strategies according to educational level

Variable	**Source of variance**	**Sum of Squares**	**Df**	**Mean Square**	**F-value**	**Sig. Level**
Wish and avoidance thinking	Between Groups	89.953	3	29.98	2.12	0.09
	Within Groups	3530.362	250	14.12		
	Total	3620.315	253			
Problem solving	Between Groups	9.576	3	3.19	0.37	0.76
	Within Groups	2108.503	250	8.43		
	Total	2118.079	253			
Reinterpretation	Between Groups	15.161	3	5.05	0.35	0.78
	Within Groups	3585.469	250	14.34		
	Total	3600.630	253			
Affiliation	Between Groups	23.373	3	7.79	1.12	0.33
	Within Groups	1730.281	250	6.92		
	Total	1753.654	253			
Accountability	Between Groups	1.597	3	.532	0.07	0.97
	Within Groups	1805.399	250	7.22		
	Total	1806.996	253			
Self control	Between Groups	18.135	3	6.04	0.58	0.62

	Within Groups	2607.849	250	10.43		
	Total	2625.984	253			
Trouble and escape	Between Groups	78.583	3	26.19	3.12	*0.02
	Within Groups	2096.771	250	8.387		
	Total	2175.354	253			

*p< 0.05, **p< 0.01, ***p< 0.001

Post –hoc analysis using Scheffee statistical test indicates that the differences in trouble and escape coping are between the group of (diploma and master degree) and the group of university in favor to the group of (diploma and master degree) educational level of the study sample.

Because the group of diploma have enthusiasm and strong ability to face any problems at their works and master degree have a lot of ways to solve any problem from his experience , and the group of university are new in the branch in his field of work.

Table 32: Means of trouble and escape coping according to educational level

Variable		**N**	**Mean**	**S.D**
Trouble and escape coping	Diploma	13	12.76	3.51
	University	212	10.97	2.82
	Master	24	12.41	3.09
	PH.D	5	11.20	3.49

* p< 0.05, **p< 0. 01, * **p< 0.00

4.4.9 Coping strategies according to place of work of the study sample

In order to investigate the difference in coping strategies according to place of work of the study sample (governmental schools, psychiatric hospital, psychiatric clinics) the researcher performed one-way ANOVA analysis.

The following table shows that: there were significant differences in wish and avoidance thinking coping (f= 7.868, p= 0.001) and trouble and escape coping (f= 3.690, p= 0.026) according to place of work of the study sample.

While; there was no significant difference in most of coping strategies according to place of work of the study sample.

Table 33: One-way ANOVA comparing coping strategies according to place of work

Variable	Source of variance	Sum of Squares	DF	Mean Square	F-value	Sig. Level
Wish and avoidance thinking	Between Groups	213.589	2	106.79	7.86	***0.001
	Within Groups	3406.726	251	13.57		
	Total	3620.315	253			
Problem solving	Between Groups	10.941	2	5.47	0.65	0.52
	Within Groups	2107.138	251	8.39		
	Total	2118.079	253			
Reinterpretation	Between Groups	5.972	2	2.98	0.20	0.81
	Within Groups	3594.658	251	14.32		
	Total	3600.630	253			
Affiliation	Between Groups	1.554	2	.77	0.11	0.89
	Within Groups	1752.099	251	6.98		
	Total	1753.654	253			
Accountability	Between Groups	16.506	2	8.25	1.15	0.31
	Within Groups	1790.490	251	7.13		
	Total	1806.996	253			
Self-control	Between Groups	5.496	2	2.74	0.26	0.76
	Within Groups	2620.488	251	10.44		
	Total	2625.984	253			
Trouble and escape	Between Groups	62.131	2	31.06	3.69	*0.02
	Within Groups	2113.223	251	8.41		
	Total	2175.354	253			

*p< 0.05,**p< 0.01,***p< 0.001

Post –hoc analysis using Scheffee statistical test was done and indicated; the means of significant coping strategies according to place of work of the study sample.

As shown in the following table; Scheffee statistical test indicate that the difference in wish and avoidance thinking is between the group of (hospital and mental health clinics) and the group of governmental school counselors in favor to group of hospital and mental clinics of the study sample.

Table 34: Means of coping strategies according to place of work

Variable		N	Mean	S.D
Wish and avoidance thinking	Governmental schools	169	16.50	3.81
	Psychiatric hospital	37	18.24	3.44
	Psychiatric clinics	48	18.58	3.38
Trouble and escape	Governmental schools	169	10.97	2.92
	Psychiatric hospital	37	10.94	2.49
	Psychiatric clinics	48	12.22	3.10

*p< 0.05, **p<0.01, ***p <0.001

4.4.10 Coping strategies according to experience of the study sample

In order to investigate the difference in coping strategies according to experience in the field of mental health of the study sample (5 years and less than, 6- 10 years, 11 years and above) the researcher employed one-way ANOVA analysis.

The following table shows that: there are significant differences in problem solving (f= 5.334, p= 0.005) according to experience in the field of mental health of the study sample.

While; there are no significant differences in most of coping strategies according to experience in the field of mental health of the study sample.

Table 35: One-way ANOVA comparing coping strategies according to experience in the field of mental health

Variable	Source of variance	Sum of Squares	Df	Mean Square	F-value	Sig. Level
Wish and avoidance thinking	Between Groups	60.197	2	30.09	2.12	0.12
	Within Groups	3560.118	251	14.18		
	Total	3620.315	253			
Problem solving	Between Groups	86.345	2	43.17	5.33	**0.005
	Within Groups	2031.734	251	8.09		
	Total	2118.079	253			
Reinterpretation	Between Groups	1.226	2	0.61	0.04	0.95
	Within Groups	3599.404	251	14.34		
	Total	3600.630	253			
Affiliation	Between Groups	.061	2	0.03	0.004	0.99
	Within Groups	1753.593	251	6.98		
	Total	1753.654	253			
Accountability	Between Groups	.474	2	0.23	0.03	0.96
	Within Groups	1806.523	251	7.19		
	Total	1806.996	253			
Self control	Between Groups	10.892	2	5.44	0.52	0.59
	Within Groups	2615.093	251	10.41		
	Total	2625.984	253			
Trouble and escape	Between Groups	15.164	2	7.58	0.88	0.41
	Within Groups	2160.190	251	8.60		
	Total	2175.354	253			

*p< 0.05, **p< 0.01, ***p< 0.001

Post –hoc analysis using Scheffee statistical test was done and indicated; the means of problem solving coping according to experience in the field of mental health of the study sample.

As shown in the following table; Scheffee statistical test indicates that the differences in problem solving is between the group of (5 years and less than, and 6- 10 years) and the group of (11 years and above) of experience in favor to group of (11 years and above) of experience of the study sample.

Because group of 11 years and above have a good experience in the work field have recurrent problems and know how to solve it properly .

Table 36: Means of coping strategies according to experience in the field of mental health

Variable		N	Mean	S.D
Problem solving	5 years and less than	134	18.31	2.72
	6 – 10 years	55	18.05	3.27
	11 years and above	65	19.55	2.68

*p< 0.05, **p< 0.01, ***p< 0.001

4.4.11 Coping strategies according to type of job of the study sample

In order to investigate the difference in coping strategies according to type of job of the study sample (psychologist, social worker, Psychiatrist, nurse, educational counselor) the researcher used the one-way ANOVA analysis. The following table shows that: there is a significant difference in wish and avoidance thinking (f= 3.647, p= 0.007) according to type of job of the study sample. While; there are no significant differences in most of coping strategies according to type of job of the study sample.

Table 37: One-way ANOVA comparing coping strategies according to type of job

Variable	Source of variance	Sum of Squares	Df	Mean Square	F-value	Sig. Level
Wish and avoidance thinking	Between Groups	200.371	4	50.09	3.64	**0.007
	Within Groups	3419.944	249	13.73		
	Total	3620.315	253			
Problem solving	Between Groups	22.852	4	5.71	0.67	0.60
	Within Groups	2095.226	249	8.41		
	Total	2118.079	253			
Reinterpretation	Between Groups	89.702	4	22.42	1.50	0.17
	Within Groups	3510.928	249	14.10		
	Total	3600.630	253			
Affiliation	Between Groups	39.189	4	9.79	1.43	0.22
	Within Groups	1714.464	249	6.88		
	Total	1753.654	253			
Accountability	Between Groups	31.369	4	7.84	1.10	0.35
	Within Groups	1775.627	249	7.13		
	Total	1806.996	253			
Self-control	Between Groups	42.702	4	10.67	1.02	0.39

	Within Groups	2583.282	249	10.37		
	Total	2625.984	253			
Trouble and escape	Between Groups	36.175	4	9.04	1.05	0.31
	Within Groups	2139.180	249	8.59		
	Total	2175.354	253			

*p< 0.05, **p< 0.01, ***p< 0.001

Post –hoc analysis using Scheffee statistical test was done and indicates that the difference in whish and avoidance thinking are between the group of educational counselor and the group of psychologist and nurse in favor to the group of psychologists and nurse of the study sample.

