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**Faculty of Graduate Studies**  
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**The Relationship between Job Engagement and Satisfaction  
with Nurse Caring Behavior in Palestinian Hospitals in the  
West Bank**

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**This Thesis Was Submitted in Partial Fulfillment of the  
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**Palestine, June / 2025**

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## **Thesis Approval**

### **"The Relationship Between Job Engagement and Satisfaction with Nurse Caring Behavior in Palestinian Hospitals in the West Bank"**

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Palestine, June / 2025

## **Declaration**

I declare that, except where explicit reference is made to the contribution of others, this thesis is substantially my own work and has not been submitted for any other degree at the Arab American University or any other institution.

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Date of Submitting the Final Version of the Thesis: 22/10/2025

## **Dedication**

To all my Family

Neda'a Yacoub Mahmoud Bayatneh

## **Acknowledgments**

All praise is due to Allah, Lord of the Worlds.

Above all, I want to sincerely thank Allah for his blessings, direction, and strength, which have allowed me to finish my thesis.

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Neda'a Yacoub Mahmoud Bayatneh

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## **Abstract**

Nursing care is vital for the acknowledgment of healthcare results. Nurses give unlimited help to hospitalized patients, reacting to their physical and emotional needs. Particularly, nurses help patients, making a difference in their day-to-day lives to keep up or move forward with their well-being and lead them to attain freedom as soon as possible. The study was conducted as a descriptive, cross-sectional, quantitative design on a convenience sample of 313 nurses who work in governmental hospitals in the West and have more than 6 months of experience. Data were collected with full commitment to ethical criteria and were analyzed using SPSS software. The age group between 30 and 39 years was the highest, with a percentage of 45.7% and the age group over 50 years was the lowest, with a percentage of 7%, while the percentage of females was slightly higher than the percentage of males, with a percentage of 59.7% to 40.3%.

The majority of them, holding a bachelor's degree in nursing, were 64%. The statistical analysis of Caring Behaviors Inventory scores showed that the level of caring behavior among the nurses participating in the study was relatively high, as the level of overall score of caring behaviors was 104.54 out of 120 (87%).

Overall, the results show that nurses exhibit high levels of caring behavior, and there are notable positive relationships between these caring behaviors and both job satisfaction and work engagement. The significant finding that work engagement was a particularly strong predictor of caring behavior highlighted the importance of emotional and motivational commitment in providing high-quality patient care.

Keywords: Caring behaviors, job engagement, job satisfaction, nurses.

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# **Chapter One: Introduction**

## **1.1 Background**

A key factor in attaining successful healthcare outcomes is nursing care. In order to help hospitalized patients regain their independence, nurses aid them with everyday tasks and attend to their physical and emotional needs (Henderson, 2001; Tourangeau et al., 2006). The core of nursing lies in caring behaviors—actions that demonstrate empathy, respect, and compassion—which set it apart from other healthcare professions.

An increasing body of research indicates that nursing caring behaviors are closely associated with better recovery, decreased missed care, and patient satisfaction (Abdullah et al., 2017; Lindberg et al., 2016; Labrague et al., 2020). A trustworthy nurse-patient relationship is fostered by these behaviors, which go beyond clinical competence and include therapeutic communication, emotional support, and attentiveness (Watson, 2008; Schwartz & Rozensky, 2017).

Despite their importance, organizational hurdles, exhaustion, and heavy workloads frequently make caring behaviors difficult (Pines et al., 2015). The ability of nurses, who make up the greatest portion of the healthcare workforce, to maintain compassionate interactions is strongly correlated with their psychological health and work environment. The impact of work engagement and job happiness on nurses' performance and the standard of care they provide has drawn more attention in recent years. Work engagement represents a deeper emotional and motivational connection to work, encompassing enthusiasm, dedication, and absorption, whereas job satisfaction is related to the employee's overall fulfillment with their role (Schaufeli et al., 2002). These mental states are becoming more widely acknowledged as important factors that contribute to excellent nursing care and successful organizational outcomes.

## **1.2 Problem Statement**

A crucial component of nursing practice, caring behaviors are closely associated with better patient outcomes, increased satisfaction, and higher standards of care in general. These behaviors can be broadly divided into two categories: expressive (emotional/psychosocial support) and instrumental (technical/clinical activities). While

there is evidence across the world that nurses' humanitarian actions, job happiness, and work engagement are related, insufficient research has been conducted about this connection in the context of Palestinian healthcare.

To the best of our knowledge, few studies have examined the triadic relationship between job satisfaction, work engagement, and caring behaviors among nurses in Palestinian hospitals, particularly in the West Bank. It is crucial to understand how these components interact and affect the provision of nursing care, given the particular difficulties experienced in these environments, such as political unpredictability, limited resources, and a lack of staff. Without this knowledge, attempts to improve patient outcomes and the quality of care may be hindered.

### **1.3 Significance of the Study**

Two important factors in the workplace that are regularly associated with beneficial nursing outcomes, like decreased fatigue, enhanced performance, and improved patient care, are job satisfaction and work engagement. Nevertheless, no empirical research has looked into how these two factors relate to the humanitarian actions of nurses in the Palestinian healthcare system, especially in the West Bank. Policymakers and healthcare executives are less able to create efficient interventions that improve nurse well-being and care quality due to the lack of context-specific research.

Theoretically, nurses who are really happy and engaged are more likely to act in a way that is patient-centered, professional, and compassionate. Research has indicated that keeping a dedicated workforce and promoting high-quality nursing care are significantly impacted by job satisfaction (Aiken et al., 2002). Engaged nurses are more likely to offer compassionate, all-encompassing care, which enhances patient outcomes and satisfaction, according to McHugh et al. (2011). Additionally, it has been demonstrated that organizational support for nurse engagement and satisfaction lowers burnout and turnover, two major issues in environments with limited resources like Palestine.

By scientifically analyzing the triadic link between job satisfaction, work engagement, and caring behaviors among nurses in West Bank public and commercial hospitals, this study addresses a significant knowledge gap. It will offer detailed insights into how organizational settings influence these dynamics by contrasting different institutional types.

In an environment characterized by ongoing stress, unstable political conditions, and scarce resources—factors that could affect or contradict preexisting theoretical presumptions—it will investigate the relationship between engagement and satisfaction and professional conduct, particularly caring behaviors.

The study's practical consequences include enhancing patient care, encouraging nurse retention, and guiding evidence-based organizational strategies meant to create a more caring and supportive workplace in Palestinian hospitals.

#### **1.4 Study Aims and Objectives**

The main aim of this study is to examine the relationship between job engagement, satisfaction, and nurse caring behavior among nurses working in hospital settings in the West Bank.

The sub objectives are:

1. To study the relationship between job satisfaction and the nurses' caring behaviors.
2. To study the relationship between job engagement and the nurses' caring behaviors.
3. To compare the level of job engagement, job satisfaction, and caring behaviors between nurses working in public and private hospitals.

#### **1.5 Research Questions**

Accordingly, the study has the following research questions:

1. What is the relationship between job satisfaction and caring behavior among nurses in Palestinian hospitals?
2. What is the relationship between job engagement and caring behavior among nurses in Palestinian hospitals?
3. Are there significant differences in job satisfaction, job engagement, and caring behaviors between nurses working in public and private hospitals in the West Bank?

#### **1.6 Study Hypotheses**

The study aims to test the following hypothesis:

H1: There is a statistically significant positive correlation between job satisfaction and nurses' caring behaviors.

H2: There is a statistically significant positive correlation between job engagement and nurses' caring behaviors.

H3: There are statistically significant differences in job satisfaction, job engagement, and caring behaviors between nurses in public and private hospitals.

## **1.7 Conceptual Framework**

The conceptual framework that underlies this study examines the relationships between nurses' caring behaviors, job satisfaction, and job engagement through a comparative view of hospital type (public vs. private), as shown in Figure 1. The framework is based on theories from organizational psychology and nursing, such as Maslach & Leiter's (2008) model that connects performance, well-being, and engagement, and Kahn's (1990) engagement theory. Watson's Theory of Human Caring and the Caring Behavior Inventory (CBI) serve as the foundation for the caring behaviors construct.

The framework shown in Figure 1 investigates the influence of job satisfaction and work engagement on nursing caring behaviors, with hospital type as a moderator.

Independent Factors:

Job satisfaction: It is anticipated that caring actions will positively correlate with job satisfaction. According to Giallonardo et al. (2020), happy nurses are more driven and emotionally available to patients.

Job engagement, because it represents an intrinsic desire and a strong emotional connection to work, is thought to be a greater predictor of caring behaviors (Schaufeli & Bakker, 2010).

Dependent Factor:

Caring Behaviors: The outcome variable that shows how well nurses provide competent, patient-centered, and sympathetic care.

Moderating Variable:

Hospital Type (Public vs. Private):

The connections between caring behaviors, engagement, and job satisfaction may be strengthened or weakened by the organizational environment. Better resources or recognition programs, for example, can help nurses in private hospitals, strengthening these relationships (Hamid et al., 2014; Ullah et al., 2018).

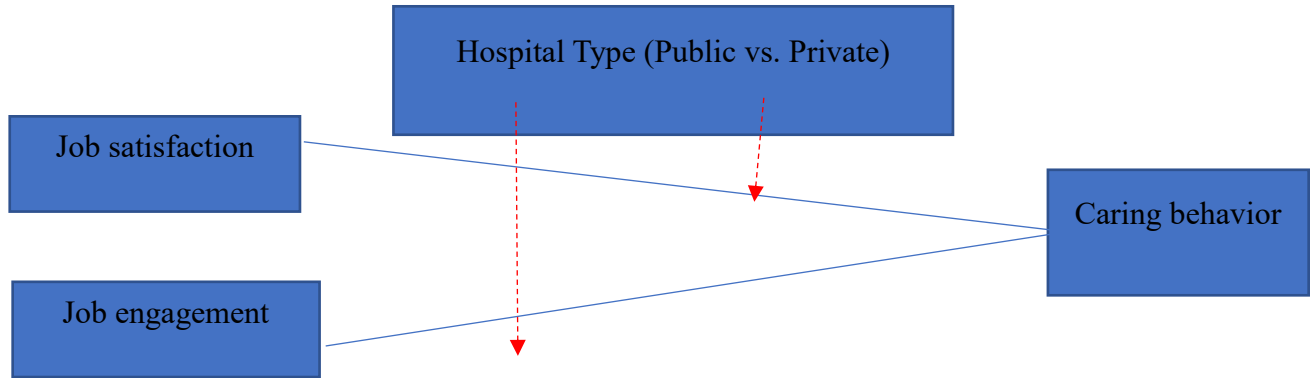


Figure 1.1: The conceptual framework of the study. (Moderator: )

## 1.8 Conceptual and Operational Definitions

### Caring Behavior

**Conceptual Definition:** In their contacts with patients, nurses demonstrate compassion, empathy, competence, and support through observable behaviors known as caring behaviors. These practices are essential to patient-centered treatment and have a direct correlation with recovery, trust, and patient satisfaction (Watson, 2008; Duffy & Hoskins, 2013).

**Operational Definition:** The Caring Behaviors Inventory, created by Wu et al. and validated by Klarare et al. (2021), is used in this study to measure caring behaviors. The measure comprises four subscales, which are assessed on a 6-point Likert scale from 1 (Never) to 6 (Always): Assurance (8 items), Knowledge and Skill (5 items), Respectful (6 items), and Connectedness (5 items). More frequent displays of caring behaviors are indicated by higher scores.

### Job Satisfaction

**Conceptual Definition:** A nurse's whole emotional reaction to their work, including their level of satisfaction with their pay, relationships, work environment, recognition, and growth possibilities, is referred to as job satisfaction. It shows how successfully the work fulfills the nurse's expectations, both personal and professional (Herzberg, 1966; Locke, 1976).

**Operational Definition:** "How satisfied are you with your current job?" is a single-item test that was modified from Amendolair et al. (2012) to measure job satisfaction. A 5-

point Likert scale, with 1 denoting "very dissatisfied" and 5 denoting "very satisfied," is used to collect responses.

### **Work Engagement**

**Conceptual Definition:** According to Schaufeli et al. (2002), work engagement is a positive, satisfying psychological state associated with one's job that is marked by vigor, dedication, and absorption. High levels of energy, a strong sense of participation in their work, and a profound immersion in their tasks are characteristics of engaged nurses.

**Operational Definition:** The Utrecht Work Engagement Scale (UWES-9) comprises nine measures that span the domains of vigor, dedication, and absorption. It is used to measure work engagement. A 6-point rating system is used for each item, with 1 denoting "rarely" and 6 denoting "always." In healthcare contexts, the tool has demonstrated good validity and reliability (Amendolair et al., 2012).

### **Hospital Type (Moderator)**

**Conceptual Definition:** A hospital's type is determined by whether it is a public or private healthcare facility. The organizational climate, hiring practices, and resource distribution may all be impacted by this classification, which may have an impact on nurses' engagement and job satisfaction (Smadi et al., 2022; Isfahani et al., 2024).

**Operational Definition:** The hospital type is a categorical variable that has two possible values: 1 for public and 2 for private.

## **1.9 Thesis Structure**

The thesis includes the following chapters:

### **Chapter 1: Introduction**

The thesis themes, background, problem statement, significance of the study, purpose, and particular objectives are all introduced in this chapter.

