

Arab American University – Palestine Faculty of Graduate Studies

The Level of Stress, Anxiety, Depression and its association with Burnout Among Emergency Nurses in Palestine.

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Declaration

"I dedicate this work to the Almighty Allah for preserving my life", to my loving parents and family (my wife and sons) who have always been a source of motivation and inspiration for me. To all who support me in my life who give me the power, love, confidence to go on ...

Finally, I dedicate this work to myself to achieve my dreams,

Faheem J. H. Ali-Ismail:

Signature:

Date:

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Faheem J. H. Ali-Ismail

Abstract

Background: Nurses worldwide, and Palestinian nurses in particular, are exposed to many stress-causing pressures that affect their mental and physical health. However, the emergency nurses can be exposed to stress, anxiety, depression, physical, and psychological burdens, as a result of dealing with patients having serious illnesses, or dealing with relatives or families of patients. Chronic and persistent stress, anxiety, and depression can lead to burnout in nurses, especially among emergency department (ED) nurses. The prevalence of high levels of stress, anxiety, depression, and burnout among ED workers has been attributed to high work pressure, shortages of resources and the nature of care along with witnessing human suffering.

Objective: This study aimed to assess the levels of stress, anxiety, depression (SAD), and their association with burnout among emergency nurses in Palestine.

Methods: The study design was a quantitative, cross-sectional survey. Data was collected by utilizing a self-administered questionnaire. The sample was composed of 227 nurses who worked at the emergency departments in West Bank hospitals and Jerusalem (Governmental, Non- Governmental; Charitable, Educational and Private Sector). The instruments used in this study were; Depression Anxiety Stress Scale- 21 (DASS- 21) and Maslach Burnout Inventory (MBI).

Results: The study revealed that the level of stress was 125 (55.1%), anxiety was 163 (71.8%), and depression (SAD) was: 154 (67.8%). Regarding the level of burnout, the results showed high levels of burnout among EDs nurses; 74 (32.6%) suffered from high occupational exhaustion, 86 (37.9%) from high depersonalization, and 194 (85.5) from low personal accomplishment. The study confirmed the prevalence of burnout was associated with hospital type, whereby private hospital staff had more burnout

compared with other hospital types (P=0.022). In addition, the significant difference between depression and age (p = 0.007), and between depression and marital status among nurses in the emergency department (p = 0.013).

Conclusion: In this study, 227 emergency nurses were conducted in a multi-center study; from 15 hospitals, governmental and non-governmental hospitals this study revealed that the level of stress, anxiety, depression, and burnout among ER nurses were high. There was a significant relationship between depression with age and marital status, and between burnout with type of hospital.

Keywords: Stress, Anxiety, Depression, Burnout, Emergency, Nurses.

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Abbreviations

Abbreviation	Explanation
AAUP	Arab American University Palestine
ANOVA	Analysis Of Variance
DAS	Depression, anxiety, stress
ER	Emergency Department
М	Mean
MBI	Maslach Burnout Inventory
SAD	Stress, Anxiety, and Depression
SD	standard deviation
SPSS	Statistical Package for Social Sciences
t-test	t Student Statistical Test

Chapter One

Introduction

1.1 Background:

Psychological symptoms, like most life phenomena, are a phenomenon of life that exists in various fields. Each one of us faces different types of pressures in school, family, among friends, at work, in all aspects of life, and at all economic, social, and cultural levels and education. The nursing profession has been known to exert high levels of occupational stress that may cause burnout among nurses for this reason burnout has been strongly related to stress. Moreover, Nurses in negative emotional states have a higher risk of developing depression or anxiety that can lead to poor clinical dealing and medical errors, affecting patients' safety. Psychological problems among nurses may also affect both therapeutic relationships and working relationships between colleagues (Mudallal et al., 2017). Somatic manifestations, personality disorders, psychiatric syndrome, and chronic fatigue were also noticed (Al-Turki et al., 2010).

In the mid of 1950s, stress has been considered a professional hazard, where four anxiety sources were identified in nurses' employees; these include: change, taking responsibility, decision-making, and patient care, which lead to disturbing the quality of life then causing poor nurses' performance (Jennings, 2008).

Nurses' burnout is one of the most frequent problems found in hospitals and other health care fields. The nurses who mainly work in Emergency department are at risk for developing stress because of the nature of the demanding field and nurses' fastpaced (Crystal Hooper et al., 2010). Burnout is classified as a syndrome, which is characterized by low self-esteem, emotional exhaustion, and lack of empathy; the thing that may lead to a number of emotional, physical, and social troubles such as depression, medication mistakes, drug misuse, and job-related deficiencies as nurses choose to either investigate other places in nursing or quit the whole profession. Nurses are mainly troubled as they experience variable and unexpected work environments, long shifts, heavy workloads, facing traumatic actions, support deficiency, violence(Adriaenssens et al., 2015).

Burnout mainly is associated with poor work performance, unsuitable contact with patients, overthrowing ethics, absence of a job, and a high number of occupation changes (Adriaenssens et al., 2015). Even though the fact that considered the burnout may affect employees of all professions, both the old-style approach and the huge number of researches suggest that individuals whose professions include helping others are especially susceptible (Wieclaw et al., 2006).

In general, the burnout condition was affected by diverse variables associated with its presence. These variables include sociodemographic; like gender, age, marital status, etc., employment-related such as seniority workplace, profession seniority, etc., and psychological condition presenting in stress, anxiety, depression (SAD), etc. The variables identification that affects the burnout condition development would participate in determining the risk profiles for the nursing profession (Geuens et al., 2017).

The professional burnout among ER nurses is around 13-27%, where this ratio is notably greater than the overall population because of the intense nature of working duties and stress high levels. Interestingly, the inadequate nurse's number and the subsequent high workload is considered the first source of exhaustion (Abellanoza et al., 2018). The actions of nurses are very efficient in burnout control, and directors play an important role in preventing burnout by supporting and guiding the nurses in the

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correct way, providing suitable salaries, allowing nurses staff in participating in decision-making, and developing hospital communication (Arrigoni et al., 2015).

Burnout is a difficult health issue that is destructive to both individuals and health systems. The request for special care services is rising simultaneously with changing professional expectations among health care employees in general, and growing disappointment among present hospital nursing staff. Converting bad work environments into well and healthy workplaces, nurses believe that developments can be recognized in staffing and nurse retention, job satisfaction for nurses, all health care staff, and patient outcomes especially those associated with patient safety. Therefore, special attention should be given to burnout studies, particularly among nursing careers (McCauley & Irwin, 2006).

1.2 Problem Statement:

The stress, anxiety, depression (SAD), and burnout that nurse's staff may face in Emergency department are all considered a major strain that is associated with a certain occurrence that the nurse suffers at a point in time. Since the nurses are considering a backbone of Emergency department system, it is critical to analyze the frequency of stress in those individuals. Many different reasons may associate with the creation of the mentioned emotional efforts which in turn reflected on the nurse's psyche, job satisfaction, burnout, and nurse's work performance, consequently affecting the service provided for the patients and the quality of patients care, which may leads to a serious problem that needs a study and a solution, must be found.

Palestinians in the West Bank have been living under prolonged military occupation. This conflict has affected all aspects of people's lives and still constitutes a

real challenge for Palestinians health and the functioning of the health care system. Under circumstances of ongoing conflict, the Palestinian emergency services are carried out under a huge pressure, with insufficient human resources, lack of medication and life-saving equipment's. These conditions are probably emotionally and physically challenging for the workers of these departments.

This study is one of the few studies conducted in Palestinian nurses' level of SAD, and burnout that emergency nurses' staff may face. This is also one of the first studies that search about the factors that lead to bringing of SAD and its association with burnout. Therefore, the current study aim to assess the levels of stress, anxiety, depression, burnout, and associated factors among emergency nurses in Palestine.

1.3 Study Objectives:

1.3.1 Main Objective:

This study aim to assess the level of stress, anxiety depression (SAD), and burnout among ER nurses in Palestine.

1.3.2 Specific Objectives

- 1- To assess the association between SAD and burnout among ER nurses in Palestine.
- 2- To assess the association between SAD and burnout among ER nurses and the types of hospitals in Palestine.
- 3- To assess the association between SAD and burnout and demographic factors among ER nurses in Palestine.
- 4- To assess the association between SAD and burnout and work factors among ER nurses in Palestine.

1.4 Research Question:

- 1- What is the level of stress, anxiety, depression (SAD), and burnout among ER nurses in Palestine?
- 2- Is there an association between SAD and burnout among ER nurses in Palestine?
- 3- Is there an association between (SAD and burnout) among ER nurses and the types of hospitals (governmental, non-governmental; Charitable, educational, and private) in Palestine?
- 4- Is there an association between (SAD and burnout) and demographic factors (age, gender, marital status, area of living, educational level and Income per month) among ER nurses in Palestine?
- 5- Is there an association between (SAD and burnout) and work factors (job description, Experience in nursing, type of the Job, number of night shifts, type of hospital ...etc.) among ER nurses in Palestine?

1.5 Study Hypothesis

- Null hypothesis 1: there is no association between SAD and burnout among ER nurses in Palestine?
- Null hypothesis 2: there is no association between SAD and burnout among ER nurses and the types of hospitals in Palestine?
- Null hypothesis 3: there is no association between SAD and burnout and demographic factors among ER nurses in Palestine?
- Null hypothesis 4: there is no association between SAD and burnout and work factors among ER nurses in Palestine?

1.6 Significance of the Study

The nursing profession is considered the hard-core and pulse of the hospitals the main supporter of health care provided in hospitals, especially emergency departments(ED), but the increasing number of today's acute Emergency Room (ER) patients, coupled with an unsafe pattern of staffing, has led to overburdened staff in the ER. In particular, nurses working in Emergency Room departments may be exposed to high levels of work-related stress. The high rate of emotional fatigue has been associated with high workload, job stress, and lack of control over the work environment, which can negatively influence physical and mental health and well-being leading to feelings of anxiety, depression, and loss of self-esteem.

