



**Arab American University
Faculty of Graduate Studies**

**Emergency nurses' caring attitudes and behaviors
during interactions with patients at emergency
departments in Palestine**

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**This thesis was submitted in partial fulfillment of
the requirements for the Master`s degree in
Emergency Nursing
02/ 2024**

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Thesis Approval

**Emergency nurses' caring attitudes and behaviors during
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Palestine**

By

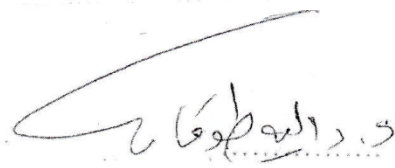
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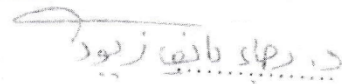
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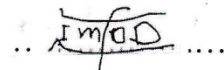
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Declaration

I affirm that this thesis, submitted for the master's degree, is the outcome of my independent research, unless otherwise acknowledged. I further declare that this study, or any portion thereof, has not been presented for a higher degree at any other university or institution.

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Dedication

This thesis is dedicated to the unwavering support and encouragement of those who have been instrumental in my academic journey. Their belief in my abilities, guidance, and love have been the driving forces behind my accomplishments.

To my family, whose sacrifices and constant encouragement have been the bedrock of my pursuit of knowledge. Your unwavering support has been my greatest source of strength.

To my mentors and professors, who have shared their knowledge generously and challenged me to think critically. Your guidance has shaped my intellectual growth and inspired me to push the boundaries of my understanding.

To my friends, who have stood by me through the highs and lows of this academic endeavor. Your camaraderie and shared experiences have made this journey all the more memorable.

This work is a testament to the collective efforts of those who have believed in me. Thank you for being my pillars of strength.

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To my family, whose love, understanding, and encouragement have been my pillars of strength. Your sacrifices and belief in my abilities have been the driving force behind my pursuit of knowledge.

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A special thanks to my friends for their camaraderie, laughter, and support during the highs and lows of this academic endeavor. Your friendship has made the journey all the more memorable.

This work stands as a testament to the collective efforts of those mentioned above. Thank you for being an integral part of this significant chapter in my academic life.

Mohammed Alawni

Abstract

Background: Nursing care for patients is one of the most important factors in the healing process, and when saying the term “Nursing Care”, one’s mind shouldn’t only think of the health-care procedures to cure the physical illness, and exclude the psychological and emotional aspects of the patient. Improving nursing caring is a key factor to increase patients’ satisfaction as found in the literature. **Purpose:** The purpose of the study is to examine the emergency nurses’ caring attitudes and behaviors during interactions with patients at emergency departments in Palestine. **Methods:** A cross-sectional descriptive study composed of 187 nurses from emergency departments of governmental hospitals in the West Bank participated in the study. Self-administered questionnaire was used for purpose of collecting data. **Results:** The analysis revealed that CNPI was high 3.95 ± 0.13 . Also, the results showed that expression of emotion was the highest subscale 4.01 ± 0.33 while needs was the lowest subscale 3.91 ± 0.29 . A Tukey post hoc test showed that the nurses in north hospital nurses was more Expression of Emotions subscale statistically significantly than nurses in middle and south area hospitals at ($p = 0.016, 0.048$) respectively. **Conclusion:** The study conclude that ED nurses had high level of nursing caring. In general, the study results showed no correlation between nursing caring and the four factors studied (age, level of education, experience and hospital location).

Keywords: caring, emergency department, nurse, behaviors, attitudes.

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List of Abbreviations

Abbreviation	Meaning
AAUP	Arab American University Palestine
ED	Emergency Department
CNPI	Caring Nurse-Patient Interactions
SPSS	Statistical Package of Social Science

Chapter One: Introduction

1.1 Introduction:

Nursing care for patients is one of the most important factors in the healing process, and when saying the term “Nursing Care”, one’s mind shouldn’t only think of the health-care procedures to cure the physical illness, and exclude the psychological and emotional aspects of the patient. In her book *Nursing: The philosophy and science of caring*, Jean Watson said that the basic idea of the theory of human caring is that humans are not to be treated like objects. (Watson, 2008). Although it’s clear that nursing care is an essential part of the healing process, there is a significant lack of relatable research in Palestine. So in this research the aim is to measure the emergency nurses’ caring attitudes and behaviors during interaction with patients at emergency departments in governmental hospitals in the West-Bank.

This chapter provides an introduction to research by first discussing background and context, then research problem, research goals, objectives and questions and finally importance.

1.2 Background:

According to the annual health record of the Palestinian Ministry of Health 1,580,245 people (the admitted and the treated without admission) visited the Emergency departments (ED) in Palestinian governmental hospitals in West-Bank in the year 2021. This large number of patients may create a stressful and unpleasant environment for both the health care providers and the patients, which might be the biggest factor that directly affects the

relationship between the care providers and the ED clients. In his qualitative review of patient satisfaction in the emergency department, Welch stated that because the ED is usually the first entrance for that many people it's often recognized by most people to be the "front door" of the hospital. (welch, 2010). so, it's crucial to maintain a good caring relationship in the ED to deliver the best picture possible to the public. Which brings us to the theory of human caring by Jean Watson which is the foundation in conducting most of the studies that relate to human caring. The theory of human caring (Watson, 1979, 1985, 2008) treats caring as an interpersonal process between the care provider and the care recipient. The process is mutual, inter-subjective and reciprocal (Watson, 2006). Watson (2006) shows that caring can be demonstrated effectively only through interpersonal relationships. And since it's a mutual and interpersonal process, it doesn't only affect patients, it also affects the nurses practicing it. In a study called Nursing science and the space age, Griffin (1983) clarified that the nurse in the interpersonal process or caring moment with a patient may develop increasing power of perception, increased emotional capacity and the ability to live life more abundantly.

1.3 The research problem:

The concept of caring is considered a basic characteristic of profession of nursing. Caring had historically studied over the years in a variety of patient health care settings. The importance of knowing what patients perceive as caring behaviors is a key element for providing compassionate nursing care. It is known that meaningful caring interaction is essential for

wellbeing of patients at health care facilities. But when it comes to emergency departments (ED); many patients feel that their needs are often ignored by the staff and they also stress the lack of feeling cared beyond instrumental interactions. On the other side, many researchers stated that ED nurses face high stress and burnout (Ariaenssens et al. Prevalence and co-occurrence of burnout in emergency medicine doctors and nurses in Belgium, 2011; Gracia-Izquierdo, Perception of nursing staff about the care delivered in emergency departments. 2012). They involve using physical, mental, social and emotional skills at the same moment when dealing with patients during life- saving situations. For that reason, staff caring behaviors and attitudes are signaled in the interaction and affect the patient's perception of quality of services provided to him at the time of emergency situation. In their study Relationship between selected patient and nurse variables and patient perceptions of nursing caring behaviors, Davis and Duffy (1999) described the relationship between nurse caring behaviors and patient satisfaction as having a high correlation. Nursing is the key determinant of overall patient satisfaction with hospitalization. Therefore, it is necessary to identify and evaluate nursing behaviors that advance patient satisfaction. Identification of the nurses' caring attitudes and behaviors is needed to decrease the uncaring environment, and lessening patients' anxiety, moreover allows the nurse to practice in a caring manner during interaction with the patient.

1.4 Significance of the study:

The escalating rates of admissions, coupled with prolonged Emergency

Department (ED) stays resulting from bed shortages and increasing workloads, have heightened concerns among nurses regarding their ability to meet patient needs. Interactions in such environments may foster frustration, anxiety, and a sense of inadequacy among nurses. This is particularly pronounced in busy settings where time constraints limit the nurse's ability to convey a caring attitude within a brief timeframe. The portrayal of a caring attitude is crucial not only for promoting patient satisfaction but also for the warding against potential litigation. Beyond its practical implications, caring holds ethical and moral significance, serving as an essential element in establishing successful temporary relationships that contribute to achieving mutual goals and satisfaction (Hogan et al., *Employability and Career Success: Bridging the Gap Between Theory and Reality*, 2013). Nurses must be mindful of the significance of their actions during acts of caring, understanding its implications for the patient and the overall nurse-patient relationship. It is incumbent upon nurses to cultivate an environment that values the uniqueness of each individual while providing holistic and humanistic care. Blasdel (2017) highlighted Watson's (1988) assertion that caring is a "moral ideal," emphasizing the need for nurses in the ED setting to apply this awareness. This study aims to elevate nurses to a position that fosters caring relationships with their patients. In the long run, the ED is anticipated to embrace a deeper understanding of caring, engaging with the core aspects of humanity—the ultimate goal of the nursing profession and nurses themselves.