### **Chapter 2: Literature Review**

A broad overview of the literature review methodology is given in this chapter, followed by a study of a few peer-reviewed papers that are specifically related to this thesis research topic.

### **Chapter 3: Methodology**

This chapter provides in detail the research methodology. It represents the study design, setting, population, and sampling, eligibility criteria, data collection tool and process, review process, statistical analysis, and ethical considerations.

### **Chapter 4: Results**

The results of the study are presented in this chapter along with an example of the output that was discussed.

It comprises both descriptive and analytical findings that are used to accomplish the goals of the study and in compliance with the data analysis plan.

### **Chapter 5: Discussion**

It presents the discussion of the results with respect to the previous studies.

### **Chapter 6: Conclusion**

The study's conclusion, recommendations, and future work are presented in this chapter along with the key findings and a comparison with earlier research.

## **Chapter Two: Literature Review**

### **2.1 Introduction**

This chapter presents all previous studies related to the research topic: definition of job satisfaction, the definition of job engagement, and their relation with nursing caring behaviors.

### **2.2 Search Process**

A thorough search was carried out utilizing the databases CINAHL, PubMed, and Google Scholar to find pertinent material on the connection between nurses' caring behaviors, job satisfaction, and work engagement. The search results were refined by combining terms using Boolean operators (AND, OR).

Various combinations of the following search phrases were used:

1. “nurses’ caring behaviors” OR “nursing care” OR “compassionate nursing”
2. AND “job satisfaction”
3. AND “work engagement” OR “employee engagement”
4. AND “hospital setting” OR “clinical setting” OR “healthcare environment”
5. AND “Palestine” OR “Middle East” OR “developing countries”

Only peer-reviewed, English-language publications that were available in full text were included using filters. To ensure current relevance, the focus was made on literature published within the last ten years; however, no specific date range was initially applied to encompass both fundamental and recent investigations.

This search approach made sure that theoretical articles, empirical research, and systematic reviews that advance knowledge of how nurses' caring behaviors are influenced by job satisfaction and engagement—particularly in healthcare settings with limited resources and complicated sociopolitical dynamics—were included.

### **2.3 Nursing Work Engagement**

According to May et al. (2004), job engagement is the degree to which workers are

dedicated to their company and feel passionate about their employment. High levels of engagement have been linked to improved patient care, reduced turnover rates, and increased job satisfaction in the nursing profession (Bakker & Demerouti, 2008). According to research, proactive behaviors, such as standing up for patients and working effectively with colleagues, are more prevalent among engaged nurses (Sonnetag, 2003). Job engagement, which is a personal component of nurses' work, has recently come to light as a significant element affecting the quality of nursing services (Dong et al., 2020). Vigor, dedication, and complete immersion in one's work are characteristics of job engagement, which involves a positive and rewarding mindset (Schaufeli, W.B., et al, 2002).

Kahn (1990) was the first to create the idea of work engagement, and Schaufeli et al. (2002) improved it. According to their definition, work engagement is a contented, upbeat attitude at work that is typified by the following aspects:

**Vigor:** Having a lot of energy and mental toughness at work, as well as being prepared to put effort into one's task.

**Dedication:** A feeling of excitement, importance, and pride in one's work.

**Absorption:** Losing track of time while completely focused and absorbed in one's work

Positive, proactive, and persistent work-related states are influenced by these interrelated factors. Developing strategies to improve engagement requires an understanding of these dimensions. Nursing Work Engagement Antecedents:

Increased work engagement among nurses is linked to several things. To raise the standard of nursing care. By encouraging nurses to maximize their knowledge and expertise, job engagement can raise the standard of nursing services (Dong et al., 2020). Previous research has demonstrated that favorable results are correlated with involvement levels. High levels of job engagement have been linked to increases in caring behaviors, job satisfaction, and employee productivity among nurses (Ozuem, W., eta al, 2021).

## **2.4 Caring Behaviors of Nurses**

The acts nurses perform to assist and care for their patients are referred to as nurse caring behaviors, and they have a significant impact on the experiences and opinions of patients about care (Watson, 2008). Building solid nurse-patient relationships requires high-quality caring behaviors, such as empathy, attentiveness, and respect (Ben Natan et

al., 2014). Nurses are better able to exhibit effective caring behaviors when they are more totally committed to their roles.

Holistic patient care is one example of a caring behavior, and it is linked to job involvement, job satisfaction, and desire to remain on the job. Because job participation is associated with the prediction of job commitment and the intention to stay, it is a significant issue in nursing (Tsai, Y. C. et al, 2015).

## **2.5 Job Satisfaction and Engagement among Nurses**

The two most significant workplace variables that are closely linked to desirable work outcomes for nurses (such as absenteeism and turnover intention; De Simone et al., 2018) are job satisfaction and engagement; however, no empirical study has looked at how the caring behaviors of nurses are connected to these two characteristics.

It is theoretically possible to argue that nurses are more likely to perform effectively and exhibit professional behaviors, such as caring behaviors, when they are highly engaged and satisfied with their jobs. Based on their analysis of the literature, Lu et al. (2019) concluded that patient satisfaction with nursing care quality and the guarantee of an engaged workforce are significantly influenced by job satisfaction.

The attitude of workers towards the company, their job, their fellow workers, and other psychological objects in the work environment is the definition of job satisfaction. Previous studies have demonstrated a strong correlation between job satisfaction, one of the most important positive psychology themes, and several favorable outcomes, including psychological well-being (Comellas, 2020), organizational citizenship behaviors (Murphy et al., 2002), psychological ownership (Mustafa et al., 2016), and organizational commitment (Chegini et al., 2019). Work engagement, which is categorized as an affective-motivational state (Karanika-Murray et al., 2015), is one of these favorable effects

Most previous research has largely focused on identifying the various factors that influence job satisfaction rather than exploring its impact on nurses' caring behaviors. For example, numerous studies have examined how job satisfaction is affected by stressors such as organizational and work-related challenges, personal skills, and issues related to patients (Aiken et al., 2017; Al Sabei et al., 2018). The presence of stress caused by a

toxic work environment often leads to poor work outcomes, as stress diminishes employees' commitment to their jobs, resulting in decreased productivity, lower organizational dedication, and higher intentions to leave (Labrague, los Santos, et al., 2020). These stressors can compromise patient safety and negatively influence nurses' caring behaviors (Lamont et al., 2017). In particular, conflicts between healthcare teams and patients are associated with a decline in nurses' engagement in caring activities (Sarafis et al., 2016).

Conversely, several studies have established a connection between job engagement and work performance in nursing. Originally conceptualized by Khan (2017), job or work engagement describes a state where employees are fully invested in their work. Researchers have attempted to define this concept precisely, often positioning it as the opposite of job burnout and exhaustion. Schaufeli et al. (2006) offer a widely cited definition, describing engagement as a positive condition marked by energy, confidence, dedication, and deep involvement in work. Engaged nurses are enthusiastic, motivated, productive, and focused on achieving organizational objectives (Yin, 2018), experiencing a sense of personal achievement (Kuok & Taormina, 2017). In the nursing profession, however, there has been a decline in job engagement, particularly among younger nurses compared to other generations (Hisel, 2019). Despite this, job engagement remains a crucial factor in enhancing nursing performance and fostering innovative behaviors (Ko et al., 2017; Wang, Chou et al., 2018; Wang, Yang et al., 2019).

Research by Orgambidez-Ramos and de Almeida (2017) indicates that when nurse leaders foster a supportive social environment, nurses tend to be more satisfied with their jobs, more productive, and better at ensuring quality care. An intervention study found that increasing job engagement in nurses can be achieved through strategies that promote independence, connectedness, and the availability of resources such as social support and involvement in decision-making (Knight et al., 2017). Additionally, a supportive work environment and psychological empowerment provided by management are essential for fostering job engagement among nurses (Fan et al., 2016; Ghazawy et al., 2019; Lepisto et al., 2017). Overall, job engagement is a vital concept in nursing practice due to its significant association with patient safety (Brooks Carthon et al., 2019).

## 2.6 Connecting Nurse Caring Behaviors and Job Engagement

The connection between nurses' caring behaviors and their degree of job engagement has been the topic of an expanding amount of research. According to Kahn's (1990) theory of engagement, motivated workers are more emotionally invested in and mindful of their responsibilities, which improves their capacity to provide patient-centered and compassionate care. Such involvement is especially important in the nursing profession since it promotes improved outcomes and more sensitivity to patient needs.

According to Duran et al. (2016), nurses who were highly engaged at work exhibited more compassionate behaviors, which had a direct impact on patient safety and satisfaction. This was corroborated by Bargagliotti (2011), who emphasized that work engagement results in safer, more effective, and more economical healthcare delivery, especially when it is based on autonomy and trust. Wu (2010) also pointed out that nurses who are more engaged at work make fewer mistakes and provide higher-quality treatment.

Nonetheless, some academics advise against assuming that improving nursing care solely through work participation is enough. Engaged nurses must integrate patients' values, preferences, and views into their treatment because the patient is at the center of nursing practice (Grilo et al., 2013). According to Keyko (2014), nurses who are fully involved improve the quality of care by providing services that are sympathetic and sensitive to the patient's context and comprehension, in addition to doing tasks efficiently.

Despite this growing proof collected from around the world, little is known about how these links emerge in the healthcare system of Palestine, which is particularly influenced by continuing occupational pressures, political instability, and resource scarcity. High patient-to-nurse ratios, limited financing, and ongoing staffing shortages in West Bank hospitals can all have an impact on nurses' happiness, engagement, and ability to act compassionately. A further psychological burden is added by the geopolitical context, which could influence nurses' interactions with patients and attitudes toward their jobs.

Research in comparable Middle Eastern contexts has demonstrated that workplace stress, customs, and organizational support all have a major impact on employee engagement and job satisfaction (Al-Hamdan et al., 2017; Abou Hashish, 2017). The triadic relationship between work engagement, job satisfaction, and caring behaviors in Palestinian hospitals has not, however, been the subject of any empirical research that is

currently known. This disparity is especially worrisome because Palestinian nurses work in high-stress settings where workforce resilience and compassionate care are critical. Furthermore, job engagement may be based on caring actions themselves. Benner (1984) highlighted that intrinsic motivation and job satisfaction are intimately linked to caring, which is a fundamental component of nursing professionalism. Hensel et al. (2017) noted that when nurses are able to deliver authentic, compassionate care, they frequently feel a sense of purpose and professional fulfillment—emotions that are essential to long-term engagement. According to Lilius et al. (2008), nurses who felt their work had purpose and matched their own values of compassion expressed greater levels of motivation and dedication—two important aspects of workplace engagement.

Developing culturally appropriate and structurally viable interventions to improve nurse performance and patient care requires an understanding of this dynamic in the Palestinian context. The particular difficulties that Palestinian healthcare workers encounter—such as scarce resources, unstable political environments, and heavy workloads—call for customized approaches that go beyond general workforce fixes. Furthermore, analyzing these connections offers a useful chance to test and expand Western-based theories of professionalism and engagement, including those put forth by Maslach & Leiter (2008) and Kahn (1990), in a Middle Eastern healthcare context.

In summary, research demonstrates an antagonistic relationship: nurses who are engaged in their work are better able to provide patient-centered, compassionate care, and their capacity to engage in authentic caring behaviors strengthens their motivation and commitment to their careers. Understanding and enhancing this interaction is crucial for enhancing patient care quality and nursing well-being, especially in intricate healthcare settings like Palestine.

## **2.7 Factors Influencing Caring Behaviors**

Previous research has identified multiple factors that contribute to the development and improvement of caring behaviors among nurses. Proper training in fundamental nursing skills and caring competence are key predictors of caring behaviors in clinical environments (Ahn et al., 2018). Additionally, Liu et al. (2019) discovered that biological sex does not influence how nurses express care; rather, gender role orientation is linked to their engagement in caring activities. Studies conducted in critical care settings have

also shown that elements such as professional affinity, a sense of duty, caring self-efficacy, work experience, religious beliefs, and supervision can impact nurses' caring behaviors (Haryani & Lukmanulhakim, 2019; Salimi & Tarbiat, 2021). Similarly, Oluma and Abadiga (2020) concluded that nurse management plays a significant role in shaping caring behaviors among staff nurses, alongside factors like personal and professional satisfaction.

Another research conducted by Kusnanto (2019) revealed that Organizational, psychological, and individual factors all affect nurses' compassionate behavior. Demographics (age, gender, education, years of service, marital status, and work status), skills, and abilities are examples of individual factors.

Learning, motivation, attitudes, and personality are examples of psychological elements. Resources, leadership, incentives, structure, and job design are examples of organizational factors. Communication, rewards, decision-making, risk-taking, collaboration, and management are examples of organizational culture elements.

## **2.8 Concluding Remarks**

This comprehensive review underscores the integral relationship between nursing work engagement, caring behaviors, and the quality of patient care. High levels of job engagement, characterized by vigor, dedication, and absorption, are associated with enhanced caring behaviors, increased job satisfaction, and improved patient outcomes. Factors such as supportive work environments, effective leadership, professional training, and personal values significantly influence nurses' engagement and their capacity to deliver compassionate, holistic care. Conversely, stressors like workload, burnout, and workplace conflicts can diminish engagement and compromise caring behaviors, ultimately affecting patient safety and satisfaction. Recognizing the interconnectedness of these elements highlights the importance of fostering organizational strategies that promote nurse engagement, professional development, and a culture of caring. By doing so, healthcare systems can improve not only the well-being and retention of nursing staff but also elevate the overall quality of nursing services and patient care outcomes.