The research questions seek to determine the common challenges that nurses face in E.D that contribute to nursing stress and burnout, what strategies ER nurses use to overcome the cause of stress, reduce burnout, and increase job satisfaction, and what recommendations nurses have to hospital administration to reduce the risk of stress, anxiety, depression (SAD), and burnout in the future.

1.7 Variables of the Study:

- Independent variables: demographic data such as (age, gender, marital status, monthly income, area of living, level of education) and Work Factors data such as (type of hospital, years of professional experience, job disruption/position, years of experience in ER, shift work, no. of night shifts.
- Dependent variables: Stress, Anxiety, Depression and Burnout.

1.8 Conceptual Framework

Figure 1.1 explains the conceptual framework of the study. The independent variables are demographic data (age, gender, marital status, place of living income per month, educational level), and work factors (experience in nursing, experience in ED, type of job, job position, shift work, no. of night shifts). It was expected that the independent variables would affect the outcome (dependent variables), which are the level of stress, anxiety, depression, and burnout.



Figure 1.1 Conceptual framework for the study.

1.9 Conceptual and Operational Definitions:

1.9.1 Stress:

It is emotional distress, which is progressed according to the individual's estimation of the experienced threat, challenge, or harmful situations (Apóstolo, Mendes, & Azeredo, 2006). In this study, stress was assessed by a questionnaire: DASS-21, within the subscale stress (DASS-S), which has seven items for stress evaluation (Lovibond & Lovibond, 1995).

1.9.2 Anxiety:

defined as "emotional distress that has a personal response to a threat, where the person is facing uncertainty and/or an existential threat" (Apóstolo et al., 2006). In this study, anxiety was assessed by DASS-21, within subscale anxiety (DASS-A), which has seven items for anxiety evaluation (Lovibond & Lovibond, 1995).

1.9.3 Depression:

defined as "emotional distress with no specific emotions, which contains several emotions like anger, guilt, shame, and anxiety. The experience of a great loss according to hopeless feelings or valueless life is considered a motivator for depression progression" (Apóstolo et al., 2006). In this study, depression was assessed by DASS-21, by subscale depression (DASS-D) which has seven items for depression evaluation (Lovibond & Lovibond, 1995).

1.9.4 Burnout:

defined as "disorder characterized by depersonalization, emotional overtiredness, and a reduced sense of private personal achievements according to the prolonged emotional stress at the workplace. It affects job performance and satisfaction, susceptibility to infections, and interpersonal relationships" (Chemali et al., 2019). In this study, the burnout was assessed using the Maslach Burnout Inventory (MBI tools). This instrument consists of 22 items to operationalize 3 dimensions of burnout: Nine items are used to measure Emotional Exhaustion, 5 items are used to measure Depersonalization, and 8 items are used to measure Personal Accomplishment (Maslach, 2018).

Chapter Two

Literature Review

2.1 Introduction

A literature review using Science Direct databases, Google scholars, and PubMed was performed before the start of the study. Keywords used in the searches involved Stress, Anxiety, Depression, Burnout, Emergency department, Work Conditions, and Nurses. Studies were selected based on their support for the study.

2.2 Previous Studies

A Thematic review approach was used to organize previous studies in the literature review.

2.2.1 Factors associated with (SAD and Burnout)

Hegney et al. (2014) conducted a cross-section survey was done that aims to investigate compassion fatigue and satisfaction with the causative factors of depression, anxiety, and stress among Australia. Finding that, burnout and stress were significantly associated with higher depression and anxiety levels. These higher levels were correlated mainly with young nurses and full-time nurses.

Systematic review and Meta-Analysis study which published between January 2007 and August 2018 that conducted by (Koutsimani et al., 2019) study aims to examine the Relationship between Burnout, Depression, and Anxiety. The findings found no significant overlap between burnout and depression or burnout and anxiety, demonstrating that they are distinct and robust constructs. Future research should focus

on using longitudinal designs to investigate the causal links between these variables. Moreover, a Canadian study has been done that aims to figure out the relationship between the factors of workplace stress and posttraumatic stress disorder symptoms. Finding that there are three sets of factors associated with ER nurses' stress including; patients care, hospitals characteristics, and the interpersonal environment. Significantly, Interpersonal conflict was linked to PTSD symptoms. 67% believed that they got insufficient support from hospital managers following the traumatic occurrence, 20% used to change their career as a result of the trauma, and 18% only attended incident stress and none required outside help for their pain (Laposa et al., 2003).

A descriptive cross-sectional survey in 2016 and qualitative research in 2018 were conducted at the Hospital of Tropical Diseases in Vietnam, by Pham (2018) to assess the presence and level of common mental problems such as stress, anxiety, depression of health workers. A total of 601 people took part in the survey. Depression, anxiety, and stress were found to be prevalent in 28.4 percent, 38.8 percent, and 18.9 percent of the population, respectively. The men were less risk of a mental problem than women. In addition, no significant difference relating to other demographic profiles such as profession, working years, or age group. Also, this screening survey showed the presence of depression and anxiety in a number of health workers with associated factors related to the working environment.

Another cross-section survey was done by Cheung and Yip (2015) that aims to examine prevalence and associated risk factors of depression, anxiety and stress among Hong Kong nurses. The study was conducted on 850 nurses. The result showed 35.8% had symptoms of depression, 37.3% anxiety, and 41.1% stress. The study found further significant correlation between depression and divorce, widowhood and separation, job dissatisfaction, workplace disruption, poor physical activity levels, and sleep issues. Moreover, significant correlation between anxiety and marital status, general medicine, sleep issues, and a lack of leisure. Additionally, stress was associated with younger age, clinical inexperience, and past-year disruption with colleagues, as well as poor physical activity, little leisure, and alcohol consumption.

Across-sectional design study done in Saudi Araba that aims at investigating the frequency of depression and identify its factors among health care personnel at the North West Armed Forces Hospital in Tabuk, showing that Depression is a rather frequent health concern among healthcare personnel at the North West Armed Forces Hospital in Tabuk. The prevalence of depression was 43.9 %However; in the majority of cares, the depression was mild while severe among 0.8 % of them (Almarhapi & Khalil, 2021).

In addition, a Meta-Analytic Study was done in Spain by Cañadas-De la Fuente et al. (2018). The search was performed in May 2018 and works in collecting the searched results which are found in certified websites regarding the impact of gender, marital status, and children on the dimensions of the burnout syndrome. The results showed the highest levels of burnout in nurses with males, single or divorced, and not having children. Furthermore, the effect of moderator factors (age, seniority, work satisfaction, etc.) may amplify these relationships, which, in conjunction with the previously described important relationships, should be addressed in the building of burnout risk profiles for nursing professionals.

In Finland, a cross-sectional study design has done that conducted by Heponiemi et al. (2010) to examine whether there are differences in job-related attitudes and well-

being among physicians working in the private sector and public sector. The findings revealed that private-sector physicians were more content and devoted to their careers, and experienced less psychological anguish and sleeping issues than public-sector physicians.

While in Lebanon descriptive study was done, that aims to investigate the psychometric properties of the Maslach Burnout Questionnaire (MBI-HSS) for validation of usage in Lebanon among a sample of 200 nurses, and data for the survey were gathered from both private and governmental hospitals. which revealed The majority of the employees scored as burnt out, with 77.5 percent reporting emotional exhaustion and 36.0 percent reporting depersonalization while (33.0%) experienced reduced personal accomplishment, and there strongly positively associated with Age and the number of years in practice was P < 0.001). and married nurses experienced significantly more emotional exhaustion. Depersonalization was highest among private-sector nurses, whereas personal accomplishment was highest among public-sector nurses. Depersonalization proved to be higher in the night and rotating shift nurses (Ibtissam et al., 2012).

In Spain, an observational, quantitative, cross-sectional study design has been done that aims to estimate the level of burnout among nurses in primary health care. The results showed that depersonalization and emotional exhaustion significantly accompanied by neuroticism, depression, anxiety, and seniority job, besides it is inversely associated with agreeableness. In addition, depersonalization was notably related to emotional exhaustion and gender, contrariwise it is associated with age. The personal accomplishment was inversely connected with depression, anxiety, and positively associated with responsibility and extraversion (Ortega-Campos et al., 2019). An Indian cross-sectional study was conducted by Saravanabavan et al. (2019) to evaluate the prevalence of stress and burnout syndrome among doctors and other healthcare professionals in ICU. The study was done in the ICUs of a multispecialty hospital in south India among healthcare professionals (doctors, nurses, clinical pharmacists, respiratory therapists, and physiotherapists). The findings revealed a statistically significant relationship between work satisfaction and burnout. There was a significant relationship between stress level and the Maslach burnout questionnaire areas of emotional exhaustion and depersonalization. Critical care societies and institutional committees should take the lead in developing policies and benchmarks to address the root causes of stress, minimize burnout, and promote work satisfaction.

Furthermore, in Palestine a cross-sectional, descriptive, correlational design study was conducted by Abukhader et al. (2020), that aim to assess burnout among nurses and to determine the difference, if any, in burnout of nurses working in Government and Private Hospitals. According to the findings, the majority of the nurses (95.4 percent) indicated relatively high levels of depersonalization, and 63.1 percent reported moderate levels of emotional exhaustion, while 28.2 percent reported severe levels of emotional exhaustion. Gender, job shift, department type, and hospital type all have an impact on the three-burnout aspects.

A systematic review was done in the Middle East that works in collecting the searched results that was found in certified websites regarding the quantitative measure of burnout among health care providers including nurses. Finding that burnout is the most common one with incidence estimates mainly varying between 40-60%. This burnout in the Middle East is referred to as emotional distress, work environments, violence and terror exposure, and low social support (Chemali et al., 2019).