Because of too much numbers of clients with complicated psychological problems which need too much time and session to treat them and solve their problems.

Table 38: Means of coping strategies according to type of job

Variable		**N**	**Mean**	**S.D**
Wish and avoidance thinking	Psychologist	20	18.90	3.93
	Social worker	16	18.06	2.76
	Trained psychiatrist	13	17.91	3.63
	Nurse	37	18.35	3.36
	Educational counselor	168	16.52	3.82

*p< 0.05,**p< 0.01, ***p< 0.001

4.5 Correlation between work stress and coping strategies among the study sample

4.5.1 Correlation between work stress and coping strategies

As shown in the following table, there is a positive significant correlation between wish and avoidance thinking coping; In addition, there is a positive significant correlation between trouble and escape coping and colleagues and total scores of work stress among the study sample of mental health workers

While there is a negative significant correlation between problem solving coping and colleagues, administrative and total scores of work stress among the study sample of mental health workers and all subscales of work stress and its total scores among the study

sample of mental health workers In addition; there is a negative significant correlation between accountability coping and vocational, colleagues and total scores of work stress among the study sample of mental health workers.

Also there is a negative significant correlation between re-interpretation coping and administrative stress among the study sample of mental health workers

Also there were negative significant correlations between Self-control coping and administrative and total scores of work stress among the study sample of mental health workers.

However; there is no significant correlation between affiliation coping and all subscales of work stress and its total scores among the study sample of mental health workers

That means the high incidence of Work Stress will combine with high incidence of wish and avoidance thinking, accountability and trouble and escape.

The high incidence of work stress will combine with low incidence of problem solving, re-interpretation and self-control.

Table 39: Correlation between coping strategies and work stress

Variable	Vocational stress	Colleagues stress	Administrative Stress	Physical stress	Total of work stress
Wish and avoidance Thinking	0.309 ***	0.308***	0.213***	0.199***	0.338***
Problem solving	- 0.069	- 0.136*	- 0.135*	- 0.095	- 0.145*
Re-interpretation	- 0.007	- 0.018	*- 0.140	- 0.032	- 0.09
Affiliation	0.100	- 0.056	- 0.036	0.03	0.010
Accountability	*0.139	*0.133	0.081	0.02	*0.12
Self control	- 0.077	- 0.109	**- 0.183	- 0.03	*- 0.10

*p< 0.05, **p< 0.01, ***p< 0.001

4.5.2 Coping strategies according to the level of work stress

The researcher utilized ascending rearrangement of the study sample according to their total scores on the work stress scale, then choose about (27%) of those who have lowest scores on work stress (N= 69) and (27%) of who have highest scores on work stress scale (N= 69) to compare between these two group on coping strategies, using T-independent test.

As shown in the table 45., the result show that there were significant differences in Wish

and avoidance thinking (t= 5.11, p= 0.001), accountability (t= 2.43, p= 0.016), and trouble and escape (t= 2.46, p= 0.015) according to the level of work stress (low - high), in favor to those who have highest scores on work stress scale of mental health worker of the study sample. Because when work stress increase leads to increase in wish and avoidance, accountability and trouble and escape and lose their concentrations.

Where; there are no significant differences in problem solving, reinterpretation, and affiliation and self-control according to the level of work stress (low - high).

Table 40: Independent t-test comparing means of coping strategies according to work stress

Variable	Stress	**N**	**Mean**	**Std. Dev.**	***t-value***	***p-value***
Wish and avoidance thinking	Low stress	69	15.40	3.723	5.11	***0.001
	High stress	69	18.56	3.541		
Problem solving	Low stress	69	18.57	3.040	1.40	0.16
	High stress	69	17.85	3.040		
Reinterpretation	Low stress	69	28.62	4.291	0.41	0.68
	High stress	69	28.33	3.969		
Affiliation	Low stress	69	14.50	2.913	0.58	0.52
	High stress	69	14.78	2.650		
Accountability	Low stress	69	13.30	2.756	2.43	*0.016
	High stress	69	14.46	2.846		
Self Control	Low stress	69	21.26	3.270	1.63	0.10
	High stress	69	20.31	3.499		
Trouble and Escape	Low stress	69	10.60	3.097	2.46	*0.01
	High stress	69	11.82	2.705		

*p< 0.05, **p< 0.01, ***p< 0.001

Chapter 5

Implication & Recommendations

5.1 Introduction

This chapter introduces the main results and its discussion on the light of the previous studies. Furthermore, it is important here to clarify the results and its relation with other studies that may be helpful in supporting our finding.

However, the researcher will highlight some of the implications and recommendations regarding work stress and coping strategies among mental health workers that are likely to be in consideration in the application of the future planning. Also, recommendation for further research will be provided on the basis of the results of the current study.

5.2 Main results

5.2.1 Work stress results

The researcher found that the prevalence of work stresses, among the study sample of mental health workers at the average of 54.4% in Gaza Governorates. physical stress at the highest rank (62.8%) with mean 20.71 because of much noises around psychiatric hospital in Gaza and most clinics , also recurrent cut of electricity and much noises around these places , followed by administrative stress(54.1%) with mean 19.48 because of the bias of the directors in these places so the government should select good and qualified managers, vocational stress at the third rank (51.8%) with mean 27.98 because of huge number of clients looking for treatment and some of them claim that he has mental illness to have supporting and help and money from NGOS centers by having report from psychiatric doctor to fix that he have mental disorders and deficiency numbers of mental health workers , and colleagues stress at the last rank (47.9%) with mean 25.85 because of jealously, envy and tension in working atmosphere and permanent difference of some work between colleagues at working at night shift , the result showed that there were significant differences in colleagues stress (t=3.04, p=0.003),administrative stress(t=2.34, p=0.020), and total scores of work stress (t=2.35, p=0.020).) there were no significant differences in most work stress and total scores of work stress according to gender, in favor to the males of the study sample

and total scores of work stress according to age of the study sample. While there was significant difference in administrative stress according to age of the study sample (f= 5.374, p= 0.001). Post –hoc analysis using Scheffee statistical test was done and indicated;

the means of administrative stress according to age of the study sample. the group of 41 - 50 years were significantly higher in administrative stress 30 years and less among the study sample because of much responsibility they have at their work . There were significant differences in vocational stress (f= 7.009, p= 0.001) and total scores of work stress (f= 4.239, p= 0.015) according to rank of birth of the study sample. While there were no significant differences in colleagues stress, administrative stress, and physical stress according to rank of birth of the study sample there were a significant differences in vocational stress (f= 7.009, p= 0.001) and total scores of work stress (f= 4.239, p= 0.015) according to rank of birth of the study sample while there were no significant differences in colleagues stress, administrative stress, and physical stress according to rank of birth of the study sample.