1.5 Research questions:

This study addressed the following research questions:

1.5.1 Main research question:

What is the level of emergency nurses' caring attitudes and behaviors during interaction with the patients at ED in governmental hospitals?

1.5.2 Sub research questions:

1. Is there a difference in the level of nurses' caring attitudes and behaviors during interaction with patients in ED between different age groups?
2. Is there a difference in the level of nurses' caring attitudes and behaviors during interaction with patients in ED between different education level groups?
3. Is there a difference in the level of nurses' caring attitudes and behaviors during interaction with patients in ED between different experience groups?
4. Is there a difference in the level of nurses' caring attitudes and behaviors during interaction with patients in ED between different hospital location groups (north, middle and south)?

1.6 Hypothesis:

Null hypothesis: there is no difference in the nurses' caring attitudes and behaviors during interaction with patients in ED between different nurse groups according age, education level, years of experience, and hospital location.

1.7 Aim of the study:

The study aim was to measure the emergency nurses' caring attitudes and behaviors during interaction with patients at emergency departments in governmental hospitals in Palestine. And to find out if there is a relationship between nurses' age, educational level, years of experience and hospital location and the nurses' caring attitudes and behaviors during interaction with patients at emergency departments in governmental hospitals in Palestine.

1.8 Variables:

Dependent variables: nurses' caring attitudes and behaviors.

Independent variables: age, education level, years of experience, and hospital location

1.9 Conceptual and operational definitions:

The conceptual definition of nurses' caring attitudes and behaviors as described by Cronin and Harrison in their research "Importance of nurse caring behaviors as perceived by patients after myocardial infarction". 1988, is "those things that a nurse says or does that communicate caring to the patient".

The operational definition of nurses' caring attitudes and behaviors is the score that is given to the nurses using the CNPI tool.

Nurses: nurses are professional licensed registered nurses who are employed in the emergency department.

Chapter Two Literature Review

2.1 Introduction:

This study was conducted to examine the emergency nurses' caring attitudes and behaviors during interactions with patients at emergency departments in Palestine and to determine the significance of the relationship with variables (age, experience, education, and location). This chapter is a collective review of many research studies that relate directly to nursing human caring or the other variables mentioned in this study. The main source for the literature was the internet database (mainly google scholar) and online nursing articles libraries, articles found by searching using the following keywords: nursing caring, human caring theory, nurses' caring attitudes and behaviors and nurses' attitudes and behaviors in emergency departments. This chapter focuses on Nursing caring definition, attributes, importance, and the nursing caring in Emergency Departments.

2.2 Nursing Caring:

2.2.1 Definition of Nursing Caring:

In the field of nursing, various researchers and nursing theorists have contributed to the understanding of nursing caring. For example, Watson defined nursing caring as the act of providing compassionate and supportive care to patients and their families, with the aim of improving their physical, emotional, and spiritual well-being (Watson, 2019). According to Leininger (2001), nursing caring is a universal human phenomenon that transcends cultural boundaries and involves the provision of comfort, support, and emotional connection between the nurse and the

patient. Similarly, Benner and Wrubel (1989) define nursing caring as a relationship between the nurse and the patient that is characterized by mutual respect, empathy, and trust. In this part of the literature review, we will explore various perspectives on nursing caring, including its definition, attributes, and behaviors of nurses.

As Nancy D. Blasdel stated in her study *The Meaning of Caring in Nursing Practice* (2019), “caring constitutes a variety of meanings. Most scholars view caring from their own context and therefore, a universal definition is not possible. The complexity of defining caring should be left up to the individual. It is only when we understand ourselves that we can formulate our own definition of caring. Providing an intellectual dialog on caring within the nursing community will enable the nursing profession to grow at its fullest potential by strengthening the core of the nurse for his/her fullest potential as a practicing nurse”.

2.2.2 Attributes of Nursing Caring:

Several scholars have identified attributes of nursing caring that are essential for providing high-quality care. For instance, Watson (2008) outlined ten “carative factors” that are critical for nursing caring, including the formation of a helping-trusting relationship, the promotion of positive feelings, and the provision of spiritual and existential care. In addition, Swanson (1993) proposed that nursing caring involves five components: knowing, being with, doing for, enabling, and maintaining belief. In their book (*Interpersonal relationships*), Arnold & Boggs stated that effective communication is a fundamental nursing caring attribute. Therapeutic

communication skills, including active listening and empathy, are crucial for building trust and understanding patients' needs. Arnold, E. C., & Boggs, K. U. (2019). Empathy-according to Davies- provides a cognitive approach to understanding patients' feelings and seeing things from their perspective (Davies, 2014). Williams and Stickley stated that nurse empathy is as essential in a therapeutic nurse-patient relationship (Williams and Stickley, 2010). A study by Alhadidi et al. (2016) concluded a correlation between nurse empathy and nurse caring behaviors, determining this correlation with statistical measures and the use of validated measurement tools.

2.2.3 Importance of Nursing Caring

Nursing caring has been shown to have a significant impact on patient outcomes and satisfaction. For instance, a study by Kuo et al. (2018) found that patients who perceived their nurses as caring had better pain control and overall satisfaction with their hospitalization. Moreover, nursing caring has been associated with lower levels of patient anxiety, depression, and stress (Huang et al., 2018). Additionally, nursing caring has been linked to higher levels of nurse job satisfaction and lower rates of nurse burnout (Laschinger et al., 2010).

Caring is an essential element of nursing practice that has gained increasing recognition over the years. Nurses who provide compassionate care build a strong relationship with patients, resulting in improved patient outcomes and overall satisfaction with healthcare services. According to Zolnieriek and DiMatteo (2009), caring helps to reduce patients' stress, promote

healing, and improve their overall well-being.

Several studies have demonstrated the importance of caring in nursing. For instance, in a randomized controlled study, Chan, Wong, and Thong (2013) found that nurses who participated in a burnout prevention retreat reported enhanced empathy, which helped them to better connect with their patients. Similarly, McSherry and Pearce (2011) reported that nurses who demonstrate compassion in palliative care are better able to respond to the needs of patients and provide emotional support to both patients and their families. Jean Watson, a renowned nursing theorist, emphasizes the importance of caring in nursing. According to Watson (2009), caring is a fundamental component of nursing that involves genuine concern for the well-being of others. She underscores the significance of constructing a therapeutic relationship with patients in her theory of human caring, placing a strong emphasis on elements such as trust, respect, and empathy. Raudonis and Cusack (2019) reported that Watson's caring theory has been widely used in nursing practice and has been shown to improve patient outcomes and satisfaction with healthcare services.

Furthermore, caring constitutes a fundamental component of ethical nursing practice. Lachman (2012) argues that caring is a crucial aspect of ethical nursing practice and helps to promote patient autonomy, dignity, and respect. Nurses who demonstrate caring behaviors show a deep commitment to their patients' well-being, which helps to establish trust and promote positive patient outcomes.

In summary, caring stands as a crucial element in nursing practice,

correlating with enhanced patient outcomes and overall satisfaction with healthcare services. The significance of caring in nursing is extensively documented, with nursing theorists like Jean Watson highlighting its pivotal role in establishing therapeutic relationships with patients. Consequently, nurses should actively incorporate caring behaviors into their practice to foster positive patient outcomes and uphold ethical nursing standards. Nursing care, characterized by compassion and support, is integral to delivering high-quality healthcare to patients and their families, aiming to enhance their physical, emotional, and spiritual well-being. Scholars have identified key attributes of nursing caring, including the cultivation of a helping-trusting relationship and the promotion of positive emotions. Ultimately, the impact of nursing caring extends to influencing patient outcomes, satisfaction levels, and nurse job satisfaction.