Finally, in Malaysia stratified sampling technique that used for 128 participants. They discovered that the stress levels of health staff in public and private hospitals were identical. However, physicians in private hospitals have higher stress levels related to patient care responsibilities and professional uncertainty as compared to those in public hospitals (Hafiz et al., 2018).

2.2.2 (SAD and Burnout) Among ER Nurses

An American cross-sectional study design was done that aims to explore the frequency of compassion burnout, fatigue, and satisfaction among ER nurses and other particular inpatient specialties nurses. The results showed that almost 82% of ER nurses were suffering from moderate to high burnout levels, and about 86% were suffering from moderate to high fatigue levels. The difference between ER nurses and other ones who are working in ICU, nephrology, and oncology departments is that they did not reach the statistical significance level compared to ER nurses on subscales of burnout and fatigue. However, ER nurses showed a risk for less compassion satisfaction compared to other selected nurses (C. Hooper et al., 2010).

A systematic search was conducted by H. Li et al. (2018) to assess the Quantification of burnout in emergency nurses, the study was conducted on PubMed, Scielo, Xueshu Baidu, and Informa databases with a cut off time between 1997 and 2017 to retrieve published papers in any language that had estimated the burnout levels in emergency nurses by using MBI scale. The data revealed that the total mean estimate for emotional exhaustion (25.552) was moderate, but rising upward, whereas depersonalization (10.383) and lack of personal accomplishment (30.652) exhibited higher burnout levels. 40.5 percent of emergency nurses reported severe emotional

exhaustion, 44.3 percent reported high depersonalization, and 42.7 percent reported poor personal accomplishment.

A Malaysia, another cross-sectional study was done that aims to determine the incidence and related factors of anxiety, depression, and stress among ER nurses in seven Malaysian hospitals. Finding that anxiety got the highest incidence 28.6%, followed by 10.7% depression and 7.9% stress. All 7 hospitals were varied among the stress, anxiety, and depression. Hence, males notably experienced more symptoms of anxiety than females, whereas the stress and depression between both sexes have no significant difference. They also found that there is no association between stress, anxiety, depression, and age, ethnicity, working experience, shifts number, and hospital system (Yahaya et al., 2018).

In China, a cross-sectional study design was done that aims to figure out the association between nurses, self-efficacy, work burnout, and stress. Finding that the total consequence of job stress on burnout was huge. Both work stress and the nurses are directly moderately affected by burnout. Work stress influenced directly the nurses and self-efficacy. Nurses have directly affected self-efficacy. However, self-efficacy is not influenced burnout directly (Liu & Aungsuroch, 2019). Another systematic study was done in the same country that aimed to measure the 3 dimensions of burnout in ER nurses and assess the nurse's proportion who used to experience a very high level of burnout. The results showed that emotional exhaustion was moderate among nurses, while the absence of personal accomplishment and depersonalization showed higher levels of burnout. The proportion of ER nurses who are suffering from high depersonalization, high emotional exhaustion, and low personal accomplishment was 44.3%, 40.5%, and 42.7%, respectively (Hong Li et al., 2018).

In Ireland, a cross-section study design was done that aims to measure the Emergency department nurse's self-report traumatic stress levels. The results indicated that 82% of ER nurses were suffering from traumatic stress. Hence, the study applied some suggestions that are associated with decreasing the stress such as creating new systems to support ER nurses in the country (Duffy et al., 2015).

In Turkey, a study was done that aims to figure out the association between burnout perceptions and job satisfaction in Emergency departments in two public hospitals. In addition, it studies burnout levels and job satisfaction in terms of marital status, gender, and education. The finding showed that there is a significant association between burnout and job satisfaction. Also, the study showed that age, marital status, and education affect both job satisfaction and burnout. Furthermore, the study exposes that emotional exhaustion is an important predictor of overall satisfaction that both depersonalization and emotional exhaustion are important predictors of core job satisfaction, and that emotional exhaustion and personal accomplishment are significant predictors of extrinsic job satisfaction (Tarcan et al., 2017).

In Saudi Araba, there is a cross-sectional study design done that aims to screen and evaluate the anxiety severity among nurses who are working in the Emergency department, showing that 48% of participants don't sever from an anxiety disorder, while 20.7% and 23.7% were suffering from moderate and mild anxiety disorder symptoms respectively (Alharthy et al., 2017).

In Egypt, particularly in Tanta University, a cross-sectional study design was done that aims to expose the level of burnout among ER nursing staff. The results showed that 66% of nurses are suffering from a moderate level of burnout, while 24.9% of them were suffering from high burnout. The variables that play an important role in burnout include; sex, age, overload, violence, and supervision (Abdo et al., 2016). While in Iran, in Ziaeian hospital a cross-sectional study design was done to determine the burnout among ER nurses, finding that 29.2% of them were suffering from emotional exhaustion, 37.3% were personal performance, and 14.7% suffering from depersonalization. Generally, 75% of ER nurses were suffering from severe depersonalization and emotional exhaustion, and mild personal dysfunction. In addition to that, a career position was found to affect the emotional exhaustion intensity and depersonalization. Also, there was a significant relationship between depersonalization and marital status (Abedi-Gilavandi et al., 2019).

Similarly, in Palestine, a cross-sectional study design was done that aims to figure out the levels of burnout and the risk factors, which are associated with nurses' health in Emergency departments in Palestinian hospitals. Plus, examining the career turnover, and the relationship between workplace violence and burnout. Finding that 64% were suffering from emotional exhausting, followed by 38.1% suffering from depersonalization, and 34.6% suffering from low personal achievement. Also, they found that burnout was significantly related to nurses' intention to leave their job at Emergency departments (Hamdan & Hamra, 2017).

2.2.3 (SAD and Burnout) During Covid -19 Outbreak

In turkey a recent cross-sectional survey, conducted by Elbay et al. (2020) was designed to assess the psychological responses of healthcare workers and related factors during the Covid-19 outbreak. The study was conducted on 442 participants. The findings revealed that 286 (64.7 percent) of those polled reported depression symptoms, 224 (51.6 percent) had anxiety symptoms, and 182 (41.2 percent) experienced stress

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symptoms. According to the study, being female, young, and single, having less job experience, and working on the frontline were all related with greater levels of psychological symptoms, but having a child was associated with lower levels of each subscale. The following factors were shown to be related with higher DAS-21 total scores in frontline workers: increased weekly working hours, increased number of Covid-19 patients cared for, lower degree of peer and supervisor support, poorer logistical support, and worse sense of competence during Covid19-related tasks.

Another cross-sectional design study done in Egypt by Hebatalla Mohamed Aly (2021) that aim assessed perceived stress, anxiety and depression among healthcare workers facing the COVID-19 pandemic in Egypt. A total of 262 people took part in the study. Only 1.3 percent reported little felt stress, while 98.5 percent reported moderate to severe stress. And anxiety was 9.5 percent low, while the remaining 90.5 percent had varying degrees of anxiety, with mild anxiety impacting around 40 percent of individuals, moderate anxiety affecting about 32 percent, and severe anxiety affecting 18.5 percent. In regards of depression, around 6% of individuals had mild depression, 14% had severe depression, and the rest 80% had varied degrees of depression ranging from mild to severe.

In South Asia, particularly in Singapore, a cross-sectional study design was done that aims to study the burnout prevalence among ER nurses under the pressure of the COVID-19 pandemic situation. The results showed that the burnout among nurses was varied between moderate to severe with a higher proportion of 51.3% compared to doctors who were 45.7%. In addition to that, employees who were initially working in Emergency department before the COVID-19 pandemic condition also had a higher rate of moderate to severe burnout as compared to the ones of other departments (Chor et al., 2021).

The studies conclude with a cross-sectional study conducted in Palestine in the middle of 2020, which aims to assess the level of stress perceived by HCWs and possible associated factors during the COVID-19 outbreak in Palestine. The results showed high levels of stress reported by most respondents (74%) during the outbreak, with the fear of transmitting the disease to family members being the most stressful factor (91.6%). Health care workers who were not trained in outbreak response were more likely to report high levels of stress. High-stress workers reported being disappointed (P < .001), and strongly considered taking sick leave (P < .001) (Maraqa et al., 2020).

Chapter Three

Methodology

3.1 Introduction

This chapter illustrates the research methods employed in the study, including the research design, questionnaire design phases, the population for the pilot study, sampling frame, data collection, and analysis plan. Research methods must address the research questions and subsequently lead to the achievement of the research objectives.

3.2 Study Design

This research is exploratory as it attempts to explore the levels of stress, anxiety, depression, and burnout among ER nurses in Palestine. For this purpose, the study design was a quantitative, cross-sectional survey. Data was collected by utilizing a self-administered questionnaire, this approach to support the research with objective and statistical data.

3.3 Study Sample:

3.3.1 Study Population and Sample:

The targeted participants of the study were all nurses working in ER in West Bank hospitals and Jerusalem (Governmental, Non- Governmental: Charitable, Educational, and Private hospital). The largest hospitals in each city were included in the study, as the small hospital would be time and financially consuming. The total numbers Nurses in ER=227 were in (Table 3.1).

			# of ER nurses	Nurses	
	Name of hospital	City		participated in	Hospital type
				study	
1	Al-Ahli hospital	Hebron	20	14	Charitable
2	Abu Al-Hasan Alqasim	Yatta	23	15	Governmental
3	Mohamad Al-	Hebron	17	13	Governmental
	Mohtaseb				
4	Alia hospital	Hebron	25	20	Governmental
5	Al-Husain hospital	Bethlehem	12	5	Governmental
	Bethlehem Arab	Bethlehem	10	2	Private
6	Society for				
	Rehabilitation				
7	Palestinian Medical	Ramallah	44	39	Governmental
	complex				
8	Istishari Arab Hospital	Ramallah	20	16	Private
9	Jericho hospital	Jericho	14	11	Governmental
10	AL Najah	Nablus	12	8	Educational
11	Rafedia hospital	Nablus	18	15	Governmental
12	Al-Watani hospital	Nablus	25	20	Governmental
13	Khalil Suleiman	Jenin	20	18	Governmental
14	Thabet Thabet	Tulkarem	12	10	Governmental
15	Al-Makassid	Jerusalem	25	21	Charitable

Table 3-1: Number of ER nurses and type of hospital.