the differences in vocational stress and total scores of work stress were between Who was born in the first and the middle, in favor to middle rank of birth of the study sample because the first and last born have too much care by the parents and they ignore the middle members of the family . There were no significant differences in all of work stress and total scores of work stress according to place of residence of the study sample. There were no significant differences in work stress in most of work stress and total scores of work stress according to economic status of the study sample. While; there was a significant difference in physical stress (f= 3.215, p= 0.042), according to economic status of the study sample. Scheffee statistical test indicates that the differences in physical stress were in favor to average economic status of the study sample because rich workers lived in a good house and facilities and not complain as poor workers. there were no significant differences in all of work stress and total scores of work stress according to marital status of the study sample there were a significant differences in colleagues stress (f= 3.074, p= 0.028), administrative stress (f= 11.993, p= 0.001), and total scores of work stress (f= 5.625, p= 0.001) according to educational level of the study sample. While there was no significant difference in vocational stress and physical stress according to educational level of the study sample. Scheffee statistical test indicate that the differences in colleagues stress, administrative stress and total scores of work stress were between the group of (diploma and master degree) and the group of university in favor to group of university educational level of the study sample because their numbers more than diploma and master degree. There were a significant difference in vocational stress (f= 5.445, p= 0.005),

colleagues stress (f= 28.163, p= 0.001), administrative stress (f= 119.650, p= 0.001), and total scores of work stress (f= 41.046, p= 0.001) according to place of work of the study sample. Scheffee statistical test indicates that the differences in vocational stress,

colleagues stress, administrative stress and total scores of work stress were between the group of (hospital and mental clinics) and the group of governmental school counselors in favor to group of hospital and mental clinics of the study sample because they face large number of clients through 24 hours, and they work with dangerous, aggressive and severely disturbed mentally ill patients. while school counselor working at the day shift only with limited number of students . There were a significant difference in administrative stress (f= 5.270, p= 0.006) according to experience in the field of mental health of the study sample. While there was no significant difference in vocational stress, colleagues stress, physical stress, and total scores of work stress according to experience in the field of mental health of the study sample. Scheffee statistical test indicate that the differences in administrative stress was between the groups of (5 years and less than) and the group of (6-10 years) of experience in favor to group of (6- 10 years) of experience of the study sample because they are able to solve any problems more easily from learning from previous problems. There were significant differences in all subscales of work stress and total scores of work stress according to type of job of the study sample. Scheffee statistical test indicates that the differences in vocational stress and physical stress were between the group of Psychiatrist and the group of educational counselor in favor to group of Psychiatrist of the study sample because psychiatric face different clients with different psychiatric diagnosis of his clients with large numbers through 24 hours and exposed more than educational counselor who work at fix shift daily not at night .

5.2.2 coping strategies results

While; there is a significant difference in reinterpretation according to gender (t= 2.02, p= 0.044) in favor to females of the study sample because female are talkative and have sympathy with their patients in hospitals and clinics, while were no significant differences in most of Coping Strategies according to age of the study sample. Also there was significant difference in wish and avoidance thinking according to age of the study sample (f= 3.008, p= 0.031). The group of 30 years, less than were significantly higher in wish, avoidance thinking than 51 years, and more than among the study sample.

The group of 30 years, less than was significantly higher in wish and avoidance thinking than the 51 years and more than among the study sample because they are looking for refreshment and recreation with their families and their friend. There were no significant differences in most of coping strategies according to place of residence of the study sample.

While there was a significant difference in problem solving (f= 3.322, p= 0.038), and affiliation (f= 4.049, p= 0.019) according to place of residence of the study sample. There was no significant difference in all of coping strategies according to economic status of the study sample. There were no significant differences in all of coping strategies according to marital status of the study sample. There was no significant difference in most of Coping Strategies according to educational level of the study sample. While; there were a significant difference in trouble and escape coping (f= 3.123, p= 0.027) according to educational level of the study sample. There were a significant differences in wish and avoidance thinking coping (f= 7.868, p= 0.001) and trouble and escape coping (f= 3.690, p= 0.026) according to place of work of the study sample. While; there was no significant difference in most of coping strategies according to place of work of the study sample. Scheffee statistical test indicate that the difference in wish and avoidance thinking were between the group of (hospital and mental clinics) a side and the group of governmental school counselors in favor to group of hospital and mental clinics of the study sample. In addition; the difference in trouble and escape coping were between the group of governmental school counselors and the group of mental clinics in favor to group of mental clinics of the study sample. There were a significant difference in problem solving (f= 5.334, p= 0.005) according to experience in the field of mental health of the study sample.

While; there were no significant differences in most of coping strategies according to experience in the field of mental health of the study sample. Scheffee statistical test indicate that the differences in problem solving was between the group of (5 years and less than, and 6- 10 years) and the group of (11 years and above) of experience in favor to group of (11 years and above) of experience of the study sample. So the experience has a good role in solving problems that face mental health workers so the length of experience improve the ability of workers to solve their problems more easily.

5.3 DISCUSSION

The researcher found that there was significant evidence of work stress among mental health workers in Gaza governorates, he refers the prevalence of work stresses is as a result of number of independent variables as physical, administrative, vocational and colleague conflicts and competitions. When comparing this study with other studies these variables were not typically included as direct causes of stress, but we can found some of them in other studies and may be in different terms. For example Al- Ahmady used the variable work load to denote either physical tiredness, or vocational problems.

The physical stress has the highest rank (62.8%) with mean (20.71) because Gaza strip people are living under a severe Israel occupation where the siege from everywhere, and recurrent cutoff electricity made their living situation very difficult that make life in Gaza very difficult, and affect negatively the mental health workers and the presence of intense inside or outside the workplace noise at the place of working or around it.

This study agrees with the study of Joudeh, (2003) in the West bank where he got a mean of 21.71, this is attributed to the similar situation in the Gaza Strip and the West Bank related to the Israeli occupation. However our results are inconsistent with those of AL–Ahmady, 2002 because the physical stress was referred to workloads with a mean of 2.7. This denotes that physical stress is higher among mental health workers in Gaza strip than the doctors in El-Ryad city of Saudi Arabia because of the lack of human and material resources.

Administrative stress represents 54.1% with a mean of 19.48 due to the bias of the director to some of the employees which causes a lack of motivation and depression among the other employees. This behavior will not encourage excellent employees spiritually and may inhibit the development of the workers abilities to improve themselves. This demonstrates that the poor administration has a large negative effect on the mental health workers, so the government should select firmly good and qualified managers. This study results are consistent with those of Joudeh, 2003, who identified a lack of flexibility of the administrator with staff who come from faraway villages in the West Bank. But AL-Ahmady, 2002, combines both vocational and organizational factors in one category of variables, with a mean of 2.64, which was higher among mental health workers in Gaza because of the deficiency in the number of workers, experience with work overload and lack of resources.

Vocational stress represents the third rank (51.8%) with a mean of 27.98. Because of the huge number of clients and the deficiency in the number of mental health workers, employees and their families are exposed to attacks by clients at psychiatric hospitals and clinics. Sometimes work overload that they will do may lead to mistakes in the work and inability to do some jobs and feel fatigue and overwhelmed most of the time. This study is consistent with the results of Joudeh, 2003, with a mean of 28.35, and inconsistent with those of AL-Ahmady, 2002, with a mean of 2.7 which is lower than that of mental health workers in Gaza because in Saudi Arabia there is enough staff working at hospitals and less stressful physical environment.

Colleagues stress was the last rank (47.9%) with a mean of 25.85 because there are jealousy, envy and tension in the working atmosphere which creates permanent conflicts and problems among some workers of the study sample of mental health workers. The result shows that there were significant differences in colleagues stress, and total scores of work stress according to gender which was in favor of the males of the study sample. This study results agree with those of Joudeh, 2003, and Al-Ahmady, 2002 where the mean was 2.6. In Gaza the mean was higher among mental health workers in than doctors in El-Ryad city of Saudi Arabia because of the lack of confidence among the employees and their cultures, and between genders where it was higher in males than in females because of social and special responsibilities. According to Al-Alhmady study, the long working hours in the job has caused work stress to the doctors. Other studies have emphasized that the relationships among colleagues represent a source of stress for doctors in terms of their feeling of competition and support.

Coping Strategies according to socio-demographic variables among the study sample and the prevalence of coping strategies among the study sample were compared with Al- Jadili study results. These results found that reinterpretation coping was at the highest rank (79.5%) with a mean of 28.61 while in Jadili study it was also at the highest rank (75.5%) with a mean of 27.19 (reinterpretation helps mental health workers to minimize the negative impact of work stressors, while it helps cancer patients minimize the negative impact of the seriousness of their physical illness), followed by problem solving (77.4%) with a mean of 18.57 while in Al-Jadili study it was 72.3% with a mean of 17.37. Problem solving for mental health workers is usually by using more effective coping strategies than cancer patients because of their professional skills. The third rank is self-control coping strategy with a percentage of 75 and a mean of 20.99 while in Al-Jadili study the

percentage was 75.3 with a mean of 21.09. The two percentages are nearly equal between the two groups (mental health workers and cancer patients) with no statistically significant differences, because it is similar to the innate defense mechanism repression used by most people. The fourth rank was affiliation with a percentage of 73.9 and a mean of 14.78, but in the Al-Jadili's study it was 81.6% with a mean of 16.33, because cancer patients tends to forget their difficult and painful life aspects to feel more comfortable and less threatened. Accountability was at the fifth rank (70.0%) with a mean of 14.00, but in Al-Jadili's study it was 53% with a mean of 10.60 where mental health workers are more accountable and responsible for their behavior than cancer patients. Wish and avoidance thinking was at the sixth rank (61.2%) with a mean of 17.15 but in the Al-Jadili's study it was 69% with a mean of 19.33 where it is normal for cancer patients to use avoidance more than mental health workers which helps them to escape from painful life situation and use wishful thinking to imagine their life free from pain and health difficulties. Mental health workers life is less painful so they use avoidance and wishful thinking less frequently. Trouble and escape coping strategy was at the lowest rank with 56.0% and a mean of 11.20, but in Al-Jadili's study the percentage was 61.8% with a mean of 12.36. The lowest rank of using trouble and escape among both mental health workers and cancer patients is attributed to the strength of Palestinian personality and the high level of resilience in facing stressful life situations.

