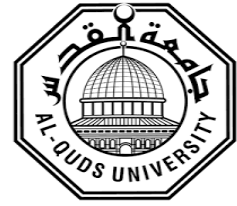


Deanship of Graduate Studies

Al-Quds University



**Job Satisfaction among Nurses Working in the
COVID-19 Center in Palestine**

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M. Sc. Thesis

Jerusalem – Palestine

1443 / 2022

**Job Satisfaction among Nurses Working in the
COVID-19 Center in Palestine**

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Doctor of Philosophy in Nursing at Al-Quds University

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Al – Quds University
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Thesis Approval




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COVID-19 Center in Palestine**

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Jerusalem – Palestine

1443 / 2022

Declaration

I 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:

Alia M. Sweity

05/01/2022

alia sweity

Dedication

To the one who delivered the message and led the trust ... and advised the nation ... to the prophet of mercy and the light of the worlds ...

Our Master Mohammed, may God bless him and grant him peace

To whom God has entrusted with prestige and reverence...To those who taught me to give without waiting...To whom I bear his name with pride...I ask God to have mercy on and forgive you. Your words will remain stars to be guided by today, tomorrow, and forever...

To the spirit of my dear father

To my angel in life ... to the meaning of love, to the meaning of tenderness and devotion ... to the smile of life and the mystery of existence ... To whom her prayer is the secret of my success and her tenderness is a surgical balm to the most precious thing in my life...

My beloved Mother

To my dear **Brothers** and my dear **Sisters** thank you for supporting me...

To all my friends I would like to thank them for being always beside me...

To everyone who encouraged, supported, and helped me all the way...

I dedicate this research to them all ...

Alia Mohammed Sweity

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I extend my sincere thanks and appreciation to Dr. Kefah Jihad Zaben - may God protect him - for his generosity in supervising this research and for his great efforts, advice, guidance, patience, and tolerance, which made this study possible.

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I would like to extend my thanks to my first university, which was the foundation of my success and success –Ibn Sina College of Nursing and Midwifery, I will not forget my second university, Al-Quds University, because I found it appreciated and respected by us and for all the doctors and tutors who are working hard in this great distinguished institution who have provided me with support, progress, and development in my field of work.

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Finally, my thanks go to all the people who have supported me to complete the research work directly or indirectly.

Alia Mohammed Sweity

Jan.2022

Abstract

Background: Under the COVID-19 pandemic, nurses are the mainstay in the fight against the any pandemic. nurses play critical roles in the prevention of the COVID-19 outbreak through proper care and preventive procedures. So, job satisfaction are essential factors influencing nurses' productivity.

Objective: The aim of this study was to assess the level the job satisfaction and identify the factors that hinder the job satisfaction in nursing working at COVID 19 centers in governmental hospitals in Palestine.

methods: This study used a cross-sectional and descriptive quantitative design conducted in spring 2021 (n = 625; census study, 565 of them are positively responded with response rate 90.4%. A 50 item of job satisfaction scale was developed through examination of internal and external validity and based on the results of item analysis.

results: The study found that almost (63.2%) of nurses in COVID 19 centers in governmental hospitals in Palestine had a moderate level of job satisfaction. Co-workers represented main source of job satisfaction of nurses, with mean (3.6). While the stigma represents the main source of job dissatisfaction for nurses in COVID 19 centers with mean (3.29). While such as the supervision and communication for heads department and nursing supervisors are an important factor in raising the level of job satisfaction for nurses with mean (3.24). But work procedures represented one of the factors of job satisfaction, as (63.18 %) agreed that working conditions helped them accept to work in the COVID 19 pandemic

According the relationship between job satisfaction and socio demographic variables (age, gender, experience, monthly income, educational degree and departments). have differences between the respondents, except department no differences between the respondents..

Conclusions: COVID-19 pandemic is not just a time of crisis, but an opportunity for reconstructing the professional identity for nurses. Given the importance of professional identity in determining professional commitment and the quality of care, making sense of the event, incorporating the unique COVID-19 experience into enhancement of job satisfaction. In addition, developing strategies from the policy, management and organizational levels to enhance professional fulfillment.

Key words: Job satisfaction, COVID 19 pandemic, Nurses, Palestine.

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List of Abbreviations

CBR	Crude Birth Rate
CDR	Crude Death Rate
COVID 19	Coronavirus Disease 2019
EGH	European Gaza Hospital
GDP	Gross Domestic Product
GS	Gaza Strip
IMR	Infant Mortality Rate
MOH	Ministry of Health
NGOs	Non- Governmental Organizations
NIS	New Israeli Shekel
PCBS	Palestinian Central Bureau of Statistics
PCR	Polymerase chain reaction
PHCC	Primary Health Care Centers
PNGO	Palestinian Non-Governmental Organizations
PPE	Personal Protective Equipment
RII	Relative Important Index
SD	Standard Deviations
UNRWA	United Nations Relief and Works Agency
WB	West Bank
WHO	World Health Organization

Chapter One

Introduction

1.1 Background

Job satisfaction of employees lead to several positive behavioral outcomes at work. So, high job satisfaction brings about productive work behavior. It enables employees to satisfy patients. Furthermore, the concept of satisfaction for health-care employees has described as a positive feeling of contentment that individuals obtain from their job while working for a corporate organization (Ezeja et al., 2010).

Around the world, health care systems are facing great challenges of limited resources and increasing demands on health care services. Continuous increases in demand with ineffective supply; increased costs of care; and massive use of technology and innovations have created new changes in the meaning and the process of providing quality nursing care (Mudallal, 2011).

So, nurses are the most important workers in healthcare system. Where nurses face many challenges in their jobs and have to multi-task most of the times. Nurses experience, long working hours, unpredictable actions from patients and their kin, deeply emotional situations like death and pain and dangers of contracting communicable diseases from patients (Khamisa et al, 2015).

Since the earliest days of the nursing profession, nurses all over the world have played a significant role during disaster and emergency situations, including disease outbreaks and epidemics. This is what makes nursing organizations such as the International Council of Nurses emphasized the critical role that nurses play during emergency and disaster situations. While nurses remain committed to this role, the unprecedented pressure exerted by the pandemic on every country's healthcare system has presented various challenges to nurses that could affect their well-being and work performance. Much worse,

nurses are risking their lives in order to carry out their duties, causing intense fear of being infected or unknowingly infecting others (Labrague& Santos, 2020).

As early as November 2019, a pneumonia-like disease emerged in Wuhan, China, which the World Health Organization (WHO) later called Coronavirus Disease 2019 or (COVID-19). Within a several months, COVID–19 has caused significant damage to public health, while causing financial and economic loss in many countries. Globally, cases of COVID–19 had been reported in many countries of the world, add all countries of the world have suffered from a disease despite the safety measures imposed (WHO, 2020).

The COVID-19 pandemic has had a major impact on the capacity of health systems to continue the delivery of essential health services. While health systems around the world are being challenged by increasing demand for care of COVID-19 patients, it is critical to maintain preventive and curative services, especially for the most vulnerable populations, such as children, older persons, people living with chronic conditions, minorities and people living with disabilities (WHO, 2020).

Governments have taken strict measures to combat COVID-19. To try to cope with this deadly disease. As it has identified special centers for these patients, and opened isolation and quarantine departments in other hospitals. added to training staff to deal with patients in a way that prevents transmission of infection to them, in addition to the scarcity of health personnel capable of dealing with patients in light of the outbreak of the epidemic (MOH, 2020).

In Palestine, precautionary measures to confront the outbreak of Corona virus 19 (COVID-19) beginning of march 2020, as they began to declare a state of emergency, in addition to equipping private hospitals to receive and treat COVID-19 patients, and to prepared intensive care departments to receive cases that need respiratory care, training

medical staff to deal with disease cases, and to equip laboratories to examine Polymerase chain reaction (PCR) samples (MOH, 2020).

The severity and fatality and susceptibility to disease can create or intensify anxiety and fear among nurses, potentially affecting their health and well-being and work effectiveness during times of infectious epidemic crisis (Ahorsu et al., 2020). In addition, frontline nurses, particularly those who work directly with coronavirus patients, often witness patients suffering and dying, impacting their emotional health and causing compassion fatigue (Alharbi et al., 2020) and post-traumatic stress manifestations (Kameg, 2020). A systematic review of studies has shown a higher prevalence of anxiety and depression in nurses than in other frontline healthcare workers (Pappa et al., 2020) and the general population. Hence, supporting the nursing workforce during the COVID-19 pandemic is of paramount importance.

Since the onset of the corona virus disease a sever number of studies (Labrague& Santos, 2020; Said & El-Shafei, 2020; Nemati et al, 2020) have been conducted and published navigating the effects of the disease outbreak on psychological health among nurses and other healthcare workers. However, despite the increasing number of studies on the topic, none have been conducted to examine how these COVID-19-related psychological and functionally consequences influence nurses' work.

Research on nurses' job satisfaction across countries showed that job dissatisfaction was different among nurses. In a recent cross-country study, organized nurses' job satisfaction from highest to lowest level in Germany, the U.S., New Zealand, and Canada, South Korea, UK, China, and Japan respectively (Aiken et al, 2011). In general, researchers found that nurses' job satisfaction in developed countries was higher than their counterparts in the less developed nations. Park, Jeoung, Lee, and Sok showed that Korean nurses' job satisfaction was weak and lower than the median level (Park et al, 2015). The findings of Al

Maqbali's (2013) study in Oman showed nurses have a medium level of satisfaction. More specifically, the nurses in Oman were highly satisfied with their interactions with coworkers and their lowest job satisfaction was related to the extrinsic rewards they receive.

In Iran, the results of studies on nurses' job satisfaction showed that the majority of nurses have moderate to low levels of job satisfaction. Particularly, researchers found that most of nurses are moderately satisfied with their job conditions, communication with their coworkers, occupational positions, supervision, policy-making and management, link with private work and their satisfaction with nursing job security, pay and benefits were low (Moosavi et al, 2013).

The current study will be carried out to examine whether frontline nurses' fear of COVID-19 contributes to work satisfaction or intent to leave their organization and the profession. To our knowledge, this study was the first to assess such a relationship in Palestine. The results of this study provided input for policymakers and nursing administrators on how to effectively support frontline nurses during COVID 19.

1.2 Problem Statement

Nursing necessitates meeting the patients' needs whatever the health situation and disease. A nurse has to first assess the needs of patients, devise a plan of nursing care so that these needs can be met, implemented and she can carry out the plan of nursing care and finally evaluate the plan. Wherefor, Understanding the patient's emotion will always be an important ongoing challenge for a nurse. Nurses' goal is to help the patient replace negative with positive feelings if at all possible. There are different kinds of patients in the hospital.

Some have communicable diseases like COVID 19 patients. At the duty time in the ward the nurse is responsible for the patients in the ward, and the patient approaches the nurse with their problems. The problems can be many, but the nurse should listen to the

patients' words in a friendly manner. If the nurse gets into emotions, she will be in a stress mood. Change of duty hours (shift) without consideration of her request by the superior authorities will also create tension, anxiety and this will negatively may affect the quality of health services provided. So, if nurses are to listen to patients 'problems and pain, then there must be someone who listens to nurses' problems and pain.

Situation in COVID 19 centers in Palestine suffer inadequate facilities in the departments and unhealthy environment of the working place i.e.; low salary, lack of promotion facilities, lack of coordination of the colleagues, managerial attitudes, nurses' personal problems including family problems also cause stress and job dissatisfaction among nurses, especially among nurses working in center and departments of treatment and care of COVID disease 19.

Nurses are the important personnel in the health care team. Nurses are responsible for the welfare of the patients' and community. So, it is necessary to assess the level of job satisfaction among nurse's work in treatment COVID-19 departments.

1.3 Justification of the Study

The nursing works with COVID 19 patients with this virus under a difficult and exhausting precaution, for long working hours, and they are may exposed to infection with this virus while at work. So, coronavirus disease 2019 pandemic promotes the sense of professional identity among nurses. Nursing is a difficult and stressful job, widely considered to be one of the most stressful professions and associated with absenteeism, and a high degree of dissatisfaction.

Job satisfaction is defined as "the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs". Job satisfaction plays a major role in strengthening the health systems, and also associated with achievement of set goals pertaining to health and

development. A motivated and properly trained health workforce is required to achieve the highest quality in healthcare delivery, especially for COVID-19 patients .

The individual whose job satisfaction increases, consequently, his enthusiasm for work increases, his demand for it increases, his affiliation with his job and the organization increases as well, thus increasing his productivity and performance and vice versa. An individual whose job satisfaction decreases as a result of this his enthusiasm for work, and feelings of gratitude and loyalty to the job and the organization also decrease, and as a result his productivity and performance decrease (Mansor, 2010).

Nursing with a high level of job satisfaction is important for high quality care, as evaluated by patients (Kvist et al, 2014), while work dissatisfaction is related to reduced safety and satisfaction of patients (Saber, 2014).

Job satisfaction among nurses have many important factors may affecting on him like possibilities for professional development, supervision and management, the rewards offered by the job, working conditions, promotion and self-growth (Serafin et al, 2019).

Many studies lead to the consensus that major hurdle in the achievement of these goals is the absence of motivation and proficiency in health workers. Retention of skilled, motivated and efficient work force is also a problem in the developing countries because these people leave their job and go elsewhere for better recognition or salary.

1.4 Aim of the study

The overall aim of this study is to assess the level the job satisfaction and identify the factors (Working conditions, Promotions, Contingent and reward, Supervision and Communication, Stigma, Co-worker, working procedures) that hinder the job satisfaction in nursing working at COVID 19 centers in governmental hospitals in Palestine from the perspectives of nurses.

1.5 Objectives of the study

- To identify level of job satisfaction among Palestinians nurses working in COVID 19 departments and hospital.
- To determine the domain that highly influence of job satisfaction among nurses working in COVID 19 centers.
- To compare the relationship between job satisfaction and socio- demographic variables (age, gender, experience, monthly income, educational degree and departments).

1.6 Questions of the Study

- What is the level of job satisfaction among Palestinians nurses working in COVID 19 centers?
- What is the highest and lowest level for each dimension of job satisfaction among Palestinians nurses working in COVID 19 centers?
- Is there a relationship between socio-demographic variables and level of job satisfaction among Palestinians nurses working in COVID 19 centers?

1.7 Definition of terms:

This part will contain the definition of terms included in this study

– Job satisfaction

It is a group of emotional feelings that the individual feels towards the work, which he is currently occupying, and these feelings may be negative or positive, and they express the extent of satisfaction that the individual imagines that he achieves from his work. This work is positive, that is, the more he is satisfied with his work, but the more the individual imagines that his work deprives him of this satisfaction, the more his feelings towards this work are negative, i.e., the more he is dissatisfied with his work in (Ángel et al., 2014).

The researcher defines job satisfaction operationally: the degree that the participant in the research obtains on the scale of job satisfaction prepared for this goal.

– **COVID-19:**

The disease caused by a new corona virus called SARS-CoV-2. WHO first learned of this new virus on 31 December 2019, following a report of a cluster of cases of ‘viral pneumonia’ in Wuhan, People’s Republic of China (WHO, 2020).

1.8 Context of the study

1.8.1 Demographic characteristics

Palestine is a relatively small country; the total area of the historical Palestine is about 27.027 Km², it has been occupied in 1948 by Israel and the two remaining parts West Bank (WB) and Gaza Strip (GS) is separated geographically after the war in 1967. The total area of the WB is 5842 Km² with population living in is about 3,053,183 individuals, about 60% of the total Palestinian population. In other side in Palestine GS, total area of GS is about 365 Km² with population living in is about 2,047,969 individuals, about 40% of the total Palestinian population. GS is overcrowded area with population density of 5.610 capita/Km²(PCBS, 2020; MOH, 2020).

Palestine is divided into (16) governorates, divided into 11 governorates in the West Bank, and (5) in the Gaza Strip (PCBC, 2020). According to the annual report of Ministry of Health (MOH) in 2020, the Crude Birth Rate (CBR) in the Palestinian territory estimated about 29.9/1000 of population, distributed as 27.5/1000 in the WB and 33.4/1000 in GS, in the other hand the Crude Death Rate (CDR) was about 3.7/1000 of population, distributed as 3.4/1000 of population in GS and 3.9/1000 in WB (MOH, 2020).

1.8.2 Socio-economical context

Preliminary estimates indicated a decrease in Gross Domestic Product (GDP) in Palestine by 4.6% during 2020. Unemployment is a critical problem in the Palestinian situation, since it has a rate of 25% in the year 2020, unemployment rates in GS is higher than WB, 46% and 14% respectively; this situation resulted from restrictions on Palestinian movement due to corona virus, and unilateral activities from Israeli occupation, and the siege on the GS (PCBC, 2020).

1.8.3 Palestinian Health Care system

The Palestinian health system consists of four main sectors: the government health sector (Palestinian Ministry of Health and Military Medical Services), the United Nations Relief and Works Agency for Refugees, NGOs, and the private sector. These different sectors participate in providing health care services to citizens of all levels: primary health care, secondary and tertiary health care. The Palestinian Health Ministry pays great attention to preserving the continuity of the Palestinian health system and providing comprehensive health services of high quality to all citizens (MOH, 2020)

The main roles and responsibilities of the MOH according to the Palestinian Public Health Law are: providing, regulating and supervising the provision of health care in Palestine. Also, MOH is responsible about planning the health care services in coordination with different stakeholders, enhancing health promotion to improve the health status, developing human resources in health sector, managing and disseminating health information, and others (MOH, 2020).

1.8.4 Primary Health Care Centers

Primary Health Care Centers (PHCC) is a major part of Palestinian health care system. PHC provides preventive, promotional, curative and rehabilitative health care to all Palestinian citizen especially for vulnerable groups through MOH, UNRWA, non-

governmental and private centers. At the end of 2019, the total number of PHCC was 749 centers guided by MOH represent the ratio 63.4%, 65 centers guided by UNRWA Represent the ratio 8.7%, 192 centers guided by NGOs Represent the ratio 25.6% and Military medical services 17 Represent the ratio 2.3% (MOH, 2020).