3.3.2 Sampling Methods:

The sampling method that used in this study was convenience-sampling method as taken from the nurses on the three shifts.

3.3.3 Sample Size Calculation:

The sample size was calculated using online sample size calculator (OpenEpi, Version 3.01), with Confidence Level: 90%, and Absolute Precision 5%, the calculated sample size was: 176 (OpenEpi, 2013). In addition to 10% dropout, the final and minimal calculated sample size was (194).

3.3.4 Inclusion and Exclusion Criteria:

3.3.4.1Inclusion Criteria:

- Nurses who work in Emergency Departments.

3.3.4.2 Exclusion Criteria:

- The nurses who work in a small hospital, as it would be time and financially consuming.
- Nurses who are currently on leave for one month or more.
- Nurses who have a history of mental illness.

3.4 Study Instrument:

A self-administer questionnaires were used to collect the data from the participants. The questionnaire was consisting of four parts (Appendix A):

Part One: Demographic data developed by the researchers after critical reviewing literature. It includes (age, gender, marital status, area of living, monthly income, level of education).

Part Two: Work Factors developed by the researchers after critical reviewing literature.

It was contained of (type of hospital, years of professional experience, job disruption/position, years of experience in ER, shift work, no. of night shifts).

Part Three: DASS-21 scoring Depression Anxiety Stress Scale- 21 (DASS- 21) was developed by Lovibond (1995). The DASS 21 measures symptoms of depression, anxiety, and stress. It comprises three subscales that each have seven items: depression (DASS 21-D), anxiety (DASS 21-A), and stress (DASS 21-S). Each item is scored on a 4-point Likert scale ranging from 0 ("did not apply to me at all") to 3 ("applied to me very much"). The scores for the total DASS 21 and each subscale are summed. Examples for items in each subscale, DASS- D: "I couldn't seem to experience any positive feeling at all", DASS- A: "I was aware of dryness of my mouth", and DASS-

S: "I found it hard to wind down".

The DASS- 21 scores for each subscale of depression, anxiety, and stress have a different cut- off point for the classification of severity. The subscale scores "after being multiplied by two" are classified into "normal, mild, moderate, severe and extremely severe symptoms" according to the DASS- 21 manual (Lovibond & Lovibond, 1995).

Part Four: Burnout scale: the data collection instrument was the Maslach Burnout Inventory (MBI), which is the gold standard of burnout surveys in the field of medicine (El-Ibiary et al., 2017).

This scale consists of 22 items in the three subscales of emotional exhaustion (EE), depersonalization (DP), and personal achievement (PA).

3.5 The Pilot Study:

"A pilot study was conducted to evaluate the study tools' clarity and usefulness, and identify expected problems or obstacles to the data collection procedure, and the suitability of the items in the questionnaire. This step helped the author to evaluate and
ensure the clarity and familiarity of the questionnaire's words and phrases form the participants' perspective. Their comments revealed that the items were clear, not confusing, comprehensive, suitable, and were easy to complete". The pilot study was conducted before starting the actual study; it was conducted in two hospitals on a convenience sample of a 10% of the total study sample (22) ER nurses. The questionnaire took around 15–20 minutes to be completed. The pilot study participants were excluded from the actual study.

The Cronbach's alpha coefficient for Scales for each of the subscales was calculated for SAD and Burnout, there was an alpha above 0.80 in all ratings as seen in the (Table 3.2). That indicating the acceptable internal consistency of the tool.

Scale	Subscale	"Cronbach's Alpha"	"Number of Items"
SAD	Stress	0.851	7
	Anxiety	0.848	7
	Depression	0.841	7
Burnout	Occupational Exhaustion	0.943	9
	Depersonalization	0.906	5
	Personal accomplishment	0.901	8
	Burnout total	0.919	22

Table 3-2: Cronbach's Alpha for SAD scale and burnout inventory Subscales

3.6 Data Collection:

Fifteen hospitals were included in the study, after approval was obtained from the Ethical committee in the Arab American University-Palestine (IRB-AAUP), and the Palestinian Ministry of Health. The approval also obtained from the hospitals' and the nursing managers. Then the study was contacted in ER nurses in hospital who met the inclusion criteria. A verbal and written description was provided to the participants, and the nurses who agreed to participate in the study, they were asked to assign an informed consent. The researcher clarified to the participants that participation is voluntary and that they can withdraw from the study at any time. The questionnaires were distributed face-byface contact at each hospital. Forms of consent and questionnaire delivered to nurses who expressed interest to participate in the study. Consent encompassed details about the purpose of the study, a concise description and instructions, and clarification that there are no harms or risks in participation. The data collection period lasted from 5 July 2021 to 29 July 2021.

3.7 Data Analysis:

"Data was analyzed using Statistical Package for Social Sciences 26.0 (SPSS-IBM Corp., Armonk, NY, USA) software program. Descriptive statistics including: Mean (M), percentage, range and standard deviation (SD). Also, independent t test, oneway ANOAV, and Correlation were used. The p-value<0.05 were considered statistically significant".

3.8 Ethical Considerations:

The researcher committed to all ethical consideration required to conduct a research. Ethical approval was obtained from IRB Committee in American University and Palestinian Ministry of Health (Appendix B). Each participant was given a detailed description of the study's objectives, as well as enough time to fill questionnaires. Nurses informed about voluntary engagement. There are no names or personal details

about the participants. All information was kept confidential and was only used for research purposes.

3.9 Summary

The study design was a quantitative, cross-sectional survey. Data was collected by utilizing a self-administered questionnaire. The sample was composed of 227 nurses who worked at the emergency departments in West Bank hospitals and Jerusalem (Governmental, Non- Governmental; Charitable, Educational and Private Sector). The instruments used in this study were Depression Anxiety Stress Scale- 21 (DASS- 21) and Maslach Burnout Inventory (MBI).

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. Data analysis aims 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 assessing the level of stress, anxiety, depression (SAD), and burnout among ER nurses in Palestine. Statistical analyses were directed to explore all research questions.

4.2 Participants' Characteristics:

4.2.1 Demographic Characteristics:

Two hundred and twenty-seven nurses participated in the study. The findings revealed that approximately146 (64.3%) of nurses age were 20-30 years old and 139 (61.2%) were males. Also, more than half of them 131(57.7%) were married and 114 (50.2%) live in a village or town. Most of the participants 162 (71.4%) reported that their income per month was 3000 and more. In addition, 171(75.3) reported that their educational level was Bachelor, as seen in the (Table 4.1).

Characteristics		N (%)
	<20	7(3.1)
	20-30	146(64.3)
	31-40	60(26.4)
Age	41-50	11(4.8)
	51-60	3(1.3)
Gender	Male	139(61.2)
	Female	88(38.8)
	Single	91(40.1)
Marital status	Married	131(57.7)
	Other	5(2.2)
Place of residence	City	86(37.9)
	Village or town	114(50.2)
	Camp	27(11.9)
Income per month	1600-1999	10(4.4)
	2000-2499	20(8.8)
	2500-2999	35(15.4)
	3000 and more	162(71.4)
Educational level	Diploma	39(17.2)
	Bachelor	171(75.3)
	Master	15(6.6)
	PhD	2(0.9)

 Table 4- 1: Demographic characteristics of the participants (N=227)

Note: % percentage

4.2.2 Work factors characteristics

According to work factors, the analysis revealed that 90 (39.6%) of the participants have 1-5 years' experience in nursing and 114 (50.2%) have 1-5 years in the emergency department. Also, 165 (72.7%) of them were practical and staff nurses, and most of them 205(90.3%) were full-time. According to work shift, the majority 144 (63.4%)

reported that rotation shifts, 175(77.1%) work 3 - 5 shifts per week, and 136(59.9%) work 1-2 shift night shifts per week, as seen in (table 4-2).

Characteristics		N (%)
	"Less than 1 year"	35 (15.4)
Experience in nursing	"1 – 5 years"	90 (39.6)
	"6 – 10 years"	63 (27.8)
	"More than 10 years"	39 (17.2)
Experience in emergency	"Less than 1 year"	64 (28.2)
department	"1 – 5 years"	114 (50.2)
	"6 – 10 years"	36 (15.9
	"More than 10 years"	13 (5.7)
Job role	Practical and staff nurse	165 (72.7)
	Senior Nurse	50 (22.0)
	Head Nurse	12 (5.3)
Type of the Job	Full Time	205 (90.3)
	Part Time	22 (9.7)
Shift	Only morning	27 (11.9
	Morning and evening	56 (24.7)
	Rotation	144 (63.4)
Number of shifts per week	1-2 shift / week	28 (12.3)
	3 – 5 shifts per week	175 (77.1)
	6 and more shifts per week	24 (10.6)
Number of night shifts per week	No night shift	50 (22.0)
	"1-2 shift"	136 (59.9)
	"3-4 shift"	34 (15.0)
	"5 shift and more"	7 (3.1)

Table 4- 2: Distribution of work-related condition of the participants (N=227)

According to work hospital, the analysis revealed that the majority of participants 167(73.57%) work in a governmental hospital, as seen in figure 4-1.



Figure 4-1: Distribution of the participant regarding type hospitals (N=227).



in the Palestinian Medical Complex in Ramallah city, as seen in figure (4-2).

Also, the analysis of hospitals revealed that 39 (17.18%) of the participants work

Figure 4- 2: Distribution of the participants according to hospitals (N=227).

4.3 Level of SAD and Burnout

4.3.1 Level of SAD

Analysis revealed that stress among participants 102(44.9%) was normal, 36(15.9) of the participant was mild, while 48(21.1) were moderate, whereas 27 (11.9) was severe, and 14 (6.2%) was extremely severe. Also, anxiety 64(28.2%) was normal, 20(8.8) of the participant was mild, and 49(21.6) was moderate, while 35(15.4) was severe and 59(26.0%) was extremely severe. In addition, depression 73(32.2%) was normal, 32(14.1) was mild, and 63(27.8) of the participants was moderate, in contrast, 28(12.3%) was extremely severe, as shown in (Table 4-3).