So this agreement of the results of the current study with that of the Al-Jadili's study indicates that both mental health workers and cancer patients used different forms of coping strategies frequently when facing difficult life situations, and verifies that coping strategies are very important in our life to adapt to any difficult situations and to minimize life stressors.

Level of work stress

The results show that the prevalence of work stress is higher among males than females which indicate that males are stronger than females among the study sample of mental health workers. This was in consistent with Joudah's study, 2003, that found no statistically significant differences in the degree of job stress sources related to sex, while Al-Ahmady found that both Saudi male and female doctors selects special field of work consistent with their roles in the society, so that female doctors were concentrated in primary health care centers, while male doctors were concentrated in the hospitals.

There were no statistically significant differences in most of work stress and total scores of work stress according to age of the study sample. That result was inconsistent with

Joudah's study which found statistically significant mean differences in job stress related to the years of experience and Al-ahmady study which found that work stress increased among the younger doctors. , while there is a significant difference in administrative stress according to age of the study sample (f= 5.374, p= 0.001). Post-hoc analysis using Scheffee statistical test was done and indicated that the means of administrative stress according to age of the study sample are different. The group of 41 - 50 years is significantly higher in administrative stress than the groups of 31-40 years and 30 years and less among the study sample. There were a significant differences in vocational stress (f= 7.009, p= 0.001) and total scores of work stress (f= 4.239, p= 0.015). This study shows that the age has an important effect on administrative stress that workers whose age is 51years and more will not be affected and adapt to this type of stress. While the workers whose ages are between 41-50 have the highest level of effect by administrative stress because of the length of their working time and a lot of problems in their work and their homes, and the competition with administration. The groups of ages between 31-40 and of less than 30 years old, because they are young and have great enthusiasm and desire, they will not be affected too much by the administrative stress since they are strong enough to face any stress and establish their goals.

According to rank of birth of the study sample, while there are no significant differences in colleagues stress, administrative stress, physical stress according to rank of birth of the study sample, there are significant differences in vocational stress (f= 7.009, p= 0.001), and total scores of work stress (f= 4.239, p= 0.015) according to rank of birth of the study sample. This variable was not included in both Joudah and Al-Ahmady studies.

The opinion of the researcher that the middle rank of birth is more exposed to work stress because he faces more pressure from his family, so that he is affected more; while the first and last member was overly nice in the family so they tolerate vocational stress more.

The differences in vocational stress and total scores of work stress were between those who are born in the first and the middle, and it was in favor to middle rank of birth of the study sample. There were no significant differences in all of work stress and total scores of work stress according to place of residence of the study sample. There were no significant differences in work stress in most of work stress and total scores of work stress according to economic status of the study sample. While there was a significant difference in physical stress (f= 3.215, p= 0.042), according to economic status of the study sample. Scheffee statistical test indicates that the differences in physical stress were in favor to average economic status of the study sample. Therefore, all economic levels of the employees will be affected by physical stress.

There were no significant differences in all of work stress and total scores of work stress according to marital status of the study sample, this was inconsistent with Joudah's study, while Al-Ahmady found that work stress was more severe in single than married doctors who receive more social support that alleviate work stress. Colleague stress affects more those who are married.

There were significant differences in colleagues stress (f= 3.074, p= 0.028), administrative stress (f= 11.993, p= 0.001), and total scores of work stress (f= 5.625, p= 0.001) according to educational level of the study sample. This was inconsistent with Joudah's study who found no statistically significant differences in the degree of job stress related to academic qualifications, Al-ahmedy found that consultant doctors are more favorable to tolerate work stress than others who had less academic qualification. While there was no significant difference in vocational stress and physical stress according to educational level of the study sample. Scheffee statistical test indicates that the differences in colleague stress, administrative stress, total scores of work stress were between the group of diploma and master degrees, and the group of university favoring the group of university educational level of the study sample. The current study indicates that those with higher educational level are affected by colleague stress because the PhD and master degrees have more respect from colleague and administration than BS, degree. Thus, they feel the effect of bias and embarrassment more than PhD and Master Degrees. According to place of work of the study sample there were significant differences in vocational stress (f= 5.445, p= 0.005), colleague stress (f= 28.163, p= 0.001), administrative stress (f= 119.650, p= 0.001), and total scores of work stress (f= 41.046, p= 0.001). Scheffee statistical test indicate that the differences in vocational stress, colleagues stress, administrative stress and total scores of work stress were between the group of psychiatric hospitals, mental clinics and the group of governmental school counselors in favor of the group of psychiatric hospitals, and psychiatric clinics of the study sample because they deal with large number of clients and working cover 24 hours in psychiatric hospitals while educational counselors deal with less number of students with conditions not serious as those at hospitals and clinics. There was no significant difference in physical stress according to place of work of the study sample. These results were consistent with Joudah's study which found statistically significant differences in job stress sources related to kind of hospital, place of hospital and kind of work, while Al- Ahmady found that work stress is related the kind of hospital, in the favor of doctors working at the governmental hospitals than special hospital because of professional factors like lack of updating knowledge, motivations and skill development.

According to the experience in the field of mental health of the study sample, there was a significant difference in administrative stress (f= 5.270, p= 0.006), while there was no significant difference in vocational stress, colleagues stress, physical stress, and total scores of work stress according to experience in the field of mental health of the study sample. Scheffee statistical test indicated that the difference in administrative stress was between the group of 5 years and less and the group of 6- 10 years of experience in favor of the group of 6- 10 years of experience of the study sample. There were significant differences in all subscales of work stress and total scores of work stress because they understand their jobs, their rights and competition with administration. These results were consistent with Joudah study who found statistically significant differences in job stress sources related to the years of experience, and Al- Ahmady study that found that increase years of experience enable doctors to be more acquainted with their professional roles and responsibilities that help them to tolerate work stress.

According to type of job of the study sample, Scheffee statistical test indicates that the differences in vocational stress and physical stress were between the group of psychiatrist and the group of educational counselor in favor of the group of psychiatrist of the study sample. Because psychiatrist deals with large numbers of clients and are affected by their troubles, there were a significant differences in most of subscales of work stress and total scores of work stress. This result was consistent with Al-Ahmady study which explained that doctors who feels more responsibility about the life of their patients as in the critical care unit show more work stress than others, while this variable was not included in Joudah's study.

Correlation between work stress and coping strategies

Among the study sample of mental health workers coping strategies according to gender of the study sample, the results show that there were no significant differences in most of coping strategies according to gender of the study sample, while there are significant differences in reinterpretation according to gender (t= 2.02, p= 0.044) in favor to females of the study sample because females have the ability for reinterpretation of the situations more than male. These results are not consistent with Al- Jadili's study which found significant differences in trouble and escape according to sex in favor to males of the study sample. There were no significant differences in most of coping strategies according to age of the study sample which is consistent with Al- Jadili's study findings while there was a significant difference in wish and avoidance thinking according to age of the study sample

(f= 3.008, p= 0.031). The age group of 30 years and less were significantly higher in wish and avoidance thinking than the 51 years and more among the study sample because 30 years old and less do not have experience in their life.

There are no significant differences in most of coping strategies according to place of residence of the study sample. This variable was not included in Al- Jadili study. There is a significant difference in problem solving (f= 3.322, p= 0.038), and affiliation (f= 4.049, p= 0.019) according to place of residence of the study sample.

There were no significant differences in all of coping strategies according to economic status of the study sample. This result was consistent with Al- Jadili's study which showed no significant differences in all coping strategies according to the monthly income.

There were no significant differences in all of coping strategies according to marital status of the study sample. This is inconsistent with Al- Jadili study that showed a difference in accountability between single group and widowed group in favor to single marital status group.

There were no significant differences in most of coping strategies according to educational level of the study sample, while there was a significant difference in trouble and escape coping (f= 3.123, p= 0.027) according to educational level of the study sample because diploma holders have no responsibility of their work and master regression for their colleague. These results were inconsistent with Al- Jadili study findings which indicated that there were no significant differences in all coping strategies according to educational level.