1.8.5 Governmental Hospital Services

MOH is the main provider of secondary care. It is responsible for 84 hospitals and the number of hospital beds about 6,435 bed and at a rate of 12.9 beds per 100,000 citizens. The MOH owns and manages 54.9% of hospital beds in Palestine. There are 28 hospitals in the MOH, with a bed capacity of 3,531 beds. The MOH owns and manages 54.9% of hospital beds in Palestine. There are 28 hospitals in the MOH, with a bed capacity of 3,531 beds. There are 15 hospitals in the WB, with a bed capacity of 1,749 beds, which is equivalent to 49.5% of the total hospital beds of the MOH, while there are 13 hospitals in the GS, with the number of MOH hospitals in the GS. 1,782 beds, or 50.5% of the total hospital beds in the MOH in Palestine (MOH, 2020).

1.8.6 Governmental hospital services in treating COVID 19 patients:

Since the declaration of the state of emergency in Palestine due to the emergence of the first cases of COVID 19 in the Bethlehem Governorate. The MOH announced its preparedness and readiness to provide services to COVID 19 patients. It has established many private hospitals to treat and follow these patients. European Gaza hospital– Gaza, Dora Hospital for COVID -Hebron.Hugo Chavez Hospital – Ramallah, The Palestinian National Rehabilitation Center – Bethlehem, Omar Al-QasimHospital – Qalqilya, Turkish Friendship Hospital – Gaza, Red Crescent Hospital – Nablus, Military Hospital – Nablus, Red Crescent Hospital – Tulkarem and National Hospital – Nablus and others of the departments designated for patients who have not been confirmed with COVID-19. In

addition to the aforementioned, these hospitals have been equipped with ventilators, and medical staff have been trained to deal with COVID patients to the fullest extent (MOH, 2020).

Chapter Two

Literature Review

In this chapter the researcher will discuss deeply the concept of Job satisfaction and factors that affect nurses' satisfaction or dissatisfaction, especially nurses who work in cases of epidemics such as the spread of corona virus. So, the researcher reviews relevant previous studies and show experience of other researchers in this field.

2.1 Search Strategy

A comprehensive and systematic search process was conducted to retrieve relevant literature on Job Satisfaction and factor effects of Nursing Working. The search process targeted articles published in reviewed journals in English language between 2005 and 2021 related the Job Satisfaction and factor effects of Nursing Working. The search was completed on 30th Apr. 2021 and will be updated if required.

2.2 Conceptual framework

This conceptual framework was developed by the researcher to illustrate the job satisfaction of nursing working in the departments of COVID-19 treatment to assess directly contribute to job satisfaction, and hate to work in the departments of COVID 19, which led some nurses to leave the nursing profession to work in these departments. So the researcher tried to reach the assess the level of job satisfaction or dissatisfaction as:

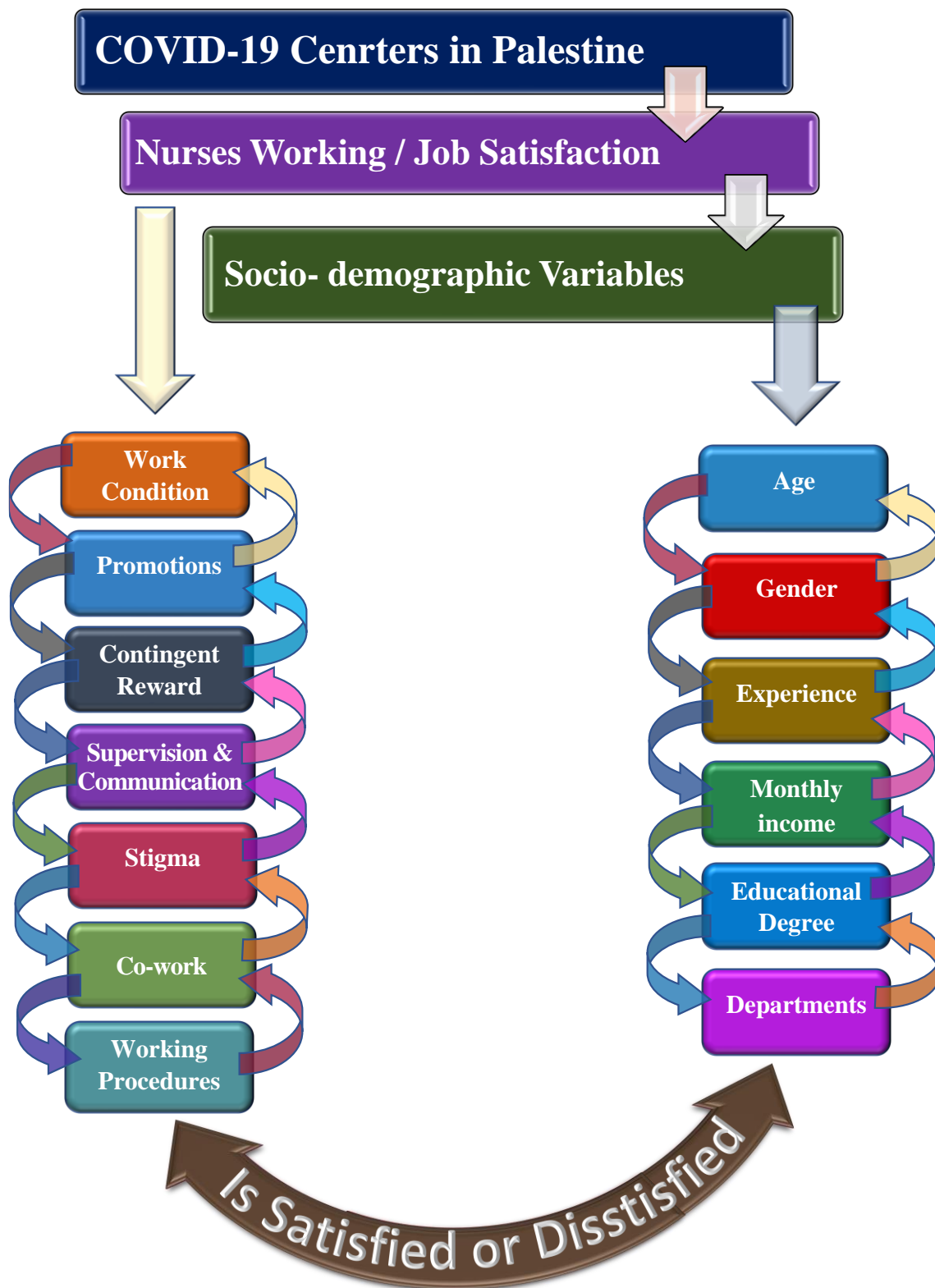


Figure 2.1: Conceptual framework diagram "self-developed"

2.2.1 Nurses in centers of COVID 19:

The nature of care itself and new ways of working are potentially highly stressful for nursing work in COVID 19. Nurses are not only experiencing an increase in the volume

and intensity of their work, but are having to accommodate new protocols and a very “new normal.” A disease different from others, so, any mistake from nurse may be him patient, and the consequence of this disease are vague and unknown.

A failure to protect nursing workers adequately is causing anger and frustration, making nurses feel unsafe at work, more over they are risking their own health and fearful of transmission to their families (Maben & Bridges, 2020).

2.2.2 Nurses Job Satisfaction in COVID 19 Center:

It would be difficult as a nurse not to have strong emotional reactions to the COVID-19 virus and its impact on one's work (fear, anger, frustration, worries). Such fear and anxieties are normal, as are the intense feelings evoked when nurses feel unable to care for patients as they would have otherwise. Nurses and healthcare or nursing assistants, in acute, community mental health and social care settings are having to make extremely difficult decisions from one moment to the next. They are having to be very creative about new ways of working with very ill patients.

Several studies have found that higher levels of fear of COVID-19 were associated with increased psychological distress, decreased health perceptions (Labrague & Santos, 2020). And study by (Akinwale and George, 2020) found role of management of hospitals on pay due attention to issues relating to job satisfaction, as this is likely to increase health-care system effectiveness, boost mental and social health of the nurses.

2.2.3 Dimensions of job satisfaction:

Job satisfaction is under the influence of a series of factors such as: The Working conditions, Promotions, Contingent and reward, Supervision and Communication, Stigma, Co- worker, Working procedures. A somewhat different approach regarding the factors of job satisfaction is provided by Rue and Byars (Abu Spetan, 2013). When talking

about factors of job satisfaction the fact that they can also cause job dissatisfaction must be kept in mind. Therefore, the issue whether job satisfaction and job dissatisfaction are very difficult and excludable phenomena. There is no consensus regarding this issue among researchers. . In fact, the main idea is that employees in their work environment are under the influence of factors that cause job satisfaction and factors that cause job dissatisfaction (Leskovic et al, 2020).

Several studies as (Bakotic and Babie, 2013; Chamal and Dilina, 2018; Chaudhury, 2015; Edem et al., 2017; Edoho et al., 2015), have linked identified variables (Administrative and managerial support, autonomy and responsibility, socio-political climate, supervision and working condition, recognition and achievement, advancement and promotion) as predictor of job satisfaction among nurses in government hospitals across countries of the world.

2.3 Literature Review

2.3.1 Background:

Some researchers have argued that despite the advancement of information, technology, and telecommunication in the global work environment human resource or employees are a major part of the productivity and success of any organization (Shahdadi, Yazdanpenah, & Ghavam, 2017). So, a well-managed organization places some emphasis on physical or capital assets, but to a large extent considers the workers or people working in the organization a fundamental source of success and productivity (Bryant, 2016). Scholars argued that an effective organization is the organization that ensures that there is cooperation, commitment, and satisfaction among the workforce (Amoatema, & Kyeremeh, 2016; Isac & Badshah, 2016). In many multinational organizations employee job satisfaction forms an integral part in the formulation and implementation of managerial policies (Kwang & Giguen, 2017; Raina, & Britt-Boebuck, 2016). Organizations endeavor

to ensure job satisfaction of the employees due to the important role satisfied employees perform in the organization.

There for from the above, understanding nurse job satisfaction is especially important where there is a pandemic disease, job over loads, job stress and a shortage of nurses. Job satisfaction also played a role and is a specific strategy that needs to be researched in order to retain nurses (Kurowski et al., 2009). Job satisfaction is also found to positively impact nurses' assessments of quality of care (Kramer, Maguire, & Brewer, 2011). Job satisfaction has been proposed by several authors to improve outcomes, and thus has become a focus of study in nursing processes and quality of care. Outcomes proposed to be a result of improved nurse job satisfaction included Raise the level of quality of health care provided (Abushaikha & Saca-Hazboun, 2009).

Researchers and human resource practitioners sometimes refer to the term, job satisfaction, as employee satisfaction. Thus, both words (job satisfaction and employee satisfaction) are often interchanged and usually used to refer to people working in an organization. Saari and Judge (2004) stated that happy employees are productive employees, and unhappy employees are unproductive employees. The term employee satisfaction refers to the individual employee's cognitive, affective, and evaluative reactions toward his or her job (Greeberg, 1993). Individual workers or nurses that tend to be satisfied with the job assigned to them by their employers are generally more loyal to the institutions. Such employees or nurses think about the nature of the job throughout their employment and contribute to productive levels in the organization (Amon-Kotei, 2016).

Nurses' job satisfaction is a multidimensional phenomenon influenced by many variables. Job dissatisfaction has frequently been cited as the primary reason for a high rate of absenteeism (Semachew et al., 2017).

Therefore, the researcher confidence that the job satisfaction of nurses especially during epidemics is of utmost importance. An important part of fighting epidemics is maintaining nursing staff not sufferer by these diseases caused by these epidemics, such as COVID 19, so maintaining employee satisfaction directly contributes to reducing the infection rate among nursing staff, and reducing the morbidity and mortality rate among population.

2.3.2 The Concept of Job Satisfaction:

The term job satisfaction is a relatively recent term that appeared in the twentieth century, and this term refers to a variety of factors that can affect an individual's feeling about his job, and these factors include wages and benefits, the fairness of the promotion system within the institution or organization, leadership and supervision, and social relations. Which may contribute positively or negatively to the individual's motivation to accomplish the tasks required of him (Shukla & Singh, 2016).

Brayer & Marcinowicz (2018) defined job satisfaction as employees' different attitudes about their jobs and their awareness of the things they desire, as it is a combination of environmental and psychological factors that affect productivity, loyalty and belonging that leading to the achievement of the desired goals pursued to the organization.

Job satisfaction is defined as the general attitude towards work or job, which expresses the difference between what an individual gets through the performance of his duties and his expectations resulting from his performance of the same jobs (Anitha, 2011), Job satisfaction also expresses the employee's feeling about the role he/she plays in the institution or organization in which he works, which is reflected in here other roles outside the work environment as a member of the community in which he interacts with others (Naveed et al, 2011).

Others believe that job satisfaction is the product of the interaction of a group of psychological, physiological and environmental conditions that affect an individual's feeling about his job, and although satisfaction is under the influence of many external factors, there are internal factors that cannot be overlooked, which is the way the employee feels. Which determines his level of satisfaction or dissatisfaction (Molla, 2015).

Job satisfaction can also be defined as the individual's feeling of happiness and satisfaction as a result of satisfying his needs and desires and achieving his expectations through the work he performs, which leads to an increase in his confidence, loyalty, and belonging to the institution or organization in which he works (Al-Saeedi, 2013).

According to Armstrong (2006) job satisfaction is a human resource concept and involves some inner feelings and outcomes that the employees have in the job. Armstrong explained that employees' job satisfaction includes both promising and encouraging reaction toward the work. However, dissatisfaction or unhappiness in the workplace often comes because of discouraging remarks by job owners and managers. This argument agrees with Abraham Maslow and Frederick Herzberg motivation theories in the sense that employees can be satisfied and motivated to work effectively through recognition of task performed successfully. Supervisors and managers can help an employee feel satisfied in the place of work if he or she is given specific roles in the production process. On the other hand, when managers do not assign specific roles and change roles spontaneously for the employee, he or she may be dissatisfied working in the organization.

At summary, researcher believed, Job satisfaction can be viewed by people in different forms. The concept is connected to incentives given to people to get a work job. In personnel administration, the concept refers to the actions attitude, an inner state of mind. For instance, the concept can be the feelings an employee gets for performing a task

successfully. This argument is in line with the motivation theories propounded by Abraham Maslow and Frederick Herzberg in the sense that incentives and bonuses.

2.3.3 The Importance of Job Satisfaction:

Alhumaidhi (2015) indicates that job satisfaction is related to improving job performance levels, as well as that job satisfaction represents a certain degree of the quality of management and its methods, and the quality of communication at work, as it is considered an important indicator of the atmosphere of the internal work environment of the organization, and in the absence of job satisfaction, many things will be produced, including (high rate of employee absence from work, high rate of accidents at work, and high percentage of complaints in work and lower productivity). So, Elewa (2017) stresses that job satisfaction leads to a number of things, most notably the commitment and stability of workers at work, improving teamwork, increasing productivity, enhancing customer satisfaction and loyalty, and thus the organization's products and services become of greater quality and distinction.

Nurses in general are exposed to various stressors from physical, psychological, and social working environments which are markedly increased among the front-line nurses working in COVID-19 centers.

This highly stressful work environment had reflected on the overall job satisfaction among nurses of COVID-19 center which was quite low compared to their counterparts in general hospital (Said and El-Shafei, 2020). This result is agreed by previous studies implying that stress at the individual level affects job satisfaction (Sharma et al. 2014; Riklikienė et al. 2015). According to Said and El-Shafei (2020) results showed, the main contributors to job dissatisfaction among nurses of COVID-19 center were the following: first being dissatisfied with extrinsic rewards of their job, praise, and recognition which reflected their belief that their stressful work was not met by adequate financial and moral

compensations; second, being dissatisfied with scheduling, family and work balance, and team interaction which surly affected by COVID- 19-associated heavy workload. Finally, being dissatisfied with control and responsibility as regular updates in COVID-19-associated official recommendations and policies hinders the nurses' abilities in making decisions.

In another study by Giménez-Espert et al. (2020) job satisfaction and work engagement in nurses to be high, which speaks to a certain resilience in the participants, perhaps due to the awareness of the enormous importance of the work to be done, especially and more than ever in these extreme circumstances. Studies have identified that nurses were able to manage their vulnerability using their strengths (personal, professional, contextual, and spiritual) by increasing their resilience. These strengths reflected a balance of personal attributes such as personal values (caring), attitudes (being optimistic), beliefs (religion) along with their professional skills (communication) in the contexts in which they worked (work environment, available support) (Benadé et al., 2017). Resilient nurses are more likely to remain in the workforce, which is of vital concern due to the international COVID- 19 crisis. In this context, nurses consider the impact of the COVID-19 on their work to be high, although it does not obtain the maximum score. This outcome could be because the questions refer to the work in particular, and yet the COVID-19 has strongly impacted all spheres of society worldwide, affecting personal, family, and social relationships in general. This fact could lead nurses to consider the impact of COVID-19 not as a particular impact on their workplace, but as a general impact that goes far beyond (Brooks et al., 2020).

Nurses' perceptions of the satisfaction with their jobs have positive impacts on customer-perceived service quality in health care services (Awosusi & Jegede, 2011).

According to Kaliski (2007) employee satisfaction implies doing a job which the individual employee adores, performing it effectively, and receiving adequate

compensation or rewards regarding his or her labors. This means that people expect to be happy with the work they do. Jobs that are properly defined can be completed and meet organizational goals. Heathfield (2018) described the term as the gratifying sensation in which a person's work totally satisfies all of a person's vital job values. The author's definition reveals essential functions of job satisfaction including perception, respect, value, and different views on value.

The first component of job satisfaction is related to a person's perception of the job. According to Al-Saidi (2013) A person's perception may not be a complete accurate reflection of the real situation in the workplace and in the country. This is because different people may perceive the same situation differently. It is essential to emphasize that the perceptions people have are mostly influenced by their point of reference.

Nursing staffs in most medical institutions are the most undervalued staff members despite the fact that these are the people who take care of our loved ones around the clock when they are centerized (Alam& Mohammad, 2018). Currently, nurses seem to be less satisfied due to many unidentified factors, and hence, there is a constant threat of attrition (Kumar et al., 2013).