## **Chapter Three: Methodology**

### **3.1 Overview**

The study design, sampling strategy, selection criteria, data collection instruments, ethical considerations, and data analysis are all thoroughly illustrated in this chapter.

### **3.2 Study Design**

A cross-sectional design was employed to collect data from nurses working across various governmental and non-governmental healthcare institutions in the West Bank, Palestine. This approach was selected because it enables the effective gathering of data from a target population at one particular moment, which is consistent with the study's objective of examining the connections between nurses' caring behaviors, job engagement, and job satisfaction in public and private hospitals. When examining relationships between variables rather than proving causation is the aim, this method is particularly suitable.

Because cross-sectional studies are feasible, economical, and capable of producing first insights into population characteristics and variable interrelations, they are frequently employed in behavioral and healthcare research. In this case, it allows the researcher to record nurses' self-reported actions, attitudes, and views in their current work contexts without the need for long-term follow-up.

Additionally, considering the time and financial limitations usually connected with master 's-level research, this strategy is appropriate. Additionally, it offers a useful picture that can guide upcoming experimental or longitudinal research projects that seek to determine cause-and-effect links.

### **3.3 Settings**

The study was conducted in all wards of the governmental and non-governmental hospitals in the West Bank – Palestine (Palestine Medical Complex - Ramallah, Rafidia Surgical Hospital – Nablus , Martyr Dr. Khalil Suleiman Governmental Hospital – Jenin , Darwish Nazal Governmental Hospital – Qalqilya , Thabet Thabet Government Hospital

– Tulkarm , Alia Hospital – Hebron , Al Watani Government Hospital – Nablus , Al-najah hospital- Nablus , Alarbi hospital –Nablus, Istishari Arab Hospital – Ramallah, Al-Ahli Hospital – Hebron ). All nurses who were employed at the targeted hospitals during the period of the study's conduct formed the study's population in 2023. Nurses employed by governmental or non-governmental Palestinian hospitals in the West Bank are the study's target group.

### 3.4 Population and Sample

The population of the study contained all nurses who were currently working in the targeted hospitals during the conduct of the study. The target population for this study is nurses working in Palestinian hospitals, governmental or non-governmental, in the West Bank. The population size is 9,751 according to the Palestinian Central Bureau of Statistics [PCBS], 2019.

The study's sample size is determined using Steven Thompson. The sample size is identical to n=313 when the previously indicated parameter values are substituted in the equation below. Based on that, a convenience sample was chosen. Using the Sample Size Calculator, Raosoft Inc., with a 5% margin of error, a 95% confidence interval-based Steven Thompson formula stated in Krejcie (1970), shown below, the sample size was calculated by:

$$n = \frac{N \times p(1-p)}{\left[ \left[ N-1 \times \left( d^2 \div z^2 \right) \right] + p(1-p) \right]}$$

Where n is the sample size, N=population size, P=proportion of property offers and neutral (P=0.5), d=error margin (d=5%), and z= is the upper  $\alpha/2$  of the normal distribution (for 95% confidence level, z=1.95). By plugging in Steven Thompson's equation with the given values, a sample size of 313 was obtained.

Table 3.1: Distribution of Nursing Numbers in Private and Government Hospitals:

Type of hospital	Number of hospitals	Percentage (%)
Governmental	257	82.1%
Private	56	17.9%
<b>TOTAL = 313</b>		

### 3.5 Inclusion Criteria

All nurses who work in the West Bank hospital.

### 3.6 Research Variables

Nursing Caring behaviors toward patients, Job satisfaction, Job engagement, Demographic characteristics of participants.

### 3.7 Data Collecting Tool

A structured, self-administered questionnaire was used as the data collection tool. It was intended to evaluate the study's three main variables—caring behaviors, job satisfaction, and job engagement—as well as gather pertinent participant demographic data.

Demographic information, including age, gender, educational attainment, years of work experience, department or clinical unit, hospital type (public or private), and job status, was included in the first section of the questionnaire. In order to give a descriptive profile of the sample and to facilitate subgroup analysis for a more in-depth understanding of the correlations between variables, these variables were collected.

The second section measured caring behaviors using the Caring Behaviors Inventory (CBI), an empirically validated instrument designed to assess how care is perceived and practiced by nurses. The CBI consists of 24 items distributed across four correlated subscales: (1) Assurance – measuring the nurse's availability and provision of safety to patients (8 items); (2) Knowledge and Skill – assessing professional competence and conscientious care (5 items); (3) Respectful – evaluating how dignity is preserved in care delivery (6 items); and (4) Connectedness – measuring the nurse's readiness to support

patients (5 items). Responses are recorded on a 6-point Likert scale, ranging from 1 (“Never”) to 6 (“Always”), with mean scores calculated for each subscale and for the overall caring behavior. (Klarare, Wikman, A. et al., 2021)

"How satisfied are you with your current job?" was the isolated item used in the third part of assessing job satisfaction. On a 5-point rating system, participants' answers ranged from 1 (meaning "Very dissatisfied") to 5 (meaning "Very satisfied"). Despite being brief, this item has been successfully utilized to measure overall job satisfaction in nursing studies (Amendolair et al., 2012).

The Utrecht Work Engagement Scale (UWES-9) was used in the fourth segment to gauge employee work satisfaction. Nine elements total, evenly split across the three main characteristics of engagement, make up this validated tool: (1) vigor, which reflects resilience and vitality at work; (2) dedication, which reflects pride, excitement, and a sense of purpose; and (3) absorption, which gauges intense focus and engagement in job-related tasks. A 6-point frequency scale is used to rate each item, with 1 denoting "rarely" or "frequently" and 6 denoting "always" or "daily." The UWES has been used extensively by nurses and other healthcare workers due to its strong psychometric qualities (Amendolair et al., 2012).

Internationally recognized instruments that evaluate fundamental concepts pertinent to nursing practice in various healthcare systems include the Utrecht Work Engagement Scale (UWES), the Caring Behaviors Inventory, and the Job Satisfaction single-item scale. These instruments are appropriate for the Palestinian setting because they capture common aspects of workplace attitudes (like engagement and satisfaction) and nurse-patient interactions (like empathy, availability, and competence), which are crucial in Palestine's public and private hospitals. They can be used in local hospital settings since the constructs they measure are conceptually applicable regardless of location.

The scale was changed to a Likert scale “agree and disagree” to facilitate the survey procedures and data collection, as is customary. All tools were translated into Arabic using normal protocols, including forward and backward translation by bilingual specialists, before data collection. To guarantee linguistic clarity and cultural relevance, a pilot test was carried out with a sample of Palestinian nurses. To ensure that the item phrasing was considerate of professional terminology and local standards, minor adjustments were performed. In order to verify dependability in the Palestinian healthcare setting, internal consistency was reevaluated during piloting.

The use of self-reported questionnaires is one restriction that hasn't been covered yet; this could bring social desirability bias, particularly when assessing delicate subjects like caring behavior. Furthermore, although effective, the single-item work satisfaction measure might not be as comprehensive as multi-item measures, which could restrict deeper comprehension of the construct. Finally, even with careful execution, cross-cultural adaptation may still contain small differences in context that affect how the items are interpreted.

### **3.8 Validity and Reliability**

Tools validation was reviewed by a panel of two experts in quality management. These experts reviewed the questionnaire for clarity, relevance, and appropriateness. Their feedback led to improvements in the tool, ensuring it accurately measured the intended variables. The validity process focused on aligning the questionnaire items with the study objectives and ensuring a comprehensive assessment of job satisfaction, quality of care, and well-being. The reviewers were asked to evaluate the content and coverage of the statements, as well as their suitability to the context of practices in Palestine. All reviewers agreed that it's a valid and suitable tool. To assess reliability, Cronbach's alpha was used, and the findings were less than 0.7, which indicates that it is a reliable tool.

### **3.9 Pilot Study**

A pilot study was conducted on nurses who fulfilled the same inclusion criteria as the entire study sample. The pilot study's objectives were to ascertain whether patients understood the measurement tool and to identify any questions that were unclear or difficult to understand. The questions were subjected to a Cronbach's alpha reliability test, with a result of 0.753, indicating that the questionnaire questions were internally consistent. The patients understood all of the questions, and the questionnaire's wording was clear. To find out if the patients comprehended the questions.

### **3.10 Data Analysis**

The collected data were analyzed through the Statistical Package for Social Sciences (SPSS) version 20. Data was introduced in percentages, numbers, means, and standard deviations, and the significance between variables was presented by using the P value of 0.05. Frequency and percentage were used to describe the demographic characteristics of patients who participated in the study. The internal consistency of the used tool was assessed by using Cronbach's alpha coefficient test. Normality was examined by the Kolmogorov-Smirnov and the Shapiro-Wilk test.

### **3.11 Ethical Consideration**

The ethical approval was granted from the Institutional Review Board (IRB) of Arab American University of Palestine (AAUP), which was followed by approval to start data collection from the scientific research department at the Palestinian Ministry of Health (MoH), which allowed the start of data collection from the targeted governmental hospitals. For nurses, data collection started with providing a written informed consent that was printed on the first page of the questionnaire, and consisted of the explanation of study aims, as well as the components of the questionnaire, expected time to answer it, and the part related to ensuring the anonymity and confidentiality of the collected data, where no names or contact information were collected, and the data were kept confidential in closed envelopes until the start of data analysis. The researcher and her supervisor were the only people who reviewed the data, while a data analyst blindly did the data analysis.

## **Chapter Four: Results**

### **4.1 Introduction**

This thesis used quantitative research through a cross-sectional study by using a self-filled questionnaire. This thesis aims to measure the relationship between job engagement and job satisfaction of nurses with health care behavior in West Bank hospitals. Additionally, this thesis aims to measure the relationship between job engagement and job satisfaction of nurses with health care behavior in West Bank hospitals.

### **4.2 Demographic Characteristics**

The results of the overall analysis of the demographic characteristics of the 313 nurses participating in the study showed that the age group between 30 and 39 years was the highest with a percentage of 45.7% and the age group over 50 years was the lowest with a percentage of 7%, while the percentage of females was slightly higher than the percentage of males with a percentage of 59.7% to 40.3%.

As for the educational level, the majority of those holding a bachelor's degree in nursing were 64%, while there were small percentages of those holding a diploma and a master's degree, with percentages of 17.9% and 17.6%.

As for the marital status, it showed that the vast majority were married, with a percentage of 81.8%, while the monthly income between 3500 and 499 was the most, almost half, with a percentage of 51.8% were from villages, while those from camps had a percentage of 1.92.7%. As summarized in Table 4.1.

Table 4.1: Demographic Characteristics (n=313, Total Percent =100%)

<b>Variables</b>	<b>Options</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>Age (year)</b>	20-29	85	27.2%
	30-39	143	45.7%
	40-49	63	20.1%
	50-60	22	7.0%
<b>Gender</b>	Male	126	40.3%
	Female	187	59.7%
<b>Education</b>	Diploma	56	17.9%
	Bachelor	201	64.2%
	Master	55	17.6%
<b>Marital Status</b>	Single	53	16.9%
	Married	256	81.8%
	Separate	3	1.0%
	Widowed	1	.3%
<b>Monthly income (IL)</b>	2000-3499	87	27.8%
	3500-4999	161	51.4%
	5000 and more	65	20.8%
<b>Residency</b>	City	128	40.9%
	Village	162	51.8%
	Camp	23	7.3%

### 4.3 Work-Related Characteristics

The analysis showed, by looking at Table 3 regarding the job characteristics of the nurses participating in the study, that the majority work in private hospitals at a rate of 82.1%, as well as in the emergency, gynecology, and surgical departments at a rate of 19.8%, 16%, and 10.2% respectively. The governorate workplace from the city of Hebron was the most common at a rate of 32.6%. As for the number of years of experience for the nurses participating in the study, the majority were more than ten years (55.6%).

Table 4.2: Work Related Characteristics (n=313, Total Percent =100%)

<b>Variables</b>	<b>Options</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>Hospital Type</b>	Governmental	257	82.1%
	Private	56	17.9%
<b>Department</b>	Pediatric	16	5.1%
	Surgical	32	10.2%
	Medical	26	8.3%
	Clinic	14	4.5%
	ER	62	19.8%
	Gynecology	50	16.0%
	Other	113	36.1%
<b>Governorate Workplace</b>	Jericho	13	4.2%
	Hebron	102	32.6%
	Bethlehem	4	1.3%
	Jenin	11	3.5%
	Ramallah	44	14.1%
	Salfit	5	1.6%
	Tulkarm	43	13.7%
	Qalqilya	15	4.8%
	Nablus	76	24.3%
<b>Experience (year)</b>	<1	11	3.5%
	1-5	64	20.4%
	6-10	64	20.4%
	>10	174	55.6%

The three tools (Caring Behavior Inventory, Utrecht Work Engagement Job Satisfaction scale) which were used in the study had an excellent reliability (Cronbach's Alpha=.939, .916 & .955 respectively).