2.2.4 Nursing Caring in Emergency Department:

Nursing caring is a critical component of high-quality emergency care. Nurses in the emergency department (ED) face unique challenges in providing care to patients who are often in acute distress, and who may have complex medical needs. In addition to providing skilled clinical care, ED nurses need to be able to establish a rapport with patients and their families, communicate effectively, and manage their own emotions in a high-stress environment.

One of the key elements of nursing caring in the ED is providing patient-centered care. This involves treating patients as individuals, with unique needs and preferences. Nurses need to be able to understand the concerns

and anxieties of patients and their families, and tailor their care accordingly. Patient-centered care also involves empowering patients to participate in their own care, by providing them with information and involving them in decision-making. By doing so, nurses can help patients to feel more in control of their situation, which can improve their overall experience of care. (Bevan & Thompson, 2019) Another critical aspect of nursing caring in the ED is demonstrating cultural competence. ED nurses need to be able to recognize and respect patients' diverse cultural backgrounds, beliefs, and practices. This requires a heightened awareness of the cultural norms and practices prevalent in diverse patient populations. Additionally, it entails possessing effective communication skills to engage with patients who speak different languages or employ varied communication styles. By demonstrating cultural competence, nurses can help to ensure that patients receive care that is sensitive to their unique needs and preferences. (American Nurses Association, 2010). Effective communication stands as another vital component of nursing caring in the Emergency Department (ED). Nurses must proficiently communicate with patients, their families, and other members of the healthcare team. This necessitates the use of clear and straightforward language, presenting information in an easily understandable manner, and actively listening to patients and their families. Utilizing non-verbal cues, such as maintaining eye contact and employing appropriate body language, is integral to establishing a rapport with patients and their families. Through these communication strategies, nurses contribute to ensuring that patients and

their families feel heard and valued, ultimately enhancing their overall experience of care (Falk & Wallin, 2014).

In addition to providing skilled clinical care and effective communication, nursing caring in the ED also involves supporting the emotional needs of patients and their families. Patients who come to the ED are often in acute distress, and may be experiencing a range of emotions, including fear, anxiety, anger, and frustration. Nurses need to be able to manage their own emotions in these situations, remaining calm and composed while providing emotional support to patients and their families. This requires the ability to empathize with patients and their families, as well as the ability to provide them with appropriate emotional support. By doing so, nurses can help to ensure that patients and their families feel supported and cared for, which can improve their overall experience of care. (Bailey et al., 2017)

To provide effective nursing caring in the ED, nurses need to be skilled in a range of areas. They need to be able to triage and prioritize patients, using their clinical knowledge and judgment to determine which patients need urgent care. They also need to be able to think critically and make decisions quickly, often in the face of limited information.

Additionally, they need to be able to manage their own emotions and stress levels, while providing care in a high-intensity environment. (Epp & Griffiths, 2019)

In conclusion, nursing caring is a crucial aspect of providing high-quality emergency care. Nurses in the ED need to be able to provide patient-centered care, demonstrate cultural competence, communicate effectively, and support the emotional needs of patients and their families. By recognizing the unique needs of patients in the ED and empowering nurses with the necessary skills and knowledge, we can improve patient outcomes.

Chapter Three Methodology

3.1 Introduction:

As mentioned in previous chapters, the aim of the study is to measure the emergency nurses' caring attitudes and behaviors during interaction with patients at emergency departments in governmental hospitals in the West-bank. And this chapter provides information about the research methods used to answer the research questions starting by the research design, followed by the population and sampling process, instrumentation, data collection and finely, the data analysis.

3.2 Study Design:

This study lies under the deductive reasoning, as it's based on an existing theory which is the theory of human caring by Jean Watson. A quantitative descriptive cross-sectional design was used for purpose of conducting this study, this design describes the meaning of existing phenomenon. A descriptive design gathers information about, conditions, attitudes or characteristics of individuals or groups. This design was selected because it allowed for comparisons between various populations at the same time. Data can be gathered without interfering with the environment of the study. The cross-sectional research design makes it easier to collect reliable and accurate data that clearly describes the variables.

3.3 Study Setting:

The study was conducted in emergency departments in all governmental hospitals in the West Bank. The study was conducted from September 2021 to December 2021.

3.4 Study Population and Sample:

The target population of the study was all nurses working in ED in governmental hospitals in west-bank estimated number by MOH (209 nurse). We tried to conduct the study on all of them as possible, but we end up having 187 responses.

3.5 Inclusion Criteria:

- Nurses who approved to participate in the study.
- Nurses who work in ED and provide direct care to patients.
- Full time nurses.

3.6 Exclusion Criteria:

- Nurses who didn't work in ED.
- Volunteer or student nurses.

3.7 Study Instrument:

A self-administered questionnaire was used to collect the data from the participants. The CNPI was created by Dr. Sylvie Cossette in 2006. The tool assesses seven dimensions of caring: attentiveness, availability, comfort, empathy, respect, responsiveness, and supportiveness. Participants rated their level of agreement with each item on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The CNPI has been found to be a reliable and valid tool for measuring caring attitudes and behaviors in nursing practice (Baird & Sands, 2004; Ghorbanian et al., 2016).

The CNPI was used to measure caring attitudes and behaviors. The questionnaire has been widely used in nursing research to measure nurses' caring attitudes and behaviors in various settings (Baird & Sands, 2004;

Ghorbanian et al., 2016; Lee & Hung, 2015).

The questionnaire was translated by the researcher and given to the participants in both English and Arabic languages to maximize the clearance and the desired meaning of every question.

3.8 Pilot Study:

A pilot study involving 10 participants was carried out, wherein they received a comprehensive explanation of the study's objectives. The primary aim of the pilot study was to gather participant opinions on the questionnaire, assess if they encountered any difficulties, and estimate the average time required to complete the questionnaire. Participants generally found the questionnaire to be clear, though slightly lengthy and mildly boring, though still tolerable. The average time reported for completing the questionnaire was 22 minutes.

3.9 Data Collection:

Upon obtaining authorization to conduct the research from both the Arab American University and the Ministry of Health, the researcher proceeded to visit various hospitals. During these visits, they met with the matron of nurses and the head nurses of the emergency departments. The researcher provided a detailed explanation of the study's objectives, After the matron and the head nurse gave their approval to continue with the data collection, the researcher personally briefed the nurses on the study's aims and objectives. Nurses who expressed willingness to participate were given informed consent forms, which they signed before proceeding to complete the questionnaire.

3.10 Ethical Considerations:

Ethical approval was granted by both Arab American University and the Palestinian Ministry of Health. Before the study, each participant received a consent form, with voluntary participation thoroughly explained. The confidentiality of all participants was strictly maintained, with no mention of names or personal information. The data collected was exclusively utilized for study purposes. Participants were assured that refusal to participate would not result in any negative consequences, such as compromised care quality or loss of privileges. A detailed explanation of the study objectives and tools was provided to each participant, and ample time was allocated for any questions they may have had.

3.11 Data Analysis:

Descriptive statistics were employed to characterize the extent of caring attitudes and behaviors exhibited by emergency nurses during interactions with patients in governmental hospitals' emergency departments. Mean scores were computed for each dimension of the CNPI, as well as for the entire questionnaire. Additionally, inferential statistics, including t-tests and ANOVA, were utilized to investigate potential relationships between demographic variables and caring attitudes and behaviors.

The data were analyzed using IBM SPSS Statistics software (version 26.0), and the threshold for statistical significance was set at $p < 0.05$.

Chapter Four Results

4.1 Introduction

This chapter deals with the data collected for analysis. The statistical method allowed the investigator to deduce, analyze, coordinate, measure, evaluate and convey the numerical information. The aim of data analysis is to provide answers to questions about the study. The data analysis strategy comes directly from the question, the design and the data collection process and the level of measurement of the data. This chapter edits, tabulates, analyzes and interprets the data collected.

This chapter expresses the findings concerning to measure of emergency nurses' caring attitudes and behaviors during interaction with patients at emergency departments in governmental hospitals. Statistical analyses were directed to explore three research questions:

1. Is there a difference between nurses' age and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED?
2. Is there a difference between nurses' educational level and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED?
3. Is there a difference between nurses' experience and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED?
4. Is there a difference between hospital location (north, middle, south) and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED?

4.2 Cronbach's Alpha for Scales

For each of the subscales, Cronbach's Alpha was calculated for CNPI

Scale. Table 4-1 shows there was an alpha above 0.80 in all ratings.