There was a significant difference in problem solving (f= 5.334, p= 0.005) according to experience in the field of mental health of the study sample. There were no significant differences in most of coping strategies according to experience in the field of mental health of the study sample. Scheffee statistical test indicated that the differences in problem solving was between the group of (5 years and less than, and 6- 10 years and the group of 11 years and above of experience in favor to group 11 years and above of experience of the study sample. Therefore, the length of experience has an important role in solving problems. This variable was not included in Al- Jadili study which used a group of cancer patients as a sample and focused on coping with stress related to the physical illness, rather than work stress.

There is a positive significant correlation between wish and avoidance thinking coping and all subscales of work stress and its total scores among the study sample of mental health workers. In addition, there is a negative significant correlation between

accountability coping and vocational stress, colleagues stress and total scores of work stress among the study sample of mental health workers. Also; there is positive significant correlation between troubles and escape coping and colleagues and total scores of work stress among the study sample of mental health workers. While, there's a negative significant correlation between problem solving coping and colleagues, administrative and total scores of work stress among the study sample of mental health workers. There was negative significant correlation between re-interpretation coping and administrative stress among the study sample of mental health workers. There was negative significant correlation between Self-control coping and administrative and total scores of work stress among the study sample of mental health workers. However, there is no significant correlation between affiliation coping and all subscales of work stress and its total scores among the study sample of mental health workers.

Coping strategies according to the level of work stress

The researcher demonstrate an ascending rearrangement the study sample according to there total scores on the work stress scale, then choose (27%) of who have lowest scores on work stress (N= 69) and (27%) of who have highest scores on work stress scale (N= 69) to compare between these two group on coping strategies, using T-independent test.

As shown in following table; the result found that there were significant differences in wish and avoidance thinking (t= 5.11, p= 0.001), accountability (t= 2.43, p= 0.016), and trouble and escape (t= 2.46, p= 0.015) according to the level of work stress (low - high),

in favor to who have highest scores on work stress scale of mental health workers of the study sample.

Where; there were no significant differences in problem solving, reinterpretation, and affiliation and self-control according to the level of work stress (low - high)

All the three studies (Joudah, Al-Ahmady and Al-Jadili) that I had used in discussion of my results did not investigate the relationship between these variables.

5.4 Recommendations

In light of the results of the study the researcher recommends the following:

1- Improve the working environment of workers in the psychological field.
2- Develop special programs for workers in the field of mental health that aims to reduce the caused to tension them like psycho educational intervention programs and adaptation of coping mechanism to overcome work stress environment.

3- Convene seminars and workshops about effective coping strategies with work stress for workers in the psychological field in order to make them aware of the impact of work pressures on their career
4- Implement special training programs for workers in the field of how to manage the psychological stress resulting from the action and mechanisms in the face of positive coping.
5- Decrease working hours.

5.5 Suggested research studies

1- The effect of work stress is on the work effectiveness among mental health workers.
2- Examining factors that promote coping strategies among mental health workers.
3- The impact of siege on the performance of mental health workers.

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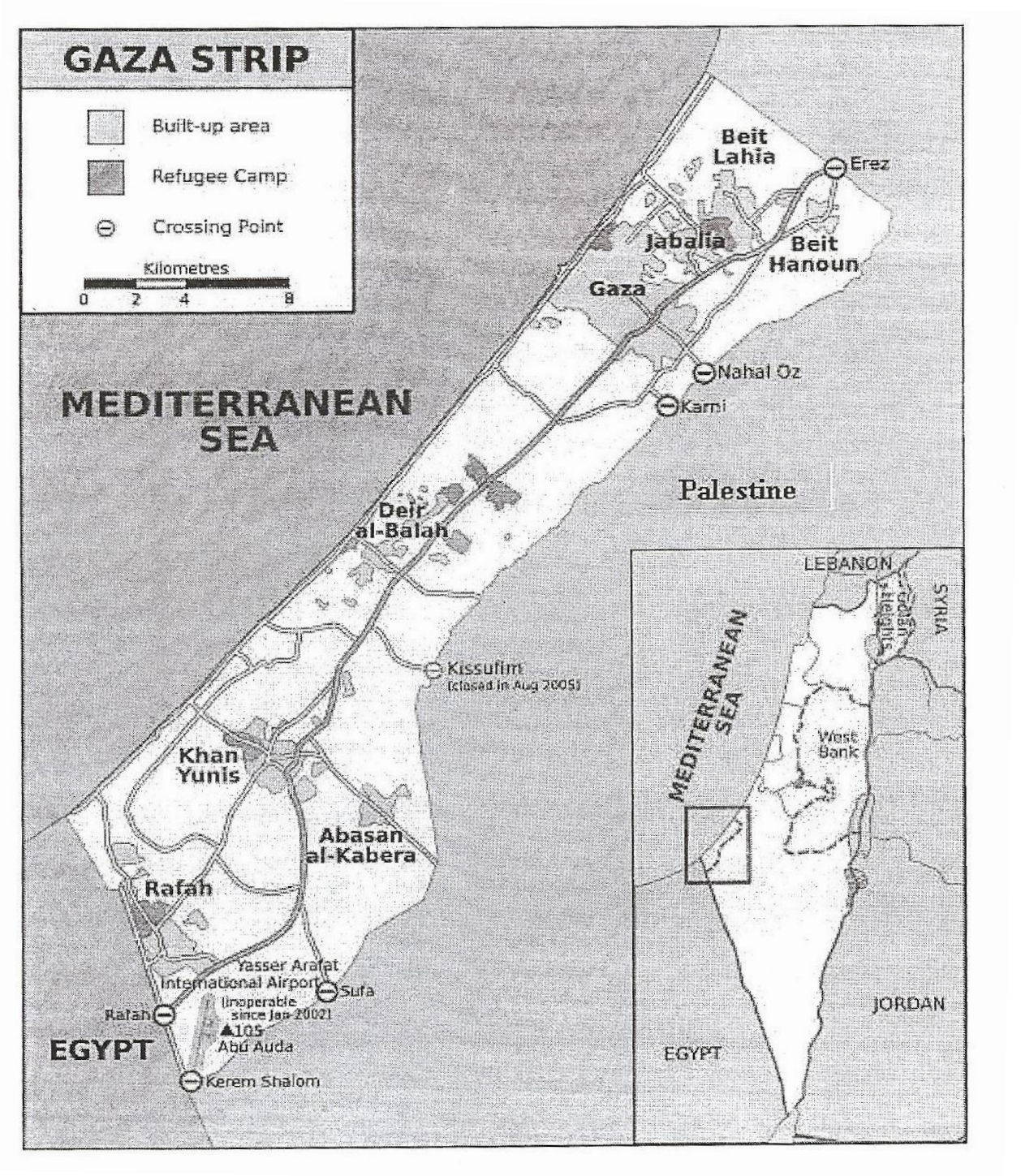
Annexes

Annex 1

Location Map of the Gaza Strip



Annex 2

Helsinki Committee Approval Letter

Palestinian National Authority
Ministry of Health
Helsinki Committee

السلطة الوطنية الفلسطينية
وزارة الصحة
لجنة هلسنكي

التاريخ2010/3/23

Name:

الاسم : محمد الحسني

I would like to inform you that the committee has discussed your application about:
Work stress and coping strategies among mental health workers in Gaza governorates.

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:-

In its meeting on March 2010
and decided the Following:-
To approve the above mention research study.

و ذلك في جلستها المنعقدة لشهر 3 2010
و قد قررت ما يلي:-
الموافقة على البحث المذكور عاليه.

Signature
توقيع

Member
عضو

Member
عضو

Chairperson

Conditions:-

- Valid for 2 years from the date of approval to start.
- It is necessary to notify the committee in any change in the admitted study protocol.
- The committee appreciate receiving one copy of your final research when it is completed.

Annex 3

Ministry of Health Approval Letter

Al-Quds University
Jerusalem
School of Public Health

جامعة القدس
القدس
كلية الصحة العامة

2010/3/20

الأخ/د. ناصر أبو شعبان المحترم
مدير عام تنمية القوى البشرية–وزارة الصحة
تحية طيبة وبعد،،،

الموضوع: مساعدة الطالب محمد الحسني

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان:

"Work stress and coping strategies among mental health workers in Gaza governorates"

كمتطلب للحصول على درجة الماجستير في الصحة النفسية المجتمعية و عليه نرجو التكرم للإيعاز لمن يرونه مناسب لتسهيل مهمة الطالب في جمع البيانات من الأخصائيين النفسيين (أطباء نفسيين – ممرضين –أخصائي اجتماعي) العاملين في مستشفى و عيادات الطب النفسي التابعة لإدارتكم الموقرة.
علماً بأن المعلومات ستكون سرية لدى الباحث و الجامعة فقط.