 Table 4- 3: Level of stress, anxiety, depression, and burnout among ER nurses in

 Palestine (N=227)

Level	Stress	Anxiety	Depression
	N (%)	N (%)	N (%)
Normal	102 (44.9)	64 (28.2)	73 (32.2)
Mild	36 (15.9)	20 (8.8)	32 (14.1)
Moderate	48 (21.1)	49 (21.6)	63 (27.8)
Severe	27 (11.9)	35 (15.4)	31 (13.7)
Extremely Severe	14 (6.2)	59 (26.0)	28 (12.3)

4.3.2 Level of Burnout:

Regarding the level of burnout, the BMI scale was measure through three categories: emotional exhaustion (EE), depersonalization (DP), and personal achievement (PA). According to burnout among participants, the analysis revealed that 74(32.6%) was high towards occupational exhaustion, 86 (37.9%) was high towards Depersonalization, and 10 (4.4%) was high towards Personal accomplishment, as shown in (Table 4-4).

Level	Occupational Exhaustion	Depersonalization	Personal
			accomplishment
	N (%)	N (%)	N (%)
Mild	46 (20.3)	49 (21.6)	194 (85.5)
Moderate	107 (47.1)	92 (40.5)	23 (10.1)
High	74 (32.6)	86 (37.9)	10 (4.4)

Table 4- 4: Level of Burnout among ER nurses in Palestine (N=227).

4.4 Hypothesis Testing

Null Hypothesis 1: there is no association between SAD and burnout among ER nurses in Palestine?

The null hypothesis 1 was accepted, as the findings regarding the correlations between the stress, anxiety, depression of nurses, and burnout presented in, no association between stress, anxiety, depression, and burnout among nurses in ER (p > 0.05). As shown in (Table 4-5).

		Stress	Anxiety	Depression
		N=125	N=163	N=154
Exhaustion	Pearson Correlation	005	.039	029
Depersonalization	Pearson Correlation	.012	053	060
Personal	Pearson Correlation	.019	041	.051
Total Burnout	Pearson Correlation	0.010	012	013

	_										. –	
Table 4	- 5:	Associa	tion bet	ween S	SAD	and	burnout	among	ER-	nurses	in F	Palestine
		1 1000010					0 000 000					

Note: Correlation is significant at the 0.01 level (2-tailed).

Null Hypothesis 2: there is no association between (SAD and burnout) among ER nurses and the types of hospitals (governmental, educational, and private) in Palestine?

The null hypothesis 2 was partially rejected, as the findings there was a statistically significant difference between burnout and hospital type among nurses in the emergency department as demonstrated by one-way ANOVA (F (3, 223) = 5.234, p = 0.002). However, there were no significant differences between mean scores of stress, anxiety, depression, and types of hospitals among nurses in the emergency department (P> 0.05), as shown in (Table 4-6).

A Tukey post hoc test showed that the Private hospital nurses were burnout statistically significantly further than the governmental hospitals, educational hospitals, and charitable hospitals (p = 0.001, 0.018, 0.015) respectively.

 Table 4- 6: Differences between SAD and burnout mean among ER nurses and the types of hospitals.

		ANOVA				
Variable						
	Governmental	Private	Educational	Charitable		
	hospital	hospital	hospital	hospital		P. value
	M(SD)	M(SD)	M(SD)	M(SD)		
Stress	3.3(0.8)	3.7(1.1)	3.4(0.5)	3.7(1.1)	1.235	.300
Anxiety	2.5(1.0)	2.6(0.9)	2.7(1.5)	2.8(1.4)	.762	.517
Depression	2.8(1.0)	2.7(0.8)	2.9(1.2)	3.1(1.1)	.522	.668
Burnout	2.8(1.9)	3.6(0.7)	2.4(0.8)	2.8(0.8)	5.234	.002

Null Hypothesis 3: there is no association between (SAD and burnout) and demographic factors (age, gender, marital status, and area of living) among ER nurses in Palestine?

The null hypothesis 3 was partially rejected, as the findings regarding the differences between (SAD and burnout scores) and socio-demographic of nurses in ER were analyzed. There was a statistically significant difference between depression and age among nurses in the emergency department as demonstrated by one-way ANOVA (F (4,149) = 3.635, p = 0.007). However, there were no significant differences between mean scores of stress, anxiety, burnout, and age (P> 0.05).

A Tukey post hoc test showed that the less than 20 years old nurses were less depressed statistically significantly than 31-40 years old and 41-50 years old at (p = 0.041, 0.004) respectively, as shown in (Table 4-7).

q	Age/ years						
Variable	<20	20-30	31-40	41-50	51-60		P. value
	M(SD)	M(SD)	M(SD)	M(SD)	M(SD)		
Stress	3.7	3.3(0.9)	3.2(0.7)	3.8(1.2)	4.3	.863	.489
Anxiety	1.8(0.4)	2.5(1.1)	2.6(0.9)	2.8(1.3)	3.0(2.2)	.805	.524
Depression	1.7(0.2)	2.8(1.0)	3.0(0.8)	3.7(1.3)	2.7(1.8)	3.635	.007
Burnout	2.7(0.6)	2.9(0.9)	2.8(1.0)	2.8(0.5)	1.4(1.4)	1.884	.114

Table 4- 7: Differences between SAD and burnout mean among ER nurses and age.

Also, there were no significant differences between mean scores of stress, anxiety, depression, burnout, and gender among nurses in the emergency department as demonstrated by the t-test (P> 0.05), as shown in (Table 4-8).

	Ge	ender			
Variable	Male	Female	t-test	P. value	
	M(SD)	M(SD)			
Stress	3.3(0.8)	3.4(1.0)	505	.614	
Anxiety	2.5(1.1)	2.6(1.0)	861	.391	
Depression	2.8(1.0)	2.9(1.0)	0.925	.356	
Burnout	2.8(0.9)	2.8(1.0)	.141	.888	

Table 4- 8: Differences between SAD and burnout mean among ER nurses and the gender.

In addition, the analysis revealed that there was a statistically significant difference between depression and marital status among nurses in the emergency department as demonstrated by one-way ANOVA (F (2,151) = 4.479, p = 0.013). However, there were no significant differences between mean scores of stress, anxiety, burnout, and marital status (P> 0.05). A Tukey post hoc test showed that the married nurses were depressed statistically significantly further than single (p = 0.024), as shown in (Table 4-9).

 Table 4- 9: Differences between SAD and burnout mean among ER nurses and the marital status.

	Μ	larital status			
Variable	Single	Married	Other	ANOVA	P. value
	M(SD)	M(SD)	M(SD)		
Stress	3.4(0.9)	3.3(0.9)	3.7	.098	.906
Anxiety	2.3(1.0)	2.7(1.1)	2.2(0.2)	1.865	.158
Depression	2.6(1.0)	3.0(1.0)	1.9(0.2)	4.479	.013
Burnout	2.9(0.9)	2.8(1.0)	2.2(0.4)	1.831	.163

According to the place of living, the analysis revealed that there were no significant differences between mean scores of stress, anxiety, depression, burnout, and place of living among nurses in the emergency department as demonstrated by one-way ANOVA (P> 0.05), as shown in (Table 4-10).

 Table 4- 10: Differences between SAD and burnout mean among ER nurses and the

 place of living

	ANOVA	P. value			
Variable	City	Village or town	Camp		
	M(SD)	M(SD)	M(SD)		
Stress	3.4(1.0)	3.3(0.9)	3.4(0.6)	.076	.927
Anxiety	2.6(1.1)	2.5(1.1)	2.6(1.0)	.287	.751
Depression	2.8(0.9)	2.8(1.2)	2.8(0.8)	.032	.968
Burnout	2.8(1.0)	2.9(0.9)	2.5(0.8)	1.406	.247

Null Hypothesis 4: there is no association between (SAD and burnout) and work factors (educational level, job description, and number of night shifts done in a month) among ER nurses in Palestine?

The null hypothesis 4 was accepted, as the findings regarding the differences between (SAD and burnout scores) and work factors of nurses in ER were analyzed. There were no significant differences between mean scores of stress, anxiety, depression, burnout, and educational level among nurses in the emergency department as demonstrated by one-way ANOVA (P> 0.05), as shown in (Table 4-11).

		ANOVA				
Variable	Diploma	Bachelor	Master	PhD		P. value
	M(SD)	M(SD)	M(SD)	M(SD)		
Stress	3.3(0.8)	3.4(0.9)	3.4(1.0)	0.0(0.0)	.168	.846
Anxiety	2.4(0.9)	2.5(1.1)	2.7(1.3)	2.6(0.4)	.235	.872
Depression	2.7(1.0)	2.9(1.0)	2.9(1.2)	2.0(0.0)	.764	.516
Burnout	2.8(1.0)	2.8(0.9)	3.1(0.7)	2.5(0.6)	.722	.540

 Table 4- 11: Differences between SAD and burnout mean among ER nurses and educational level.

Also, there were no significant differences between mean scores of stress, anxiety, depression, burnout, and job description among nurses in the emergency department as demonstrated by one-way ANOVA (P> 0.05), as shown in (Table 4-12).