2.3.4 Factors that Contribute to Job Satisfaction

Several approaches have been developed to determine job satisfaction, and many studies have been conducted on the factors that affect job satisfaction of employees, and basic and important information has been obtained about the relevant factors and the effect on job satisfaction (Unutmaz, 2014).

Many factors contribute to satisfaction in the workplace. Among the several factors include supervision, raise or promotion, reward or compensation and benefits (pay or salary),

coworkers, work conditions or the job itself, recognition, as well as company and management (Asare, 2019).

According to Saari et al. (2004), even though there are different opinions among scholars about the factors contributing to job satisfaction, scholars and researchers generally conclude on two main groups of factors contributing to employee gratification of his or her job, namely **intrinsic and extrinsic factors**. Supervision, coworkers, and the work itself are considered intrinsic factors, while compensation or benefit, as well as promotions are considered extrinsic factors. This argument agrees with the motivation factors described by Frederick Herzberg and Abraham Maslow. Herzberg et al. (1959) considered supervision as an extrinsic hygiene factor in his two-factor motivation theory.

2.3.4.1 Working Conditions:

A work condition is described as both the physical and emotional aspect surroundings of the workplace that drive commitment, productivity and employees' satisfaction. A conducive work condition or work environment plays a vital role in stimulating employees' job satisfaction, especially in the health-care industry which is plagued with incessant strike actions because of the poor work environment. Such a physical and emotional surrounding defines the working conditions, employee rights, employee voice, safe conditions of work, cooperative team members and friendly supervisor among others (Akinwale and George, 2020).

In Nigeria, study by Adegoke et al. (2015) established that the moment employees understand that their organization places a high priority on them, they would likely exhibit a greater level of dedication and sense of ownership in the workplace. Diverse elements associated within a working environment such as wages, working hours, employee independence, organizational structure and effective communication between management and its workforce may positively impact on employees' satisfaction (Lane et al., 2010).

Another core factor of the work environment that provokes satisfaction in the workplace is a positive supervisory predisposition.

Other study by Yasin et al. (2020) aimed to determine the impact of job satisfaction on nurses' turnover intention among nurses working in rural and urban settings in Ontario. this study found less favorable working conditions such as high workload, low staffing, and extended working hours were found to be negatively associated with job satisfaction during COVID 19 pandemic. Physical working conditions such as noisy environments may also reduce job satisfaction (Applebaum, Fowler, Fiedler, Osinubi, &Robson, 2010).

Therefore, the researcher believes that working conditions have a direct impact on job satisfaction, especially in light of epidemics; as a COVID 19 pandemic. The COVID-19 pandemic has imposed special working conditions, whether in the work environment, the nature of cases, the fear of contracting the disease, and many more.

2.3.4.2 Promotions:

Is the upward movement in a person's current position and comes with higher tasks, higher grade, as well as improved pay and wages (Heathfield, 2018). Thus, it is advancement of employees from a current position to a position that is higher than the current position. Promotion in the workplace is in three main forms including up or out promotion in which an employee earns or seeks promotion in another organization, dry promotion which does not attract any salary increase, and paper promotion in which the employee earns promotion and higher salary in a different department within the parent organization (Burks, 2015).

Emadi et al. (2015) examined the issues that influence satisfaction on a job performed by nurses in a center environment. More than half of the total respondents interviewed said opportunity for promotions provided higher job satisfaction.

Anastasia (2015) argued that promotion may depend on employees' professional development. Thus, professional development is vital to increase an employee's chance of getting promotion and higher salary. The researcher stressed that professional development can lead to promotion and the acquisition of modern techniques essential in solving complex, and sophisticated problems at the workplace. Studies found less opportunity for growth and development as major themes of job dissatisfaction among many nurses.

2.3.4.3 Contingent and Rewards:

One important thing that usually attracts potential and existing employees to work in a company is the compensation package. According to McNamara (2016) the concept (compensation) is made up of lots of themes that include the salaries and wages of nurses and employees in general. It also includes programs such as pay grade, employee bonuses, and planning and implementing budgeting for the labor force. The researcher further emphasized that the concept is implemented whenever a task is completed in nursing or other departments. In many health institutions nurses are paid or compensated for completing a task using base pay or variable compensation programs. The most common forms of compensation include wages, salaries, bonuses, and tips (Baker, 2016; Ferguson, 2016; McNamara, 2016). According to the researchers' tips are given by a managers and clients to express gratitude for the quality services rendered by a subordinate or senior worker. Job owners may provide variable pay depending on the experience and quality performances of nurses and other professionals. Employee bonuses administrators suggested that when compensating people and workers, managers need to consider bonuses since they absorb other pay programs including compensation depending on the organization (McNamara, 2016).

A study by Yu X et al. (2020) aimed to investigated factors associated with job satisfaction of frontline medical staff in China during COVID 19, which found Items that

had a low job satisfaction score included work intensity and salaries. This mainly lies in two reasons. On the one hand, the number of patients rapidly increased during the early stage of the outbreak. Therefore, there were significant shortages of wards, treatment beds, and medical specialists, which led to considerable increases in the workload and work intensity of frontline medical staff. On the other hand, owing to close contact with COVID-19 patients, they faced the risk of infection at all times, which endangered their mental and physical health.

2.3.4.4 Supervision and Communication:

As far as supervision is concerned, information in the existing literature suggests supervision influences the employee satisfaction. Supervision is derived from two Latin words *super* or *supra* meaning above or over, and *verse* or *video* meaning see. Thus, supervision is overseeing or superintending the work of other people. Taylor (1940) stated that supervision in the health industry means over-seeing, or higher vision. It consists of all those activities by which supervisors, directors of instructions, or ward instructors may express leadership in the improvement of learning and teaching of nursing care and nursing services.

According to New York State (2016) supervision is about three issues. First, it is getting the job done through other people in the place of work. Second, good supervision must include personal trust, confidence, and respect between supervisors and supervisees (employees). This kind of supervision will result in increased desire to work. Third, there is pressure on the supervisor from one side. Thus, management wants the work completed without problems. Adelfer (1969) argued that supervision is about the interaction that takes place between supervisors and subordinate employees. This means that in the production and manufacturing corporation supervisors and the subordinate workers at the factory floor must communicate with each other in order that the overall objectives of the corporation can

be achieved. The employees can be productive when there is effective communication with the supervisor (Asare, 2019).

Researchers note feedback from supervisors concerning tasks contributes to happiness or gratification of a group of workers especially in people or nurses in the health care industry. It is essential for supervisors to maintain communication and feedback with the people they supervise as this leads to greater gratification or satisfaction in the workplace.

Nevertheless, lack of communication and feedback lead to low satisfaction in the workplace (Kim, 2012). Rasheed, Khan, Rasheed, and Munir (2015) investigated the influence of communication, response (feedback) as well as the impact of employee workplace satisfaction on worker's productivity. The study population included nurses working in government health establishments. The researchers found a direct association that feedback influences job satisfaction and performance.

Supervisor emotional support is also associated with higher job satisfaction (Pohl & Galletta, 2017). Hunt (2014) pointed out the importance of leadership support in improving nurses' job satisfaction. Several other studies indicated that practices associated with positive leadership styles improve nurses' job satisfaction (Shahdadi et al., 2016). The results of Masum et al. (2016) which pointed to the positive association between supervisor support and nurses' job satisfaction.

Study of Maulabakhsh and Raziq (2015) has established that positive supervisory orientation not only fosters and nurtures talent development while keeping workers on the right track but could also exhibit conflict management ability that keeps the team to work favorably. It is against this backdrop of performance indices of employees.

2.3.4.5 Stigma:

Social stigma in the health context is a negative relationship between a person or group of people with specific characteristics and diseases. In the pandemic context, this stigma means that people are labeled, stereotyped, discriminated against, treated separately, or experience loss of status because of their perceived relationship with the disease (WHO, 2020 a).

Literature studies suggest that health workers are at significant risk of adverse mental health during the COVID-19 pandemic. The reasons include long working hours, risk of infection, lack of personal protective equipment, loneliness, physical exhaustion, and separation from family (Rajkumar, 2020). Another study focusing on mental health challenges during the COVID-19 pandemic found that mental health challenges, such as anxiety or fear of infection to depression, are in line with increased health workers' workload (Kar, et al., 2020).

One descriptive study in several health centers in India and Singapore found that 48 respondents (5.3%) experienced moderate to severe depression, 79 respondents (8.7%) mild to severe anxiety, 20 respondents (2.2%) very severe stress, and 34 respondents (3.8%) moderate to heavy levels of psychological stress (Chew et al., 2020). A possible contributing factor was social stigma, resulting in individuals having a higher tendency to express their psychological distress with physical symptoms (Chew et al., 2020). Literature studies emphasize the imbalance and mismatch between stigma mitigation, prevention, and containment of COVID-19.

In study by Janitra et al. (2021) aimed to identify the perceived stigma, psychological response, and coping of nurses involved in caring for Covid-19 patients in Indonesia. Study found (45.4%) were stigmatized, (46.2%) were depressed and (41.1%) were experienced stress. Study shows that some respondents feel they were stigmatized by society, but they

have good coping (problem focused coping) to reduce their mental burden. Negative stigma against nurses is often difficult to avoid, support from family and colleagues was something that can ease the mental burden of nurses. Support from the government was needed to educate the public so that it does not give negative stigma to nurses and other health workers.

2.3.4.6 Co-workers:

Coworkers have been found to be a factor influencing job satisfaction. Coworkers are referred to as colleagues in the workplace. Coworkers are members of a team that work together to achieve organizational set goals. Being one of the members in a good and effective team enhances job satisfaction. Coworkers or colleagues must interact and socialize in the course of performing a task. A workplace where colleagues are friendly and relate well with one another can make the individual worker not only happy on the job but also helps improve his or her productivity in the organization (Asare, 2019).

Several authors found that nurses reported high levels of satisfaction with their coworkers (Chang et al., 2010; Giallonardo et al., 2010; Iliopoulou & While, 2010; Tinker et al., 2011). Other authors found that nurses were not satisfied with relationships with their coworkers (Matos et al., 2010). Satisfaction with coworker relationships had a statistically significant positive relationship with nurses' willingness to be accountable for the care they provided (Sorenson, Seebeck, Scherb, Specht, & Loes, 2009)

The researcher argued that a workplace in which people respect and share ideas with each other results in higher productive and happiness. Effective relationships and socialization are key components of happiness in the workplace. The work environment must be accommodating. The people working in the same nursing unit must get along with one another for patient's core objective (early recovery) to be achieved. Research has revealed teamwork makes nurses to be happy and perform quite effectively especially during pandemic like COVID 19.

Support from peers, colleagues, families and friends may improve the sense of safety and help alleviate fear in nurses. Sharing their work experiences with others may be helpful in attaining adequate psychological or other support and improving their morale amid the pandemic (Maben & Bridges, 2020).

2.3.4.7 Work Procedures:

The procedures of any work may be considered part of the burdens of that work, which affects the job satisfaction of the workers in that work. Therefore, working with Covid-19 patients requires many preventive measures, such as wearing a PPE, and dealing with these patients need alert to prevent transmit the infection to the service providers.

The procedures of any work may be considered part of the burdens of that work, which affects the job satisfaction of the workers in that work. Therefore, working with Covid-19 patients requires many preventive measures, such as wearing a PPE, and dealing with these patients need alert to prevent transmit the infection to the service providers.

As nurses are at the front line of the COVID-19 outbreak response and are exposed to hazards that put them at risk of infection, it is vital that they are supported to protect themselves with specific infection prevention procedures and sufficient provision of protective gear at their practice settings, including ventilators, masks, robes, eye cover, face shields, and gloves (Fawaz et al., 2020).

In this respect, it is important that centers have appropriate infection control procedures and personal protective equipment (masks, gloves, goggles, gowns, hand antiseptics, soap and water, and cleaning materials) in ample amounts for personnel who care for suspect or verified COVID-19 patients. Nursing supervisors should offer knowledge on workplace security, in addition to instruction and guidance regarding infection prevention

and control and how to properly don, doff, and discard personal protective equipment (Adams and Walls, 2020).

In this regard, staff members should also be guided on how to carry out regular self-assessments, and directed on how to follow quarantine or isolation measures, when indicated, to protect them, their families, and their community, as well as to safeguard their mental health and well-being (Chen et al., 2020).

As for the contractual side of this issue, nursing managers and supervisors are expected to enable nurses to assert the right to withdraw from a job arrangement if they have fair reasons to conclude that their assignments require a significant threat to their life or safety. If a health worker practices this privilege, then they should be shielded from any adverse effects. Furthermore, nurses should be owed the right to reimbursement, psychological counseling, and therapeutic care if they are diagnosed with COVID-19 through contact at work.

2.3.5 Summary:

It can be said that job satisfaction is of very great importance to employees, organizations and societies, as it expresses the pleasant psychological state that employees reach at a certain degree of satisfaction of their financial and moral needs, after being exposed to many psychological, social, functional and financial factors, especially in cases of disasters, epidemics and wars. The spread of the Covid-19 pandemic has occurred around the world great pressure on health care providers, many countries have considered workers in health systems, especially nurses is heroes and provided them with all material and moral incentives.

It is worth noting that job satisfaction is linked to many elements, and is affected by many factors, but what matters to health institutions in general and Covid-19 patient care

centers in particular is to achieve job satisfaction (its mission and objectives, employees' goals and clarity, improve their performance, increase their productivity, and raise The degree of their loyalty and affiliation to the organization, reducing absenteeism rates, complaints, injuries, accidents, conflicts, etc.).

In light of this, health institutions resort to using various methods and methods to achieve job satisfaction for their workers, such as (helping workers in difficult, ambiguous and dangerous jobs, improving the work environment and conditions, providing an atmosphere of justice, trust, cooperation and agreement, and working to address workers' problems) to reach To the common goals, and this would enhance the confidence of the employees in the organization, raise their morale and increase the degree of job satisfaction, which leads them to exert more effort and energy and harness all their knowledge, potential and skills at work, which leads to raising the level of efficiency and effectiveness of health institutions in the face of the Covid 19 pandemic. .

Chapter Three

Methodology

This chapter presents the method used in this study to answer the research questions. In this chapter different items were explained: study design, place of the study, study population, sample size, sampling process, period of the study, inclusion and exclusion criteria, study tools, validity, reliability, ethical and administrative consideration, pilot study, data collection, data management, and limitation of the study.

3.1 Study Design

This design was implemented through a quantitative descriptive cross-sectional study design. This design was appropriate to the nature of the variables included in the study to assess the level the job satisfaction and identify the factors that hinder the job satisfaction in nursing working at COVID 19 departments and center at governmental centers in Palestine. Cross-sectional study was chosen because it is appropriate for describing the status of phenomena or for describing relationships among phenomena at a fixed point in time (Polit & Beck, 2017).

3.2 Study Setting

This study conducted at the all COVID 19 center in Palestine. The total number of COVID 19 governmental centers is 10 centers. The select centers were:

- European Gaza center- Gaza
- Dora Center for COVID -Hebron.
- Hugo Chavez Center – Ramallah.
- The Palestinian National Rehabilitation Center – Bethlehem.
- Omar Al-Qasim Center – Qalqilya.
- Turkish Friendship Center - Gaza.
- Red Crescent Center – Nablus.
- Military Center – Nablus.

- Red Crescent Center – Tulkarem.
- National Center – Nablus.

3.3 Study Population

This study be included all male and female nurses working at all COVID 19 centerat governmental hospitals of Palestinian MOH, for the year (2020-2021); The population of the study was 625 nurses.

3.4 Study Period

The study conducted at the start of year 2021. After obtaining approval for the study proposal from the school of health program letter sent to the department of human resource development at Palestine MOH in Apr. 2021 to offer facilitation for conducted the study in MOH centers. Data collected at May. till Jun., 2021. Plan data analysis and discussion were finished at Aug. 2021. The study took approximately 9 months in total from its beginning.

3.5 Sample and Sampling

The researcher has used the census sampling method. The researcher has selected all COVID 19 center and all nurses who are working in this center, the sample size is about (625) nurses.

3.6 Eligibility Criteria

3.6.1 Inclusion criteria

- Formally nurse who work in Palestine MOH center only.

3.6.2 Exclusion criteria

- Nurses working at the selected governmental centers who were not formally employed (Volunteers, internship or on job creation program).
- Work in privet sector.

3.7 Study instruments

A structured questionnaire (Annex 6 & 7 shows the English and Arabic versions) was developed by the researcher himself after reviewing relevant previous studies. The questionnaire was also approved by distributing this questionnaire to a panel of experts (Annex 5).

The questionnaire included multiple questions. The variety of these questions is designed first to meet up with the research objectives, also to gather all the required data that can support the conversation, results and advice in the study. The questionnaire made up of three sections to perform the purpose of the research. The following is a detailed description of the questionnaire content:

Section 1: Included personal information about nurses working in all COVID 19 centerat governmental centers of Ministry of Health in Palestine.

Section 2: Included job information about the work of respondents.

Section 3: Was measure of job satisfaction, include (50) paragraphs divided into seven dimensions.

1. Working conditions.
2. Promotions.
3. Contingent and Reward
4. Supervising and communication.
5. Stigma.
6. Co-work.
7. Working Procedure.

3.8 Reliability of study instruments

The questionnaire reliability was measured by applying Cronbach's Alpha test on the questionnaire dimensions. This test is used to measure the reliability of the questionnaire dimensions and the mean of the whole dimensions of the questionnaire. The value of

Cronbach's Alpha coefficient lies between (0-1), the higher the value of Cronbach's Alpha coefficient the higher the reliability of the measured items. The result value of Cronbach's Alpha coefficient of each dimension is as shown in Table (3.1): Cronbach's Alpha for each dimension of the questionnaire and the entire. The values of Cronbach's Alpha coefficient range from 0.722 to 0.811, which is considered relatively high values reflecting high reliability of questionnaire paragraphs. This indicates excellent reliability value for the entire questionnaire.