و اقبلوا فائق التحية و الاحترام،،،

د. عبدالعزيز ثابت
مدير إدارة البرامج الأكاديمية

د. عبد العزيز موسى ثابت
مدير برامج الأكاديمية

نسخة
- الملف

Jerusalem Branch/Telefax 02-24799234
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Annex 4

Ministry of Education Higher Education Approval Letter

Al-Quds University

Jerusalem

School of Public Health

جامعة القدس

القدس

كلية الصحة العامة

2010/3/20

عطوفة/د. زياد ثابت المحترم

الوكيل المساعد لوزارة التربية و التعليم –غزة

تحية طيبة وبعد...

الموضوع: مساعدة الطالب محمد الحسني

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان:

""Work stress and coping strategies among mental health workers in Gaza governorates"

كمتطلب للحصول على درجة الماجستير في الصحة النفسية المجتمعية و عليه نرجو التكرم بالإيعاز من يرونه مناسب لتسهيل مهمة الطالب في جمع البيانات من المرشدين التربويين العاملين في المدارس الحكومية(ابتدائي-إعدادي) التابعة لإدارتكم الموقرة. علماً بأن المعلومات ستكون متوفرة لدى الباحث و الجامعة فقط.

و اقبلوا فائق التحية و الاحترام،،،

د. عبدالعزيز ثابت

مدير إدارة البرامج الأكاديمية

د. عبد العزيز موسى ثابت
مدير البرامج الأكاديمية
جامعة القدس - غزة

نسخة:

- الملف

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Annex 5

بسم الله الرحمن الرحيم

مقدمة

الأخوة والأخوات الأفاضل العاملين في مجال الصحة النفسية، مقدم لسيادتكم مجموعة من التساؤلات والفقرات التي تتصل ببعض القضايا الخاصة بالعمل ،برجاء التكرم للإجابة عليها متبعا التعليمات المرفقة.

علما بأن الهدف من هذا التطبيق هو استكمال درجة الماجستير في مجال الصحة النفسية المجتمعية، لذلك سوف يتم استخدام هذه المعلومات في مجال البحث العلمي فقط.

ولكم جزيل الشكر

الباحث / محمد علي الحسني

صحيفة البيانات الشخصية و الديموغرافية.

رقم متسلسل _____

1- الجنس :..... 2- العمر: .....

3- الترتيب الميلادي : الأول ☐ الأوسط ☐ الأخير ☐

4- مكان السكن : مدينة ☐ قرية ☐ مـ ☐

5-المحافظة : الشمال ☐ شرق غزة ☐ غرب غزة الوسطى خانيونس رفح ☐

6- كيف تصف المستوى الاقتصادي لأسرتك : منخفض ☐ متوسط مرتفع ☐

7- الحالة الاجتماعية : أعزب ☐ متزوج ☐ مطلق أرمل ☐

8- المؤهل العلمي : .....

9- مكان العمل : ☐ مدارس حكومية ☐ مستشفى الطب النفسي ☐ عيادات الطب النفسي

10- سنوات الخبرة في العمل: .....

11- المسمى الوظيفي: أخصائي نفسي ☐ أخصائي اجتماعي ☐ طبيب نفسي ☐ ممرض ☐

مرشد تربوي ☐

12- سنوات تعليم الأم : ..... 13- سنوات تعليم الأب :.....

14- عمل الأم : ربة بيت ☐ موظفة ☐ عاملة ☐ أخرى حدد ☐

15-عمل الأب : لا يعمل ☐ موظف ☐ عامل ☐

صانع ☐ مزارع ☐ تاجر ☐ أخرى حدد ☐

Annex 6

Table the names of arbitrator's measure the pressures of work stress

-1	د.يحيى عوض عابد	Al-Quds University Abu Dis
-2	د.عبد العزيز موسى ثابت	Al-Quds University Abu Dis
-3	د. بسام عبد الجواد أبوحمد	Al-Quds University Abu Dis
-4	د.يوسف عطاالله أبو صفية	Al-Quds University Abu Dis
-5	باسم على أبو كويك	Al-Azhar University

Annex 7

استبيان ضغوط العمل

1. ضغوط العمل

م	العبارات	دائما	أحيانا	أبدأ
1	أشعر بكثرة المهام المسندة إلي وتعقيدها.			
2	أخطئ في أداء عملي بسبب كثرة أعباء العمل.			
3	أعجز عن انجاز الكثير من أعمالي خلال ساعات الدوام.			
4	أتضايق من قلة فترات الراحة أثناء العمل.			
5	أتضايق من قلة الصلاحيات الممنوحة لي لتنفيذ المسؤوليات والمهام الموكلة اليّ .			
6	أشعر بطغيان عملي على حياتي الخاصة.			
7	أشعر بالتعب والإجهاد الشديد أثناء فترة الدوام في العمل.			
8	أعاني من قلة وجود مساعدين مؤهلين يعينونني في تحمل أعباء العمل.			
9	أجد صعوبة في تطوير قدراتي بسبب حجم العمل الذي أقوم به.			
10	عملي يحد من مشاركتي الاجتماعية.			
11	طبيعة العمل تحد من قدرتي على مواصلة دراساتي العليا.			
12	طبيعة عملي جعلتني عصبي المزاج.			
13	أشعر بأنني في مهنة لا تتناسب مع قدراتي.			
14	ضغط العمل يضطرني للتفكير في الغياب المتكرر.			
15	أفكر في تغيير مهنتي بسبب كثرة ضغوط العمل.			
16	أتضايق من قلة الراتب الذي أتقاضاه مقابل عملي.			
17	أعتقد بأنني سأختار عملي هذا لو أتيحت لي فرص الاختيار مرة أخرى.			
18	ساعات العمل الإجمالية أكثر من اللازم .			
19	يضايقني حضوري للعمل في ساعات مبكرة .			

2. ضغوط الزملاء

م	العبارات	دائما	أحيانا	أبدأ
1	الأجواء الاجتماعية للعمل تتسم بالتوتر والشد العصبي.			
2	أشعر أن زملائي في العمل يضمرون لي مشاعر الغيرة والحسد.			
3	أتعامل مع زملائي في العمل بقسوة بسبب ضغوط العمل.			
4	قلة صداقاتي مع زملائي في العمل بسبب كثرة الأعباء في العمل.			
5	العلاقة الشخصية هي التي تحكم رضا رؤسائي عني.			
6	أشعر بأن هناك شيئا من عدم الثقة بيني وبين زملائي في العمل.			

7	ضعف التفاهم والانسجام بيني وبين زملائي في العمل أدى إلى زيادة مشاكل العمل.				
8	لا يوجد تفاهم متبادل بيني وبين إدارة العمل .				
9	أعاني من الخلافات الدائمة بيني وبين زملائي في العمل.				
10	أشعر بأنني مراقب في كل تصرفاتي من قبل الجهات العليا.				
11	أضطر لمجاملة بعض زملائي في العمل حفاظا على سير العمل.				
12	يزعجني اللامبالاة الكبيرة من قبل بعض الزملاء تجاه العمل.				
13	أشكو من قلة الأخذ باقتراحاتي من قبل رؤسائي في إدارة العمل.				
14	أشعر بأن زملائي لا يقدرون كفاءتي في العمل .				
15	أشعر بأن مديري المباشر لا يقدر كفاءتي و التزامي بالعمل.				
16	أشعر بأن علاقات العمل بين الزملاء ودية ومتينة.				
17	أشعر بأنني وزملاء العمل نفهم بعضنا البعض .				
18	أشعر بأن زملائي يقفون إلى جانبي دائما في العمل.				