Table 4.1: Cronbach's Alpha for CNPI scale and Subscales

Scale	Subscale	Cronbach's Alpha	Number of Items
	Humanism	0.85	6
	Hope	0.85	7
	Sensibility	0.84	6
	Helping Relationship	0.81	7
	Expression of Emotions	0.89	6
	Problem-solving	0.92	6
	Teaching	0.90	9
	Environment	0.89	7
	Needs	0.88	10
	Spirituality	0.86	6
Total		0.86	70

4.3 Participants' Characteristics

One hundred and eighty-seven nurses participated in the study. The findings revealed that more than half 101 (54.0%) of nurses age was 30-39 years old and 141 (75.4%) were males. Most of the participants 159(85.0%) have bachelor degree and the majority 141(75.4%) were married. Also, 168 (89.8%) of the participants have 6-10 years' experience, as seen in table (4-2).

Table 4.2: Demographic characteristics of the participants (N=187)

Characteristics			N (%)
Age	21-29 years	62	33.2
	30-39 years	101	54.0
	40-49 years	19	10.2
	50 years and above	5	2.7
Gender	Male	141	75.4
	Female	46	24.6
Level of education	Diploma	25	13.4
	Bachelor	159	85.0
	Master	3	1.6
Marital status	Single	44	23.5
	Married	141	75.4
	Other	2	1.1
Experience	1-5 years	10	5.3
	6-10 years	168	89.8
	11-20 years	8	4.3
	More than 20 years	1	.5

Note: % percentage

The analysis revealed that approximately one third of the participants from north, middle, and south West bank hospitals (38.5%, 26.7%, 34.8%) respectively, as seen in (figure 4-1).

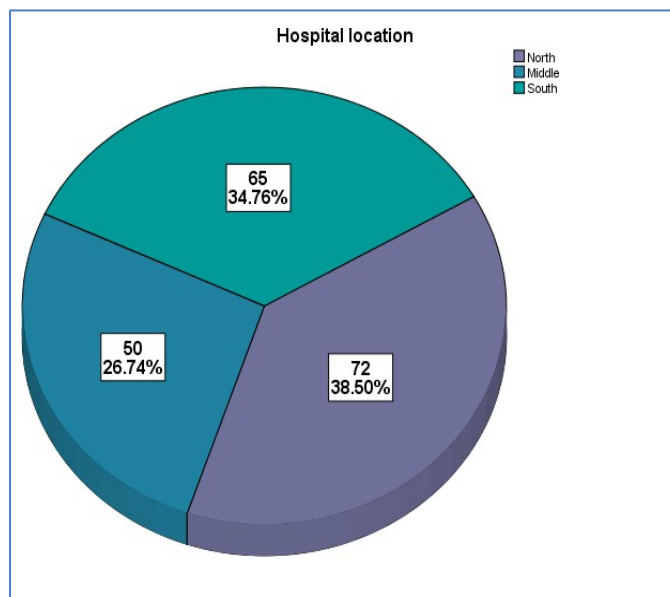


Figure 4. 1: Distribution of the targeted hospital regarding the area

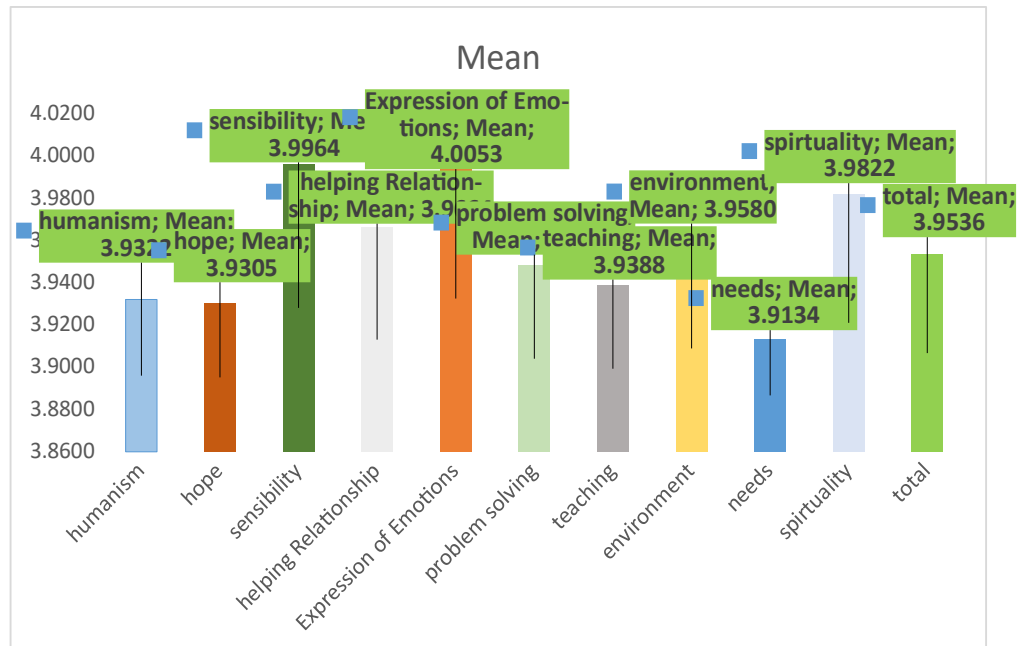


Figure 4.2: Distribution of CNPI and subscales regarding the mean (N=187)

The analysis revealed that CNPI was high 3.95 ± 0.13 . Also, the results showed that expression of emotion was the highest subscale 4.01 ± 0.33 while needs was the lowest subscale 3.91 ± 0.29 , as seen in (figure 4-2).

4.4 Testing Research Questions

Research Question 1: Is there a difference between nurses' age and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED?

The difference between nurses' age and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED was analyzed. There was no statistically significant difference between nurses' age and nurses' caring attitudes and behaviors scores mean during interaction with

patients in ED as demonstrated by one-way ANOVA ($F(3,183) = 0.751$, $p > 0.05$), as seen in table 4-3. Also, there were no significant differences between nurses' age and nurses' caring attitudes and behaviors subscales scores mean during interaction with patients in ED ($P > 0.05$).

Table 4.3: Difference between nurses' age and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED (N=187)

Variable	Age/ years				ANOVA	P. value
	21-29 M(SD)	30-39 M(SD)	40-49 M(SD)	≥ 50 M(SD)		
Total	3.94(0.15)	3.96(0.13)	3.99(0.09)	3.96(0.11)	.751	.523
Humanism	3.92(0.39)	3.93(0.37)	3.89(0.38)	4.30(0.27)	1.658	.178
Hope	3.87(0.29)	3.95(0.32)	4.04(0.25)	3.83(0.33)	2.104	.101
Sensibility	4.00 (0.32)	4.01(0.31)	3.98(0.36)	3.77(0.19)	.955	.415
Helping Relationship	3.97(0.34)	3.96(0.37)	3.99(0.34)	3.91(0.34)	.064	.979
Expression	4.01(0.34)	3.99(0.33)	4.13(0.29)	3.83(0.12)	1.528	.209
Problem-solving	3.88 (0.39)	3.99(0.40)	4.02(0.24)	3.77(0.32)	1.614	.188
Teaching	3.98(0.25)	3.91(0.34)	3.94(0.31)	3.96(0.13)	.613	.608
Environment	3.92(0.39)	3.98 (0.34)	3.92 (0.32)	4.14(0.30)	.879	.453
Needs:	3.90(0.31)	3.92(0.29)	3.92(0.27)	4.00(0.23)	.239	.869
Spirituality	3.93 (0.43)	3.99(0.37)	4.11(0.29)	4.07(0.30)	1.278	.283

Research Question 2: Is there a difference between nurses' educational level and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED?

Also, there was no statistically significant difference between educational level and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED as demonstrated by one-way ANOVA ($F(2,184) = 0.756$, $p > 0.05$), as seen in table 4-4. Also, there were no significant differences between educational level and nurses' caring attitudes and behaviors subscales scores mean during interaction with patients in ED ($P > 0.05$).