Table (3.1): Cronbach's Alpha for each dimension of the questionnaire and the entire field

No.	Dimension	Cronbach's Alpha
1.	Working conditions	0.722
2.	Promotions	0.802
3.	Contingent and Reward	0.785
4.	Supervising and communication style	0.811
5.	Stigma	0.735
6.	Co-work	0.798
7.	Working procedures	0.724
All items		0.733

3.9 Validity of study instruments

3.9.1 Content Validity

The questionnaire was evaluated by experts to validate the questions and their relation to the domains that reflect the study and their comments were taken into consideration and modification was performed accordingly Annex (5) shows the list of arbitrators. A pilot study was also conducted before collecting actual data to examine nurses' responses to the questionnaire and how they understood it. This improved the validity of the questionnaire after it was modified to better understand it.

3.9.2 Statistical Validity

To ensure the validity of the questionnaire, two statistical tests should be applied. The first test is internal validity (Pearson test) which measure the correlation coefficient between each item in the dimension and the whole dimension. The second test is structure validity

(Pearson test) that used to test the validity of the questionnaire structure by testing the validity of each dimension and the validity of the whole questionnaire. It measures the correlation coefficient between one dimension and all the dimensions of the questionnaire that have the same level of similar scale.

3.9.2.1 Internal validity

The validity of the questionnaire was calculated in two ways. The first was the internal consistency validity to measure the correlation coefficient between the paragraph and the total degree of the dimension to which this paragraph belongs. The second type is known as structural validity, and it measures the correlation coefficient between the dimension and the total score of the questionnaire.

Table (3.2): The correlation coefficient between each paragraph in the dimension and the total degree of the dimension (Working Conditions)

No.	Paragraphs	Correlation Coefficient	P-value
1.	I feel satisfied about the number of working days per week.	0.601	0.000*
2.	I feel safe for my health in the workplace.	0.684	0.000*
3.	I work in a place is no system to keep temperatures mild.	0.741	0.000*
4.	I work in a place where there is no place rest.	0.685	0.000*
5.	I work in an unhealthy environment (pollution, there are risks to the safety of the employee).	0.714	0.000*
6.	I work in a place that lacks a calm (noisy) atmosphere.	0.779	0.000*
7.	I see working conditions (lighting, ventilation, cleanliness) suitable.	0.741	0.000*

*Correlation is significant at the 0.05 level

Table (3.2) shows the correlation coefficient between each paragraph of the "Working Conditions" domain and the total score of the domain, which shows that the indicated correlation coefficients are significance values are less than 0.05. Thus, it can be said that the fields are valid to be measured what it was set for to achieve the main aim of the study.

Table (3.3): The correlation coefficient between each paragraph in the dimension and the total degree of the dimension (Promotions)

No.	Paragraphs	Correlation Coefficient	P-value
1.	There is very little chance of getting promoted in my job.	0.695	0.000*
2.	I am not satisfied with the benefits I get.	0.574	0.000*
3.	When I do a good job, I get the recognition I have to get.	0.774	0.000*
4.	Those who do a good job have a fair chance of promotion.	0.779	0.000*
5.	I do not feel appreciated for the work I do.	0.701	0.000*
6.	I feel proud to do my job.	0.611	0.000*
7.	I see that opportunities for promotion at work are available.	0.772	0.000*
8.	I feel good about the Promotion policy because it is in line with my ambitions.	0.735	0.000*
9.	My current job fits with my years of experience.	0.737	0.000*

*Correlation is significant at the 0.05 level

Table (3.3) shows the correlation coefficient between each paragraph of the "Promotions" domain and the total score of the domain, which shows that the indicated correlation coefficients are significance values are less than 0.05. Thus, it can be said that the fields are valid to be measured what it was set for to achieve the main aim of the study.

Table (3.4): The correlation coefficient between each paragraph in the dimension and the total degree of the dimension (Contingent and Reward)

No.	Paragraphs	Correlation Coefficient	P-value
1.	The salary I get is in line with the demands of life.	0.754	0.000*
2.	I feel fair about the salary I get compared to my co-workers.	0.741	0.000*
3.	I work hard and I do not get incentives.	0.782	0.000*
4.	I feel like I am getting salary a reasonable amount for the work I do.	0.658	0.000*
5.	Physical incentives are linked to subjective criteria.	0.770	0.000*
6.	I believe that continued financial incentives and rewards increase my acceptance of working with Covid 19 cases.	0.691	0.000*
7.	In my view, my work with Covid 19 requires a more risk allowance than nurses working in other centers.	0.737	0.000*

*Correlation is significant at the 0.05 level

Table (3.4) shows the correlation coefficient between each paragraph of the "Contingent and Reward" domain and the total score of the domain, which shows that the indicated correlation coefficients are significance values are less than 0.05. Thus, it can be said that the fields are valid to be measured what it was set for to achieve the main aim of the study.

Table (3.5): The correlation coefficient between each paragraph in the dimension and the total degree of the dimension (Supervising and Communication)

No.	Paragraphs	Correlation Coefficient	P-value
1.	My supervisor shows a little interest in my feelings and those of my colleagues.	0.677	0.000*
2.	I am satisfied that the supervisor listens to my opinions and suggestions because he believes in the way of participation.	0.635	0.000*
3.	I take the initiative to put forward ideas & proposals to my superiors.	0.755	0.000*
4.	My superiors are angry at me if my work doesn't match their inclinations and desires.	0.738	0.000*
5.	My supervisor is unfair to me.	0.701	0.000*
6.	I feel satisfied about my supervisor because helps me solve the problems that I am facing at work.	0.660	0.000*
7.	Communication and Connection look good within the center.	0.574	0.000*

*Correlation is significant at the 0.05 level

Table (3.5) shows the correlation coefficient between each paragraph of the "Supervising and Communication" domain and the total score of the domain, which shows that the indicated correlation coefficients are significance values are less than 0.05. Thus, it can be said that the fields are valid to be measured what it was set for to achieve the main aim of the study.

Table (3.6): The correlation coefficient between each paragraph in the dimension and the total degree of the dimension (Stigma)

No.	Paragraphs	Correlation Coefficient	P-value
1.	My work in a center for the treatment of 19 Covid patients hinders my social life.	0.731	0.000*
2.	I've been isolated from others since i worked with Covid 19 patients.	0.674	0.000*
3.	I consider my time in a center to treat 19 Covid patients as a passing phase that means nothing to me.	0.714	0.000*
4.	My work with Coved 19 patients has not increased my experience or skills.	0.658	0.000*
5.	I feel the shame of working in a center to treat 19 Covid patients.	0.785	0.000*
6.	I sometimes feel like my job doesn't make sense.	0.698	0.000*

*Correlation is significant at the 0.05 level

Table (3.6) shows the correlation coefficient between each paragraph of the "Stigma" domain and the total score of the domain, which shows that the indicated correlation coefficients are significance values are less than 0.05. Thus, it can be said that the fields are valid to be measured what it was set for to achieve the main aim of the study.

Table (3.7): The correlation coefficient between each paragraph in the dimension and the total degree of the dimension (Co-work)

No.	Paragraphs	Correlation Coefficient	P-value
1.	I love the people I work with.	0.733	0.000*
2.	I enjoy the working atmosphere with my colleagues.	0.719	0.000*
3.	The works are distributed between me and my colleagues in an unfair way.	0.738	0.000*
4.	My relationship with my colleagues is characterized by appreciation and mutual respect.	0.735	0.000*
5.	Get support and help from coworkers.	0.739	0.000*
6.	There are a lot of bickering and conflicts at work.	0.632	0.000*
7.	I find that I have to work harder in my job because of the incompetence of the people I work with.	0.678	0.000*

*Correlation is significant at the 0.05 level

Table (3.7) shows the correlation coefficient between each paragraph of the "Co-work" domain and the total score of the domain, which shows that the indicated correlation coefficients are significance values are less than 0.05. Thus, it can be said that the fields are valid to be measured what it was set for to achieve the main aim of the study.

Table (3.8): The correlation coefficient between each paragraph in the dimension and the total degree of the dimension (Working Procedures)

No.	Paragraphs	Correlation Coefficient	P-value
1.	Having many rules and procedures to do a good job is difficult.	0.774	0.000*
2.	I like to do the things I'm assigned to do at work.	0.798	0.000*
3.	Routine rarely hinders my efforts to do a good job.	0.707	0.000*
4.	I feel that safety and prevention measures increase workloads.	0.601	0.000*
5.	I lack some skills and knowledge to do the work.	0.698	0.000*
6.	I work under policies, guidelines and protocols that are not compatible with reality.	0.584	0.000*
7.	I'm doing harder and more complicated work than I can do.	0.578	0.000*

*Correlation is significant at the 0.05 level

Table (3.8) shows the correlation coefficient between each paragraph of the "Working Procedures" domain and the total score of the domain, which shows that the indicated correlation coefficients are significance values are less than 0.05. Thus, it can be said that the fields are valid to be measured what it was set for to achieve the main aim of the study.

3.9.2.2 Structure Validity

Structure validity is the second statistical test that used to test the validity of the questionnaire structure by testing the validity of each dimension and the validity of the whole questionnaire. It measures the correlation coefficient between one dimension and all the dimensions of the questionnaire that have the same level of liker scale.

As shown in table (3.3), the significance values are less than 0.05, so the correlation coefficients of all the dimensions are significant at $\alpha = 0.05$, so it can be said that the dimensions are valid to be measured what it was set for to achieve the main aim of the study.

Table (3.9): Correlation coefficient of each field and the whole of questionnaire

No.	Dimension	Correlation Coefficient	P-value
1.	Working Conditions	0.784	0.000*
2.	Promotions	0.683	0.000*
3.	Contingent and Reward	0.734	0.000*
4.	Supervising and Communication	0.709	0.000*
5.	Stigma	0.776	0.000*
6.	Co-work	0.741	0.000*
7.	Working Procedures	0.784	0.000*

3.10 Pilot Study

The researcher performed a pilot study in Palestinian National Rehabilitation Center on 30 nurses after receiving the approval to perform it from the center general directorate. The researcher conducted the pilot study in order to refine the methodology of the larger study by using the same subjects, settings, and methods of data collection and analysis as those used in large study as recommended by (Fitzpatrick and Wallace, 2006) and researcher included pilot study participants from study population. The subjects are asked to determine any ambiguity or misunderstanding in words or sentences to avoid it in the study. Some minor changes and modifications were performed without any effect on the main domains.

3.11 Data Collection

Data collected by using self-administer questionnaire. The researcher distributed the questionnaires to the participants at the working hours in the morning, evening and night work shifts and then receiving them after completion of the questionnaires. The average time for filling the questionnaire about 10 minutes. The covering letter of the questionnaire outline the title and the purpose of the study and the identity of the researcher.

3.12 Response Rate

The total number of the target population was 625 nurses. 565 of them are positively responded with an average of 90.4%. These response rates are considered satisfactory.

3.13 Response Value

The researchers have used a questionnaire to measure the responses of questionnaire's items as in the following, where 1 represented "the lowest scale" and 5 represented "the highest scale", as the case might be. Table (3.2) shows the response value.

Table 3.10: Response Value

Response	Very low	Low	Moderate	High	Very high
Degree	1	2	3	4	5
Mean	1<1.80	1.81<2.60	2.61<3.40	3.41<4.20	4.21-5
RII%	20-<36%	37-<52%	53-<68%	69-<84%	85-100%

3.14 Data Management

3.14.1 Data Entry:

The collected data entered into the computer software "Statistical Package for Social Sciences" SPSS program by the researcher after coding of the questions and then cleaning of the entered data.

3.14.2 Data Analysis:

Analysis of the data was undertaken using IBM SPSS Statistics (Statistical Package for the social Science) Version 22 (IBM). The following quantitative measures were used for the data analysis:

- Reviewing the filled questionnaire.
- Coding the questionnaire
- Data entry model.
- Defining and recoding the continuous variable.
- Data cleaning.
- Frequency tables of all variables.
- Frequencies and Relative frequency
- Measures of central tendency (mean), and measurement of dispersion (SD).
- Pearson's correlation coefficient “product moment correlation coefficient.”
- One sample t test
- One-way Analysis of Variance (ANOVA).

3.15 Ethical and Administrative Considerations

The researcher maintained all ethical and administrative requirements to conduct this study. An academic approval obtained from college of health professions at Al-Quds University (Annex 2), and Human resources development directorate generally in the MOH (Annex 2). Other ethical approval obtained from Helsinki committee to carry out the study (Annex 3) .

Every participant provided with full explanatory form to attach the questionnaire. This form includes the purpose of the study, assurance about the confidentiality of their information, and instruction to respond the questionnaire. In additional, it included statement indicating to their participation is voluntary.

Chapter Four

Results of the Study

4.1 Introduction

This chapter illustrates the results of a statistical analysis of the data, including descriptive analysis that presents the socio-demographic characteristics of the study sample and answers to the study questions. The researcher used simple statistics including frequencies, means, and percentages, also independent sample t-test, One-way ANOVA, as well as Pearson correlation test were used.

4.2.1 Socio-demographic characteristics of participants

The importance of demographic information to meaningful quantitative analysis cannot be undermined. Background and demographic information from respondents were also stated. This section analyzed the demographic information of 565 respondents.

Table 4.1 shows the demographic characteristics of the participants. Out of 565 respondents, 378 (66.9 %) were male and 187 (33.1%) were female. Regarding Marital status 388 (68.7%) were Married and 177 (31.3%) not married (Single, divorced and Widower), about 268 (47.4%) of the respondents were in the group of 20 to 30-years-old and 233 (41.2%) were aged between 31 to 40 years old, and about 64 (11.3%) aged more than 41 years old. Concerning the family members, 292 out of 565 (51.7%) participants had family consists of 4 members and less, but 246 (43.5%) participants had family consists of 8 members and less, while 27(4.8%) participants had family consists of 12 members and less. Regarding Monthly income 322 (57%) respondents, their monthly income is less than 2000 NIS, and 131 (23.2%) respondents, their monthly income is less than 3000 shekels, and about 112 (19.8%) of the participants their monthly income is more than 3000 shekels.

Table 4.1: Socio-demographic characteristics of participants

Variable	Categories	Frequency (F)	Percent (%)
Gender	Male	378	66.9
	Female	187	33.1
Marital status	Married	388	68.7
	Not married	177	31.3
Age	20 to 30	268	47.4
	31 to 40	233	41.2
	41 to 50	44	7.8
	51 to 60 years	20	3.5
Total family members	1-4	292	51.7
	5-8	246	43.5
	9-12	27	4.8
Monthly income	Less than 2000 NIS	322	57.0
	2001-3000 NIS	131	23.2
	3001-4000 NIS	77	13.6
	More than 4000NIS	35	6.2
Place of residency	Westbank	265	46.9
	Gaza Strip	300	53.1
Living Depending on the place of residence	City	320	56.6
	Village	128	22.7
	Camp	117	20.7
Education Degree	2 years diploma	385	68.1
	Bachelor	161	28.5
	Postgraduate	19	3.4

Regarding living Depending on the place of residence, show in figure 4.1 distribution of participants. Where about 300 (53.1%) of nurses living in Gaza Strip, while 265 (46.9%) living in Westbank. And regarding living Depending on the place of residence, about 320 (56.6%) of participants living in city, 128 (22.7%) living in village and 117 (20.7%) living in camp.

Regarding academic qualifications, more than half of them 385 (68.1%) had 2 years diploma, and 161 (28.5%) had Bachelor and 19 (3.4%) had postgraduate degrees.

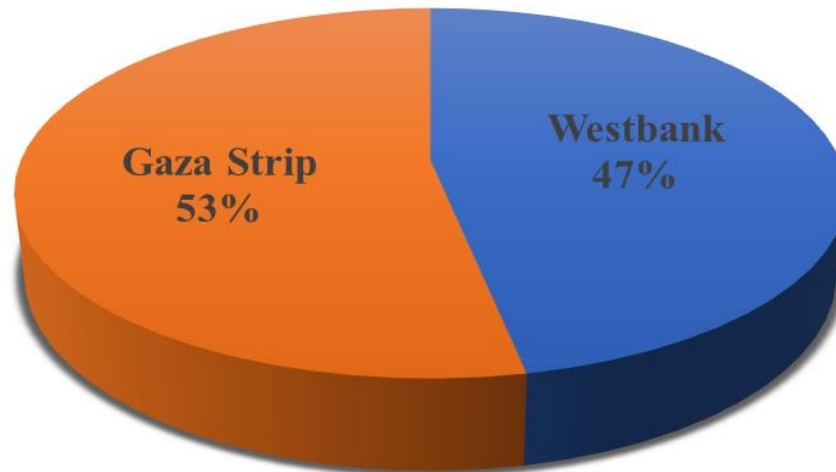


Figure (4.1): Distribution of participants according place of residence

4.2.2 Job characteristics of participants:

Table 4. 2 shows that highest participation was for European Gaza center with 210 (37.2%), this is the central center for the treatment and follow-up of COVID-19 patients in the Gaza Strip, while in Westbank, represented Doora center in Hebron largest center for the treatment and follow-up of COVID 19, where the number of nurses in the center reached 45 (8%), and Hebron governorate is considered the largest governorates in Palestine by area.

Table 4.2: Job characteristics of participants

Variable	Categories	Frequency (F)	Percent (%)
Center	The Palestinian National Rehabilitation Center	35	6.2
	Doora Center	45	8
	Hugo Chavez Center	23	4.1
	Omar Al-Qasim Center	27	4.8
	Red Crescent Center in tulkarm	33	5.8
	The National Center of nablus	38	6.7
	Red crescent Center in Nablus	35	6.2
	Military Center – Nablus.	29	5.1
	European Gaza center	210	37.2
	Turkish Friendship Center	90	15.9
	Department	ICU	217
Internal departments		348	61.6
Years of experience in nursing	1 to 8	348	61.6
	9 to 15	141	25.0
	16 years and more	76	13.4

Regarding distribution nurses work in departments, about 348 (61.6%) work in Internal departments, while 217 (38.4%) work in ICU.

Regarding Years of experience in nursing, about 348 (61.6%) of the participants had from 1 to 8 years' work experience, 141 (25%) between 9 and 15 years, 76 (13.4%) had more than 16 years' work experience in nursing. This explains that the direction of the MOH selected young nurses to work in Covid 19 centers, because the elderly, if they contract Covid 19 disease while providing health services, may affect their lives and health status.