3. ضغوط الادارة

م	العبارات	دائما	أحيانا	أبدأ
1	أشعر بأن إدارة العمل تتيح لي و لزملائي الفرصة لمناقشة الأمور التي تهمنا .			
2	كثيرا ما تقوم أدارة العمل بأخذ آراء العاملين قبل القيام بالأعمال المهمة.			
3	أجد آذانا صاغية لاقتراحاتي التي أقدمها خلال العمل.			
4	أشعر بأن المدير يتيح للعاملين الفرصة للابتكار والإبداع والتجريب			
5	أشعر بأن المدير يعمل على تقوية أواصر الروابط الاجتماعية بينه وبين العاملين .			
6	أشعر بأن إدارة العمل تؤمن بمبدأ إدارة روح الفريق في مكان العمل.			
7	أشعر بأن المدير يصر على اتخاذ القرارات منفردا ويترك لي التنفيذ فقط .			
8	أشعر بأن المعلومات والإرشادات التي يقدمها لنا المدير كافية لنقوم بأعمالنا .			
9	أشعر بأن المدير يقدم لنا النصح والإرشاد إذا لزم الأمر .			
10	أشعر بأن المدير غالبا ما يستمع إلي خلال حديثي معه .			
11	أشعر بأن إمكانية الحوار المباشر مع المدير متاحة دائما .			
12	أشعر بأن الإدارة تقف بجانب العاملين عند تعرضهم لمشاكل اجتماعية ناتجة عن العمل أو بسببه.			

4. ضغوط البيئة

م	العبارات	دائما	أحيانا	أبدأ
1	يزعجني كثرة الضوضاء في مكان العمل.			
2	عدم ملائمة المكتب تحد من نشاطاتي في العمل.			
3	أشكو من ضيق مساحة المكتب الخاص بالعمل.			
4	الأمن والسلامة في مكتبي شبه معدومة.			
5	الإضاءة في مكتبي غير كافية.			
6	وسائل التهوية في مكتبي غير كافية.			
7	أعانى من عدم توفر التقنيات الحديثة في مكتبي.			
8	يحد تصميم مكان العمل من سهولة أداء عملي.			
9	التجهيزات والأثاث مرتبة بطريقة لا تساعدني على أداء العمل بسهولة.			
10	تصميم مكان العمل لا يحافظ على السرية في العمل.			
11	يزعجني النقص في المرافق الصحية في مكان العمل .			
12	يتمتع مكان العمل بالنظافة المناسبة والترتيب .			

Annex 7

Work stressors questionnaire

1. Vocational stress

No	Phrases	always	Sometimes	never
1	I feel a lot of tasks assigned to me and complex.			
2	I make errors in the performance of my job due to excessive workload.			
3	I can not accomplish much of my work during working hours.			
4	I get annoyed because of lack of rest periods during the work.			
5	I get annoyed because of the less freedom granted to me to implement the responsibilities and Functions entrusted to me.			
6	I feel that my work hours exceed that of personal life.			
7	I feel tired and exhausted during work.			
8	I suffer from a lack of qualified assistants at work			
9	I find it difficult to develop my abilities because of the volume of work			
10	My work limits my socialization with others.			

11	My work limits my ability to continue my higher education.			
12	My work makes me nervous.			
13	I feel my job doesn't suit my abilities.			
14	The pressure of work makes me think about the frequent absences			
15	I think about my career change due to excessive work pressure.			
16	I feel worried because of the little salary .I get.			
17	I think I'd choose my job if I had the opportunity again			
18	Working hours total more than necessary			
19	Going early to my work makes me worried			

2.Colleague stress

No	Phrases	Always	sometimes	Never
1	Social environment at work is tense and nerve racking. .			
2	I feel that my colleagues at the work I harbor feelings of jealousy and envy to me			
3	I deal with my colleagues at work harshly because of the pressures of work			
4	Lack of my friendships with my colleagues at work because of the large burden of work. .			
5	Personal relationship governs the satisfaction of my superiors.			
6	I feel that there is some lack of trust between me and my colleagues at work.			
7	Poor understanding and harmony between me and my colleagues at work increases Business problems			
8	There is no mutual understanding between me and the work administration.			

9	. I suffer from permanent differences between me and my colleagues at work.			
10	I feel like being observed in all my actions by higher authorities.			
11	I have to compliment some of my colleagues at work to preserve the workflow.			
12	I feel bothered because of the indifference of some colleagues to work.			
13	suffer from ignoring my suggestions, by my superiors in the administration.			
14	colleagues do not appreciate My qualifications at work.			
15	I feel that the line manager does not appreciate my qualifications at work and my commitment.			
16	I feel that working relationships among colleagues are friendly and strong.			
17	I feel that I and my co-workers understand each other.			
18	I feel that my colleagues stand by my side always at work			

3. Administrative stress

No	Phrases	always	sometimes	never
1	I feels that the management of work allows me and my colleagues the opportunity to discuss matters that concern us..			
2	Often the Department takes the views of the workers before doing important work.			
3	People listen to my suggestions at work.			
4	I feel that the Director allows employees the opportunity for innovation, creativity and experimentation .			
5	I feel that the Director works to strengthen the bonds of social ties between him and the staff.			
6	I feel that the Department of Lab our believes in the principle of management team spirit in the workplace			
7	I feel that the director insists on making decisions on his own and leaves the implementation to me			

8	I feel that the information and guidance provided by the Director are sufficient for us to do our work.			
9	I feel that the Director give us advice and guidance when necessary.			
10	I feel that the Director often listens to me when I speak to him.			
11	I feel that the possibility of direct dialogue with the Director is always available.			
12	I feel that the administration stands next to the workers when exposed to social problems resulting from work			

4.Physical stress

No	Phrases	always	sometimes	Never
1	I get bothered because of much of noise in the workplace.			
2	my activities at work Unsuitable office limits			
3	I suffer from my small office.			
4	Security and safety in my office are almost non-existent .			
5	Lighting in my office is not sufficient.			
6	Means of ventilation in my office is not sufficient			
7	I suffer from the lack of appropriate technology in my office.			
8	Workplace design limits the ease of doing my job			
9	Equipment and furniture are arranged in a way that does not help me to do the job easily.			
10	Workplace design does not preserve confidentiality in the work.			
11	I get bothered by the lack of health facilities in the workplace.			
12	The workplaces not neat and clean.			

Annex 8

مقياس آليات التكيف للازروس
Lazarus

الرقم	العبـارة	لم افعل ذلك مطلقاً (1)	فعلت ذلك نادراً (2)	فعلت ذلك أحيانا (3)	فعلت ذلك كثيراً (4)
1	تحدثت لبعض الأشخاص وذلك بغرض معرفة المزيد من المعلومات عن الموقف الضاغط.				
2	انتقدت نفسي.				
3	تمنيت أن ينتهي الموقف المزعج بأي طريقة.				
4	لقد عبرت عن ضيقي للأشخاص الذين سببوا المشكلة.				
5	حاولت أن أنظر للجانب المشرق للأمور.				
6	حاولت الاحتفاظ بمشاعري لنفسي.				
7	لقد كنت اعرف ما ينبغي أن افعله ولذلك ضاعفت جهودي كي تسير الأمور.				
8	لقد تغيرت ونموت كشخص يتصرف بشكل أفضل.				
9	تحدثت لبعض الأشخاص الذين يمكن أن يفعلوا شيئاً ما بشأن المشكلة.				
10	أدركت أنني جلبت لنفسي مشكلة.				
11	تمنيت حدوث معجزة.				
12	وقفت صلباً وناضلت من اجل ما أريد.				
13	حاولت أن أنسى كل الأمور السيئة أو المزعجة.				
14	حاولت عدم إخبار الآخرين عن الأمور السيئة .				
15	لقد وضعت خطة عمل واتبعتها .				
16	بدأت اشعر أن الموقف جعلني أقوى مما كنت عليه في السابق.				
17	لقد طلبت النصيحة من بعض الأشخاص الذين اكن لهم الاحترام.				
18	وعدت نفسي أن تكون الأمور أفضل في المرة القادمة.				
19	كان عندي بعض التصورات الخيالية والأماني عن كيفية انتهاء الموقف.				
20	انتظرت حدوث فرصة، حتى لو كانت تنطوي على مخاطرة لمواجهة المشكلة.				
21	حاولت أن أنسى كل ما يتصل بالموقف.				
22	حاولت عدم قطع خط الرجعة وان أبقي جميع الخيارات مفتوحة.				
23	لقد ركزت جهودي بما ينبغي أن افعله لاحقاً .				
24	لقد تلقيت تعاطفاً وتفهماً من شخص ما.				
25	لقد نمت ساعات طويلة أكثر من المعتاد .				