#### 4.4 Caring Behaviors Inventory

It is clear from the statistical analysis of Caring Behaviors Inventory scores that the level of caring behavior among the nurses participating in the study was relatively high, as the level of overall score of caring behaviors was 104.54 out of 120 (87%). Furthermore, if we look at the caring behaviors subscales, we find that the respectful subscale score of caring behaviors was the highest 26.3 out of 30 (87.6%), followed by assurance subscale of caring behaviors 34.83 out of 40 (87%), then connectedness subscale of caring behaviors 20.97 out of 20 (83.8%), and finally knowledge & skills subscale of caring behaviors 22.44 out of 25 (80.0%). See figure 4.1.

Participants in the study showed that they always help to relieve the patient's pain (97.1%), as well as providing the necessary care and medication on time (97.8%), and check in with patients from time to time.

(95.5%), always talk to patients (92.4%), encourage patients to report any problems they may have (95.2%), always respond to calls from patients (80.2%), always show concern for the patient's condition (95.8%), and do everything necessary to relieve the patient's symptoms (98.7%). Also, they have sufficient knowledge of how to administer injections, IVs, etc. to a patient (98.1%) and always interact with patients with confidence (96.8%), consistently demonstrate professional knowledge and skill (96.5%), have sufficient knowledge of medical equipment management and skillfully handle it (93.9%), and always maintain confidentiality in patient data management (95.6%). Furthermore, always treat patients with compassion (97.8%), always listen attentively to the patient (95.2%), always provide support (94.9%), always show empathy (93.3%), always allow the patient to express their feelings about their illness and treatment (95.9%), and always work to meet the patient's needs (96.5%). Additionally, always provide the necessary instructions and guidance to the patient (98.1%), always spend sufficient time with the patient (82.7%), always work to help the patient progress (95.5%), always work to be patient with the patient (95.9%), and always involve the patient when developing their treatment plan (81.5%). All these results are summarized in Table 4. Figure 2 depicts the main results of the Caring Behavior Inventory.

Table 4.3: Frequency, Percentages, Mean, and Standard Deviation (SD) of Participants' Responses Regarding Caring Behavior Inventory

Questions	Mean	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
<b>Subscale 1: The Assurance</b>											
1. I voluntarily check in with patients from time to time.	4.37	1	0.3	1	0.3	12	3.8	165	52.7	134	42.8
2. I always talk to patients.	4.28	0	0	4	1.3	20	6.4	172	55.0	117	37.4
3. I encourage patients to report any problems they may have.	4.32	1	0.3	2	0.6	12	3.8	179	57.2	119	38.0
4. I always respond to calls from patients.	4.02	1	0.3	11	3.5	50	16.0	171	54.6	80	25.6
5. I always work to help alleviate patients' pain.	4.49	0	0	0	0	9	2.9	141	45.0	163	52.1
6. I always show concern for the patient's condition.	4.43	0	0	1	0.3	12	3.8	151	48.2	149	47.6
7. I always provide the necessary care and medication promptly.	4.47	0	0	2	0.6	5	1.6	149	47.6	157	50.2
8. I do everything I can to alleviate the patient's symptoms.	4.44	0	0	1	0.3	3	1.0	166	53.0	143	45.7
<b>Subscale 2: Knowledge and Skills</b>											
1. I have sufficient knowledge of how to administer injections, IVs, etc., to a patient.	4.61	0	0	1	0.3	5	1.6	108	34.5	199	63.6
2. I always interact with patients with confidence.	4.57	0	0	2	0.6	8	2.6	114	36.4	189	60.4
3. I consistently demonstrate professional knowledge and skill.	4.47	0	0	0	0	11	3.5	145	46.3	157	50.2
4. I have sufficient knowledge of medical equipment management and skillfully handle it.	4.31	0	0	4	1.3	15	4.8	174	55.6	120	38.3
5. I always maintain confidentiality in patient data management.	4.48	1	0.3	1	0.3	12	3.8	131	41.9	168	53.7
<b>Subscale 3: The Respectfulness</b>											
1. I always treat patients with compassion.	4.56	0	0	0	0	7	2.2	123	39.3	183	58.5
2. I always listen attentively to the patient.	4.42	1	0.3	1	0.3	13	4.2	149	47.6	149	47.6
3. I always provide support.	4.37	2	0.6	2	0.6	12	3.8	159	50.8	138	44.1
4. I always show empathy.	4.29	0	0	4	1.3	20	6.4	171	54.6	118	37.7
5. I always allow the patient to express their feelings about their illness and treatment.	4.31	0	0	3	1.0	10	3.2	188	60.1	112	35.8
6. I always work to meet the patient's needs.	4.35	0	0	1	0.3	10	3.2	180	57.5	122	39.0

<b>Subscale 4: The Connectedness</b>												
1. I always provide the necessary instructions and guidance to the patient.	4.37	0	0	0	0	6	1.9	185	59.1	122	39.0	
2. I always spend sufficient time with the patient.	4.02	1	0.3	5	1.6	48	15.3	191	61.0	68	21.7	
3. I always work to help the patient progress.	4.27	0	0	2	0.6	12	3.8	197	62.9	102	32.6	
4. I always work to be patient with the patient.	4.31	0	0	2	0.6	11	3.5	189	60.4	111	35.5	
5. I always involve the patient when developing their treatment plan	4.00	0	0	7	2.2	51	16.3	190	60.7	65	20.8	
<b>Subscale</b>	<b>Mean</b>							<b>Standard Deviation (SD)</b>				
<b>The Assurance subscale</b>	<b>(34.83/40)=87%</b>							<b>3.39</b>				
<b>Knowledge and Skills</b>	<b>(22.43/25)=80%</b>							<b>2.26</b>				
<b>The Respectful</b>	<b>(26.29/30)=87.6%</b>							<b>2.96</b>				
<b>The Connectedness</b>	<b>(20.97/25)=83.8%</b>							<b>2.30</b>				
<b>Caring Behaviors Inventory</b>	<b>(104.53/120)=87%</b>							<b>9.34</b>				

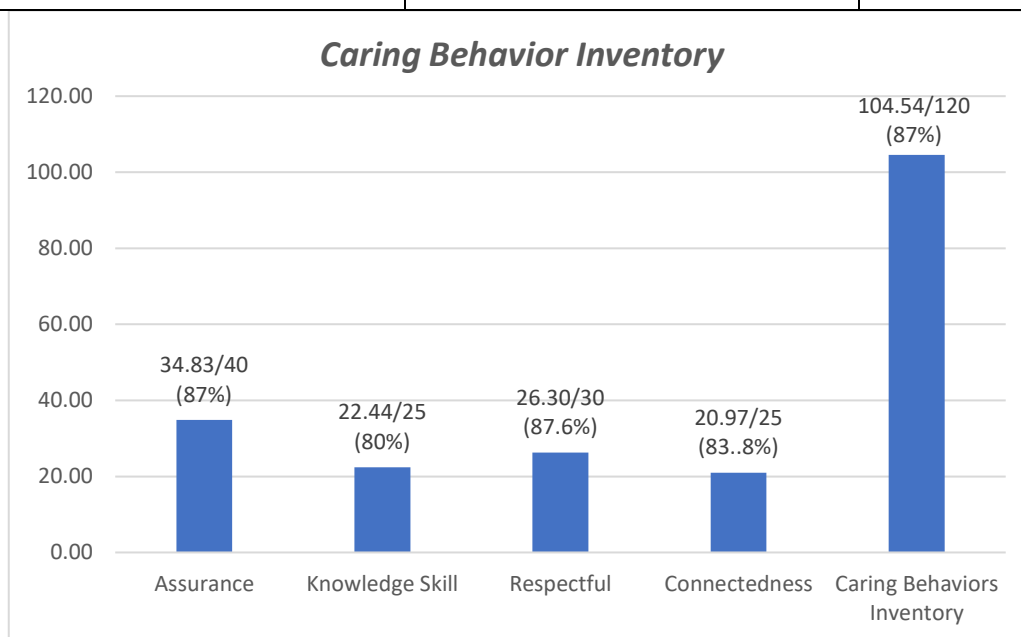


Figure 4.1: Caring Behavior Inventory

#### 4.5 Utrecht Work Engagement

It is clear from the statistical analysis of Utrecht Work Engagement scores that the level of work engagement among the nurses participating in the study was good, as the level of the overall score of work engagement was 61.48 out of 80 (76.8%).

Furthermore, If we look at the subscales, we find that the dedication subscale score of work engagement was the highest 20.58 out of 25 (82.3%) with the highest subscale items

regard participants consider their job challenging (92.3%) and find the work they do meaningful and meaningful (93.3%), followed by vigor scale of work engagement 22.58 out of 30 (75.2%) with the highest subscale items regard participants feel flexible in their job when dealing with others (89.4%) and their work, they always make sure to be persistent, even when things are not going well (85.9%), followed by absorption scale of work engagement 18.32 out of 25(73.2%) scales with the highest subscale items regard.

Participants feel completely engaged in their work (78.9%) and find it difficult to separate themselves from their job. (64.8%).

Study participants always feel energetic and lively while working (70.3%), always feel strong and energetic while working (64.2%), When they wake up in the morning, they feel like going to work (47.6%), can work for long periods of time (63.2%), feel flexible in my job when dealing with others (89.4%), and always make sure to be persistent, even when things are not going well (85.9%) as shown in Table 4.4 and Figure 4.2.

Table 4.4: Frequency, Percentages, Mean, and Standard Deviation (SD) of Participants' Responses Regarding Utrecht Work Engagement

Questions	Mean	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
		n	%	n	%	n	%	n	%	n	%
<b>Vigor Scale</b>											
1. I always feel energetic and lively while working.	3.79	3	1.0	18	5.8	72	23.0	170	54.3	50	16.0
4. I always feel strong and energetic while working.	3.72	2	0.6	24	7.7	86	27.5	149	47.6	52	16.6
8. When I wake up in the morning, I feel like going to work.	3.31	21	6.7	50	16.0	93	29.7	110	35.1	39	12.5
12. I can work for long periods of time.	3.62	11	3.5	46	14.7	58	18.5	135	43.1	63	20.1
14. I feel flexible in my job when dealing with others.	4.11	1	0.3	10	3.2	22	7.0	202	64.5	78	24.9
16. In my work, I always make sure to be persistent, even when things are not going well.	4.05	0	0	4	1.3	40	12.8	206	65.8	63	20.1
<b>Dedication Scale</b>											
2. I find the work I do meaningful.	4.29	1	0.3	3	1.0	17	5.4	175	55.9	117	37.4
5. I feel enthusiastic about my work.	3.92	4	1.3	16	5.1	56	17.9	162	51.8	75	24.0
7. I feel that my work inspires me.	3.85	1	0.3	20	6.4	64	20.4	169	54.0	59	18.8

10. I feel proud of my job and the work I do.	4.21	3	1.0	12	3.8	25	8.0	150	47.9	123	39.3	
13. I consider my job challenging.	4.31	0	0	7	2.2	17	5.4	161	51.4	128	40.9	
<b>Absorption Scale</b>												
3. I feel that time flies while working.	3.63	6	1.9	37	11.8	72	23.0	150	47.9	48	15.3	
6. When I work, I forget everything else around me.	3.67	4	1.3	30	9.6	87	27.8	135	43.1	57	18.2	
9. I feel happy when I work, even during times of stress.	3.38	18	5.8	47	15.0	86	27.5	123	39.3	39	12.5	
11. I feel completely engaged in my work.	3.96	2	0.6	9	2.9	55	17.6	180	57.5	67	21.4	
15. It is difficult to separate myself from my job.	3.68	6	1.9	32	10.2	72	23.0	150	47.9	53	16.9	
<b>Scale</b>	<b>Mean</b>							<b>Standard Deviation (SD)</b>				
<b>Vigor Scale</b>	<b>(22.58/30)=75.2%</b>						<b>3.72</b>					
<b>Dedication Scale</b>	<b>(20.57/25)=82.3%</b>						<b>2.85</b>					
<b>Absorption Scale</b>	<b>(18.31/25)=76.8%</b>						<b>3.25</b>					

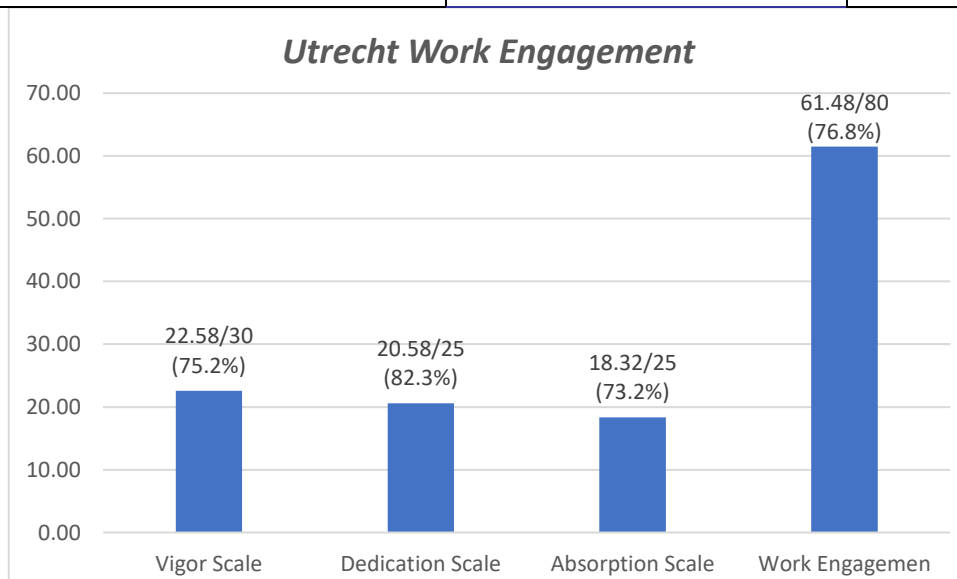


Figure 4.2: Utrecht Work Engagement

#### 4.6 Job Satisfaction

From the results listed in Table 6, we find that the level of job satisfaction among the study participants is 60.66 out of 90, which is equivalent to 67.4%. This can be considered a moderate level of job satisfaction. Furthermore, by looking at the participants' responses to the Job Satisfaction items, we find that the highest rates were regarding their work well with colleagues, with a rate of 3.96 out of 5.