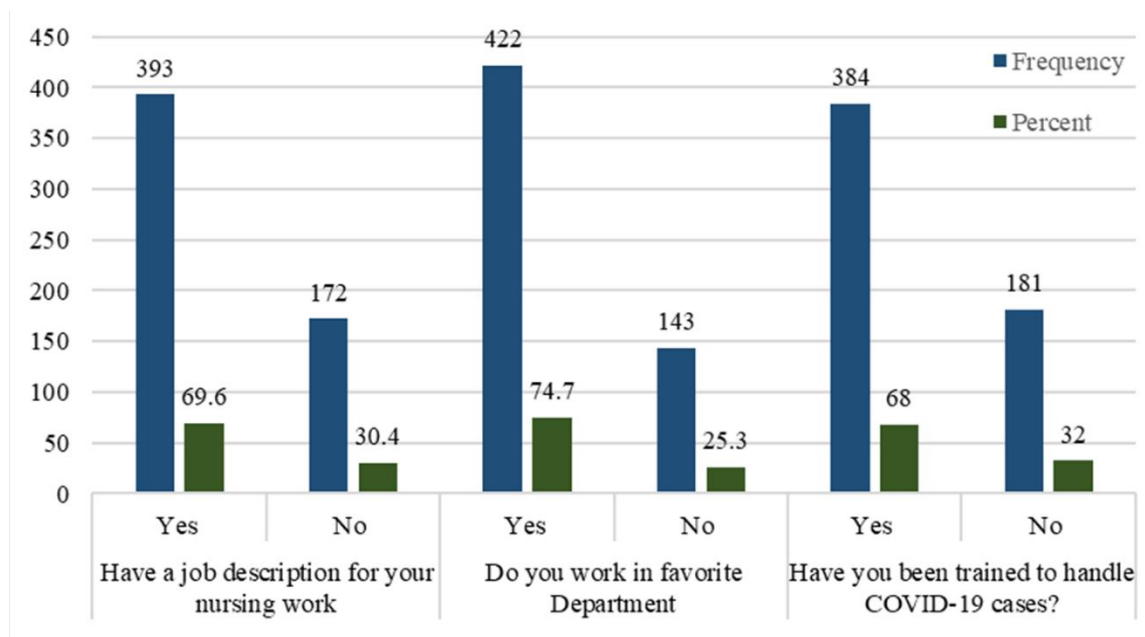


Figure (4.2): Job information of Participants

Figure 4.2 shows about 69.6% of nurses reported they have known job descriptions, and about 74.7% of nurses work in favorite departments. And about 68% of nurses Trained to handle COVID-19 cases.

4.3 Research questions:

4.3.1 What is the level of job satisfaction among Palestinians nurses working in COVID 19 centers?

To answer this question, the researcher calculated the descriptive statistics, i.e., Means, SD, weighted percentage, and finally ranks were established for job satisfaction dimensions among Palestinians nurses working in COVID 19 centers.

Table 4.3: The level of job satisfaction among Palestinians nurses working in COVID 19 centers

No.	Dimensions	Mean	Std. Dev
1.	Working conditions	2.98	0.67
2.	Promotions	3.10	0.64
3.	Contingent and Reward	2.73	0.55
4.	Supervision and Communication	3.24	0.54
5.	Stigma	3.29	0.73
6.	Co- worker	3.61	0.67
7.	Working procedures	3.18	0.54
All dimensions of job satisfaction		3.16	0.39

In general, we conclude that there is a moderate level of job satisfaction with mean equal "3.16" among Palestinians nurses working in COVID 19 centers.

Results in table 4.3 showed that the dimension of "Co- worker" was ordered in the highest rank with a mean equal "3.61" and SD "0.67". It can be concluded that the respondents high agree to this dimension. "Contingent and reward" was ordered in the lowest rank with a mean equal "2.73" and SD "0.55". It can be concluded that the respondents moderate agrees to this dimension.

4.3.2 What is the highest and lowest level for each dimension of job satisfaction among Palestinians nurses working in COVID 19 centers?

This part shows the results of the 565 respondents of the questionnaire was divided into seven fields (Working conditions, Promotions, Contingent and Reward, Supervising and communication, Stigma, Co-work, and Working procedures).

4.3.2.1 Working Conditions

This section consists of seven paragraphs related to working conditions. These paragraphs were subjected to the views of respondents. The researcher calculated the descriptive statistics, i.e., Means, Standard Deviations (SD).

Table (4.4) showed that the highest phrases in this dimension "I see working conditions (lighting, ventilation, cleanliness) suitable " was ordered in the 1st rank with a mean equal "3.56" and SD "1.08". It can be concluded that the respondents high agreed to this item. But the lowest "I work in a place that lacks a calm (noisy) atmosphere" was ordered in the last rank with a mean equal "2.47" and SD "1.22" It can be concluded that the respondents low agree to this item.

Table 4.4: Means and test values for "Working Conditions"

No.	Items	Mean	Std. Dev
1.	I feel satisfied about the number of working days per week.	3.34	1.24
2.	I feel safe for my health in the workplace.	2.68	1.35
3.	I work in a place is no system to keep temperatures mild.	3.21	1.25
4.	I work in a place where there is no place rest.	2.65	1.27
5.	I work in an unhealthy environment (pollution, there are risks to the safety of the employee).	2.96	1.22
6.	I work in a place that lacks a calm (noisy) atmosphere.	2.47	1.22
7.	I see working conditions (lighting, ventilation, cleanliness) suitable.	3.56	1.08
All Items		2.98	0.67

In general, working conditions represented the sixth ranking between all dimension of job satisfaction with a mean equal “2.98” and SD "0.67" It can be concluded that the respondents moderate agrees to this dimension effects on job satisfaction, so, the researcher explains that work conditions are a factor that affects everyone without distinction. Everyone lives the same working conditions, whether they are good or bad. But in the case of the Covid-19 epidemic, everyone agrees that uniting in the face of this epidemic is the first option.

4.3.2.2 Promotions

This section consists of nine items related to Promotions. Table (4.5) showed that the highest phrases in this dimension. "I feel proud to do my job" was ordered in the 1st rank with a mean equal “4.26” and SD "0.89". It can be concluded that the respondents very high agree to this item. the lowest phrases in this dimension “I am not satisfied with the benefits I get” was ordered in the last rank with a mean equal “2.40” and SD "1.15" It can be concluded that the respondents low agree to this item.

Table 4.5: Means and test values for “Promotions”

No	Items	Mean	Std. Dev
1.	There is very little chance of getting promoted in my job.	2.47	1.06
2.	I am not satisfied with the benefits I get.	2.40	1.15
3.	When I do a good job, I get the recognition I have to get.	3.22	1.13
4.	Those who do a good job have a fair chance of promotion.	3.06	1.15
5.	I do not feel appreciated for the work I do.	2.96	1.17
6.	I feel proud to do my job.	4.26	0.89
7.	I see that opportunities for promotion at work are available.	2.99	1.10
8.	I feel good about the Promotion policy because it is in line with my ambitions.	3.04	1.08
9.	My current job fits with my years of experience.	3.51	1.05
All Items		3.10	0.64

In general, promotions represented the fifth ranking between all dimension of job satisfaction with a mean equal “3.10” and SD "0.64" It can be concluded that the respondents moderate agreed to this dimension effects on job satisfaction, As a dimension that affects job satisfaction, where the researcher explains that promotions have considerations among employees, where employees aspire to be in positions commensurate with their experiences and academic degrees, and promotions do not have to be administrative positions, so, promote distinguished employees in their work represents promotions, Therefore, the Covid 19 pandemic emphasized the importance of paying attention to nursing competencies and strengthening these nurses by various means.

4.3.2.3 Contingent and Reward

This section consists of seven items related to contingent and reward. Table (4.6) showed that the highest items in this dimension. "In my view, my work with Covid 19 requires a more risk allowance than nurses working in other centers" was ordered in the 1st rank with a mean equal “4.22” and SD "1.08". It can be concluded that the respondents very high agreed to this item. “The salary I get is in line with the demands of life” was ordered in the last rank with a mean equal “2.01” and SD"1.14". It can be concluded that the respondents low agree to this item.

In general, contingent and reward represented the seventh ranking between all dimension of job satisfaction with a mean equal “2.73” and SD "0.55" It can be concluded that the respondents moderate agreed to this dimension effects on job satisfaction. Where the researcher believes that the salary and bonuses have a direct impact on job satisfaction, but in light of crises, emergencies and epidemics, it becomes not a priority, providing health care and success in fighting the epidemic represents the greatest reward for nurses, and this was confirmed by the results of the study, but the financial aspect should not be neglected as a direct influence on Job Satisfaction.

Table 4.6: Means and test values for “Contingent and Reward”

No.	Items	Mean	Std. Dev
1.	The salary I get is in line with the demands of life.	2.01	1.14
2.	I feel fair about the salary I get compared to my co-workers.	2.53	1.23
3.	I work hard and I do not get incentives.	2.26	1.22
4.	I feel like I am getting salary a reasonable amount for the work I do.	2.17	1.15
5.	Physical incentives are linked to subjective criteria.	2.84	1.12
6.	I believe that continued financial incentives and rewards increase my acceptance of working with Covid 19 cases.	3.08	1.47
7.	In my view, my work with Covid 19 requires a more risk allowance than nurses working in other centers.	4.22	1.08
All Items		2.73	0.55

4.3.2.4 Supervision and Communication

This section consists of seven items related to supervision and communication. Table (4.7) showed that the highest phrases in this dimension. "I feel satisfied about my supervisor because helps me solve the problems that I am facing at work" was ordered in the 1st rank with a mean equal “3.55” and SD "1.03". It can be concluded that the respondents high agreed to this item. But the lowest phrases in this dimension “My superiors are angry at me if my work doesn't match their inclinations and desires” was ordered in the last rank with a mean equal “2.84” and SD "1.14". It can be concluded that the respondents moderate agrees to this item.

In general, supervision and communication represented the third ranking between all dimension of job satisfaction with a mean equal “3.24” and SD "0.54" It can be concluded that the respondents moderate agreed to this dimension affects on job satisfaction. Where the researcher believes that supervision and communication are important to job satisfaction, especially among nurses, because nursing supervisors have continuous communication with nurses, and this communication would increase or decrease job satisfaction among nurses,

so the study confirmed that nursing supervisors have a direct impact on improving Job satisfaction in the COVID-19 pandemic, Nursing Supervisors are the first person can supportive to nurses at all times.

Table 4.7: Means and test values for “Supervision and Communication”

No.	Items	Mean	Std. Dev
1.	My supervisor shows a little interest in my feelings and those of my colleagues.	3.04	1.18
2.	I am satisfied that the supervisor listens to my opinions and suggestions because he believes in the way of participation.	3.39	1.05
3.	I take the initiative to put forward ideas and proposals to my superiors.	3.00	1.11
4.	My superiors are angry at me if my work doesn't match their inclinations and desires.	2.84	1.14
5.	My supervisor is unfair to me.	3.38	1.12
6.	I feel satisfied about my supervisor because helps me solve the problems that I am facing at work.	3.55	1.03
7.	Communication and Connection look good within the center.	3.49	1.11
All Items		3.24	0.54

4.3.2.5 Stigma

This section consists of six items related to Stigma. Table (4.8) showed that the highest phrases in this dimension.” I feel the shame of working in a center to treat 19 Covid patients" was ordered in the 1st rank with a mean equal “4.02” and SD "1.23". It can be concluded that the respondents high agreed to this item. But the lowest phrases in this dimension “My work in a center for the treatment of 19 Covid patients hinders my social life” was ordered in the last rank with a mean equal “2.21” and SD "1.07". It can be concluded that the respondents low agree to this item.

In general, stigma represented the second ranking between all dimension of job satisfaction with a mean equal “3.29” and SD "0.73" It can be concluded that the respondents moderate agree to this dimension affects on job satisfaction. Where the researcher believes

that stigma is an obstacle to success and to providing high-quality nursing service. the stigma affects the psychological status of nurses, which is reflected on their professional performance, at the beginning of the Covid 19 pandemic, everyone was moving away from health care providers, especially nursing. believing that they are because of their dealings with Covid-19 patients may transmit disease to others person, and still this view to nurses, especially in the societies of developing countries. Therefore, this study confirmed that nurses working in Covid 19 centers have a sense of stigma because of their work.

Table 4.8: Means and test values for “Stigma”

No.	Items	Mean	Std. Dev
1.	My work in a center for the treatment of 19 Covid patients hinders my social life.	2.21	1.07
2.	I've been isolated from others since I worked with Covid 19 patients.	2.34	1.12
3.	I consider my time in a center to treat 19 Covid patients as a passing phase that means nothing to me.	3.69	1.15
4.	My work with Coved 19 patients has not increased my experience or skills.	3.74	1.11
5.	I feel the shame of working in a center to treat 19 Covid patients.	4.02	1.23
6.	I sometimes feel like my job doesn't make sense.	3.71	1.28
All Items		3.29	0.73

4.3.2.6 Co-work

This section consists of seven items related to Co-work. Table (4.9) showed that the highest phrases in this dimension. "My relationship with my colleagues is characterized by appreciation and mutual respect" was ordered in the highest phrases in this dimension "4.25" and SD "2.04". It can be concluded that the respondents very high agreed to this item. But the lowest phrases in this dimension "I find that I have to work harder in my job because of the incompetence of the people I work with" was ordered in the last rank with a mean equal "2.85" and SD "1.17". It can be concluded that the respondents moderate agrees to this item.

Table 4.9: Means and test values for “Co-work”

No.	Items	Mean	Std. Dev
1.	I love the people I work with him.	4.07	0.98
2.	I enjoy the working atmosphere with my colleagues.	3.98	1.00
3.	The works are distributed between me and my colleagues in an unfair way.	3.25	1.15
4.	My relationship with my colleagues is characterized by appreciation and mutual respect.	4.25	2.04
5.	Get support and help from coworkers.	3.91	0.91
6.	There are a lot of bickering and conflicts at work.	2.92	1.16
7.	I find that I have to work harder in my job because of the incompetence of the people I work with him.	2.85	1.17
All Items		3.61	0.67

In general, Co-work represented the first ranking between all dimension of job satisfaction with a mean equal “3.61” and SD "0.67" It can be concluded that the respondents high agree to this dimension affects on job satisfaction. Where the researcher explains that co-workers are the most factors of job satisfaction, especially in the Covid 19 pandemic, which made employees continue to provide health services to Covid 19 patients for long periods, as nurses stayed in these centers for several consecutive days, which made the relationship with co-workers be the most important Job satisfaction factors.

4.3.2.7 Working procedures

This section consists of seven items related to working procedures. Table (4.10) showed that the highest phrases in this dimension. "I like to do the things I'm assigned to do at work" was ordered in the 1st rank with a mean equal “4.05” and SD "0.80". It can be concluded that the respondents high agreed to this item. But the lowest phrases in this dimension “I feel that safety and prevention measures increase workloads” was ordered in the last rank with a mean equal “2.62” and SD "1.18". It can be concluded that the respondents moderate agrees to this item.

In general, working procedures represented the fourth ranking between all dimension of job satisfaction with a mean equal “3.18” and SD "0.54" It can be concluded that the respondents moderate agrees to this dimension affects on job satisfaction .

Table 4.10: Means and test values for “Working procedures”

No.	Items	Mean	Std. Dev
1.	Having many rules and procedures to do a good job is difficult.	2.82	1.02
2.	I like to do the things I'm assigned to do at work.	4.05	0.80
3.	Routine rarely hinders my efforts to do a good job.	3.56	1.07
4.	I feel that safety and prevention measures increase workloads.	2.62	1.25
5.	I lack some skills and knowledge to do the work.	2.93	1.09
6.	I work under policies, guidelines and protocols that are not compatible with reality.	2.90	1.18
7.	I'm doing harder and more complicated work than I can do.	3.34	1.12
All Items		3.18	0.54

4.3.3 Is there a relationship between socio-demographic variables and job satisfaction among Palestinians nurses working in COVID 19 centers?

This question analyzes the differences among opinions of respondents toward job satisfaction due to respondents’ profiles (age, gender, experience, monthly income, educational degree and departments).

To test a variable, we use independent samples t test. Test was used to examine if there was a statistically significant difference between two means among the respondents. Also, one-way Analysis of variance (ANOVA) test were used to find whether there were statistically significant differences between opinions of respondents or not.

4.3.3.1 Job satisfaction due to their age.

One Way ANOVA was used to test the differences among opinions of respondents with respect to age. According to the results of the test as shown in Table (4.11), the P-value for each dimension of as well as the all dimensions are significant together (P-value < 0.05).

Thus, there is statistically significant differences attributed to age at the level of $\alpha \leq 0.05$. In other words, there is a relationship between the job satisfaction and the age of nurses.

Table 4.11: One Way ANOVA - job satisfaction due to age

Dimensions	Category	Sum of Squares	Df	Mean Square	F	P value
Working conditions	Between Groups	10.324	3	3.441	7.953	0.000
	Within Groups	242.748	561	0.433		
	Total	253.072	564			
Promotions	Between Groups	3.873	3	1.291	3.141	0.025
	Within Groups	230.606	561	0.411		
	Total	234.479	564			
Contingent and reward	Between Groups	4.221	3	1.407	4.685	0.003
	Within Groups	168.465	561	0.3		
	Total	172.686	564			
Supervision and Communication	Between Groups	0.956	3	0.319	4.080	0.007
	Within Groups	165.476	561	0.295		
	Total	166.432	564			
Stigma	Between Groups	3.153	3	1.051	5.981	0.000
	Within Groups	297.706	561	0.531		
	Total	300.859	564			
Co-Worke	Between Groups	10.679	3	3.56	8.26	0.000
	Within Groups	241.773	561	0.431		
	Total	252.452	564			
Working procedures	Between Groups	5.755	3	1.918	6.812	0.000
	Within Groups	157.991	561	0.282		
	Total	163.746	564			
Job satisfaction	Between Groups	3.369	3	1.123	7.845	0.000
	Within Groups	80.295	561	0.143		
	Total	83.664	564			

The results in table 4.11 showed that the probability value is less than 0.05, and this is evidence of differences between the respondents' responses toward all dimensions of job satisfaction due to their age in favor of age 40 to less than 50 years compared to other ages.