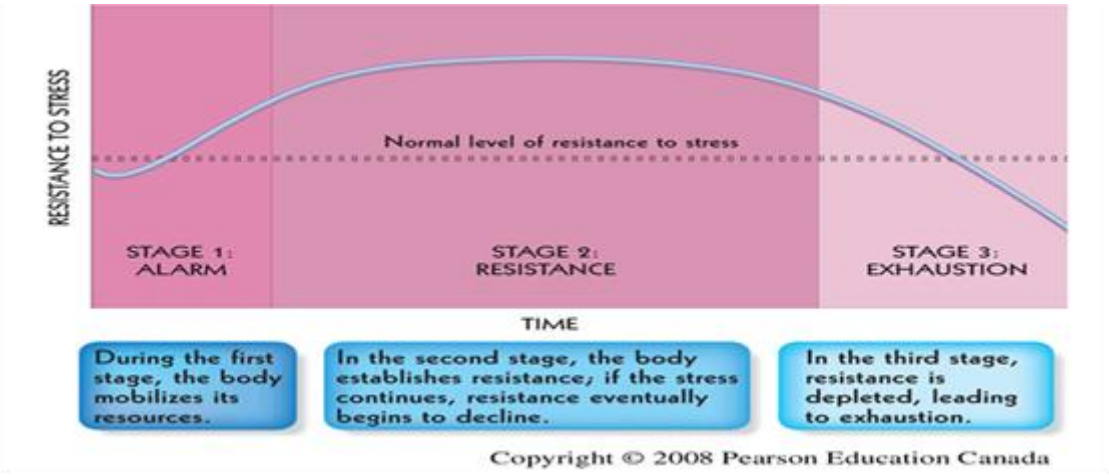
26	لقد اعتذرت أو فعلت شيئاً ما لتصحيح الخطأ .				
27	حاولت أن أكون بوضع أحسن بواسطة الأكل أو التدخين أو استخدام الأدوية.				
28	لقد حاولت عمل شيء ما وان لم يكن مجدياً فأنني على الأقل حاولت .				
29	لقد استسلمت لقدري حيث يكون أحيانا حظي سيئاً .				
30	حاولت ألا أكون متهوراً ومتسرعاً خلال الموقف الضاغط .				
31	لقد قمت بتغيير بعض الأمور وهكذا بدأت تسير الأمور نحو الأفضل .				
32	اكتشفت من جديد ما هو الشيء المهم في الحياة .				
33	لقد طلبت المساعدة .				
34	تجنبت الناس بشكل عام .				
35	بدأت أفكر كيف يمكن لشخص احترمه وأعجب به، كيف يتصرف في مثل هذا الموقف وعملت مثله				
36	رفضت أن أفكر في الموقف ككل .				
37	حاولت ضبط مشاعري قدر الإمكان وعدم تحويلها إلى تصرفات وأمور أخرى.				
38	اتجهت إلى الصلاة والدعاء .				
39	لم اصدق أن الموقف أو المشكلة قد حدثت .				
40	بدأت أفكر بما ينبغي أن افعله أو أقوله .				
41	بدأت أغير بعض الأشياء في نفسي .				
42	ألقيت اللوم على الآخرين .				
43	بدأت استرجاع خبراتي السابقة عندما كنت في موقف مشابه .				
44	مضيت وكأن شيئاً لم يحدث .				

Annex 8
Lazarus scale for coping

No.		Rarely	Always	Sometimes	Never
1	I talked to some people in order to find out more information about the stressing situation.				
2	I criticized myself.				
3	I wished that the disturbing situation end in any way.				
4	I expressed my distress to the people who have caused the problem.				
5	I tried to see the bright side of things.				
6	Tried to keep my feelings to myself.				
7	I know what I should do, therefore, redoubled my efforts so that things go fine.				
8	I was grown up and changed as a well behaving person.				
9	I talked to some people who can do something about the problem.				
10	I realized that I brought a problem to myself.				
11	I had hoped for a miracle				
12	I stood firm and fought for what I want.				
13	I tried to forget all the bad or disturbing things.				
14	I tried not to tell the others about the bad things.				
15	I began to feel that the situation made me stronger than before.				
16	Getting a little amount of salary bothers me.				
17	I have asked for advice from some people whom I respect.				
18	I promised myself that things will be better next time.				
19	I had some fantastic scenarios and hopes on how the situation is going to end.				
20	Waited for an opportunity, even if it involves risk to face the problem.				
21	I tried to forget everything related to the situation.				
22	I tried not to lose the chance to return and to keep all options open.				

23	I have focused my efforts on what I should do later				
24	I've got sympathy and understanding of someone.				
25	We have slept more hours than usual.				
26	I have apologized or did something else to correct the error.				
27	I tried to be better by eating, smoking or drug usage.				
28	I have tried to do something, although it was not useful, but at least I have tried.				
29	I give up to my fate when I sometimes have a bad luck				
30	I tried not to be reckless or take a hasty position during the stressing situation.				
31	I've changed few things, therefore things started being better.				
32	I have newly found out the important thing in life.				
33	I have asked for assistance				
34	I have avoided people in general.				
35	I started thinking how someone whom I respected and like might do it and I followed.				
36	Refused to think of the situation as a whole. I				
37	I Tried to control my feelings as much as possible and not convert it into actions and other things.				
38	I headed for prayer and supplication.				
39	I did not believe that the situation or problem has occurred.				
40	I began to think of what to do or say				
41	I Began to change some things in myself.				
42	I Blamed others.				
43	I began to recall my earlier experiences when I was in a similar situation.				
44	I moved on as if nothing had happened				

Annex 9
Resistance To Stress



ملخص الدراسة

هذه الدراسة تتناول موضوع ضغوط العمل و آليات المواجهة لدى العاملين في الرعاية الصحية بمحافظات غزة و التي تهدف لتحديد مستوى ضغوط العمل و آلية التكيف لدى العاملين في مجال الصحة النفسية و تتكون عينة الدراسة من (254) الذين يمثلون جميع العاملين في المؤسسات الحكومية و هي وزارة الصحة و وزارة التربية و التعليم و عينة المجتمع تتكون من : ما بين أطباء نفسيين، أخصائيين نفسيين، أخصائيين اجتماعيين، ممرضين، ومرشدين تربويين.

واستخدم الباحث أداتين رئيسيتين لتحقيق أهداف و أغراض هذه الدراسة ،الأولى: استبيان تم إعداده من قبل الباحث (يختص مقياس ضغوط العمل) والثاني: مقياس لازروس لقياس آليات المواجهة . و استخدم الباحث طريقة الوصف التحليلي و مقياس ت و طريقة التحليل الإحصائي الأحادي

و أظهرت النتائج إلى أن مستوى ضغوط العمل يزيد عن 53% لدى عينة الدراسة، و أكثر آليات المواجهة استخداما لمواجهة ضغوط العمل هي إعادة التفسير بنسبة. 5 79% والمقدرة على حل المشاكل بنسبة 77 % آلية الهروب من المشاكل بنسبة 56%.

كما أشارت النتائج فروق ذات دلالة إحصائية في مستويات ضغوط العمل لدى عينة الدراسة و تلك الاختلافات تعزى إلى بعض المتغيرات الديموغرافية مثل: الجنس، الترتيب الميلادي في الأسرة، المستوى التعليمي ،مكان العمل، نوع العمل.

ويوجد اختلافات مهمة في آليات المواجهة المستخدمة لوحظت لدى عينة الدراسة تعزى إلى المتغيرات التالية: الجنس، العمر ،مكان السكن، المستوى التعليمي، مكان العمل، سنوات الخبرة، ونوع العمل.

بالإضافة إلى ذلك، أظهرت النتائج إلى وجود علاقة ارتباط بين أساليب آليات المواجهة ومستوى الضغط النفسي لدى المشاركين.

و على ضوء هذه الدراسة, و من خلال النتائج خرجت ببعض التوصيات

التوصيات

على ضوء نتائج الدراسة يوصي الباحث بالتالي:-

1. تحسين بيئة العمل للعاملين في الحقل النفسي .
2. تطوير برامج معينة للعاملين في الحقل النفسي مثل برامج تعليم التدخل النفسى والتكيف مع آليات المواجهه للتغلب على ضغوط العمل البيئيه والتي تهدف إلي تخفيف أسباب الضغوط لديهم.
3. التوصية لعمل ورشة عمل للعاملين في الحقل النفسي عن آليات المواجهة لتجعلهم على اطلاع بضغوط العمل على الموظفين.
4. تطبيق برامج تدريبية في الحقل النفسي وكيفية التعامل مع الضغوط النفسية الناتجة من الأحداث وآلية مواجهتها بطريقة سليمة.
5. تقليل ساعات العمل .