Then, they learned many new job skills in their position, with a rate of 3.89 out of 5. Then, they feel that they can communicate easily with others and with any level of management in this hospital, with a rate of 3.5 out of 5. Followed by receiving appropriate recognition when they perform my regular job duties well (3.17 out of 5), The hospital's established policies facilitate their work well (3.20 out of 5), The management of this hospital they work for is supportive (3.22 out of 5), There is a written and concise job description for The work they do (3.24 out of 5), the hospital's buildings, floors, and layouts are conducive to their performance (3.24 out of 5), and their work is evaluated based on a fair system of performance standards (3.35 out of 5), they receive all the training they need to perform their job to the best of their ability (3.38 out of 5), The department they work in provides all the equipment, supplies, and resources to perform their duties to the best of their ability (3.40 out of 5), they have sufficient opportunities to develop their professional skills (3.44 out of 5), their assigned work tasks are clearly explained (3.48 out of 5), they receive adequate support and guidance from their direct supervisor (3.49 out of 5), and they receive encouragement from their supervisor to make suggestions and improvements (3.50 out of 5).

On the other hand, the lowest means of participants' responses were regarding the hospital management making changes based on their suggestions and feedback (2.95 out of 5), satisfaction with the opportunities for promotion available to them (3.12 out of 5), and the amount of work they are expected to complete daily is reasonable (3.12 out of 5).

Table 4.5: Frequency, Percentages, Mean, and Standard Deviation (SD) of Participants' Responses Regarding Utrecht Work Engagement

Questions	Mean	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
		n	%	n	%	n	%	n	%	n	%
1. The management of this hospital I work for is supportive.	3.22	33	10.5	41	13.1	86	27.5	131	41.9	22	7.0
2. I receive adequate support and guidance from my direct supervisor.	3.49	22	7.0	28	8.9	74	23.6	154	49.2	35	11.2
3. I receive all the training I need to perform my job to the best of my ability.	3.38	23	7.3	38	12.1	81	25.9	140	44.7	31	9.9
4. I have learned many new work skills in this position.	3.89	8	2.6	9	2.9	45	14.4	199	63.6	52	16.6
5. I receive encouragement from my supervisor to make suggestions and improvements.	3.50	27	8.6	28	8.9	56	17.9	165	52.7	37	11.8
6. The hospital management makes changes based on my suggestions and feedback.	2.95	51	16.3	46	14.7	100	31.9	100	31.9	16	5.1
7. I receive appropriate recognition when I perform my regular job duties well.	3.17	46	14.7	40	12.8	67	21.4	135	43.1	25	8.0
8. The hospital's established policies facilitate my work well.	3.20	33	10.5	37	11.8	94	30.0	131	41.9	18	5.8
9. I am satisfied with the opportunities for promotion available to me.	3.12	41	13.1	48	15.3	76	24.3	127	40.6	21	6.7
10. I have sufficient opportunities to develop my professional skills.	3.44	19	6.1	37	11.8	80	25.6	141	45.0	36	11.5
11. There is a written and concise job description for the work I do.	3.24	33	10.5	52	16.6	69	22.0	124	39.6	35	11.2
12. The amount of work I am expected to complete daily is reasonable.	3.12	37	11.8	57	18.2	68	21.7	133	42.5	18	5.8
13. My assigned work tasks are clearly explained.	3.48	21	6.7	36	11.5	55	17.6	173	55.3	28	8.9
14. My work is evaluated based on a fair system of performance standards.	3.35	23	7.3	46	14.7	70	22.4	146	46.6	28	8.9

15. The department I work in provides all the equipment, supplies, and resources to perform my duties to the best of my ability.	3.40	23	7.3	44	14.1	65	20.8	148	47.3	33	10.5
16. The hospital's buildings, floors, and layouts are conducive to my performance.	3.24	29	9.3	56	17.9	72	23.0	124	39.6	32	10.2
17. My colleagues and I work well together.	3.96	4	1.3	13	4.2	34	10.9	204	65.2	58	18.5
18. I feel I can communicate easily with others and at all levels of management within the hospital.	3.52	16	5.1	38	12.1	63	20.1	159	50.8	37	11.8
<b>Job Satisfaction</b>	<b>Mean</b>						<b>Standard Deviation (SD)</b>				
	<b>(60.66/90) = (67.4%)</b>						<b>14.44</b>				

## 4.7 Analytical Part

### 4.7.1 Job Satisfaction and Caring Behavior

To answer the research question “What is the relationship between job satisfaction and caring behavior between nurses?”, the Pearson correlation statistical test was used. By examining the statistical correlation between nurses' caring behaviors, including its subscale with nursing job satisfaction, it appears that the total score of caring behaviors had a positive medium ( $r= 0.257$ ) and statistically significant ( $p < 0.001$ ) correlation with nursing job satisfaction.

In addition, there is a positive low to moderate relationship between connectedness, respectfulness, and assurance subscales of caring behavior ( $r=.257, .247$  &  $.216$ , respectively) with nursing job satisfaction, and these relationships were statistically significant ( $p < 0.001$  for each). While the knowledge and skills subscale of caring behavior had a low positive statistically significant correlation with nursing job satisfaction ( $r=.140, p= 0.013$ ), Table 7 presents these results.

Table 4.6: Correlations between Job Satisfaction and Caring Behavior Among Nurses

<b>Dimension</b>	<b>Nursing job satisfaction</b>	
<b>Assurance</b>	Pearson Correlation	.216**
	Sig. (2-tailed)	<.001
<b>Knowledge &amp; Skill</b>	Pearson Correlation	.140*
	Sig. (2-tailed)	.013
<b>Respectfulness</b>	Pearson Correlation	.247**
	Sig. (2-tailed)	<.001
<b>Connectedness</b>	Pearson Correlation	.257**
	Sig. (2-tailed)	<.001
<b>Caring Behaviors Inventory</b>	Pearson Correlation	.254**
	Sig. (2-tailed)	<.001

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

\* Correlation is significant at the 0.05 level (2-tailed).

#### 4.7.2 Job Engagement and Caring Behavior

To answer the research question “What is the relationship between job engagement and caring behavior between nurses?”, the Pearson correlation statistical test was used.

By examining the statistical correlation between nurses' caring behaviors, including their subscale with nursing job engagement, it appears that the total score of caring behaviors had a high and positive ( $r = 0.593$ ) and statistically significant ( $p < 0.001$ ) correlation with nursing work engagement.

In addition, there is a positive moderate to high relationship between connectedness, respectfulness, and assurance subscales of caring behavior ( $r = .257, .247$  &  $.216$ , respectively) with nursing work engagement, and these relationships were statistically significant ( $p < 0.001$  for each). While the knowledge and skills subscale of caring behavior had a medium positive statistically significant correlation with nursing work engagement ( $r = .404, p < 0.001$ ), all the results are shown in Table 8.

Table 4.7: Correlations Between Job Engagement and Caring Behavior Among Nurses

Dimension	Work Engagement	
	Assurance	Pearson Correlation
Sig. (2-tailed)		<.001
Knowledge & Skill	Pearson Correlation	.404**
	Sig. (2-tailed)	<.001
Respectfulness	Pearson Correlation	.533**
	Sig. (2-tailed)	<.001
Connectedness	Pearson Correlation	.580**
	Sig. (2-tailed)	<.001
Caring Behaviors Inventory	Pearson Correlation	.593**
	Sig. (2-tailed)	<.001

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

#### 4.7.3 Caring Behaviors (total & subscales) Results Between Private and Public Hospitals

The statistical t-test was used to answer the research question “What is the result difference between private and public hospitals in the relationship between job satisfaction, job engagement, and caring behavior?”

Table 4.7 displays a comparison of the perceptions of caring behaviors in governmental and private hospitals through total and various subscales. The perceptions of caring behaviors are similar in both hospital types (governmental and private hospitals) as neither the total nor the subscales (assurance, knowledge & skill, respect, connectedness, and overall caring behaviors) had any statistically significant differences ( $p$ -values > 0.05). Although there is no significance difference, the overall Caring Behaviors means among private hospitals were little higher than their counterpart participant in the governmental hospitals ( $105.90 \pm 8.05$  vs.  $104.32 \pm 9.64$  respectively) and the subscales means among private hospitals were little higher than their counterpart participant in the governmental hospitals (assurance [35.06 vs. 34.77], knowledge & skill [22.66 vs. 22.42], respectful [26.88 vs. 26.19], and connectedness [21.30 vs. 20.94] respectively).

Table 4.8: Caring Behaviors (Total & Subscales) Results Between Private and Public Hospitals.

<b>Dimension</b>	<b>Hospital type</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>t-value</b>	<b>p-value</b>
<b>Assurance</b>	Governmental	257	34.77	3.50	-.547	.584
	Private	50	35.06	2.99		
<b>Knowledge &amp; Skill</b>	Governmental	257	22.42	2.31	-.694	.488
	Private	50	22.66	2.07		
<b>Respectfulness</b>	Governmental	257	26.19	3.06	-1.507	.133
	Private	50	26.88	2.51		
<b>Connectedness</b>	Governmental	257	20.94	2.34	-1.010	.313
	Private	50	21.30	2.06		
<b>Caring Behaviors Inventory</b>	Governmental	257	104.32	9.64	-1.091	.276
	Private	50	105.90	8.05		

#### 4.7.4 Work Engagement (Total & Subscales) Results Between Private and Public Hospitals

The statistical t-test was used to test the research hypothesis, “There is a difference in Work Engagement (total & subscales) results between private and public Hospitals.”

Table 10 shows a comparison of the perceptions of Work Engagement in governmental and private hospitals through total and various subscales. The perceptions of Work Engagement are similar in both hospital types (governmental and private hospitals) as neither the overall nor the subscales (vigor, dedication, absorption, and overall Work Engagement) had any statistically significant differences ( $p$ -values > 0.05). Although there is no significance difference, the overall Work Engagement means among private hospitals were little higher than their counterpart participant in the governmental hospitals ( $62.32 \pm 8.01$  vs.  $61.29 \pm 9.44$  respectively) and the subscales means among private hospitals were little higher than their counterpart participant in the governmental hospitals (vigor [23.06 vs. 22.49], dedication [20.76 vs. 20.53], and absorption [18.50 vs. 18.28] respectively).

Table 4.9: Work Engagement (Total & Subscales) Results Between Private and Public Hospitals

Scale	Hospital type	N	Mean	SD	t- value	p- value
<b>Vigor Scale</b>	Governmental	257	22.49	3.87	-.991	.322
	Private	50	23.06	3.03		
<b>Dedication Scale</b>	Governmental	257	20.53	2.93	-.519	.604
	Private	50	20.76	2.58		
<b>Absorption Scale</b>	Governmental	257	18.28	3.31	-.442	.659
	Private	50	18.50	3.09		
<b>Work Engagement</b>	Governmental	257	61.29	9.44	-.721	.471
	Private	50	62.32	8.01		

#### 4.8 Nursing Job Satisfaction Results Between Private and Public Hospitals

The statistical t-test was used to test the research hypothesis, “There is a difference in nursing job satisfaction results between private and public hospitals.”

Table 4.10 shows the Nursing job satisfaction in governmental and private hospitals. The Nursing job satisfaction is different in both hospital types (governmental and private hospitals), as the overall nursing job satisfaction had statistically significant differences ( $p$ -values =0.002). The overall Nursing job satisfaction means among private hospitals were higher than their counterparts in the governmental hospitals ( $66.42 \pm 10.00$  vs.  $59.60 \pm 15.03$ , respectively).

Table 4.10: Nursing Job Satisfaction Results Between Private and Public Hospitals

Dimension	Hospital type	N	Mean	Std. D	t- value	p-value
<b>Nursing job satisfaction</b>	Governmental	257	59.60	15.03	-3.075	.002
	Private	50	66.42	10.00		

#### 4.9 Nursing Caring Behaviors, Work Engagement, and Nursing Job Satisfaction Results Between Male and Female

Although there was no statistically significant ( $p > 0.05$ ) difference between female and male nurses participating in the study, the mean of Caring Behaviors was slightly higher in females than in males (3.841, 3.748). Moreover, the mean of Work Engagement and the mean of Nursing job satisfaction were slightly higher in male nurses than female nurses (62.46, 60.80, and 61.23, 60.28, respectively), as shown in Table 12.