4.3.3.2 Job satisfaction due to their gender.

To test a variable, we use the Independent Samples Test and the result illustrated in table (4.12) showed that the probability value is more than 0.05, and this is evidence of no differences between the respondents' responses toward all dimensions of job satisfaction due to their gender.

Table 4.12: Independent sample t test - job satisfaction due to gender

Dimensions	Mean		T test	P value
	Male	Female		
Working conditions	2.99	2.96	0.391	0.696
Promotions	3.12	3.06	0.957	0.339
Contingent and reward	2.73	2.73	0.027	0.979
Supervision and Communication	3.27	3.18	1.927	0.065
Stigma	3.24	3.39	2.348	0.19
Co- worker	3.59	3.64	0.942	0.347
Working procedures	3.15	3.24	1.860	0.063
Job satisfaction	3.15	3.16	0.391	0.696

4.3.3.3 Job satisfaction due to years of experience in nursing.

One Way ANOVA was used to test the differences among opinions of respondents with respect to years of experience in nursing. According to the results of the test as shown in table (4.13), the P-value for each dimension of as well as the all dimensions are significant together (P-value < 0.05). Thus, there is statistically significant differences attributed to years of experience at the level of $\alpha \leq 0.05$. In other words, there is a relationship between the job satisfaction and the years of experience in nursing.

Table 4.13: One Way ANOVA - job satisfaction due to years of experience in nursing

Dimensions	Category	Sum of Squares	Df	Mean Square	F	P value
Working conditions	Between Groups	9.603	4	2.401	5.522	0.000
	Within Groups	243.469	560	0.435		
	Total	253.072	564			
Promotions	Between Groups	10.029	4	2.507	6.256	0.000
	Within Groups	224.451	560	0.401		
	Total	234.479	564			
Contingent and reward	Between Groups	11.644	4	2.911	10.123	0.000
	Within Groups	161.042	560	0.288		
	Total	172.686	564			
Supervision and Communication	Between Groups	4.278	4	1.069	3.693	0.006
	Within Groups	162.155	560	0.29		
	Total	166.432	564			
Stigma	Between Groups	5.929	4	1.482	2.815	0.025
	Within Groups	294.93	560	0.527		
	Total	300.859	564			
Co- worker	Between Groups	10.888	4	2.722	6.310	0.000
	Within Groups	241.564	560	0.431		
	Total	252.452	564			
Working procedures	Between Groups	3.274	4	0.818	2.856	0.023
	Within Groups	160.472	560	0.287		
	Total	163.746	564			
Job satisfaction	Between Groups	3.016	4	0.754	5.236	0.000
	Within Groups	80.647	560	0.144		
	Total	83.664	564			

The results in Table 4.13 showed that the probability value is less than 0.05, and this is evidence of differences between the respondents' responses toward all dimensions of job satisfaction due to their experiences in nursing in favor of (15 to 22) years.

4.3.3.4 Job satisfaction due to their monthly income.

One Way ANOVA was used to test the differences among opinions of respondents with respect to monthly income. According to the results of the test as shown in Table (4.14), the P-value for each dimension of as well as the all dimensions are significant together (P-value < 0.05). Thus, there is statistically significant differences attributed to monthly income at the level of $\alpha \leq 0.05$. In other words, there is a relationship between the job satisfaction and the monthly income.

Table 4.14: One Way ANOVA - job satisfaction due to monthly income

Dimensions	Category	Sum of Squares	Df	Mean Square	F	P value
Working conditions	Between Groups	8.392	4	2.098	4.801	0.001
	Within Groups	244.68	560	0.437		
	Total	253.072	564			
Promotions	Between Groups	8.549	4	2.137	5.298	0.000
	Within Groups	225.93	560	0.403		
	Total	234.479	564			
Contingent and reward	Between Groups	14.533	4	3.633	12.865	0.000
	Within Groups	158.153	560	0.282		
	Total	172.686	564			
Supervision and communication	Between Groups	6.927	4	1.732	6.080	0.000
	Within Groups	159.505	560	0.285		
	Total	166.432	564			
Stigma	Between Groups	17.158	4	4.290	8.467	0.000
	Within Groups	283.701	560	0.507		
	Total	300.859	564			
Co-Work	Between Groups	9.317	4	2.329	5.365	0.000
	Within Groups	243.134	560	0.434		
	Total	252.452	564			
Working procedures	Between Groups	20.291	4	5.073	19.803	0.000
	Within Groups	143.455	560	0.256		
	Total	163.746	564			
Job satisfaction	Between Groups	4.530	4	1.132	8.014	0.000
	Within Groups	79.134	560	0.141		
	Total	83.664	564			

The results in Table 4.14 showed that the probability value is less than 0.05, and this is evidence of differences between the respondents' responses toward all dimensions of job satisfaction due to their income in favor of income less than 2000 NIS.

4.3.3.5 Job satisfaction due to their education degree.

One Way ANOVA was used to test the differences among opinions of respondents with respect to education degree. According to the results of the test as shown in Table (4.15), the P-value for each dimension of as well as the all dimensions are significant together (P-value < 0.05). Thus, there is statistically significant differences attributed to education degree at the level of $\alpha \leq 0.05$. In other words, there is a relationship between the job satisfaction and the education degree.

Table 4.15: One Way ANOVA – job satisfaction due to education degree

Dimensions	Category	Sum of Squares	Df	Mean Square	F	P value
Working conditions	Between Groups	11.254	2	5.627	13.078	0.000
	Within Groups	241.817	562	0.430		
	Total	253.072	564			
Promotions	Between Groups	12.200	2	6.100	15.423	0.000
	Within Groups	222.280	562	0.396		
	Total	234.479	564			
Contingent and reward	Between Groups	6.316	2	3.158	10.668	0.000
	Within Groups	166.370	562	0.296		
	Total	172.686	564			
Supervision and Communication	Between Groups	6.270	2	3.135	11.000	0.000
	Within Groups	160.162	562	0.285		
	Total	166.432	564			
Stigma	Between Groups	16.765	2	8.382	16.582	0.000
	Within Groups	284.095	562	0.506		
	Total	300.859	564			
Co- worker	Between Groups	10.727	2	5.363	12.469	0.000
	Within Groups	241.725	562	0.430		
	Total	252.452	564			
Working procedures	Between Groups	13.040	2	6.520	24.314	0.000
	Within Groups	150.706	562	0.268		
	Total	163.746	564			
Job satisfaction	Between Groups	5.933	2	2.966	21.448	0.000
	Within Groups	77.731	562	0.138		
	Total	83.664	564			

The results in table 4.15 showed that the probability value is less than 0.05, and this is evidence of differences between the respondents' responses toward all dimensions of job satisfaction due to their education degree in favor of 2 years diploma degree.

4.3.3.6 Job satisfaction due to department.

To test a variable, we use the Independent Samples Test and the result illustrated in table (4.16) showed that the probability value for each dimension is more than 0.05, and this is evidence of no differences between the respondents' responses toward these dimensions due to department. On other hand the probability value for dimension of Contingent and reward is less than 0.05, and this is evidence of differences between the respondents' responses toward this dimension due to department in favor of ICU.

Table 4.16: Independent sample t test - job satisfaction due to department

Dimensions	ICU	Mean Internal departments	T test	P value
Working conditions	3.02	2.95	1.099	0.272
Promotions	3.11	3.09	0.473	0.637
Contingent and reward	2.82	2.67	3.151	0.002
Supervision and Communication	3.19	3.27	1764	0.078
Stigma	3.30	3.27	0.373	0.709
Co- worker	3.63	3.59	0.753	0.452
Working procedures	3.20	3.15	0.951	0.342
Job satisfaction	3.18	3.14	1.153	0.249

Chapter Five

Discussion

5.1 Introduction

This chapter summarizes the study and conclusions drawn from the data analysis in chapter four. It also provides a discussion of the implications for actions and recommendations for further research. This study aims to assess the level the job satisfaction and identify the factors (Working conditions, Promotions, Contingent and reward, Supervision and Communication, Stigma, Co- worker, working procedures) that hinder the job satisfaction. It was a quantitative descriptive cross-sectional study in all COVID 19 centers in governmental centers in Palestine. The researcher has used the census sampling method. So, the researcher has selected all COVID 19 center (European Gaza center; Dora Center for COVID -Hebron; Hugo Chavez Center – Ramallah; The Palestinian National Rehabilitation Center – Bethlehem; Omar Al-Qasim Center – Qalqilya; Turkish Friendship Center – Gaza; Red Crescent Center – Nablus; Military Center – Nablus; Red Crescent Center – Tulkarem; National Center – Nablus) and all nurses who are working in this center, the sample size is about (625) nurses. 565 of them are positively responded with an average of 90.4%. The study tool was a self- administered questionnaire included personal information about nurses working in all COVID 19 centerat governmental centers of Ministry of Health in Palestine; Included job information about the work of respondents; Was measure of job satisfaction, include (50) paragraphs divided into seven dimensions.

The **level of job satisfaction** among Palestinians nurses working in COVID 19 centers is a moderate satisfaction (according table 3.10) with mean 3.16and SD "0.67". It can be concluded that the respondents moderate agrees to this dimension. “Contingent and

reward” was ordered in the lowest rank with a mean equal “2.73” and SD "0.55". It can be concluded that the respondents moderate agrees to this dimension.

In study by Said & El-Shafei (2020) in Egypt found More than half of nurses (51.0%) in Zagazig Fever Center reported low satisfaction level versus 41.9% in Zagazig Fever Center. other study in UK by Senek et al. (2020) found a large proportion of nurses reported feeling dissatisfied and demoralized. These findings predate the Covid-19 pandemic outbreak which may have had a further detrimental effect on job satisfaction in the UK and other nation’s nursing workforce.

In study by Yu et al. (2020) in China, found job satisfaction of the 455 participating medical staff who worked at the frontline of the prevention and control of COVID-19 was at a “relatively decent” level, higher than that reported in previous surveys among medical staff during COVID 19 pandemic.

Other study by Labrague and Santos (2020) demonstrated significant direct effects of fear of COVID–19 on nurses’ job satisfaction, Organizational turnover intention and professional turnover intention beyond the influence on their personal characteristics .

In Indonesia study by Hidayat and Agustina (2021) found job satisfaction at Aisiyah General Center Ponorgo was classified as High. job satisfaction for health workers at Aisiyah General Center Ponorogo was formed due to several factors namely Salary and Benefit, Work Environment, Leadership, The Opportunity to grow, and Job Itself.

A recent study conducted in Tanzania, reported poor job satisfaction among health care providers due to lack of job description, no rewards system, poor working environment and lack of communications with the staff (Leshabari et al, 2008) The same study showed that respondents were strongly satisfied with the relationship with co-workers. Numerous studies conducted among health workers have shown that good interpersonal relationship increase patient’s satisfaction and improved quality of care. Proper team building activities

have resulted in improved staff communication, strong interpersonal relationships, understanding and clarity of roles as well as greater job satisfaction (O'Daniel et al, 2008). It is beneficial for both the individual and their organization to enhance professional commitment in nursing. Professional commitment is involvement, promise or resolution towards profession (Mohamed et al, 2013).

Singh (2017) has also conducted study on HCWs job satisfaction in General and Private Centers in India. The job satisfaction level in private health facilities (68%) was higher than the public health facilities (59%).

Loibner et al. (2019) who reported that reduced dexterity due to multiple glove layers, impaired visibility by flexible face shields and back pain related to the respirator of the fully ventilated suit, heat stress, and liquid loss were perceived as strong stressors in Working procedures especially at high working temperature.

Among Factors can affecting job satisfaction among a nurses explored by Yasin et al. (2020), peer support/work condition, quality of supervision, and achievement/job interest/responsibility were significant predictors of job satisfaction. Less favorable working conditions such as high workload, low staffing, and extended working hours were found to be negatively associated with job Satisfaction. Other study by Yu et al. (2020). Indicated that the factors influencing the job satisfaction of frontline anti-epidemic medical staff includes the complexity and difficulty of the actual prevention and control of COVID-19 resulted in a special working environment that reduced their sense of satisfaction.

Study by Akinwale and George (2020) Confirmed career advancement and promotion stimulate Nigerian nurses to be satisfied at work and by extension reflect in quality service delivery to patients and attendees of the centers. This is because promotion

usually comes with a higher salary and reward increase. Consequently, these two factors are key to Nigerian nurses when compared to other health-workers and Nurses across the world.

Masum et al. (2016) indicate nurses of general ward reported a higher satisfaction level in terms of promotion than nurses who work in other units, and nurses of day wards reported higher satisfaction in term of fringe benefits than nurses who work in other wards. Generally, most nurses were not satisfied with their terms of promotion and fringe benefits. Interestingly, Seo, Ko & Price (2014) reported that Korean nurses would become very unhappy if they perceived that nurses in the same position elsewhere were being better rewarded. In the same way, Frijters, Shields & Price (2017) revealed that Chinese nurses were displeased with pay and promotions. In contrast, Chan et al. (2016) revealed an insignificant relation between pay and nurses' job satisfaction. They also stated that nurses were most displeased because of unfair promotion policy, lower career advancement opportunities, and less chances of liberated work that highlights decision making, critical thinking, autonomy, and delegation proficiency aspects of nursing.

In study by Hidayat and Agustina (2021). results show of the study was there was merely 41.46% of healthcare workers felt satisfied with their job. Salary is one of the strong predictors of job satisfaction, followed by acknowledgement or reward from the management in a form of appreciation for good performance and various achievement related to high job satisfaction.

Other study by Said & El-Shafei (2020). As results showed the main contributor to job dissatisfaction among nurses of fever center were the following: being dissatisfied with extrinsic rewards of their job, praise, and recognition which reflected their belief that their stressful work was not met by adequate financial and moral compensations.

A study conducted by Deriba, et al (2017) on 570 healthcare workers in Ethiopia related to factors that affect HCWs job satisfaction, so has discovered that salary is one of

the strong predictors of job satisfaction, followed by acknowledgement or reward from the management in a form of appreciation for good performance and various achievement related to high job satisfaction.

In study of Said & El-Shafei (2020) show in analysis of the factor “conflicts with supervisors” revealed that lack of support from direct supervisors and usual blaming for uncontrollable errors were significant stressor which surly increased with COVID-19-associated heavy workload.

Sojane et al. (2016) found a relationship between leadership and supervisor support and job satisfaction, while good coworker relationships and collaboration with others in the healthcare team also correlated well with increased job satisfaction (Masum et al., 2016). Using a sample of rural nurses, Mahmoud and Reisel (2014) described the feelings of insecurity that a nurse is filled with when their future at the center is uncertain which may lead to reduced job satisfaction, hence linking job security with satisfaction. Therefore, nursing empowerment, supervision quality, job security, and colleagues’ relationships may affect job satisfaction.

Additionally, the lack of communication, low access to supportive relationships, and poor access to knowledgeable supervisors were related to a poor working environment and negative affect on Job satisfaction among home healthcare nurses (Tourangeau et al., 2017).

In general, Support from top management through the provision of a safe work environment, adequate PPE and other infection control supplies is vital to support nurses in their daily practices. Further, professional nursing organizations should provide COVID–19-related resources to nurses, including information on mental and psychological well-being, and the provision of resilience, coping and stress management programmers (Labrague& santos, 2020).

The stigma associated with COVID-19 varies from the transmission, examination or testing, pain level, comorbid disease levels affect, newly appearing symptoms, and treatment. An incomplete explanation of the symptoms causes individuals suffering from this disease to experience segregated and labeled/ stigmatized (Bhattacharya, Banerjee, & Rao, 2020). The stigma has several components, namely; differentiating and labeling differences; associating human differences with negative attributions or stereotypes; separating 'us' from 'them,; experiencing loss of status and discrimination (Pescosolido & Martin, 2015).

In general, people who had higher levels of stigma were less satisfied. This finding suggests that when a person feels stressed, levels of satisfaction decrease (Barattucci et al., 2018). In study of Schubert et al. (2021). found clear evidence of the psychological consequences of COVID-19-related stigmatization for depression and anxiety disorders. For promoting workers' health, anti-stigma strategies and psychological support should be implemented in the workplace.

Measuring the effect of pandemic factor of stigma on nurses' performance is of extreme importance. So, in study by Ramaci et al. (2020) the research sought to provide preliminary indications on the relationship between stigma and work outcomes, and on the role of job demands and self-efficacy. The results undoubtedly show that stigma positively impacts fatigue and negatively impacts satisfaction. The role of job demands, although having an effect on negative outcomes, appears to be reduced compared to the interaction with stigma perceptions. Self-efficacy also appears to relate more to the processes of discrimination and satisfaction than to those of emotional reaction (fear) and negative outcomes.

Support from peers, colleagues, families and friends may improve the sense of safety and help alleviate fear in nurses. Sharing their work experiences with others may be helpful in attaining adequate psychological or other support and improving their morale amid the pandemic (Maben & Bridges, 2020).

Other study by Leskovic et al. (2020). found most respondents in study indicated that working relations between employees improved compared to the situation before the COVID-19 pandemic, because employees had to cooperate more and had a 'common external enemy like COVID-19.

In study by Chatman (2020) suggested that positive relationships with colleague's influence whether nurses will remain on the job. Other study by Al Sabei et al. (2020) Suggested that having cohesive and supportive colleagues and manager, as well as professional opportunities, were imperative to retain nurses.

Peters (2014) found that uncivil relationships or absence of supportive colleagues can lead to job dissatisfaction. So, during the pandemic, nurses may be working with people who are not their usual team colleagues. Teams therefore need to support each other and find ways to help new members feel safe, valued and welcome as quickly as possible. Buddying with more experienced colleagues can help support other colleagues ((Maben & Bridges, 2020).

Where the researcher believes that the procedures for working with Covid-19 patients from taking full preventive measures in addition to wearing personal protection equipment for long hours, added to the protocols that were developed to deal with Covid 19 patients, represented obstacles for nurses in providing services by high quality, which was reflected on their job satisfaction. These measures cannot be tolerated to protect nurses themselves from this disease.