Table 4.4: difference between nurses' educational level and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED (N=187)

Variable	Level of education			ANOVA	P. value
	Diploma	Bachelor	Master		
	M(SD)	M(SD)	M(SD)	A	
Total	3.95(0.11)	3.95(0.14)	4.05(0.05)	.756	.471
Humanism	3.97(0.43)	3.92(0.37)	4.11(0.38)	.529	.590
Hope	3.95(0.28)	3.93(0.31)	3.76(0.36)	.525	.592
Sensibility	3.95(0.30)	4.00(0.32)	4.11(0.54)	.445	.642
Helping Relationship	3.90(0.37)	3.98(0.36)	3.91(0.30)	.609	.545
Expression of Emotions	4.10(0.28)	3.99(0.33)	4.17(0.29)	1.659	.193
Problem-solving	3.90(0.34)	3.95(0.39)	4.17(0.29)	.691	.502
Teaching	3.96(0.28)	3.93(0.31)	4.11(0.19)	.564	.570
Environment	3.85(0.28)	3.97(0.35)	4.19(0.68)	1.914	.150
Needs:	3.93(0.29)	3.91(0.29)	4.10(0.36)	.694	.501
Spirituality	4.00(0.40)	3.98(0.38)	3.83(0.17)	.254	.776

Research Question 3: Is there a difference between nurses' experience and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED?

In addition, there was no statistically significant difference between nurses' experience and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED as demonstrated by one-way ANOVA ($F(3,183) = 0.655, p > 0.05$), as seen in table 4-5. Also, there were no significant differences between nurses' experience and nurses' caring attitudes and behaviors subscales scores mean during interaction with patients in ED ($P > 0.05$).

Table 4.5: Difference between nurses' experience and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED (N=187)

Variable	Experience /Year				ANOVA	P. value
	1-5	6-10	11-20	≥ 20		
	M(SD)	M(SD)	M(SD)	M(SD)		
Total	3.94(0.19)	3.96(0.13)	4.01(0.11)	4.01(0.0)	.655	.581
Humanism	4.00(0.42)	3.92(0.38)	4.06(0.34)	4.67(0.0)	1.768	.155
Hope	3.91(0.37)	3.93(0.31)	4.00(0.26)	3.86(0.0)	.165	.920
Sensibility	4.00(0.36)	4.00(0.32)	3.98(0.26)	3.50(0.0)	.837	.475
Helping Relationship	4.03(0.39)	3.97(0.36)	3.88(0.22)	4.00(0.0)	.279	.841
Expression of Emotions	3.98(0.35)	3.99(0.32)	4.31(0.24)	3.83(0.0).	2.598	.054
Problem-solving	3.98(0.36)	3.94(0.39)	4.10(0.27)	4.00(0.0)	.508	.677
Teaching	4.03(0.23)	3.93(0.31)	3.96(0.30)	3.89(0.0)	.354	.787
Environment	3.91(0.34)	3.96(0.35)	3.98(0.41)	3.86(0.0)	.092	.965
Needs:	3.73(0.29)	3.93(0.29)	3.91(0.29)	4.20(0.0)	1.696	.169
Spirituality	3.95(0.48)	3.98(0.38)	4.06(0.29)	4.50(0.0).	.765	.515

Research Question 4: Is there a difference between hospital location (north, middle, and south) and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED?

Moreover, there was no statistically significant difference between hospital location and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED as demonstrated by one-way ANOVA ($F(2,184) = 1.67, p > 0.05$), as seen in table 4-6. However, there were only significant differences between hospital location and nurses' caring attitudes and behaviors subscales scores mean (Expression of Emotions and Teaching) during interaction with patients in ED ($P < 0.05$).

Table 4.6: Difference between hospital location and nurses' caring attitudes and behaviors scores mean during interaction with patients in ED (N=187)

Variable	hospital location			ANOVA	P. value
	North	Middle	South		
	M(SD)	M(SD)	M(SD)		
Total	3.98(0.14)	3.94(0.11)	3.94(0.15)	1.666	.192
Humanism	3.94(0.39)	4.00(0.36)	3.88(0.38)	1.495	.227
Hope	3.96(0.31)	3.90(0.31)	3.92(0.30)	.528	.591
Sensibility	4.00(0.32)	4.00(0.33)	4.00(0.31)	.001	.999
Helping Relationship	3.94(0.34)	4.03(0.32)	3.94(0.39)	1.251	.289
Expression of Emotions	4.09(0.32)	3.93(0.34)	3.96(0.30)	4.714	.010
Problem-solving	3.89(0.40)	3.99(0.34)	3.98(0.40)	1.332	.266
Teaching	3.97(0.28)	3.85(0.32)	3.97(0.32)	3.131	.046
Environment	4.00(0.39)	3.91(0.35)	3.95(0.31)	.866	.422
Needs:	3.96(0.27)	3.89(0.29)	3.88(0.31)	1.572	.210
Spirituality	4.03(0.38)	4.00(0.38)	3.92(0.38)	1.602	.204

A Tukey post hoc test showed that the nurses in north hospital nurses was more Expression of Emotions subscale statistically significantly than nurses in middle and south area hospitals at ($p = 0.016, 0.048$) respectively.

Chapter Five

Discussion, Recommendations, and conclusion

5.1 Introduction:

The purpose of this study was to measure the emergency nurses' caring attitudes and behaviors during interaction with patients in emergency departments in governmental hospitals. The current chapter presents the findings of the study and addresses the research questions posed in chapter 1.

5.2. Discussion:

The findings of this study showed that the CNPI scale and its subscales had a high level of internal consistency reliability, with Cronbach's Alpha ranging from 0.81 to 0.92, which indicates that the CNPI scale is a reliable instrument for measuring nurses' caring attitudes and behaviors in emergency departments. This study showed that emergency nurses had a high score of caring as a whole (3.9568), and so did other studies, in a similar study, the results showed that the overall mean of nurses' perceptions of the importance of caring nurse–patient interactions according to the CNPI-70 scale was 4.17 (response range 1–5). (Vujanić, J., Mikšić, Š., Barać, I., Včev, A. and Lovrić, 2022).

This is consistent with the results of a study conducted by Calong, K.A. and Soriano, G.P where the overall mean of CNPI-70 was 4.20, which is considered excellent (Calong, K.A. and Soriano, G., 2019). The results of other studies are similar. (Fortuno, A.F.; Oco, D.B.; Clores, M.A., 2017), (Jiang, L.L.; Ruan, H.; Xiang, X.J.; Jia, Q. 2014).

Although the overall score was high, indicating that emergency nurses have a high level of caring attitudes and behaviors when interacting with patients in emergency departments which is similar in many studies, the subscales scores is where the deference lies. In this study, the highest subscale score was for the "Expression of Emotions" subscale, which implies that nurses can effectively and empathetically communicate and express emotions to their patients, and the potential reasoning for that is that we live in a social and friendly community in its nature, the thing that reflects on the nurse and patient relationship. The lowest subscale score was for the "Needs" subscale, indicating that there is a need for improvement in addressing patients' needs, this subscale is the lowest of the others mostly due to work overload and the insufficient time to address all the patients' needs. Unlike the study conducted by Vujanić et al. (2022), which showed that the highest score was in the "needs" subscale, and the "sensitivity" subscale had the lowest score. Further research is needed to study the reasons behind deference in subscales scores.

Regarding the demographic characteristics of the participants, the study found that the majority of the participants were male, had a bachelor's degree, and were married. The participants' ages ranged from 21 to 50 years old, with the majority of them being in the age group of 30-39 years old. Furthermore, the majority of participants had 6-10 years of experience in emergency nursing. These demographic characteristics are consistent with previous studies on emergency nurses' characteristics.

Research question 1 aimed to determine whether there is a difference in the

level of nurses' caring attitudes and behaviors during interaction with patients in ED between different age groups? The study results showed that there was no significant difference between nurses' age and their caring attitudes and behaviors scores during interaction with patients in emergency departments. This finding suggests that emergency nurses' caring attitudes and behaviors are not affected by their age. And when thinking about it, the nurse's behaviors and attitudes are a part of the actual personality of the nurse which develops in the early years of the career and almost sticks with the nurse until the end of his/her career.