Table 4.11: Nursing Caring Behaviors, Work Engagement, and Nursing Job Satisfaction Results Between Male and Female

<b>Dimension</b>	<b>Gender</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>t-value</b>	<b>P-value</b>
<b>Caring Behaviors</b>	Male	126	3.841	.7941	.987	.324
	Female	187	3.748	.8269		
<b>Work Engagement</b>	Male	126	62.46	9.965	1.577	.116
	Female	187	60.80	8.538		
<b>Nursing job satisfaction</b>	Male	126	61.23	14.88	.568	.570
	Female	187	60.28	14.17		

#### 4.10 Nursing Caring Behaviors, Work Engagement, and Nursing Job Satisfaction Results between Age Groups

Although there was no statistically significant difference between age and the Caring Behaviors score among nurses participating in the study, the age group between 40 and 49 years had a slightly higher score (10.05) compared to other age groups. As for the relationship between age groups and work engagement, statistical analyses showed that there was no statistically significant difference ( $p > 0.05$ ), except that the age group between 30 and 39 years had a slightly higher mean (9.94) of work engagement. As for job satisfaction among nurses participating in the study, the results showed that the age group between 50 and 60 years had the lowest rate of job satisfaction (9.05), but this difference was not statistically significant ( $p > 0.05$ ), as shown in Table 4.12.

Table 4.12: Nursing Caring Behaviors, Work Engagement, and Nursing Job Satisfaction  
Results Between Age Groups

Dimension	Age (year)	N	Mean	SD	95% C I		F-value	p-value
					Lower Bound	Upper Bound		
<b>Caring Behaviors</b>	20-29	85	104.93	9.00	102.99	106.87	.295	.829
	30-39	143	104.27	9.40	102.72	105.83		
	40-49	63	104.13	10.05	101.60	106.66		
	50-60	22	105.95	8.63	102.13	109.78		
<b>Work Engagement</b>	20-29	85	60.99	8.63	59.13	62.85	2.307	.077
	30-39	143	60.50	9.94	58.85	62.14		
	40-49	63	63.27	8.25	61.19	65.35		
	50-60	22	64.59	7.20	61.40	67.78		
<b>Nursing Job Satisfaction</b>	20-29	85	60.93	14.04	57.90	63.96	1.234	.298
	30-39	143	59.62	15.67	57.02	62.21		
	40-49	63	60.86	13.44	57.47	64.24		
	50-60	22	65.91	9.05	61.89	69.92		

#### 4.11 Nursing Caring Behaviors, Work Engagement, and Nursing Job Satisfaction Results Based on Experience

It is clear from the means of caring behaviors that these caring behaviors increase with the increase in the number of years of experience of the nurses participating in the study, but this increase was not statistically significant ( $p > 0.05$ ). Conversely, work engagement and nursing job satisfaction were slightly higher among nurses with less than one year of experience among the study participants, but these differences were not statistically significant ( $p > 0.05$ ), as shown in Table 4.13.

Table 4.13: Nursing Caring Behaviors, Work Engagement, and Nursing Job Satisfaction Results Based on Experience.

Dimension	Experience	N	Mean	SD	95% CI		F-value	P-value
					Lower Bound	Upper Bound		
<b>Caring Behaviors</b>	<1 year	11	110.27	6.72	105.76	114.79	2.676	.047
	1-5 years	64	104.86	8.83	102.65	107.06		
	6-10 years	64	102.36	9.00	100.11	104.61		
	>10 years	174	104.86	9.65	103.42	106.31		
<b>Work Engagement</b>	<1 year	11	66.00	7.62	60.88	71.12	1.926	.125
	1-5 years	64	60.19	9.08	57.92	62.46		
	6-10 years	64	60.33	9.43	57.97	62.68		
	>10 years	174	62.09	9.10	60.72	63.45		
<b>Nursing job satisfaction</b>	<1 year	11	69.45	13.49	60.39	78.51	2.652	.049
	1-5 years	64	59.56	14.53	55.93	63.19		
	6-10 years	64	57.72	15.88	53.75	61.68		
	>10 years	174	61.60	13.70	59.55	63.65		

## **Chapter Five: Discussion**

### **3.2 Overview of the Discussion**

The purpose of this study was to investigate the connection between nurses' caring behavior, work engagement, and job satisfaction in West Bank hospitals. The results showed a moderate positive correlation between caring behavior and job satisfaction ( $r = .254, p < .001$ ), and a stronger correlation between caring behavior and work engagement ( $r = .593, p < .001$ ). These results provide support for the idea that improving nurse satisfaction and engagement could improve the standard of patient care.

### **3.3 Nurses Reported High Level of Caring Behaviors**

According to the results, the nurses showed a high degree of compassion while interacting with patients. This result confirms earlier findings that nurses exhibit the highest possible levels of caring behaviors (Shalaby et al., 2018; Shen et al., 2020). Their high degree of caring conduct indicates that their long experience as nurses has prepared them to apply their technical and psycho-socio-emotive skills in patient care. Notably, the majority of participants had ten years or more of experience. When carrying out suitable nursing interventions, these nurses use their technical proficiency, professional competence, and previously acquired knowledge (Aupia et al., 2018). This is a positive sign since it shows that patients can get the care they require while they are in the hospital.

### **3.4 Caring Behavior in Correlation with Job Satisfaction and Engagement**

One of the study's main conclusions is that nurses who expressed greater levels of work engagement and job satisfaction also demonstrated more compassionate actions. This is consistent with previous research that indicates nurses are more likely to deliver compassionate, patient-centered care when they are emotionally committed to their jobs and feel appreciated by their organizations (Oluma & Abadiga, 2020; Shalaby et al., 2018).

The results of this study, however, showed that work engagement was more strongly correlated with caring behaviors than job satisfaction. This suggests that emotional investment and intrinsic motivation may have a greater influence on nurses' caregiving behavior than overall job satisfaction. A deeper psychological connection to one's work is reflected in engagement, which includes vigor, determination, and absorption. A greater feeling of professional accountability and ethical care is probably fostered by this emotional commitment, which encourages nurses to go above and beyond task-based performance and engage in meaningful, compassionate patient encounters (Hashish, 2015) .

The finding that caring actions were consistently reported across different units—such as emergency, gynecological, and surgical departments—regardless of perceived differences in job satisfaction, lends credence to this interpretation. This suggests that maintaining the quality of treatment is mostly dependent on nurses' internal motivation and professional ideals rather than only their exterior working environment. According to earlier research, nurses who have a strong sense of meaning and purpose in their profession are more likely to be committed, and this also shows in how they engage with patients (Hakami et al., 2020; Jhung & Kim, 2020).

Additionally, the evidence points to a positive intrapersonal disposition among engaged nurses, which improves their caregiving practices. Key characteristics of engaged nurses include positivity and self-respect, which are innate features that help mitigate the consequences of stressful situations and strengthen a sense of pride and competence in their line of work (Geyer et al., 2018). These characteristics might also help to explain why caring behavior was more strongly predicted by engagement than by satisfaction alone.

The results further support how important leadership is in encouraging participation. The quality of nursing care can be directly improved by nurse managers who actively promote participation through encouraging oversight, acknowledgment, and empowerment, as proposed by Garcia-Sierra et al. (2015). Therefore, to enhance caring behaviors, management interventions should focus on fostering engagement through mentorship, purpose-driven practice, and emotional support, rather than just improving working conditions (Hashish, 2015).

### **3.5 Age and Gender Differences**

Age, the 40–49 age group was the most engaged at work, while the 50–60 age group was the least satisfied with their jobs. This is consistent with research by Shields and Ward (2001), who found that burnout or a lack of opportunities for advancement might cause job satisfaction to decline with age. Male nurses reported slightly higher levels of work engagement and satisfaction, while female nurses displayed slightly higher levels of caring behavior, though these differences were not statistically significant. These minor variations may reflect different social roles or professional expectations, but they also support research by Zamanzadeh et al. (2015) that found gender may affect certain aspects of nursing motivation and behavior.

### **3.6 Level of Experience and Outcomes**

It's interesting to note that nurses with less than a year of experience expressed the highest levels of engagement and job satisfaction, whereas nurses with over ten years of experience demonstrated more consistent caring behaviors. This could suggest that, in line with the findings of Karatepe and Uludag (2008), experienced nurses build stronger patient relationships while fresh nurses enter the field with excitement.

### **3.7 Private vs. Governmental Hospitals**

#### **3.7.1 Caring Behavior and Work Engagement**

Although not statistically significant, the finding that work engagement and compassionate behavior scores were somewhat higher in private hospitals is in line with previous research findings. For instance, a Saudi Arabian study discovered that nurses in public hospitals place a greater emphasis on the procedural and technical parts of treatment, perhaps as a result of their heavier workloads and less encouraging work situations (Alrwaily & Alluhaydan, 2024). This implies that organizational culture, resource availability, personnel levels, and working conditions may have a greater influence on the modest variations in caring behaviors between public and private

hospitals than the hospital ownership model itself. These elements may have an impact on nurses' ability to provide patients with holistic care and emotionally connect with them. Therefore, regardless of the type of hospital, strengthening the work environment in public hospitals may help close this gap by increasing caring behaviors and participation (Al-Hamdan et al., 2016).

### **3.7.2 Caring Behavior and Job Satisfaction**

According to the current study, nurses working in private hospitals expressed much greater job satisfaction than those working in public hospitals ( $p = 0.002$ ). This result is consistent with a number of regional and global studies. For example, studies conducted in Pakistan and Jordan found that nurses at private hospitals were more satisfied, and this was explained by improved working circumstances, more encouraging leadership, and more chances for advancement (Hamid et al., 2014; Smadi et al., 2022b).

The flexibility of organizations is a major factor in explaining this pattern. Private hospitals can more effectively adjust to the demands of their personnel because they frequently have greater autonomy in regulating internal policy, staffing, and scheduling. Reduced workloads, increased nurse autonomy, and easily accessible resources in private settings are all thought to lead to higher levels of satisfaction, according to studies, including a recent meta-analysis by Isfahani et al. (2024). These results are consistent with the current study and imply that nurses working in West Bank private hospitals might gain from comparable structural advantages (Al-Hamdan et al., 2016).

However, results from the research are not always favorable to private hospitals, and job satisfaction is quite context-dependent. For instance, Waqar and Hamid (2016) and Ullah et al. (2018) discovered that nurses working in public hospitals were more satisfied when their jobs with the government provided better pay scales, more job security, and structured benefits—elements that are particularly valued in situations that are politically or economically unstable. Because of the long-term security it provides, employment in the public sector may occasionally be more alluring than the flexibility offered by private hospitals.

These contradictory results highlight the fact that employment happiness is not just influenced by hospital ownership. Instead, a complicated interaction of organizational procedures, local labor laws, economic circumstances, and nursing priorities leads to satisfaction. Both sectors have unique benefits and drawbacks in the West Bank, where socioeconomic and political considerations have a significant impact on the healthcare system.

Facility administrators should understand that a full package that includes manageable workloads, recognition, professional development, autonomy, and security is more important for nurse satisfaction than just pay or facility type. For example, managers in the public sector may choose to incorporate engagement-building strategies from the private sector, such as increased employee involvement, flexible scheduling, or non-monetary rewards. On the other hand, private hospitals could increase retention by implementing some public system-typical benefit plans or career stability models (Hashish, 2015).

In conclusion, the best way to raise nurse work satisfaction and, consequently, healthcare quality in Palestine may be through cross-sector benchmarking and policy adaptation rather than hospital type competition.

### **3.8 Comparison with Previous Studies**

This study looked at the connections between nurses' caring behaviors, work engagement, and job satisfaction in West Bank hospitals. The results were mostly in line with earlier research, highlighting the interdependence of these factors and offering background information on the healthcare system in Palestine.

#### **3.8.1 Job Satisfaction and Caring Behavior**

According to the current study, job satisfaction and caring behaviors have a moderately significant positive association ( $r = .254, p < .001$ ). The two caring subscales that had the strongest correlations with job satisfaction were connection and respectfulness. These outcomes are in line with research by Yazdannik et al. (2016), who highlighted how emotional ties to patients increase nurses' sense of purpose and raise satisfaction levels.

In a similar vein, Kwak et al. (2010) discovered that nurses are more satisfied with their jobs in polite, encouraging settings.

Significantly, the knowledge and skill subscale showed a comparatively lower connection with satisfaction ( $r = .140$ ,  $p = .013$ ), indicating that although technical proficiency is crucial, interpersonal and emotional factors might have a greater impact on nurses' job satisfaction. Watson's Theory of Human Caring, which prioritizes relational and emotional engagement over strictly technical activities, is consistent with this.

### **3.8.2 Work Engagement and Caring Behavior**

Work engagement and caring behavior showed a larger positive link ( $r = .593$ ,  $p < .001$ ). Caring behaviors were more common among nurses who were more involved in their profession, particularly those who scored higher on dedication and absorption. These findings are consistent with Bakker and Demerouti's (2007) Job Demands–Resources (JD-R) model, which holds that job performance and care quality are influenced by work engagement.

Additionally, this is similar to Schaufeli et al. (2002), who discovered that nurses who are actively involved in their caregiving tasks are more focused, energetic, and emotionally present. But as Han et al. (2020) pointed out, burnout could result from continuous high participation without sufficient organizational support. High caring behavior scores and high engagement levels in this study point to a generally encouraging work environment in both public and private institutions.