As nurses are at the front line of the COVID-19 outbreak response and are exposed to hazards that put them at risk of infection, it is vital that they are supported to protect themselves with specific infection prevention procedures and sufficient provision of protective gear at their practice settings, including ventilators, masks, robes, eye cover, face shields, and gloves. Nursing managers and instructors must include guidance to nurses and support personnel on emerging COVID-19 problems and hazards that are unique to their field of work (Fawaz et al., 2020).

In study by Qattan (2017), found the job characteristics, which could include role conflict, role overload, role ambiguity, and poor interpersonal relations also serve as a key source of stress among nurses. Additionally, the place of work and the work place procedures and processes are other causes of stress among nurses. Nurses can experience difficulty at work, especially with the organizational expectation and conditions including too much work, under-appreciation, confusion about expectations and priorities, anxiety over job security and over-commitment as regards responsibilities.

The results are congruent with the past researches of Masum et al. (2016) who indicates the job satisfaction level of Turkish nurses increases in parallel with their increasing age, while Pakistanis nurses reported Satisfaction was high in age group 26-35 and it gradually showed a reduction with the passage of time (Naveed et al., 2016). Other study by Akbari et al. (2020). Results showed that there was no positive significant relationship between age in the current area of work with the Iranian nurses' job satisfaction. In study in China by Ramac et al, (2020). Found age was significantly positively related to job satisfaction as was length of service.

Previous studies have not focused on gender with respect to job satisfaction (Mendiratta, 2016). Some research studies show no significant relationship between employees' gender and job satisfaction (Leskovic et al., 2020; Iyer, 2017; Tarcan et al.,

2017). In others, Spetz and Herrera (2018) and Kalisch et al. (2017) both found that female nurses were more satisfied with their job, in general, when compared to male nurses. Penz et al. (2008) also found that female nurses were more satisfied with their job, in general, and that gender was a statistically significant predictor of nurse job satisfaction.

In study by Yu X et al. (2020) found about of work experience, staff who had worked for over 12 years demonstrated a higher satisfaction than those with <6 years. Meanwhile, years of work experience served as a positive predictor for the job satisfaction of staff surveyed in study by Wang et al. (2017). found the less the work experience is, the lower the job satisfaction is. This is possibly due to the lack of professional skills. For a vast majority of staff, this was their first time facing a major public health emergency, which posed several challenges to their professional skills, occupational protection, and psychological tolerance. On the contrary, medical staff with longer work experience could make judgments more rapidly owing to their rich clinical experience, thereby making their jobs easier.

Coshow et al. (2009) found that nurses with less than 2 years and more than 10 years of nursing experience were more satisfied with staffing and resources when compared to nurses with between 2-10 years of nursing experience.

Akbari et al. (2020) The results showed that there was no positive significant relationship between years of experience in the center, and years of experience in the current area of work with the nurses' job satisfaction.

In study by Hidayat and Agustina (2021). found the monthly income is one of the strong predictors of job satisfaction, followed by acknowledgement or reward from the management in a form of appreciation for good performance and various achievement related to high job satisfaction

Other study by Tarcan et al. (2017). show annual income and household economic-well-being had a positive association with job satisfaction among healthcare workers in nursing homes. And study in California by Spetz& Herrera (2018). Nurses' income was shown to have a positive association with both nurse job satisfaction and satisfaction with the nursing profession.

In study by Semachew et al. (2017) Majority (59.8%) of the respondents were also least satisfied with their salary which is consistent with studies from Turkey (Akansel et al., 2011) and Australia (Sultana et al., 2011) in which around 60% of nurses were least satisfied with their pay.

In study by Semachew et al. (2017). found Diploma nurses were more satisfied than degree nurses. This finding is in line with studies done in the USA by Kalisch et al. (2017) and Kuwait by Al-Enezi et al (2014) that proved nurses with higher levels of education were less satisfied with their occupation. A probable reason could be that more educated employees have higher levels of expectations which health care institutions are often unable to fulfill.

There is a higher perception of perceived stress and depression observed among those working in respiratory medicine departments (Ma et al., 2020). On the other hand, emergency nurses exhibit depressive symptoms and posttraumatic stress disorder and that effects on job satisfaction (Song et al., 2020). Other study by Semachew et al. (2017) those nurses who were working in the outpatient department were 3.08 times more likely to be satisfied than those working in the inpatient unit.

5.2 Conclusion:

COVID-19 pandemic is not just a time of crisis, but an opportunity for reconstructing the professional identity for nurses. Given the importance of professional identity in

determining professional commitment and the quality of care, making sense of the event, incorporating the unique COVID-19 experience into enhancement of job satisfaction. In addition, developing strategies from the policy, management and organizational levels to enhance professional fulfillment.

5.3 Recommendations:

Based on the study finding, the researcher would provide useful recommendations as outlined below. Decision makers, health managers, nursing supervisor, nursing leaders, professionals and researchers need to consider these recommendations and intensively work to address them.

- Increasing attention to the personal and practical needs of nurses and providing them along with the needs of the administrative leadership in centers in general and COVID-19 centers in particular, which ensures an increase in the level of job satisfaction for them.
- Promoting a culture of encouraging nurses to provide creative ideas and opinions to solve problems they face at work, with the aim of their participation in decision-making and improving their job satisfaction.
- Continuing to consolidate the relations between nurses, managers and supervisors because of its significant impact on raising the level of job satisfaction, through open meetings that help in forming social relations and strengthening the bonds of love and familiarity between them and identifying the needs of nurses to meet them as much as possible.
- Using the incentive system based on motivating nurses instead of doing additional work that contributes to alleviating the burdens on the medical and nursing staff, especially during emergencies and the spread of epidemics such as the Covid-19 pandemic.

- Attempting to create an organizational environment that contributes to raising the level of nurses' sense of activity, which may contribute to increasing the level of job satisfaction, in light of the presence of an environment within Covid 19 centers fraught with pressure, overwork, and other factors that affect nurses' job satisfaction.
- Work to reduce work by assigning difficult tasks to nurses who have the ability to complete them, especially in intensive care departments. As the intensive care departments during the Covid 19 pandemic are the most important departments in facing this pandemic.
- Enhancing the resilience of workers in centers and centers treating Covid-19 patients especially the nurses by disbursing regular rewards that distinguish them from others.

5.4 Recommendations for further studies

The researcher would recommend conducting further research studies covering the following areas:

- Future research should further investigate any direct link between nursing supervisor and staff nurse professional performance to enhancement job satisfaction.
- A comparative study between the different workers in the health field.
- A comparative study between the various nursing for the workplace and identify the main reasons leading to this phenomenon.
- Further quantitative and qualitative research should be conducted to acquire a better understanding of job satisfaction issues and role of managers and nursing supervisor, with the aim of developing appropriate and successful retention strategies.

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Annexes

Annex (1) Map of Palestine



PCBS, 2019

التاريخ: 28/04/2021

رقم المراسلة 686362

السيد : رامي عيد العبادله المحترم

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

السلام عليكم ,,,

الموضوع/ تسهيل مهمة الباحثة// علياء سويطي

التفاصيل //

بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحثة/ علياء محمد سويطي
الملتحقه ببرنامج ماجستير إدارة التمريض – جامعة القدس أبوديس بغزة في إجراء بحث بعنوان:-
"The Level of Job Satisfaction of Nursing Staff Working in the
"COVID-19 Hospitals Treatment in Palestine"

حيث الباحثة بحاجة لتعبئة استبانة من عدد من الممرضين العاملين في مراكز تقديم الخدمة لمرضى كوفيد19 في
المستشفيات، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، ودون تحمل الوزارة أي أعباء أو
مسئولية.
وتفضلوا بقبول التحية والتقدير،
ملاحظة /

1. الدراسة حاصلة على موافقة لجنة اخلاقيات البحث الصحي (لجنة هلسنكي)
2. تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة شهرين من تاريخه.

محمد إبراهيم السرساوي

مدير دائرة/الإدارة العامة لتنمية القوى البشرية



التحويلات

- محمد ابراهيم محمد السرساوي(مدير دائرة) ← رامي عيد سليمان العبادله(مدير عام بالوزارة) إجراء/اتكم
بالخصوص(28/04/2021)
- ملاحظات التأشير :: يرجى ارسال الكتاب لمدير عام المستشفيات ونسخة لمدير عام الرقابة الداخلية ومدير عام التمريض ورئيس لجنة البحث التمريضي
رامي عيد سليمان العبادله(مدير عام بالوزارة) ← عبد السلام محمد عيد صباح(مدير عام بالوزارة) إجراء/اتكم
بالخصوص(28/04/2021)
- ملاحظات التأشير ::
عبد السلام محمد عيد صباح(مدير عام بالوزارة) ← محمد سلامه علي الهمص(طبيب مدير) إجراء/اتكم
بالخصوص(28/04/2021)
- ملاحظات التأشير ::
عبد السلام محمد عيد صباح(مدير عام بالوزارة) ← محمد خليل محمد زقوت(مدير) إجراء/اتكم
بالخصوص(28/04/2021)

Annex (3) Helsinki Committee Approval Letter

**المجلس الفلسطيني للبحوث الصحي**
Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار
Developing the Palestinian health system through institutionalizing the use of information in decision making

Helsinki Committee
For Ethical Approval

Date: 05\04\2021 **Number: PHRC/HC/870/21**

Name: Alia Mohammed Yusef Al-Sweity **الاسم:**

We would like to inform you that the committee had discussed the proposal of your study about: **نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:**

The Level of Job Satisfaction of Nurses Working in the COVID-19 Center in Palestine

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/870/21 in its meeting on 05\04\2021 **و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه**

Signature

Member 
Dr. Khemis Fessi **Chairman** 
Dr. Yehia Abed

Genral Conditions:-

1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-



E-Mail: pal.phrc@gmail.com

Gaza - Palestine **غزة - فلسطين**
شارع النصر - مفترق العيون

Annex (4) The initial form of questionnaire

تحكيم استبانة

"مستوى الرضا الوظيفي للممرضين العاملين في مراكز COVID-19 في فلسطين"

الأستاذ الدكتور: المحترم

تحية تقدير واحترام وبعد.....

تقوم الباحث بإجراء دراسة بعنوان: "مستوى الرضا الوظيفي للممرضين العاملين في مراكز COVID-19 في فلسطين"، وذلك كمتطلب للحصول على درجة الماجستير في إدارة التمريض من جامعة القدس/أبوديس، وحسب مكانتكم العلمية وخبرتكم الواسعة في مجال الإدارة والقيادة في التمريض فإنني أرجو منكم التكرم بتحكيم فقرات الاستبانة من حيث:

- مدى ملاءمة الفقرات لمجالات الدراسة.

- مدبوضوح الفقرات.

- سلامة الصياغة اللغوية.

- أي تعديلات أو مقترحات ترونها مناسبة.

شاكرين لكم حسن تعاونكم

مع خالص التقدير والاحترام

الباحثة

علياء السويطي

0595259445

استبانة الرضا الوظيفي للممرضين العاملين في
مراكز COVID-19 في فلسطين

الرقم التسلسلي: (.....) لاستخدام الباحث

أولاً: المعلومات الشخصية:

- 1- الجنس: ذكر أنثى 2- العمر: سنة
- 3- الحالة الاجتماعية: أعزب/ة متزوج/ة مطلق/ة أرملة/ة
- 4- الدخل الشهري: شيكل
- 5- عدد أفراد الأسرة:
- 6- السكن حسب المحافظة:
- 7- السكن حسب مكان الإقامة: مدينة قرية مخيم
- 8- المؤهل العلمي: دبلوم سنتان دبلوم 3 سنوات بكالوريوس
- ماجستير دكتوراه أخرى

ثانياً: معلومات العمل:

- 9- مكان العمل: المستشفى القسم
- 10- سنوات الخبرة في مهنة التمريض: سنة
- 11- خبرتك في مستشفيات علاج كوفيد 19 شهر
- 12- هل لديك وصف وظيفي لمهنتك: نعم لا
- 13- هل تعمل في قسمك المفضل؟ نعم لا
- 14- هل تم تدريبك على التعامل مع حالات كوفيد؟ نعم لا
- 15- هل ترغب في العودة إلى مكان عملك السابق؟ نعم لا

ثالثاً: مقياس الرضا الوظيفي:

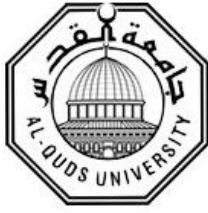
الرقم	الفقرات	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
البعد الأول: ظروف العمل						
1.	أشعر بالرضا عن عدد أيام العمل في الأسبوع					
2.	أشعر بالاطمئنان على صحتي في مكان العمل					
3.	أعمل في مكان لا يتوفر فيه وسائل تحافظ على اعتدال درجات الحرارة.					
4.	أعمل في مكان لا تتوفر فيه أماكن للاستراحة.					
5.	أعمل في بيئة غير صحية (تلوث، وجود مخاطر على سلامة الموظف).					
6.	أعمل في مكان يفتقر إلى الجو الهادئ (كثرة الضوضاء).					
7.	أرى أن ظروف العمل (الإضاءة، التهوية، النظافة) مناسبة					
البعد الثاني: الترقيات						
8.	هناك فرصة ضئيلة جداً للترقية في وظيفتي.					
9.	لست راضياً عن المزايا التي أحصل عليها.					
10.	عندما أقوم بعمل جيد، أتلقي التقدير الذي يجب أن أحصل عليه.					
11.	أولئك الذين يقومون بعمل جيد لديهم فرصة عادلة للترقية.					
12.	لا أشعر بالتقدير للعمل الذي أقوم به.					
13.	أشعر بالفخر للقيام بعملتي.					
14.	أرى أن فرصاً لترقية في العمل متوفرة					
15.	أشعر بالرضا عن سياسة الترقية لأنها تتوافق مع طموحاتي					
16.	وظيفتي الحالية تتلاءم مع سنوات الخبرة التي أتمتع بها					
البعد الثالث: الراتب والمكافآت						
17.	الأجر الذي أتقاضاه يتناسب مع متطلبات الحياة					
18.	أشعر بعدالة الأجر الذي أتقاضاه مقارنة بزملائي في العمل					
19.	أجتهد في عملي ولا أتلقي حوافز مادية تشجيعية.					
20.	أشعر أنني أتقاضى مبلغاً معقولاً مقابل العمل الذي أقوم به.					
21.	ترتبط الحوافز المادية بمعايير غير موضوعية.					
22.	أرى أن الحوافز المالية والمكافآت المستمرة تزيد من قبولي في العمل مع حالات كوفيد 19.					
23.	أرى أن عملي مع حالات كوفيد 19 يتطلب علاوة بدل مخاطرة أكثر من الممرضين الذين يعملون في المستشفيات الأخرى					
البعد الرابع: نمط الإشراف والتواصل						
24.	يظهر مشرفي القليل من الاهتمام بمشاعري ومشاعر زملائي.					
25.	أشعر بالرضا لأن المشرف يستمع لأرائي ومقترحاتي فهو يؤمن بأسلوب المشاركة					

الرقم	الفقرات	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
26.	أبادر في طرح الأفكار والمقترحات لرؤسائي فلا أجد أذانا صاغية.					
27.	يغضب رؤسائي مني إذا لم يتفق عملي مع ميولهم ورغباتهم.					
28.	مشرفي غير عادل بالنسبة لي.					
29.	أشعر بالرضا لأن المشرفي ساعدني في حل المشكلات التي أواجهها في العمل					
30.	تبدو الاتصالات والتواصل جيد داخل المستشفى.					
البعد الخامس: وصمة العار						
31.	عملي في مستشفى لعلاج مرضى كوفيد 19 يعيق حياتي الاجتماعية					
32.	أشعر بعزلة عن الآخرين منذ عملي مع مرضى كوفيد 19					
33.	اعتبر فترة عملي في مستشفى لعلاج مرضى كوفيد 19 هي مرحلة عابرة لا تعني لي شيء					
34.	عملي مع مرضى كوفيد 19 لم يزيد من خبرتي او مهاراتي.					
35.	أشعر بوصمة عار باني اعمل في مستشفى لعلاج مرضى كوفيد 19.					
36.	أشعر أحياناً أن وظيفتي لا معنى لها.					
البعد السادس: زملاء العمل						
37.	أحب الأشخاص الذين أعمل معهم.					
38.	أستمتع مع زملائي بأجواء العمل.					
39.	توزع الأعمال بيني وبين زملائي بطريقة غير عادلة.					
40.	علاقتي مع زملائي يميزها التقدير والاحترام المتبادل					
41.	أحصل على الدعم والمساعدة من الزملاء في العمل					
42.	هناك الكثير من المشاحنات والصراعات في العمل.					
43.	أجد أنني يجب أن أعمل بجدية أكبر في وظيفتي بسبب عدم كفاءة الأشخاص الذين أعمل معهم.					
البعد السابع: إجراءات العمل						
44.	وجود العديد من القواعد والإجراءات القيام بعمل جيد أمراً صعباً.					
45.	أحب فعل الأشياء التي يوكل إلي القيام بها في العمل.					
46.	نادراً ما يعيق الروتين جهودي للقيام بعمل جيد.					
47.	أشعر ان إجراءات السلامة والوقاية تزيد من أعباء العمل.					
48.	تتقصر بعض المهارات والمعارف اللازمة لأداء العمل.					
49.	أعمل تحت سياسات وارشادات وبروتوكولات غير متوافقة الواقع.					
50.	أكلف بأعمال صعبة ومعقدة تفوق قدراتي.					

Annex (5) List of expert's names who reviewed the study questionnaire:

No.	Name	Scientific Degree	Workplace
1-	Dr. Basma Salameh	Ph.D. Nursing (medical/surgical)	Arab American University
2-	Dr. Khalel Shaqfa	Ph.D. Assistant Prof. in Nursing Management	MOH
3-	Dr. Yousef Ibrahim Aljeesh	Prof. Dr. in Public Health	Islamic University – Gaza
4-	Dr. Farid Kamel Shama	Ph.D. in Public Health	MOH
5-	Dr. Nasser Ibrahim Abu-El- Noor.	PhD in Health Care Policy	Islamic University – Gaza
6-	Dr. Mysoon Khalil Abdul Aziz	Ph.D in Health Care Policy	Islamic University – Gaza
7-	Dr. Yousif M. Awad	Assistant Professor of Nursing Management	University of Palestine
8-	Dr. Mootasem Salah	Ph.D. Assistant Prof. in Nursing Management	MOH
9-	Dr. Hala Aiash	PhD. Assistant Prof. in Nursing Management	MOH

Annex (6) The final form of questionnaire (Arabic Version)



عمادة الدراسات العليا
جامعة القدس
كلية المهن الصحية

الموافقة على إجراء بحث

"مستوى الرضا الوظيفي للممرضين العاملين في مراكز COVID-19 في فلسطين"

الإخوة والأخوات الحكماء الأفاضل..