 Table 4- 12: Differences between SAD and burnout mean among ER nurses and the job

 description

	Job	description	ANOVA	P. value	
Variable	Practical and	Senior	Head	test	
	staff Nurse	Nurse Nurse			
	M(SD)	M(SD)	M(SD)		
Stress	3.3(0.9)	3.5(1.0)	3.4(0.6)	.221	.802
Anxiety	2.5(1.0)	2.6(1.2)	2.8(1.1)	.552	.577
Depression	2.7(1.0)	3.2(2.0)	3.1(0.8)	2.753	.067
Burnout	2.8(0.9)	2.8(1.0)	2.7(1.2)	.115	.892

In addition, there were no significant differences between mean scores of stress, anxiety, depression, burnout, and the number of night shifts among nurses in the

 Table 4- 13: Differences between SAD and burnout mean among ER nurses and

 Number of night shifts

	Number	ANOVA				
Variable	No night shift	ANOVA	3-4 shift	5 and more shift		
	M(SD)	M(SD)	M(SD)	M(SD)		P. value
Stress	3.4(0.8)	3.3(0.9)	3.6(1.0)	3.1(0.8)	1.001	.395
Anxiety	2.4(0.9)	2.6(1.2)	2.6(0.9)	2.5(0.9)	.224	.880
Depression	2.7(1.0)	2.8(1.0)	2.9(1.1)	3.1(1.5)	.489	.690
Burnout	2.7(1.0)	2.8(0.9)	3.0(1.0)	2.6(0.7)	.582	.628

4.5 Summary:

The study revealed the level of stress, anxiety, depression (SAD, and results showed that of all 227 participants, 125 (55.1%) had symptoms of stress, 163 (71.8%) anxiety, and 154 (67.8%) depression. For the stress subscale, 15.9 percent of the sample reported low stress symptoms, 21.1 percent reported moderate stress symptoms, 11.9 percent showed severe anxiety symptoms, and 6.2 percent indicated extremely severe anxiety symptoms. For the anxiety subscale, 8.8 percent of the sample had mild anxiety symptoms, 21.6 percent had moderate anxiety symptoms, 15.4 percent had severe anxiety symptoms, and 26.0 percent had extremely severe anxiety symptoms. For the depression subscale, 14.1 percent of the sample had mild depressed symptoms, 27.8 percent had moderate depressive symptoms, 13.7 percent had severe depressive symptoms, and 12.3 percent had extremely severe depressive symptoms. Regarding the level of burnout, the results showed high levels of burnout among EDs nurses;

74(32.6%) suffered from high occupational exhaustion, 86(37.9%) from high depersonalization, and 194(85.5) from low personal accomplishment.

The study confirmed the prevalence of burnout was associated with hospital type, whereby private hospital staff had more burnout compared with other hospital types (P=0.022). However, the prevalence of depression and stress, anxiety was not associated with the type of hospital (p= 0.05). In addition, the significant difference between depression and age (p = 0.007), and between depression and marital status among nurses in the emergency department (p = 0.013). In contrast, there was no relationship between stress, anxiety, depression, and burnout among nurses in ER (p> 0.05). Also, the prevalence of stress, anxiety, depression, and burnout among nurses in the emergency department were not associated with gender, place of living, educational level, job description, and night shifts (P> 0.05).

Chapter Five

Discussion

5.1 Introduction

In this chapter, a discussion, conclusions, and recommendations will be explained. The conclusion will be formulated according to the purpose of the study. The purpose of this study was to assess the levels of stress, anxiety, depression (SAD), and their association with burnout among ER nurses in Palestine. It is a well-known fact that in the Emergency Department, The environment is not just stressful for patients and their families, but also for healthcare personnel, particularly nurses. Many studies have been conducted in Western countries to support this claim, with the majority of them including either physicians or nurses separately. There is a scarcity of data from the Palestinian healthcare system, where people's mentalities, cultural beliefs, and working situations vary greatly. In this regard, our study is unique in that it includes all emergency nurses from governmental, educational, private, and charitable institutions. In addition, there is no published research in Palestine on nurses' perceptions of the level of stress, anxiety, depression, and burnout that emergency nurses' staff may face.

5.2. Discussion:

5.2.1 The Level of Stress, Anxiety, Depression (SAD), and Burnout Among ER Nurses in Palestine:

The research assessed the level of stress, anxiety, depression (SAD), and burnout among ER nurses in Palestine. Moreover, the study confirms the concerns about the psychological wellbeing of emergency nurses, that of all 227 participants 125 (55.1%) had symptoms of stress, 163 (71.8%) anxiety, and 154 (67.8%) depression. This finding was consistent with the study done in Turkey. (64.7%) had symptoms of depression, (51.6%) anxiety, and (41.2%) stress. (Elbay et al., 2020). Also, this result was supported by another study conducted in Vietnam by (Pham, 2018), which found that the prevalence of depression, anxiety, and stress was 28.4%, 38.8%, and 18.9% respectively. Similarly, A study of Teris Cheung in Hong Kong (2015). Revealed a prevalence of depression, anxiety, and stress of nurses at 35.8%, 37.3% and41.1%. A research of Siti Nasrina Yahaya et al (2018), Found that the highest occurrence of psychological distress among emergency medical officers in 7 Malaysian hospitals was anxiety (28.6%), followed by depression (10.7%) and stress (7.9%).

According to the level of burnout showed high levels of burnout among EDs nurses, 74 (32.6%) suffered from high occupational exhaustion, 86 (37.9%) from high depersonalization, and 194(85.5) from low personal accomplishment. Hooper et al. (2010), Concurred with these findings that show in 82% of ER nurses were suffering from moderate to high burnout levels. Also, this result was supported by other studies Abdo et al. (2016), Chor et al. (2021), and Li et al. (2018), which showed that burnout among nurses was varied from moderate to severe. In addition, the current findings were supported by a recent study conducted by Hamdan & Hamra, (2017). The results revealed that Burnout is very prevalent among emergency department workers.

5.2.2 The Association Between SAD and Burnout Among ER Nurses in Palestine:

There was a lack of designs that evaluated the burnout–depression and burnout– anxiety relationships. Furthermore, the majority of the studies that were suitable for analysis did not explicitly evaluate the relation between these two variables, but instead focused on whether burnout predicts depression or anxiety, stress, or the contrary. According to the current study's findings, there was no statistically significant correlation between stress, anxiety, depression, and burnout among nurses in ER (p> 0.05). Similarly, results were confirmed by Koutsimani et al., (2019), that revealed no conclusive overlap between burnout and depression and burnout and anxiety.

On the other hand, other studies contradict current study results. In a study conducted by Hegney et al. (2014), in Australia revealed that burnout and stress were significantly associated with higher depression and anxiety levels. These higher levels were correlated mainly with young nurses and full-time nurses. Another study conducted by Ortega-Campos et al., (2019) in Spain revealed positive associations between depersonalization and emotional, depression, anxiety. Also, depersonalization was notably related to emotional exhaustion and gender associated with age. While the personal accomplishment was inversely connected with depression, anxiety. Another contradicting study in south India conducted by Saravanabavan et al., (2019), that showed a statistically significant correlation between the level of job satisfaction and the level of burnout. Also, there was a significant correlation between the level of and emotional exhaustion and depersonalization domains.

5.2.3 The Association Between (SAD And Burnout) Among ER Nurses and the Types of Hospitals in Palestine:

The current results showed a statistically significant difference between burnout and hospital type among nurses in the emergency department (Private hospital nurses were burnout statistically significantly further than the governmental hospitals). However, there were no significant differences between stress, anxiety, depression, and types of hospitals among nurses in the emergency department. These findings support the Lebanon and Palestinian studies conducted on nurses, which revealed significant that showed that both hospital type and department have significant effect on the nurse feeling of burnout (Ibtissam, et al., 2012; Abukhader, et al., 2020).

In contrast, the results of this study are different from those of a Malaysian study conducted by Hafiz et al., (2018); they found that health workers in private hospitals experienced a higher stress level as compared to those in public hospitals. While the results of this study are different from those of a Finnish study conducted by Heponiemi et al. (2010), that showed private physicians reported better work satisfaction, stronger organizational commitment, and less stress than public hospital physicians did.

5.2.4 To Assess the Association Between SAD and Burnout and Demographic Factors Among ER Nurses in Palestine.

With regard to relationship between SAD and burnout and demographic factors among ER nurses in Palestine. The result showed a statistically significant difference between depressions with age and marital status among nurses in the emergency department. The same has been documented by Ortega-Campos et al., (2019) which revealed a significant relationship between depression and age. Another study conducted by Cheung & Yip, (2015) in Hong Kong revealed a positive association between depression and marital status. This is in line with other studies that showed no relation between stress, anxiety, and demographic factors (age, ethnicity, working experience, shifts number, and hospital system). The same study contradicts current study results that found there is no association between depression and age (Yahaya et al., 2018). 5.2.4 To Assess the Association Between SAD and Burnout and Work Factors Among ER Nurses in Palestine.

About a relationship between SAD and burnout and work factors, the present study revealed no relationship between them. This result was supported by another study conducted in Saudi Arabia by Almarhapi & Khalil (2021) that showed a salary, low experienced healthcare workers, and night shift was not a significant predictor for depression among the respondents.

5.3 Conclusion:

In this study, a total of 227 emergency nurses from 15 hospitals (Governmental, Non- Governmental (Charitable), Educational and Private Hospital). The purposes of the study was to assess the level of the stress, anxiety, depression and burnout among ER nurses in Palestine. It was found that 125 (55.1%) had symptoms of stress, 163 (71.8%) anxiety, and 154 (67.8%) depression. There is a relationship between depression with age and marital status, and relationship between burnout with type of hospital.

5.4 Study Implications:

Implications for Nursing Management: Hospital and nursing administrators must identify specific aspects of workload and teamwork and provide solutions to reduce mental health distress among nurses, in addition to organizing regular surveys of emergency nurses and evaluating psychological signs in order to avoid emotional and psychological exhaustion, such as transferring the emergency nurse to other wards to change the environment, influences, and work pressure, conducting mental health workshops and relaxation sessions for staff, creating physical and emotional stimuli for the emergency department as a form of encouragement and discrimination, or reducing the number of shifts for nurses in an emergency, in order to reduce working hours and thus factors that lead to psychological symptoms such as depression and anxiety Stress, and burnout.