### **5.7.3 Deference by Hospital Type**

Nurses working in government and private hospitals reported higher levels of job satisfaction, with a statistically significant difference between the two groups ( $p = .002$ ). This is in line with Lu et al. (2012), who pointed out that private hospital settings frequently provide more resources, managerial support, and autonomy, all of which raise nurse satisfaction.

On the other hand, no discernible variations were discovered between hospital types concerning work engagement or caring behaviors. This conclusion is very significant since it shows that nurses, regardless of institutional ownership, consistently provide professional care and involvement. It is consistent with the findings of Kibret et al. (2022),

who found that professional values and intrinsic drive are more strongly associated with caring behaviors than are just external influences.

#### **5.7.4 Gender and Experience-Based Differences**

Male nurses reported slightly greater levels of job satisfaction and work engagement, whereas female nurses showed slightly higher ratings for caring conduct, although these differences were not statistically significant. These tiny differences are in line with research by Zamanzadeh et al. (2015), which found that gender can affect behavioral tendencies, with men demonstrating somewhat more task-driven involvement and women generally displaying more sympathetic behavior.

While nurses with less than a year of experience reported better levels of job satisfaction and work engagement, nurses with over ten years of experience demonstrated higher ratings for caring conduct. This is in line with the findings of Karatepe and Uludag (2008), who discovered that while experienced nurses gradually develop advanced and reliable caring behaviors, freshly employed nurses frequently begin the job with excitement.

#### **5.7.5 Age Difference**

Nurses between the ages of 40 and 49 exhibited somewhat higher levels of involvement, despite the fact that age was not substantially linked to caring behaviors or job satisfaction. This corroborates research by Shields and Ward (2001), who found that professional growth, experience, and familiarity with the workplace are the main factors that lead mid-career nurses to achieve peak engagement.

#### **5.7.6 Summary**

Overall, the study's findings support the literature and hypothesis that nurses' caring behaviors are strongly related to their job satisfaction and engagement. Along with highlighting the professional consistency of care delivery across hospital kinds and demographic factors, the studies also highlight certain areas that can improve nursing outcomes, like workplace support and emotional connection. These observations add to the expanding body of global nursing practice research and have significant implications for healthcare leadership in Palestine and other related healthcare environments.

## **5.8 Implications**

This research emphasizes the necessity of addressing factors influencing nurses' job satisfaction and job engagement. Health organizations must provide efforts that increase nurses' satisfaction with their job and engagement to increase patient safety because this will lead to more caring behaviors. This study offers several implications for nurses, healthcare policy, hospital administration, and future research:

### **1. Nursing Practice and Management Implications**

The need for nurse managers to implement initiatives that strengthen nurses' emotional and professional commitment to their roles is highlighted by the strong positive link found between job engagement and caring behaviors.

By acknowledging nurses' accomplishments, giving them opportunities for professional growth, and giving them meaningful feedback, managers can concentrate on promoting intrinsic motivation.

Support groups, mindfulness training, and workplace well-being initiatives can all be used to increase engagement and lower burnout while maintaining high standards of care.

### **2. Hospital Administration Implications**

The greater job satisfaction ratings in private hospitals imply that nurses' attitudes and performance may be greatly impacted by corporate culture, leadership style, and resource allocation.

Public hospital administrators need to assess and change management procedures, like including nurses in decision-making, acknowledging their efforts, and offering clear advancement routes.

Employee involvement in policy creation and improved communication channels may increase retention and satisfaction.

### **3. Healthcare Policy Implications**

Policymakers need to understand that psychological involvement and organizational support, in addition to clinical training, are factors that contribute to caring behaviors.

Indicators that evaluate nurse satisfaction and engagement should be included in national health policies as hospital quality indicators.

The Ministry of Health could establish standardized processes to guarantee fair

working conditions for both public and private hospitals, resolving differences that impact the standard of patient care.

#### **4. Implications for Future Research**

Future research can look at interventional strategies to boost job satisfaction and engagement and track their results over time.

Particularly in high-stress settings like conflict zones, qualitative viewpoints from nurses about what encourages and limits empathy behaviors need to be investigated. Further studies comparing various Palestinian regions or larger Arab contexts may yield comparative insights and guide improvements particular to a certain location.

## 5.9 Conclusions

This study investigated the connections between Palestinian nurses' work engagement, job satisfaction, and caring behaviors at hospitals throughout the West Bank. The results showed that nurses always exhibit high levels of caring behavior, and there was a strong and positive correlation between these behaviors and both job satisfaction and work engagement. Notably, work engagement was found to be a more reliable indicator of caring behavior than job pleasure, underscoring the critical role that emotional and motivational commitment play in providing compassionate, high-quality care.

Even though the levels of caring behavior were comparable in public and private hospitals, nurses in private facilities expressed greater job satisfaction, indicating that organizational elements like supportive leadership, resource accessibility, and working conditions may have a big impact on employee morale and output.

These findings have significant ramifications for workforce management and nursing practice. The quality of care delivered could be directly improved by increasing nurse involvement through focused professional development, efficient leadership training, and fair staffing practices. Investing in the workplace environment is a strategic way for hospital administrators and policymakers to improve patient care results and lower turnover, in addition to being a matter of staff well-being. Implementing retention-focused reforms, especially at public hospitals, may be aided by incorporating these insights into health policy.

Theoretically, this work adds to the expanding corpus of research that connects nursing science with organizational psychology, especially in understudied Middle Eastern contexts like Palestine. It provides empirical data to support interventions intended to increase these characteristics in clinical settings and supports paradigms that place engagement and satisfaction as important antecedents to caring actions.

Although causal interpretation is limited by the cross-sectional design and the use of self-reported data, this study provides a solid grasp of the relationship between nurse care behaviors and work engagement in the Palestinian environment. To further understand and validate these correlations across time, future research should use objective performance measures and longitudinal approaches.

## **5.10 Recommendations**

Based on the findings of the study, several recommendations can be made to enhance job satisfaction, work engagement, and caring behaviors among nurses in West Bank hospitals:

### **1. Implement Programs for Structured Engagement in Public Hospitals**

Develop and carry out official initiatives to improve employee engagement at work, particularly at public hospitals, by implementing shared governance models, peer mentoring, and monthly team-building exercises. These programs can improve morale, promote teamwork, and stimulate emotional investment in the workplace

### **2. Create Psychological Support Units On-Site**

Provide hospitals with specialized stress-reduction and mental health departments manned by licensed psychologists or counselors so that nurses can get private assistance. Maintaining emotional well-being can be facilitated by regular group debriefings, individual therapy sessions, and training on burnout avoidance.

### **3. Establish a Structured Feedback Loop Between Leadership and Nurses**

Establish a quarterly nurse feedback system that enables employees to communicate their thoughts, worries, and recommendations for enhancements to hospital administration. To strengthen trust and openness, this might be accomplished through online platforms or face-to-face forums, followed by obvious action on suggested ideas.

### **4. Spend resources on focused professional development.**

Plan quarterly training sessions and simulations aimed at enhancing evidence-based clinical skills, emotional fortitude, and patient-centered communication. Collaborate with academic institutions to provide accredited specialized training in areas like critical care or palliative care, along with completion incentives.

### **5. Perform Comparative Research Among Hospital Types**

Encourage medical facilities and educational institutions to conduct regular audits and studies that compare the caring behaviors, engagement, and work satisfaction of public and private hospitals. Utilize results to continuously improve procedures and policies.

### **6. Use Intelligent Technology to Lighten the Administrative Load**

Invest in automated supply chain solutions, intelligent patient monitoring technologies, and electronic documentation systems to relieve nurses of laborious manual duties and

free up more time for direct patient care. Start with pilot units and increase the number in response to feedback.

By putting these strategies into practice, nurses can work in a more motivating and inspiring environment, which will improve patient care results.

### **5.11 Limitations:**

1. **Cross-Sectional Design:** The study's cross-sectional design limits the capacity to draw causal correlations between variables by only collecting data at one particular moment in time. Although correlations can be found, it is unknown how these interactions will develop over time and in what direction. Because cause-and-effect pathways or temporal changes cannot be identified, this constraint may have an impact on how findings are interpreted. It is advised that future studies use experimental or longitudinal designs to confirm and build on these findings.

2. **Self-Reported Data:** Self-administered questionnaires have the risk of response bias, especially social desirability bias, in which respondents provide answers they believe to be appropriate for their social or professional contexts. This could cause good behaviors, like high levels of involvement or care, to be overreported, increasing what truly matters. Future research could offer a more impartial judgment by using objective performance metrics or comparing answers with supervisor assessments.

3. **Unexamined Confounding Variables:** This study did not incorporate important contextual elements such as leadership style, workload, interpersonal interactions, and organizational culture. The observed associations may be affected by these unmeasured variables, which may function as confounders and influence both job engagement and caring behaviors. Future research ought to take into account a more thorough model that incorporates these psychosocial and environmental factors.

4. **Cultural Context:** Only hospitals in the West Bank, a location with distinct socioeconomic, political, and cultural dynamics, were used for the study. The results might therefore not be entirely applicable in other settings with distinct healthcare systems or cultural norms. It would be easier to distinguish between findings that are context-specific and universal if comparative studies were conducted in various geographic and sociocultural contexts.

5. **Political and Socioeconomic situation:** Sample size and diversity may have been impacted by logistical difficulties brought on by the region's persistent instability and socioeconomic circumstances, such as limited access to some hospitals and transportation problems. These factors might have affected the sample's representativeness and variability by restricting the inclusion of nurses from a larger range of settings.

### 5.12 Future Studies

1. **Longitudinal Designs:** Future studies should use mixed-methods or longitudinal methodologies to prove a causal relationship between nursing care behavior, work engagement, and job satisfaction. Determining how these correlations change over time and in response to certain interventions would be much easier with this.
2. **Broader Variables:** The approach could incorporate other elements, including organizational support, psychological resilience, and burnout. A closer look at these variables may provide additional insight into the moderators and mediators influencing nurses' compassionate actions.
3. **Intervention Research:** It is necessary to carry out intervention studies. To determine whether increases in job satisfaction and work engagement result in better caring behaviors, researchers could create and test strategies like focused professional development programs, leadership training, or stress management initiatives.
4. **Comparative Analyses:** To better understand contextual differences, future research may also examine these dynamics between other nursing specialties or between different hospital kinds (such as governmental versus private).
5. **Objective Performance Metrics:** A more complete picture of how job satisfaction and engagement affect the quality of care may be obtained by combining self-reported data with objective performance and patient outcome metrics.

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## Appendices

### Appendix A: Facilitation Letter from the Ministry of Health

The Palestinian Ministry of Health, Education, and Scientific Research Unit provided the formal permission letter. By addressing this letter to hospital general directors, the researcher was able to gather information from medical personnel employed by West Bank government institutions.

The researcher, Ayah Ibrahim, a master's student at the Arab American University working under Dr. Yusuf Asmi's supervision, was authorized to carry out the study, "The relationship between work engagement, job satisfaction, and caring behaviors among nurses in Palestinian hospitals," according to the letter.

The Ministry underlined the need to maintain data confidentiality, adhere to all ethical guidelines for scientific research, and obtain official approval before publishing study findings.

<b>State of Palestine</b> <b>Ministry of Health</b> <b>Education in Health and Scientific</b> <b>Research Unit</b>		دولة فلسطين وزارة الصحة وحدة التعليم الصحي والبحث العلمي
Ref.: .....		الرقم: ٤٠٩٢٣٣٩٠١
Date: .....		التاريخ: ٢٠٢٠/١١/١٥
الأخ مدير عام الإدارة العامة للمستشفيات المحترم،،، ق. أ. المدير التنفيذي لمجمع فلسطين الطبي المحترم،،، تحية واحترام،،،		
<b>الموضوع: تسهيل مهمة بحث</b>		
يرجى تسهيل مهمة الطالبة: نداء بياتنه - ماجستير ادارة الجودة في المؤسسات الصحية / الجامعة العربية الامريكية، وبإشراف د. يوسف الميمي، في عمل بحث بعنوان: " دراسة العلاقة بين المشاركة الوظيفية والرضى الوظيفي للمريض وسلوك الرعاية الصحية في المستشفيات الفلسطينية في الضفة الغربية السماح للطالبة بجمع المعلومات عن طريق تعبئة استبانة من قبل الطاقم التمريضي بعد اخذ موافقتهم، وذلك في: - جميع المستشفيات الحكومية في الضفة الغربية - مجمع فلسطين الطبي على ان يتم الالتزام باساليب واخلاقيات البحث العلمي، والحفاظ على سرية المعلومات. على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعهد بعدم النشر لحين الحصول على موافقة الوزارة على نتائج البحث. مع التحية،،،		
د. عبد الله القواسمي رئيس وحدة التعليم الصحي والبحث العلمي		
نسخة: عميد كلية الدراسات العليا المحترمة/ الجامعة العربية الامريكية		

## Appendix B: Institutional Review Board (IRB) Form

*Arab American University*  
*Institutional Review Board - Ramallah*



الجامعة العربية الأمريكية  
مجلس أخلاقيات البحث العلمي - رام الله

### IRB Approval Letter

Study Title: "The Relationship Between Job Engagement and Satisfaction with Nurse Caring Behavior in Palestinian Hospitals in West Bank".