تحية تقدير واحترام وبعد.....

السلام عليكم ورحمة الله وبركاته

تقوم الباحثة علياء السويطي بإجراء دراسة ميدانية بهدف التعرف على مستوى الرضا الوظيفي لدى الممرضين العاملين في المراكز الحكومية المخصصة لعلاج ورعاية مرضى كوفيد 19 في فلسطين. وذلك كمتطلب للحصول على درجة الماجستير في إدارة التمريض من جامعة القدس/أبوديس.

ولتحقيق أهداف الدراسة نضع بين أيديكم هذه الاستبانة المكونة من ثلاث أقسام كوسيلة لجمع البيانات والمعلومات اللازمة للدراسة، ولذلك نرجو مساهمتكم في الإجابة على هذه الأسئلة آمين ان تتسم إجاباتكم بالدقة والموضوعية لما لها من أهمية كبيرة على متخذي القرار، علماً أن المعلومات التي سيتم الحصول عليها هي طي الكتمان ومخصصة لأغراض البحث العلمي فقط.

ارجو ملء الفراغ التالي حول رغبتك في المشاركة:

.....نعم، ارجب في المشاركة. الاسم والتوقيع:

.....لا، ارجب في المشاركة.

نأمل من سيادتكم التكرم بمساعدتنا في انجاز هذه الدراسة التي تعتمد في نتائجها على دقة إجاباتكم

شكراً لكم حسن المشاركة

الباحثة

علياء السويطي

0595259445

aliaswity123@gmail.com

الموافقة على إجراء بحث

"مستوى الرضا الوظيفي للمرضين العاملين في مراكز COVID-19 في فلسطين"

الإخوة والأخوات الحكماء الأفاضل..

تحية تقدير واحترام وبعد.....

السلام عليكم ورحمة الله وبركاته.....

تقوم الباحثة بإجراء دراسة ميدانية بهدف التعرف على مستوى الرضا الوظيفي لدى المرضين العاملين في المراكز الحكومية المخصصة لعلاج ورعاية مرضى كوفيد 19 في فلسطين. وذلك كمتطلب للحصول على درجة الماجستير في إدارة التمريض من جامعة القدس/أبوديس.

ولتحقيق أهداف الدراسة نضع بين أيديكم هذه الاستبانة المكونة من ثلاث أقسام كوسيلة لجمع البيانات والمعلومات اللازمة للدراسة، ولذلك نرجو مساهمتكم في الإجابة على هذه الأسئلة آمين ان تتسم إجاباتكم بالدقة والموضوعية لما لها من أهمية كبيرة على متخذي القرار، علماً أن المعلومات التي سيتم الحصول عليها هي طي الكتمان ومخصصة لأغراض البحث العلمي فقط.

نأمل من سيادتكم التكرم بمساعدتنا في انجاز هذه الدراسة التي تعتمد في نتائجها على دقة إجاباتكم

شكراً لكم حسن المشاركة

الباحثة

علياء السويطي

0595259445

aliaswity123@gmail.com

استبانة الرضا الوظيفي للممرضين العاملين في مراكز COVID-19 في فلسطين

الرقم التسلسلي: (.....) لاستخدام الباحث

أولاً: المعلومات الشخصية:

- 1- الجنس: ذكر أنثى
- 2- العمر: سنة
- 3- الحالة الاجتماعية: متزوج/ة غير متزوج/ة
- 4- الدخل شهري: شيكل
- 5- عدد أفراد الأسرة:
- 6- السكن حسب المنطقة: الضفة الغربية قطاع غزة
- 7- السكن حسب مكان الإقامة: مدينة قرية مخيم
- 8- المؤهل العلمي: دبلوم سنتان دبلوم 3 سنوات بكالوريوس
- ماجستير وأعلى

ثانياً: معلومات العمل:

- 9- مكان العمل: المستشفى القسم
- 10- سنوات الخبرة في مهنة التمريض: سنة
- 11- هل لديك وصف وظيفي لمهنتك: نعم لا
- 12- هل تعمل في قسمك المفضل؟ نعم لا
- 13- هل تم تدريبك على التعامل مع حالات كوفيد؟ نعم لا

ثالثاً: مقياس الرضا الوظيفي:

الرقم	الفقرات	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
البعد الأول: ظروف العمل						
1.	أشعر بالرضا عن عدد أيام العمل في الأسبوع					
2.	أشعر بالأطمئنان على صحتي في مكان العمل					
3.	أعمل في مكان لا يتوفر فيه وسائل تحافظ على اعتدال درجات الحرارة.					
4.	أعمل في مكان لا تتوافر فيه أماكن للاستراحة.					
5.	أعمل في بيئة غير صحية (تلوث، وجود مخاطر على سلامة الموظف)					
6.	أعمل في مكان يفتقر إلى الجو الهادئ (كثرة الضوضاء).					
7.	أرى أن ظروف العمل (الإضاءة، التهوية، النظافة) مناسبة					
البعد الثاني: الترقيات						
8.	هناك فرصة ضئيلة جدًا للترقية في وظيفتي.					
9.	لست راضيًا عن المزايا التي أحصل عليها.					
10.	عندما أقوم بعمل جيد، أتلقى التقدير الذي يجب أن أحصل عليه.					
11.	أولئك الذين يقومون بعمل جيد لديهم فرصة عادلة للترقية.					
12.	لا أشعر بالتقدير للعمل الذي أقوم به.					
13.	أشعر بالفخر للقيام بعملتي.					
14.	أرى أن فرص الترقية في العمل متوفرة					
15.	أشعر بالرضا عن سياسة الترقية لأنها تتوافق مع طموحاتي					
16.	وظيفتي الحالية تتلاءم مع سنوات الخبرة التي أتمتع بها					
البعد الثالث: الراتب والمكافآت						
17.	الأجر الذي أتقاضاه يتناسب مع متطلبات الحياة					
18.	أشعر بعدالة الأجر الذي أتقاضاهم قارنة بزملائي في العمل					
19.	أجتهد في عملي ولا أتلقى حوافز مادية تشجيعية.					
20.	أشعر أنني أتقاضى مبلغًا معقولًا مقابل العمل الذي أقوم به.					
21.	ترتبط الحوافز المادية بمعايير غير موضوعية.					
22.	أرى أن الحوافز المالية والمكافآت المستمرة تزيد من قبولي في العمل مع حالات كوفيد 19.					
23.	أرى أن عملي مع حالات كوفيد 19 يتطلب علاوة بدل مخاطرة أكثر من الممرضين الذين يعملون في المستشفيات الأخرى					
البعد الرابع: الإشراف والتواصل						
24.	يظهر مشرفي القليل من الاهتمام بمشاعري ومشاعري زملائي.					
25.	أشعر بالرضا لأن المشرف يأخذ بأرائي ومقترحاتي فهو يؤمن بأسلوب المشاركة					
26.	أبادر في طرح الأفكار والمقترحات لرؤسائي فلا أجد آذانًا صاغية.					
27.	يغضب رؤسائي مني إذا لم يتفق عملي مع ميولهم ورغباتهم.					
28.	مشرفي غير عادل بالنسبة لي.					

الرقم	الفقرات	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
29.	أشعر بالرضا لأن المشرف يساعدني في حل المشكلات التي أواجهها في العمل					
30.	تبدو الاتصالات والتواصل جيد داخل المستشفى.					
البعد الخامس: وصمة العار						
31.	عملي في مستشفى لعلاج مرضى كوفيد 19 يعيق حياتي الاجتماعية					
32.	أشعر بعزلة عن الآخرين منذ عملي مع مرضى كوفيد 19					
33.	اعتبر فترة عملي في مستشفى لعلاج مرضى كوفيد 19 هي مرحلة عابرة لا تعني لي شيء					
34.	عملي مع مرضى كوفيد 19 لم يزيد من خبرتي او مهاراتي.					
35.	أشعر بوصمة عار بانني اعمل في مستشفى لعلاج مرضى كوفيد 19.					
36.	أشعر أحياناً أن وظيفتي لا معنى لها.					
البعد السادس: زملاء العمل						
37.	أحب الأشخاص الذين أعمل معهم.					
38.	أستمتع مع زملائي بأجواء العمل.					
39.	توزع الأعمال بيني وبين زملائي بطريقة غير عادلة.					
40.	علاقتي مع زملائي يميزها التقدير والاحترام المتبادل					
41.	أحصل على الدعم والمساعدة من الزملاء في العمل					
42.	هناك الكثير من المشاحنات والصراعات في العمل.					
43.	أجد أنني يجب أن أعمل بجدية أكبر في وظيفتي بسبب عدم كفاءة الأشخاص الذين أعمل معهم.					
البعد السابع: إجراءات العمل						
44.	وجود العديد من القواعد والإجراءات القيام بعمل جيد أمراً صعباً.					
45.	أحب فعل الأشياء التي يوكل إلي القيام بها في العمل.					
46.	نادرًا ما يعيق الروتين جهودي للقيام بعمل جيد.					
47.	أشعر ان اجراءات السلامة والوقاية تزيد من أعباء العمل.					
48.	تتقصني بعض المهارات والمعارف اللازمة لأداء العمل.					
49.	أعمل تحت سياسات وارشادات وبروتوكولات غير متوافقة الواقع.					
50.	أكلف بأعمال صعبة ومعقدة تفوق قدراتي.					

Annex (7): The final form of questionnaire (English Version)

Al – Quds University

Deanship of Graduate Studies

Faculty of Health Professions / Nursing Management



**The Level of Job Satisfaction of Nurses Working in
the COVID-19 Center in Palestine**

Dear participant:

This study aims to assess the level the job satisfaction and identify the factors that hinder the job satisfaction as a requirement to obtain a master degree in nursing management – faculty of Health Professions at the Al-Quds University – Palestine.

The researcher ascertains that you are selected randomly and you have the right to refuse participation in this study.

Researcher thanks you for your participation and collaboration in this study that we hope to improve the nursing care at COVID -19 governmental center.

The researcher would like to emphasize that the information will remain confidential and for the purpose of scientific research that does not need to mention your name.

Thank you for your participation

Researcher
Alia Mohammed Swity
0595259445
aliaswity123@gmail.com

Questionnaire

The Level of Job Satisfaction of Nurses Working in the COVID-19 Center in Palestine

Serial Number: (.....) For researcher use.

First: Personal Information:

- 1- Gender: Male Female 2-Age: year
- 3- Marital status: Married Not Married
- 4- Total family members:
- 5- Monthly income: NIS
- 6- Place of Residence according Region: West Bank Gaza Strip
- 7- Living Depending on the place of residence: City Village Camp
- 8- Educational Level: 2 years Diploma Bachelor Postgraduate

Second: Job characteristics of participants:

- 9- Place of work: Center Department
- 10- Total Experience in the nursing: Year
- 11- Do you have a job description? Yes No
- 12- Do you work in your favorite department? Yes No
- 13- Were you trained to deal with COVID cases? Yes No

Third: job satisfaction scale:

Explain your agreement with the following items:

Very High Degree (VHD); High Degree (HD); Medium Degree (MD);
Low Degree (LD); Very Low Degree (VLD)

No.	Items	VHD	HD	MD	LD	VLD
Working Conditions						
1.	I feel satisfied about the number of working days per week.					
2.	I feel safe for my health in the workplace.					
3.	I work in a place is no system to keep temperatures mild.					
4.	I work in a place where there is no place rest.					
5.	I work in an unhealthy environment (pollution, there are risks to the safety of the employee).					
6.	I work in a place that lacks a calm (noisy) atmosphere.					
7.	I see working conditions (lighting, ventilation, cleanliness) suitable.					
Promotions						
8.	There is very little chance of getting promoted in my job.					
9.	I am not satisfied with the benefits I get.					
10.	When I do a good job, I get the recognition I have to get.					
11.	Those who do a good job have a fair chance of promotion.					
12.	I do not feel appreciated for the work I do.					
13.	I feel proud to do my job.					
14.	I see that opportunities for promotion at work are available.					
15.	I feel good about the Promotion policy because it is in line with my ambitions.					
16.	My current job fits with my years of experience.					
Contingent and Reward						
17.	The salary I get is in line with the demands of life.					
18.	I feel fair about the salary I get compared to my co-workers.					
19.	I work hard and I do not get incentives.					
20.	I feel like I am getting salary a reasonable amount for the work I do.					
21.	Physical incentives are linked to subjective criteria.					
22.	I believe that continued financial incentives and rewards increase my acceptance of working with Covid 19 cases.					
23.	In my view, my work with Covid 19 requires a more risk allowance than nurses working in other centers.					
Supervision and Communication						
24.	My supervisor shows a little interest in my feelings and those of my colleagues.					
25.	I am satisfied that the supervisor listens to my					

No.	Items	VHD	HD	MD	LD	VLD
	opinions and suggestions because he believes in the way of participation.					
26.	I take the initiative to put forward ideas and proposals to my superiors.					
27.	My superiors are angry at me if my work doesn't match their inclinations and desires.					
28.	My supervisor is unfair to me.					
29.	I feel satisfied about my supervisor because helps me solve the problems that I am facing at work.					
30.	Communication and Connection look good within the center.					
Stigma						
31.	My work in a center for the treatment of 19 Covid patients hinders my social life.					
32.	I've been isolated from others since i worked with Covid 19 patients.					
33.	I consider my time in a center to treat 19 Covid patients as a passing phase that means nothing to me.					
34.	My work with Coved 19 patients has not increased my experience or skills.					
35.	I feel the shame of working in a center to treat 19 Covid patients.					
36.	I sometimes feel like my job doesn't make sense.					
Co-work						
37.	I love the people I work with him.					
38.	I enjoy the working atmosphere with my colleagues.					
39.	The works are distributed between me and my colleagues in an unfair way.					
40.	My relationship with my colleagues is characterized by appreciation and mutual respect.					
41.	Get support and help from coworkers.					
42.	There are a lot of bickering and conflicts at work.					
43.	I find that I have to work harder in my job because of the incompetence of the people I work with him.					
Working procedures						
44.	Having many rules and procedures to do a good job is difficult.					
45.	I like to do the things I'm assigned to do at work.					
46.	Routine rarely hinders my efforts to do a good job.					
47.	I feel that safety and prevention measures increase workloads.					
48.	I lack some skills and knowledge to do the work.					
49.	I work under policies, guidelines and protocols that are not compatible with reality.					
50.	I'm doing harder and more complicated work than I can do.					

عنوان الدراسة: مستوى الرضا الوظيفي للممرضين العاملين في مراكز COVID-19 في فلسطين.

إعداد: علياء محمد السويطي.

إشراف: د. كفاح جهاد الزين.

ملخص الدراسة:

الخلفية: في ظل جائحة COVID-19، الممرضين هم الدعامة الأساسية في مكافحة أي جائحة. لذلك يلعب الممرضين أدوارًا حاسمة في الوقاية من تفشي COVID-19 من خلال الرعاية المناسبة والإجراءات الوقائية والصمود في تقديم الخدمات التمريضية. لذا، فإن الرضا الوظيفي من العوامل الأساسية التي تؤثر على إنتاجية الممرضين وصمودهم في مواجهة تفشي هذا الوباء.

الهدف: من هذه الدراسة هو تقييم مستوى الرضا الوظيفي وتحديد العوامل التي تعيق الرضا الوظيفي لدى الممرضين العاملين في مراكز COVID 19 في المستشفيات الحكومية في فلسطين.

الطرق: اعتمدت الدراسة على دراسة مقطعية وصفية كمية أجريت في ربيع 2020 (العدد= 625) دراسة التعداد، 565 منها كانت استجابة إيجابية بنسبة استجابة 90.4%. حيث تم تطوير 50 بند لقياس الرضا الوظيفي من خلال فحص الصلاحية الداخلية والخارجية وبناءً على نتائج تحليل العنصر توصلت الدراسة إلى النتائج التالية.

النتائج: وجدت الدراسة أن ما يقارب (63.2%) من الممرضين والممرضات في مراكز كوفيد 19 في المستشفيات الحكومية في فلسطين يتمتعون بمستوى متوسط من الرضا الوظيفي. يمثل زملاء العمل المصدر الرئيسي للرضا الوظيفي للممرضين بمتوسط (3.6). بينما تمثل وصمة العار المصدر الرئيسي لعدم الرضا الوظيفي للممرضات في مراكز كوفيد 19 بمتوسط (3.29).

بينما يعتبر الإشراف والتواصل لرؤساء الأقسام ومشرفي التمريض عاملاً مهماً فيرفع مستوى الرضا الوظيفي للممرضات بمتوسط (3.24). لكن إجراءات العمل مثلت أحد عوامل الرضا الوظيفي، حيث وافق (63.18%) على أن ظروف العمل ساعدتهم على قبول العمل في جائحة COVID 19.

حسب العلاقة بين الرضا الوظيفي والمتغيرات الاجتماعية الديمغرافية (العمر، الجنس، الخبرة، الدخل الشهري، الدرجة العلمية، الأقسام). لها فروق بين المبحوثين ما عدا القسم لا يوجد فروق بين المبحوثين.

الاستنتاجات: إن جائحة COVID-19 ليست مجرد وقت أزمة، ولكنها فرصة لإعادة بناء الهوية المهنية للممرضين. نظراً لأهمية الهوية المهنية في تحديد الالتزام المهني وجودة الرعاية، وفهم الحدث، ودمج تجربة COVID-19 الفريدة في تعزيز الرضا الوظيفي. بالإضافة إلى تطوير الاستراتيجيات من مستوى السياسات والإدارة والتنظيم لتعزيز الإنجاز المهني.

الكلمات المفتاحية: الرضا الوظيفي، جائحة كوفيد 19، الممرضين، فلسطين.