Research question 2 aimed to determine whether there is a difference in the level of nurses' caring attitudes and behaviors during interaction with patients in ED between different education level groups? However, the study results showed no significant difference between nurses' educational level and their caring attitudes and behaviors scores during interaction with patients in emergency departments. This finding implies that emergency nurses' caring attitudes and behaviors are not influenced by their educational level. And that makes sense, because higher levels of the nursing education usually focuses on the mere scientific facts about the health problems and how to physically cure them and what procedures performed to do that, but rarely discusses the emotional aspect of them.

Research question 3 aimed to determine whether there is a difference in the level of nurses' caring attitudes and behaviors during interaction with patients in ED between different experience groups? The study findings showed that there was no significant difference between nurses' experience and their caring attitudes and behaviors scores during interaction with

patients in emergency departments. This result implies that nurses' experience in emergency nursing does not influence their caring attitudes and behaviors when interacting with patients. As mentioned before, education rarely discusses emotional aspects of health problem and how to treat patient in a caring manner, so the only source to learn that is in the field of ED, and the main source of learning is the senior, which means that the new nurse learns from the old nurse, the thing that makes almost no difference in their way of treating patient, and that is not a bad thing because according to the results, nurses had a high level of caring attitudes and behaviors.

Research question 4 aimed to determine whether there is a difference in the level of nurses' caring attitudes and behaviors during interaction with patients in ED between different hospital location groups (north, middle and south)?. However, the study results showed no significant difference between the hospital location and nurses' caring attitudes and behaviors scores during interaction with patients in emergency departments. This result suggests that the hospital location does not affect nurses' caring attitudes and behaviors when interacting with patients in emergency departments. However, there was a significant difference in hospital location in the subscale of Expression of emotion, showing that it's higher in the north than the middle and the south, there isn't enough data to explain the cause of that, so further research should be done to specify the cause.

This study showed that there is no significant deference in the level of

nurses' caring attitudes and behaviors among deferent groups according age, education level and experience, which is deferent than a study conducted in Turkey concluded that age/occupational experience is an important variable affecting CNPI-S scores, and education level has made a difference in the importance dimension. (G. Uyar and S. Coşkun, 2021).

5.3 Recommendations of the Study:

based on his experience of this study, the researcher recommends the following:

- Further studies should be more inclusive to other hospitals and emergency centers in the area specially the private hospitals.
- More departments other than ED should be taken in consideration.
- Further studies should be done on the patients opinion of the caring attitudes and behaviors of the nurses.
- Future studies can investigate the factors that affect emergency nurses' caring attitudes and behaviors and explore the impact of these factors on patients' outcomes.

5.4. Limitations of the Study:

This study has some limitations. This study relied on a self-reported questionnaire, which could be a leading cause to reporting bias due to the respondent's understanding of the questionnaire or desire to express their experiences. The cross-sectional design of the study does not allow for the identification of true cause-and-effect relationships. Additionally, the data was collected from governmental hospitals in the West Bank. Therefore, the results can't be generalized to other areas or hospitals in Palestine.

5.5 Strengths of the Study:

The response rate of the study was relatively high. This study is the first study that addresses the caring attitudes and behaviors of the ED nurses in Palestine.

5.6 Conclusion:

In conclusion, the study results showed that emergency nurses have a high level of caring attitudes and behaviors when interacting with patients in emergency departments. Furthermore, nurses' age, educational level, experience, and hospital location did not significantly influence their caring attitudes and behaviors when interacting with patients. This mostly means that there is one or more bigger and more influencing factor/s that ignores these differences and unite the ED nurses in the West-Bank giving them the high level of caring attitudes and behaviors, and the first thing that comes to mind is that we live in a religious community that respects its traditions and teachings, and one of them is being respectful to others emotions and feelings. However, that needs further research to be evidence-based. The findings of this study have significant implications for nursing education, practice, and research. Although The results showed high level of caring attitudes and behaviors, the need for continuing education and training programs for emergency nurses and the improvement of nurse-to-patient ratio is still very important to improve their skills in addressing patients' needs, particularly in the "Needs" subscale.

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Appendices

Appendix 1

أستبيان الجامعة العربية الامريكية كلية الدراسات العليا



مستوى مفاهيم وتصرفات العناية لمرضى وممرضات الطوارئ اثناء التفاعل مع
المرضى في اقسام الطوارئ في المستشفيات الحكومية في فلسطين
، عزيزي المشارك/ة

تهدف هذه الدراسة لمعرفة مستوى مفاهيم وتصرفات العناية لمرضى وممرضات
الطوارئ اثناء تفاعلهم مع المرضى في اقسام الطوارئ في المستشفيات الحكومية في
فلسطين

ستستخدم هذه الدراسة لغرض البحث العلمي فقط ويستغرق الاجابة على الاسئلة 10-
15 دقيقة وسيتم التعامل مع جميع المعلومات بسريه تامة ويتعهد الباحث بعدم كشف اي
معلومات تظهر خلال الدراسة .

تتكون اداة الدراسة من قسمين

القسم الاول: معلومات شخصيه عن المشارك/ة

القسم الثاني : اسئلة تتعلق بمفاهيم وتصرفات العناية للمرضين والممرضات اثناء
تفاعلهم مع المرضى في اقسام الطوارئ

- الباحث : محمد علاونه - الجامعة العربية الامريكية

رقم الجوال : 0592474532

القسم الاول:

1- : معلومات شخصيه

1- الجنس : ذكر انثى

2- العمر

	21-29
	30-39
	40-49
	اكثر من 50

3- الحالة الاجتماعيه

	اعزب
	متزوج
	غير ذلك (اذكرها)

4- : المستوى العلمي

	دبلوم متوسط
	بكلوريوس
	ماجستير

: غير ذلك اذكرها

-: سنوات الخبرة في العمل -5

عام 1-5	
عام 6-10	
عام 10-20	
اكثر من 20 عام	

: القسم الثاني

يتكون هذا القسم من أداة تحتوي على 70 عبارة لقياس مستوى العناية التي تقدمها للمرضى أثناء : تفاعلهم معهم في قسم الطوارئ ، عند البدء بالاجابة عليك الاجابة السؤال التالي ما مستوى مفاهيمي وتصرفاتي أثناء تفاعلي مع المرضى في اقسام الطوارئ ؟ عليك اختيار احدى المقاييس التالية أثناء اجابتك والتي تعبر عن مستوى مفاهيمك وتصرفاتك أثناء الاجابة على العبارات في اداة القياس

Not at all لا اقوم بذلك مطلقا	A little قليلا	Moderately احيانا	A lot كثيرا	Extremely كثيرا جدا
1	2	3	4	5

2-Caring Nurse-Patient Interactions Scale: 70-item Version – Nurse (CNPI-70N)

أداة قياس مستوى مفاهيم وتصرفات الممرضين والممرضات أثناء التفاعل مع المرضى

#	Statement	Rating scale
	When interacting with Emergency patients, do you... ? خلال تفاعلك مع المرضى في قسم الطوارئ هل...؟	Insert rating scale here

1 – Humanism: Formation of a humanistic-altruistic system of values						
1	Treat them as complete individuals, show that I was interested in more than their health problem. أعاملهم كأشخاص كاملين, وتظهر لهم انك لست مهتم فقط بمشاكلهم الصحية.	1	2	3	4	5
2	Try to see things from their point of view. أرى الأمور من وجهة نظرهم.	1	2	3	4	5
3	Accept them as they are without prejudice. أقبلهم كما هم بدون حكم مسبق.	1	2	3	4	5
4	Show them respect as well as to those closest to them. أظهر لهم الاحترام كما يظهره لهم اشخاصهم المقربون.	1	2	3	4	5
5	Do not have a scandalizing behaviour. أتمتع بأسلوب غير فاضح لخصوصيتهم.	1	2	3	4	5
6	Be humane and warm with them and those closest to them. أكون انساني وودي معهم ومع الاشخاص المقربين لهم.	1	2	3	4	5
2 – Hope: Instillation of faith-hope						
7	Show that I will be there for them if they need me. أظهر لهم انك ستكون موجود عندما يحتاجونك.	1	2	3	4	5
8	Encourage them to have confidence in themselves. أشجعهم ليكونوا واثقين من انفسهم.	1	2	3	4	5
9	Draw their attention to positive aspects concerning them and their state of health. أوجه انتباههم الى النواحي الايجابية فيما يخصهم ويخص حالتهم الصحية.	1	2	3	4	5
10	Emphasize their efforts. أؤكد على جهودهم.	1	2	3	4	5
11	Encourage them to be hopeful, when it is appropriate. أشجعهم على التفاؤل, عندما يكون ذلك ملائما.	1	2	3	4	5
12	Help them to find motivation to improve their state of health. أساعدهم لإيجاد التحفيز لتحسين حالتهم الصحية.	1	2	3	4	5
13	Take into account what they know about their health situation. أخذ بعين الاعتبار ما يعرفونه عن حالتهم الصحية.	1	2	3	4	5
3 – Sensibility: Cultivation of sensitivity to one's self and to others						
14	Ask them how they would like things to be done. أسألهم كيف يحبون الأشياء ان تنجز لهم.	1	2	3	4	5
15	Show awareness of their feelings and of those closest to them.	1	2	3	4	5