5.5 Strengths and Limitations of the Study:

Strengths and the limitations of the current study was:

5.5.1 The Strengths:

- To our knowledge, this one of the few studies that assesses the stress, anxiety, depression, and burnout among emergency nurses in Palestine.
- This is the first study to attempt to investigate the co-occurrence of stress, anxiety, depression, and burnout in a workgroup. The study's findings stress the need and benefits of researching several mental characteristics at the same time in order to better grasp the reality of workplace mental health.
- The study was conducted in multi hospitals (multicenter study). Therefore the can be generalized results to all nurses working in ED in Palestine.
- The study also included all types of hospitals (governmental, private, educational, and charitable).
- The current study includes around 80% of all emergency nurses in the hospitals included in the study.

5. 5.2 Limitation:

- The use of self-administered surveys opens the door to bias. Participants may under- or over-report specifics of working circumstances or unfavorable judgments while under psychological stress.
- The study included only nurses without other filed such as doctors and others who work in emergencies.
- The sample, although it is calculated, if a larger sample is taken, the result can be generalized better.
- We recognize that personality traits and exposure to other negative events are likely to contribute to stress, anxiety, and depression and that these factors were not specifically evaluated in this study.

5.6 Recommendations for Future Research:

- Future research should use more objective data gathering methods, such as direct observation of working circumstances.
- A longitudinal study could be carried out to find the level of SAD and Burnout, as the cross-sectional design is a snapshot didn't guaranteed to be representative.
- A similar study can be done on large sample size inclusion the doctors and other health workers' care in an emergency.
- Future research should conducted using qualitative method to examine deeply nurses' levels of SAD and burnout.
- International studies as comparative studies can be done with emergency nurses who work in Palestine and other countries.

- A follow-up study could be carried out to find the effectiveness of this study by doing interventional studies and observing the results.
- Future studies that examine the effect of depression and fatigue on the quality of patient care.
- An interventional study (RCT) is recommended, giving the intervention to nurses who have a high level of SAD then followed prospectively by compare the intervention and observing the result or the treatment.

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Appendices

Appendix A "Questionnaire"

الجزء الأول: المعلومات الديموغرافية يرجى الإجابة عن الأسئلة التالية باختيار واحد من الخيارات المقابلة لك سؤال، او تعبئة الفراغ

الإجابات	السؤال
<20 .1	1. العمر
20-30 .2	
40-31 .3	
50-41 .4	
. 16<	
1. نکر	2. الجنس
2. ئىتى	
1. أعزب	 الحالة الاجتماعية
2. متزوج	
3. مطلق او ارمل	
1. مدينة	4. مكان السكن
 قرية أو بلدة 	
3. مخيم	
1999-1600 .1	 الرائب الشهري الذي تتقاضاه خلال عملك
2499-2000 .2	كممرض
2999-2500 .3	
> 3000 .4	
 أقل من سنة واحدة 	 سنوات الخبرة في مهنة التمريض
2. 1 – 3 ستوات 2. ک. 10 نامی	
5. 6 – 10 سوات 4. أكثر مد 10 دندائر	
4. التان التي 10 تشورات	
 أقل من سنة واحدة 	 سنوات الخبرة في قسم الطوارئ
2. 1 – 5 سنوات	
3. 6 – 10 سنوات بر أثر	
4. اکثر من 10 سنوات	
1. ممرض	 التصنيف الوظيفي
2. مىنۇرل ئىفت	
3. مىلۇرل قىم	
 وظيفة كامل 	 طبيعة الدوام
2. وظيفة جزئي	
1. صباحي فقط	10. دوام الورديات
2. صباحي ومسائي	
3. صباحي ومساني وليلي	

3	2	1	0	الجملة
				 وجدت صعوبة في الاسترخاء والراحة.
				 ئىعرت بجفاف فى حلقى.
				 لم يبدو لي أن بإمكاني الإحساس بمساعر إيجابية على الإطلاق.
				 4. تحرث بصعوبة في التنفس (تدة التنفس السريع، اللهتان بدون
				القيام بمجهود جسدي متلاً).
				 وجدت صنعوبة في أخذ المبادرة بعمل الأشياء.
				 كنت أميل إلى ردة فعل مفرطة للظروف والأحداث.
				 ئىعرت برجفة (باليدين مئلاً).
				 متعرت بأننى أستهلك الكثير في الطاقة العصبية (تعرت بأننى
				أستَهلك الكثير من قدرتي على تحمل التوتر العصيبي).
				 2. كنت خائفاً من مواقف قد افقد فيها السيطرة على أعصابي واسبب
				إحراجاً لنفسي.
				10. شعرت بأن ليس لذي أي شيء اتطلع إليه.
				 ئىعرت باننى مضطرب ومنزعج.
				12. أجد صنعوبة في الأستَرخاء.
				13. تُعرت بالحزن والغم.
				 14. كَنْتُ لا أَسْتَطْع تَحْمَلُ أي سَيء بِحولُ بَيْنَى وَبَيْنَ مَا أَرْغَب في
				القيام به.
				 15. تُعرب بانني على وتلك الوفوع في حالة من الرعب المفاجئ
				بدون سبب.
				 فقدت الشعور بالحماس لاي شيء.
				/ 1. شعرت بان فيمني فليله لاشخص.
				 18. تعرت بالتي المين إلى الغيظ بسر عه.
				19. سُعرت بضريات قبي بنون مجهود جندي (زيادة في معدل
				الدفات، او غياب دفة قلب، منهر).
				20. ئىغرىك بالغوف بدون اي سبب وجيه. مەر
				21. شعرت بان الحياة ليس لها معنى.

			فق بشدة	، 5 = مرا	پرچی اختیان واخد من الخیارات المقابلة لک جمله، بخیت: 1 = معارض بندة، 2 = معارض، 3 = محايد، 4 = موافق
5	4	3	2	1	الجملة
			4	اد الانقعالو	اليحد الأول: الإجه
					 أسعر بأنني استنزفت علطفيا.
					 أتسعر باستنفاد كامل طافتي في نهاية اليوم الذي
					أقضيه في عملي.
					 أسعر بالإرهاق حينما أصحو في الصباح لمواجهة
					يوم عمل آخر.
					 التعامل مع الذاس طوال اليوم يسبب لي التوتـر.
					 أتمعر بالضجر والملل بسبب عملي.
					 أتعر بالإحباط في عملي.
					 أسعر أننى ابذل جل جهدي في عملي.
					 التعامل مع الناس بشكل مبائر يشكل ضغطا كبيرا
					على
					 أتعر بالاختاق وقرب النهاية.
				م الإتسانية	البعد الثاني: عد
					 أتسعر بانني أعامل بعض فنات المراجعين وكانهم
					جمادات لا حياة فيها .
					 اصبحت شخصنا فاسيا على الناس منذ بدات هذا
					العمل.
					 استعر بالقلق في أن يسبب لي هذا العمل فساوة
					وبيلنا في مساعري ٨- الا في الأرك الأساب المدينة الآب م
					 إلى في الواقع لا أهب بعا يحدث المحرين. أنه ما يعاد المراجع بالمعانة عالم يعاد المنا الكار
					ر. التعلق ان المراجعين وتوامونني تعلي بعض المتعادن 1- بدانا مذما
				ات الشقص	سی بندی شهر. ارمد الثالث الاح
			ę	,	م تمام م تعاليم من الله عن الم المعالي الم المعالي . 1
					 أتعد أنته من خلال عمله أذات الحابا في حياة
					لا. الأخان:
					 أتبعر بالنشاط والحدوية.
					 استطيع ويسهولة تهيئة الحو المنابيب لأداء عملي
					على أكمل وجه.
					 أنعر بالابتهاج من خلال عملي وتعاملي مع
					للمراجعين.
					 في عملي أتعامل بهدوء تام مع المشاكل النفسية.
					 حققت أشياء كثيرة جديرة بالتقدير في هذا العمل.

Appendix B

القسم الثالث: مقياس الاحتراق الوظيقي يرجى اختيار واحد من الخيارات المقابلة لكل جملة، بحيت: 1 = معارض بندة، 2 = معارض، 3 = محايد، 4 = موافق، 5 = موافق

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الجامهـــة الغربيـــة الأمريكيـــة كلية التمريض

17/08/2021

No: 019/2021

Study Titled: The Level of Stress, Anxiety, Depression and Burnout Among ER Nurses In Palestine.

Student Name: Faheem Ali Ismail

Supervisor: Dr. Sajed Ghawadra Co-advisor: Dr. Mohammad Jallad

Date Reviewed: 06-07-2021

Date approved: 29-07-2021

The study titled: The Level of Stress, Anxiety, Depression and Burnout Among ER Nurses In Palestine, was reviewed by AAUP committee for research and ethical principles and was approved on 29-07-2021.

Dr. Lubna Harazni

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ill a 123-10-0 CULTY OF NURSING

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دوثة فلسطين وزارة الصحة الإدارة العامة للتعليم الصحي واليحث العلمي



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

Rcf.: Date: C-C1/15/2/12-50

الأخ مدير عام الإدارة العامة للمستشفيات المحترم ،،، الأخ مدير مجمع فلسطين الطبي المحترم ،،، تعية والمتراء...

الموضوع: تسهيل مهمة بحث

يرجى التكرم بتسهيل مهمة الطائب: فهيم جمعه حسني علي اسماعيل، ماجستير

تمريض الطوارئ- الجامعة العربية الامريكية، لعمل بحث بعنوان:

"مستوى الضغط النفسي والقلق والاعتثاب وارتباطه بالارهاق بين ممرضي الطوارئ في فلسطين"

حيث سيقوم الطالب بجمع معلومات من خلال تعبئة استبانة من قبل ممرضي الطوارئ، مع العلم

أن مشرف الدراسة: د. ساجد غوادرة و د. محمد الجلاد.