	أظهر ادراكي لمشاعرهم ومشاعر الأشخاص المقربين منهم					
16	Know how to choose the right moment to discuss with them their condition and the steps to come. أعرف كيف أختار الوقت المناسب لمناقشة حالتهم الصحية والخطوات القادمة.	1	2	3	4	5
17	Know how and when to express in an appropriate fashion my feelings toward their situation. أعرف كيف ومتى وبأسلوب ملائم أن أعبر عن مشاعري تجاه حالتهم.	1	2	3	4	5
18	Make them aware of the way those closest to them are experiencing their situation. أحرص على أن يدركوا تجربة الأشخاص المقربين لهم خلال حالتهم الصحية.	1	2	3	4	5
19	Keep those closest to them up to date about their state of health (with their agreement). أبقي الأشخاص المقربين لهم على اطلاع دائم بحالتهم الصحية (بعد موافقتهم).	1	2	3	4	5
4 – Helping Relationship: Development of a helping-trusting, human caring relationship						
20	Listen to them attentively when they speak, as well as those closest to them. أستمع لهم باهتمام عندما يتكلموا، هم والأشخاص المقربون لهم.	1	2	3	4	5
21	Introduce myself by stating clearly my name and function. تعرف عن نفسك بتوضيح اسمك ووظيفتك.	1	2	3	4	5
22	Answer as soon as it is convenient when they call me. تستجيب لهم بأسرع وقت مناسب عندما يطلبونك.	1	2	3	4	5
23	Respect my engagements, that is to say, do what I said I would do. تحترم اتفاقياتك معهم وتتفد الأشياء التي قلت أنك ستفعلها.	1	2	3	4	5
24	Do not seem busy or otherwise occupied when I am taking care of them. لا تظهر لهم أنك مشغول عند العناية بهم.	1	2	3	4	5
25	Do not cut them off when they speak. لا تقاطعهم عندما يتحدثون.	1	2	3	4	5
26	Do not confront too harshly their ideas and behaviour. لا تواجه أفكارهم ومعتقداتهم بقسوة.	1	2	3	4	5
5 – Expression of Emotions: Promotion and acceptance of the expression of positive and negative feelings						
27	Encourage them to speak their thoughts and feelings freely. تشجعهم للتحدث عن أفكارهم ومشاعرهم بحرية.	1	2	3	4	5
28	Keep calm when they are angry.	1	2	3	4	5

	تحافظ على هدوءك عندما يغضبون.					
29	Help them to understand the emotions they feel in their situation. تساعدهم على فهم مشاعرهم خلال الوضع الذي يمرون فيه.	1	2	3	4	5
30	Not reduce my presence when they have difficult moments. لا تقلل من تواجدك حولهم عندما يمرون بظروف صعبة.	1	2	3	4	5
31	Help them to channel their difficult emotions. تساعدهم على توجيه مشاعرهم الصعبة.	1	2	3	4	5
32	Let them express their pain, their sadness, their fears, etc. تتركهم يعبرون عن ألمهم، حزنهم، خوفهم، إلخ.	1	2	3	4	5
6 – Problem-solving: Systematic use of a creative problem-solving caring process						
33	Help them to set realistic goals that take their health condition into account. تساعدهم على وضع أهداف معقولة تأخذ وضعهم الصحي بعين الاعتبار.	1	2	3	4	5
34	Help them to cope with the stress generated by their condition or general situation. تساعدهم على التأقلم مع التوتر الناتج عن حالتهم أو وضعهم العام.	1	2	3	4	5
35	Help them to see things from a different point of view. تساعدهم على رؤية الأشياء من وجهة نظر أخرى.	1	2	3	4	5
36	Help them to recognize the means to efficiently solve their problems. تساعدهم على معرفة الوسائل الصحيحة لحل مشاكلهم بشكل فعال.	1	2	3	4	5
37	Try to identify with them the consequences of their behaviour. تحاول معهم ان تحددوا العواقب الناتجة عن تصرفاتهم.	1	2	3	4	5
38	Inform them and those closest to them about the resources adapted to their needs (e.g., community health centres, etc.). تعلمهم والأشخاص المقربين لهم عن المصادر المتلائمة مع حاجاتهم (مثل مراكز صحة المجتمع).	1	2	3	4	5
7 – Teaching: Promotion of transpersonal teaching-learning						
39	Help them to identify, formulate and ask questions about their illness and its treatment. تساعدهم على تحديد وسؤال اسئلة متعلقة بمرضهم والعلاج.	1	2	3	4	5
40	Check if they and those closest to them had properly understood the explanations given. تتأكد اذا كان المرضى والأشخاص المقربين لهم يفهمون الأجوبة المعطاة بشكل صحيح.	1	2	3	4	5

41	Give them the necessary information or make it available so they can make informed decisions. تعطيهم المعلومات الضرورية أو تجعلها متاحة لهم حتى يتمكنوا من اتخاذ قرارات مبنية على علمهم بحالتهم.	1	2	3	4	5
42	Explain to them the care or treatments beforehand. تشرح لهم العناية أو العلاج المقدم لهم قبل تقديمه.	1	2	3	4	5
43	Use terms or a language that they or those closest to them understand. تستخدم لغة ومصطلحات يستطيع المرضى والأشخاص المقربين لهم فهمها.	1	2	3	4	5
44	Provide them with the opportunity to practice self-administered care. تتيح لهم الفرصة لممارسة العناية الذاتية.	1	2	3	4	5
45	Respect their pace when giving them information or answering their questions. تحتزم سرعة استيعابهم عند إعطائهم معلومات أو عند إجابة أسئلتهم.	1	2	3	4	5
46	Teach them how to schedule and prepare their medications. تعلمهم كيفية جدولة وتحضير أدويتهم.	1	2	3	4	5
47	Give them indications and means to treat or prevent certain side-effects of their medications or treatments. تعطيهم أسباب ووسائل معالجة أو منع بعض الآثار الجانبية المحتملة لأدويتهم.	1	2	3	4	5
8 – Environment: Provision for a supportive, protective and/or corrective mental, physical, societal and spiritual environment						
48	Understand when they need to be alone. تتفهم عندما يحتاجون البقاء لوحدهم.	1	2	3	4	5
49	Help them to be comfortable (e.g. adjust the lighting or temperature , etc.). تساعدهم ان يشعروا بالراحة (تعديل الإضاءة أو الحرارة، إلخ).	1	2	3	4	5
50	Put the room back in order after having taken care of them. تعيد ترتيب الغرفة أو المكان بعد العناية بهم.	1	2	3	4	5
51	Check if their medications soothe their symptoms (e.g., nausea, pain, constipation, anxiety, etc.). تتأكد اذا كانت الادوية تخفف من اعراضهم (الغثيان، الألم، القلق، الإمساك، إلخ).	1	2	3	4	5
52	Respect their privacy (e.g., do not expose them needlessly). تحتزم خصوصيتهم (عدم كشف اجسامهم بدون الحاجة لذلك).	1	2	3	4	5
53	Before leaving, check if they had everything they needed. تتأكد قبل تركهم انهم حصلوا على كل احتياجاتهم.	1	2	3	4	5
54	Help them to clarify which things they would					