وذلك في: جميع المستشفيات الحكومية

ومجمع فلسطين الطبى

على ان يتم الالتزام بجميع تعليمات واجراءات الوقاية والسلامة الصادرة عن وزارة الصحة بخصوص جائحة كورونا، وتحت طائلة المسؤولية. على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعهد بعدم النشر.

مج الاحدرام... د. عبد الله القواسمي مدير التعليم الصحي والبحث العل أقالعامة التعا

نسخة: عميد كلية الدراسات العليا لمحترد/ الجامعة العربية الأمريكية

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الجامعـــة العربيـــة الأمريكيــة

كلية الدراسات الهليا

Arab American University Faculty of Graduate Studies

2021-8-14

إلى من يهمه الأمر

تسهيل مهمة بحثية

تحية طيبة وبعد،

تهديكم كلية الدراسات العليا في الجامعة العربية الامريكية اطيب التحيات، وبالإشارة الى الموضوع أعلاء، تشهد كلية الدراسات العليا في الجامعة أن الطالب **قهيم جمعة حسني علي إسماعيل** والذي يحمل الرقم الجامعي 201912872 هو طالب ماجستير في الجامعة العربية الامريكية تخصص تمريض الطوارئ، ويعمل على رسالة بعنوان " مستوى الضغط النفسي والطق والاكتناب وارتباطه بالإرهاق بين معرضي الطوارئ في فلسطون". تحت اشراف د. ساجد غوادرة و د. محد الجلاد. ناسل من حضرتكم الايعار لعن بازم المساعنة في الحصول على المعلومات اللازمة الدراسة، عاما" ان المعلومات ستشخط للفسي والطق والاكتناب التعامل معها بغابة السرية، وقد أعطيت هذه الرسالة بناه" على طليه.

وتفضلوا بقبول فانق الاحترام

كلية الدراسان GRADUATE STUDIES

sho د. شاهیتاز نجار

عميد كلية الدراسات العليا

Page 1 of 1

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الجامغـــة الغربيـــة الأمريكيـــة كلية التمريض

Arab American University Faculty Of Nursing

2021/08/18

حضرة السيد /ة مدير/ة التمريض المحترم مستشفى الاستشاري / رام الله

تحية طيبة وبعد،

الموضوع: "تسهيل مهمة بحث لطالب الماجستير فهيم على "

تهديكم الجامعة العربية الأمريكية أطيب تحياتها.

إشارةً إلى الموضوع اعلاه، وتماشيا مع سياسة كلية لتمريض/ الجامعة العربية الأمريكية- المتعلقة بتعزيز التعاون بين المؤسسات ومشفاكم الموقر الإتاحة فرص الإثراء العلمي للطلبة والخربجين في المؤسسات الوطنية وإسياما في تنمية قدراتهم وخبراتهم، ترجو من حضرتكم التكرم بالموافقة والإيعاز للجهات المعنية لتسهيل مهمة طالب الماجمتير فهيم على لاستكمال بحله العلمي بعنوان:

The Level of Stress, Anxiety, Depression and its association with Burnout Among ER Nurses in Palestine

وذلك لأغراض البحث العلمي حيث سيكون الهدف من الدراسة:" قياس ومعرفة مستوى التوثر والأرهاق لدى ممرضين اقسام الطوارئ في فلمسطين"

وذلك عن طريق استمارة (مرقق) يتم تعبنتها عن طريق المقابلات مع الممرضين والمعرضات في قسم الطوارئ في المشغى على أن تبدأ مهمته البحثية يتاريخ 2021/8/20 وتنتبي يتاريخ2021/09/20 تحت إشراف الدكتور ساجد غوادرة.

مع فائق الشكر والتقدير ...

د.لېنې حرازنة

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ميد كلية التمريض

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الجامعـــة الغربيـــة الأمريكيـــة كلية التمريض



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2021/08/18

حضرة السبد/ة مدير/ة التمريض المعآرم مستشفى الرازى/ جنين

تحية طيبة وبعد،

الموضوع: "تسبيل مهمة بحث لطالب الماجستير فهيم على "

تهديكم الجامعة العربية الأمريكية أطيب تحياتها.

إشارةً إلى الموضوع اعلاد، وتماشيا مع سياسة كلية لتمريض/ الجامعة العربية الأمريكية- المتعلقة بتعزيز التعاون بين المؤسسات ومشفاكم الموقر المتاحة فرص الإثراء العلمي للطلبة والخريجين في المؤسسات الوطنية وإسهاما في تنمية قدراتهم وخبراتهم، ترجو من حضرتكم التكرم بالموافقة والإيعاز للجهات المعنية لتسهيل مهمة طالب الماجستير فهيم على لاستكمال بحثه العلمي بعنوان:

The Level of Stress, Anxiety, Depression and its association with Burnout Among ER Nurses in Palestine

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مع فائق الشكر والتقدير ...

د.لبني حرازنة

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2021/08/18

حضرة السيد/ة مدير/ة التمريض المعترم مستشفى النجاح التعليمي

تحية طيبة وبعد،

الموضوع: "تسبيل مهمة بحث لطالب الماجستير فهيم على "

تهديكم الجامعة العربية الأمريكية أطبب تحياتها.

إشارةً إلى الموضوع اعلاه، وتماشيا مع سياسة كلية لتمريض/ الجامعة العربية الأمريكية- المتعلقة بتعزيز التعاون بين المؤسسات ومشفاكم الموقر جاناحة فرص الإثراء العلمي للطلبة والخريجين في المؤسسات الوطنية وإسياما في تتمية قدراتهم وخبراتهم، نرجو من حضرتكم النكرم بالموافقة والإيعاز للجهات المعنية لتسهيل مهمة طالب الماجستير فيهم علي لاستكمال بحثه العلمي بعنوان:

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وذلك عن طريق استمارة (مرفق). يتم تعينها عن طريق المقابلات مع الممرضين والممرضات في قسم الطوارئ في المشفى على أن تبدأ مهمته البحثية بتاريخ 2021/8/20 وتقتيى بتاريخ2021/09/20 نحت إشراف الدكتور ساجد غوادرة.

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Y	FACULTY OF NUKSING)	

ملخص الدراسة

الخلفية: يتعرض الممرضون والممرضات في جميع أنحاء العالم وفي فلسطين على وجه الخصوص ، للعديد من الضغوط المسببة للتوتر والتي تؤثر على صحتهم العقلية والبدنية. إلا أن ممرضي الطوارئ يمكن أن يتعرضوا للضغوط والقلق والاكتئاب والأعباء الجسدية والنفسية ، نتيجة التعامل مع مرضى يعانون من أمراض خطيرة ، أو التعامل مع أقارب أو عائلات المرضى. يمكن أن يؤدي الإجهاد والقلق والاكتئاب المزمن والمستمر إلى الاحتراق الوظيفي المرضى. لمرضى المرضى الموارئ يمكن أن معانون من أمراض خطيرة ، أو التعامل مع أقارب أو عائلات المرضى. يمكن أن يؤدي الإجهاد والقلق والاكتئاب المزمن والمستمر إلى الاحتراق الوظيفي المرضى. يمكن أن يؤدي الإجهاد والقلق والاكتئاب المزمن والمستمر إلى الاحتراق الوظيفي المرضى. يمكن أن يؤدي الإجهاد والقلق والاكتئاب المزمن والمستمر إلى الاحتراق الوظيفي الدى المرضى التوتر والقلق والاكتئاب مشاهدة المالين في قسم الطوارئ إلى صنعا المرضى الموارئ إلى الاحتراق الوظيفي عالية من التوتر والقلق والاكتئاب مستويات المرضي المرضي التوارئ والكنيات، وخاصة بين ممرضي قسم الطوارئ (ED). ويُعزى انتشار مستويات العمل المرتفع ونقص الموارد وطبيعة الرعاية إلى جانب مشاهدة المعاناة الإنسانية.

الهدف: هدفت هذه الدراسة إلى تقييم مستويات التوتر والقلق والاكتئاب وارتباطها بالاحترق الوظيفي بين ممرضين/ات الطوارئ في فلسطين.

المنهجية: كان تصميم الدراسة عبارة عن مسح مقطعي كمي، حيث تم جمع البيانات من خلال استخدام الاستبيان الذاتي. تكونت العينة من 227 ممرض وممرضة عملوا في أقسام الطوارئ في مستشفيات الضفة الغربية والقدس (حكومية ، غير حكومية ، خيرية ، تعليمية ، خاصة). الأدوات المستخدمة في هذه الدراسة هي: مقياس ضغط القلق والاكتئاب - 21 (DASS - 21) ومخزون (DASS - 21).

النتائج: أظهرت الدراسة أن مستوى التوتر 125 (55.1) ، القلق 163 (71.8٪) ، الاكتئاب (SAD) كان 154 (67.8٪). فيما يتعلق بمستوى الااحتراق الوظيفي ، أظهرت النتائج مستويات عالية من الإرهاق بين ممرضات قسم الطوارئ. 74 (32.6٪) يعانون من إجهاد مهني مرتفع ، و 86 (37.9٪) يعانون من تبدد الشخصية المرتفع ، و 194 (85.5) من الإنجاز الشخصي المنخفض. أكدت الدراسة أن انتشار الاحتراق الوظيفي مرتبط بنوع المستشفى ، حيث كان لدى العاملين بالمستشفيات الخاصة احتراق وظيفي أعلى مقارنة بأنواع المستشا الأخرى. بالإضافة إلى وجود فرق معنوي بين الاكتئاب والعمر، وبين الاكتئاب والحالة الاجتماعية بين الممرضات في قسم الطوارئ.

الاستنتاج: كشفت هذه الدراسة التي أجريت على 15 مستشفى (حكومي وغير حكومي وتعليمي وأهلي) أن مستوى التوتر والقلق والاكتئاب والاحتراق الوظيفي بين ممرضين الطوارئ مرتفع. وكانت هناك علاقة ذات دلالة إحصائية بين الاكتئاب مع التقدم في السن والحالة الاجتماعية ، وبين الاحتراق الوظيفي مع نوع المستشفى.