	like significant persons to bring them. تساعدهم على توضيح الاشياء التي يحبون ان يحضرها لهم اشخاص معينين	1	2	3	4	5
9 – Needs: Assistance with the gratification of human needs						
55	Help them with the care they cannot administer themselves. تساعدهم بالامور التي لا يستطيعون القيام بها بأنفسهم	1	2	3	4	5
56	Know how to give the treatments (e.g., intravenous injections, bandages, etc.). تعرف كيفية تقديم العلاج (الحقن الوريدية, الضمادات, إلخ)	1	2	3	4	5
57	Know how to operate specialized equipment (e.g., pumps, monitors, etc.). تعرف كيفية التعامل مع الأجهزة المتخصصة (أجهزة دفع السوائل, أجهزة مراقبة العلامات الحيوية, إلخ)	1	2	3	4	5
58	Do treatments or give medications at the scheduled time. تقدم العلاج او الأدوية في المواعيد المحددة	1	2	3	4	5
59	Encourage those closest to them to support them (with their agreement). تشجع الاشخاص المقربين لهم على دعمهم (بعد موافقتهم على ذلك)	1	2	3	4	5
60	Closely monitor their health condition. تراقب حالتهم الصحية عن قرب	1	2	3	4	5
61	Help them to feel that they had a certain control over their situation. تساعدهم على الشعور ببعض السيطرة على وضعهم	1	2	3	4	5
62	Know what to do in situations where one must act quickly. تعرف ماذا تفعل في المواقف التي تحتاج سرعة بالتصرف	1	2	3	4	5
63	Show ability and skill in my way of intervening with them. تظهر القدرة والمهارة في طريقتك بالتعامل معهم	1	2	3	4	5
64	Take their basic needs into account (e.g., sleeping, hygiene, etc.). تأخذ بعين الاعتبار حاجاتهم الأساسية (النوم, النظافة الشخصية, إلخ)	1	2	3	4	5
10 – Spirituality: Allowance for existential-phenomenological-spiritual forces						
65	Help them to feel well in their condition. تساعدهم ان يشعروا بشكل جيد في حالتهم	1	2	3	4	5
66	Recognize that prayer, meditation or other means can help appease them and give them hope. تدرك ان الصلاة, التأمل او اي وسائل اخرى يمكن ان تساعد في التخفيف عنهم او اعطائهم الأمل	1	2	3	4	5

67	Help them to explore what is important in their life. تساعدهم على اكتشاف ما هو مهم في حياتهم	1	2	3	4	5
68	Help them to explore the meaning that they give to their health condition. تساعدهم على اكتشاف المعنى الذي يعطونه لحالتهم الصحية	1	2	3	4	5
69	Help them to look for a certain equilibrium/balance in their life. تساعدهم في البحث عن التوازن في حياتهم	1	2	3	4	5
70	Take into consideration their spiritual needs (e.g., prayer, meditation, participation in certain rites, etc.). أخذ بعين الاعتبار احتياجاتهم الروحية (الصلاة, التأمل, القيام بطقوس معينة, إلخ)	1	2	3	4	5

End of Questions
انتهت الاسئلة

Appendix 2

Arab American University

Faculty of Graduate Studies



الجامعة العربية الأمريكية

كلية الدراسات العليا

2021-1-30

حضرة السادة وزارة الصحة الفلسطينية المحترمين

تحية طيبة وبعد،

تسهيل مهمة بحثية

تحية طيبة وبعد،

تهديكم كلية الدراسات العليا في الجامعة العربية الأمريكية أطيب التحيات، وبالإشارة الى الموضوع أعلاه، تشهد كلية الدراسات العليا في الجامعة أن الطالبة محمد احمد فالح علاوني والذي يحمل الرقم الجامعي 201912927 هو طالب ماجستير في الجامعة العربية الأمريكية تخصص ماجستير تمريض الطوارئ، ويعمل على رسالة بعنوان: "مستوى مفاهيم وتصرفات العناية للمرضى الطوارئ أثناء التفاعل مع المرضى في اقسام الطوارئ في المستشفيات الحكومية في فلسطين". نأمل من حضرتكم الإيعاز لمن يلزم لمساعدته في الحصول على المعلومات اللازمة للدراسة توزيع الاستبانة على المستشفيات الحكومية في الضفة الغربية، علماً ان المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطي هذه الرسالة بناءً على طلبه.

وتفضلوا بقبول فائق الاحترام


د. أشرف الميمي

عميد كلية الدراسات العليا



Page 1 of 1

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Appendix 3

State of Palestine
Ministry of Health
General Directorate of Education in
Health and Scientific Research



دولة فلسطين
وزارة الصحة
الإدارة العامة للتعليم الصحي
والبحث العلمي

Ref.:
Date:.....

الرقم: ٢٠٢١/٤٤٤
التاريخ: ٢٠٢١/٤/٢٤

الأخ مدير عام الادارة العامة للمستشفيات المحترم،،،
الأخ مدير مجمع فلسطين الطبي المحترم،،،
تعبئة واحترام،،،

الموضوع: تسهيل مهمة بحث

يرجى التكرم بتسهيل مهمة الطالب: محمد احمد فالج علاوني، ماجستير تمريض
الطوارئ- الجامعة العربية الامريكية، لعمل بحث بعنوان:
" مستوى ومفاهيم وتصرفات العناية لمرضى الطوارئ اثناء التفاعل مع المرضى في اقسام
الطوارئ في المستشفيات الحكومية في فلسطين "
حيث سيقوم الطالب بجمع معلومات من خلال تعبئة استبانة من المرضى (بعد أخذ موافقتهم)،
مع العلم أن مشرف الدراسة: د. داليا طوقان.
وذلك في: مستشفى جنين - مستشفى رفيديا - مستشفى الوطني - مستشفى عاليه
- مجمع فلسطين الطبي
على أن يتم الالتزام بجميع تعليمات وإجراءات الوقاية الصادرة عن وزارة الصحة بخصوص
جائحة كورونا، وتحت طائلة المسؤولية.
على ان يتم تزويدنا بنسخة من نتائج البحث والتعهد بعدم النشر.
مع الاحترام،،،

د. عبد الله القواسمي

مدير التعليم الصحي والبحث العلمي



نسخة: مشرفة الدراسة المحترمة/ الجامعة العربية الامريكية

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تلفاكس: 09-2333901

الملخص

الخلفية: الرعاية التمريضية للمرضى هي من أهم العوامل في عملية الشفاء، وعند قول مصطلح "الرعاية التمريضية"، يجب ألا يفكر المرء فقط في الإجراءات الصحية لعلاج المرض البدني، بل يجب أن تشمل الجوانب النفسية والعاطفية للمريض. تحسين الرعاية التمريضية هو عامل رئيسي لزيادة رضا المرضى كما وجد في الأدبيات.

الهدف: هدف الدراسة هو فحص مواقف وسلوكيات الممرضين في أقسام الطوارئ أثناء تفاعلهم مع المرضى في أقسام الطوارئ في فلسطين.

المنهجية: دراسة وصفية مقطعية شملت 187 ممرضًا من أقسام الطوارئ في المستشفيات الحكومية في الضفة الغربية. تم استخدام استبيان ذاتي التعبئة لجمع البيانات.

النتائج: أظهرت التحليلات أن مؤشر الرعاية التمريضية CNPI كان مرتفعًا بمعدل ± 3.95 ± 0.13 . كما أظهرت النتائج أن تعبير العواطف كان أعلى مقياس فرعي بمعدل $\pm 4.01 \pm 0.33$ ، بينما كانت احتياجات المرضى هي المقياس الفرعي الأدنى بمعدل $\pm 3.91 \pm 0.29$. أظهر اختبار توكي للمتابعة أن الممرضين في مستشفيات شمال فلسطين كانوا أكثر تعبيرًا عن العواطف بشكل معنوي إحصائيًا من الممرضين في مستشفيات المناطق الوسطى والجنوبية عند $p = 0.016$ ، (0.048) على التوالي.

الاستنتاج: خلصت الدراسة إلى أن ممرضى أقسام الطوارئ لديهم مستوى مرتفع من الرعاية التمريضية. بشكل عام، أظهرت نتائج الدراسة عدم وجود ارتباط بين الرعاية التمريضية والعوامل الأربعة المدروسة (العمر، مستوى التعليم، الخبرة، وموقع المستشفى).

الكلمات المفتاحية: الرعاية، قسم الطوارئ، الممرض، السلوكيات، المواقف.