Submitted by: Neda'a Yaqoup Mahmoud Bayatnah

Date received: 17<sup>th</sup> November  
2024

Date reviewed: 1 8<sup>th</sup> November  
2024

Date approved: 1 8<sup>th</sup> November  
2024

Your Study titled "The Relationship Between Job Engagement and Satisfaction with Nurse Caring Behavior in Palestinian Hospitals in West Bank" with the code number "R-2024/A/161/N" was reviewed by the Arab American University Institutional Review Board - Ramallah and it was approved on the 18<sup>th</sup> of November 2024.

Sajed Ghawadra, PhD  
IRB-R Chairman  
Arab American University of Palestine

General



Conditions:

1. Valid for 6 months from the date of approval.
2. It is important to inform the IRB-R with any modification of the approved study protocol.
3. The Board appreciates a copy of the research when accomplished.

Tel: 02-294-1999

E-Email: [IRB-R@aaup.edu](mailto:IRB-R@aaup.edu)

Website: [www.aaup.edu](http://www.aaup.edu)

## Appendix C: Informed Consent (English Version)

Arab American University  
Scientific Research Deanship  
Ethical Review Committee



الجامعة العربية الأمريكية  
عمادة البحث العلمي  
لجنة أخلاقيات البحث العلمي

### INFORMED CONSENT

AAUP-IRB Code No.: .....

AAUP-IRB Date: 13 Dec 2023

I, ..... (Name of Participant / optional) hereby agree to take part in the clinical research (clinical study/questionnaire study/drug trial) specified below:

**Title of Study:**

The Relationship Between Job Engagement and Satisfaction with Nurse Caring Behavior in Palestinian hospitals in West Bank.

Fulfillment of **Master degree**, in **Quality management in health institutions** in AAUP.

The nature and purpose of which has been explained to me by **Neda'a Bayatneh** and interpreted to the best of his/her ability in English.

I have been told about the nature of the research in terms of methodology, possible adverse effects and complications (as per Participant Information Sheet).

After knowing and understanding all the possible advantages and disadvantages of this research, I voluntarily consent of my own free will to participate in the clinical research specified above.

I understand that I can withdraw from this research at any time without assigning any reason whatsoever.

**Date:** .....

**Signature:** .....  
(Participant)

**IN THE PRESENCE OF:**

**Name:** .....

**Designation:** ..... **Signature:** .....

(Witness for Signature of Participant)

I confirm that I have explained to the patient the nature and purpose of the above-mentioned research.

**Date:** .....

**Signature:** .....

(Attending investigator)

## Appendix C: Study Questionnaire (Arabic Version)

### استبيان التمريض

الزميل/ة المحترم/ة، تحية طيبة وبعد،،،

أطلب من حضرتك الموافقة على المشاركة في الإجابة على الاستبانة التالية الخاصة بطاقتك التمريض والتي تعتبر جزءاً من دراستي لرسالة الماجستير في تخصص إدارة الجودة في الجامعة العربية الأمريكية، وتهدف هذه الدراسة إلى دراسة العلاقة بين المشاركة الوظيفية والرضى الوظيفي للتمريض وسلوك الرعاية الصحية في المستشفيات الفلسطينية في الضفة الغربية.

تعتبر مشاركتكم في الإجابة على الأسئلة المطروحة موافقة للمشاركة في البحث، مع العلم انه سيتم التعامل مع جميع البيانات بموضوعية وبسرية تامة، بحيث لن يتم ذكر اسماء المشاركين في الدراسة، كما وان المعلومات لن يتم استخدامها الا في البحث العلمي فقط، ولأغراض خاصة بالدراسة، وستكون المشاركة اختيارية في الدراسة، في حال قبولك المشاركة في الدراسة نرجو منك الإجابة على الأسئلة المطروحة في الاستبانة بشكل كامل، كما ويحق للمشارك الانسحاب من الدراسة في أي وقت وبحرية تامة.

➤ تتضمن الاستبانة 4 اقسام رئيسية:

- القسم الأول: يحتوي على أسئلة ديموغرافية (شخصية).
  - القسم الثاني: يحتوي على اسئلة تخص سلوك المرضين لرعاية المرضى.
  - القسم الثالث: يحتوي على اسئلة تخص المشاركة الوظيفية للتمريض.
  - القسم الرابع: يحتوي على سؤال يخص الرضى الوظيفي للتمريض.
- ستستغرق منك الإجابة على جميع الأسئلة مدة تتراوح ما بين 5 - 10 دقائق.

الباحث الرئيسي: نداء يعقوب بيانتنة.

التاريخ: \_\_\_\_\_ اسم المستشفى: \_\_\_\_\_

القسم الأول: المعلومات الشخصية (Demographic data)

الإسئلة	خيارات
العمر (سنوات)	<input type="checkbox"/> 29-20 <input type="checkbox"/> 39-30 <input type="checkbox"/> 49-40 <input type="checkbox"/> 60-50
سنوات من الخبرة	<input type="checkbox"/> أقل من سنة <input type="checkbox"/> سنة - 5 سنوات <input type="checkbox"/> 6-10 سنوات <input type="checkbox"/> أكثر من 10 سنوات
الجنس	<input type="checkbox"/> ذكر <input type="checkbox"/> أنثى
أعلى مؤهل علمي	<input type="checkbox"/> درجة الدبلوم <input type="checkbox"/> درجة البكالوريوس <input type="checkbox"/> دراسات عليا
أعمل في -----	<input type="checkbox"/> قسم الأطفال <input type="checkbox"/> قسم الجراحة <input type="checkbox"/> قسم الباطني أي قسم آخر (يرجى ذكره).....
نوع المستشفى الذي أعمل بها	<input type="checkbox"/> مستشفى حكومي <input type="checkbox"/> مستشفى خاص
مكان العمل (المحافظة)	<input type="checkbox"/> جنين <input type="checkbox"/> سلفيت <input type="checkbox"/> الخليل

<input type="checkbox"/> رام الله	<input type="checkbox"/> نابلس	<input type="checkbox"/> طولكرم	<input type="checkbox"/> قلقيلية	<input type="checkbox"/> بيت لحم
الحالة الاجتماعية				
<input type="checkbox"/> أعزب/ عذباء				
<input type="checkbox"/> متزوج/ة				
<input type="checkbox"/> مطلق/ة				
<input type="checkbox"/> أرمل/ة				
الدخل الشهري (بالشيكل)				
<input type="checkbox"/> 3499-2000				
<input type="checkbox"/> 4999-3500				
<input type="checkbox"/> أكثر من 5000				
مكان السكن الحالي				
<input type="checkbox"/> مدينة				
<input type="checkbox"/> قرية				
<input type="checkbox"/> مخيم				

### Caring Behavior

القسم الثاني: سلوك الممرض في رعاية المريض

### Inventory

السؤال	أعراض بشدة	أعراض	محايد	موافق	موافق بشدة
<b>Subscale 1: Assurance</b> الاطمئنان					
1. أقوم طواعية بالعودة إلى المرضى للاطمئنان عليهم بين الحين و الآخر.					
2. أعمل دائماً على التحدث مع المرضى.					
3. أعمل دائماً على حث المرضى على الإبلاغ عن أي مشكلة في حال وجودها.					

					4.أعمل دائماً على الاستجابة للاتصالات من قبل المرضى.
					5.أعمل دائماً على المساعدة في تقليل آلام المرضى.
					6.أعمل دائماً على إظهار الاهتمام بحالة المريض.
					7.أقوم دائماً بتقديم الرعاية والادوية اللازمة للمريض في الوقت المحدد.
					8.أعمل كل ما بوسعي للتخفيف من الأعراض المرضية التي يشعر بها للمريض.

<b>المعرفة والمهارات Subscale 2: Knowledge and Skills</b>					
					9.أمتلاك معرفة كافية في كيفية إعطاء الحقن و ، IVs ، ...إلخ الى المريض.
					10.أقوم دائماً بالتعامل مع المرضى بثقة.
					11.أعمل دائماً على إظهار المعرفة والمهارة المهنية.
					12.لدي معرفة كافية في إدارة المعدات الطبية و التعامل معها بمهارة.
					13.أقوم دائماً بالحفاظ على السرية في ادارة بيانات المرضى
<b>Subscale 3: Respect الاحترام</b>					
					14.أعمل دائماً على التعامل مع المرضى بإنسانية.
					15.أعمل دائماً الى الاستماع باهتمام للمريض.
					16.أعمل دائماً على توفير الدعم للمريض.
					17.أعمل دائماً على اظهار التعاطف مع المريض.

					18. أعطي المريض دائماً فرصة للتعبير عن مشاعره حول مرضه وعلاجه.
					19. أعمل دوماً على تلبية احتياجات المريض.
<b>Subscale 4: Connectedness: الترابط</b>					
					20. أعمل دائماً على إعطاء التعليمات و التوجيهات اللازمة للمريض.
					21. أقوم دائماً على قضاء الوقت الكافي مع المريض.
					22. أعمل دائماً على مساعدة المريض على التقدم للأفضل .
					23. أعمل دائماً على التحلي بالصبر مع المريض.
					24. أقوم دائماً بإشراك المريض عند وضع الخطة العلاجية لرعايته.

**القسم الثالث: المشاركة الوظيفية للمريض *Utrecht Work Engagement***

السؤال	أعراض بشدة	أعراض	محايد	موافق	موافق بشدة
1. أشعر دوماً بأنني مفعم بالطاقة و الحيوية أثناء العمل.					
2. أجد العمل الذي أقوم به ذات مغزى و رسالة.					
3. أشعر أن الوقت يمر سريعاً أثناء العمل.					
4. أشعر دوماً بالقوة والنشاط خلال العمل.					
5. أشعر بالحماس اتجاه عملي.					

					6. عندما أعمل ، أنسى كل شيء آخر من حولي.
					7. أشعر أن عملي يُشكل لي مصدر الهام.
					8. عندما أستيقظ في الصباح أشعر بالرغبة في الذهاب إلى العمل.
					9. أشعر بالسعادة عندما أعمل حتى في أوقات ضغط العمل.
					10. أشعر بالفخر اتجاه وظيفتي و العمل الذي أقوم به.
					11. أشعر أنني مندمج تماماً في عملي.
					12. يمكنني الاستمرار في العمل لفترات طويلة.
					13. بالنسبة لي أعتبر أن وظيفتي مليئة بالتحديات.
					14. أشعر في وظيفتي أنني مرن في التعامل مع الآخرين.
					15. من الصعب فصل نفسي عن وظيفتي.
					16. في عملي أحرص أن أكون دائماً مثابرحتي عندما لا تسير الأمور على ما يرام.

#### القسم الرابع: الرضى الوظيفي للمرضين *Job Satisfaction*

السؤال	أعارض بشدة	أعارض	محايد	موافق	موافق بشدة
1. ان إدارة هذه المستشفى التي أعمل بها داعمة لي.					

					2. أتلقى القدر المناسب من الدعم والتوجيه من مشرفي المباشر.
					3. أتلقى جميع التدريبات التي تلزمني لأداء وظيفتي على أكمل وجه.
					4. تعلمت الكثير من مهارات العمل الجديدة في هذا المنصب الوظيفي.
					5. أتلقى التشجيع من مشرفي على تقديم اقتراحات وتحسينات في العمل.
					6. تُجري إدارة المستشفى تغييرات بناءً على اقتراحاتي وتعقيباتي/ملاحظاتي.
					7. أتلقى التقدير المناسب عندما أؤدي واجبات عملي المعتادة بشكل جيد.
					8. تسهل قواعد المستشفى المتبعة القيام بعمل جيداً.
					9. أشعر بالرضا عن فرص الترقية المتاحة لي.
					10. لديّ الفرص الكافية لتطوير مهاراتي المهنية.
					11. يوجد وصف وظيفي مكتوب ودقيق للعمل الذي أقوم به.
					12. حجم العمل الذي يتوقع مني إنجازه يوميًا معقول.
					13. يتم شرح مهام العمل التي أكلف بها بوضوح
					14. يتم تقييم عملي بناءً على نظام منصف من معايير الأداء.

					15. يوفر القسم الذي أعمل فيه جميع المعدات واللوازم والموارد لأداء واجباتي على أكمل وجه.
					16. مباني هذه المستشفى وطوبقتها وتصميماتها ملائمة لي في أداء واجباتي.
					17. أعمل وزملائي في العمل معاً بشكل جيد.
					18. أشعر أنني أستطيع التواصل بسهولة مع الآخرين و في جميع المستويات الادارية في المستشفى.

اي ملاحظات اخرى تودون اضافتها:

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شكرا لحسن تعاونكم

## استبيان التمريض

الزميل/ة المحترم/ة، تحية طيبة وبعد،،،

أطلب من حضرتك الموافقة على المشاركة في الإجابة على الاستبانة التالية الخاصة بطاقم التمريض والتي تعتبر جزءاً من دراستي لرسالة الماجستير في تخصص إدارة الجودة في الجامعة العربية الأمريكية، وتهدف هذه الدراسة الى دراسة العلاقة بين المشاركة الوظيفية والرضى الوظيفي للتمريض وسلوك الرعاية الصحية في المستشفيات الفلسطينية في الضفة الغربية.

تعتبر مشاركتكم في الإجابة على الأسئلة المطروحة موافقة للمشاركة في البحث، مع العلم انه سيتم التعامل مع جميع البيانات بموضوعية وبسرية تامة، بحيث لن يتم ذكر اسماء المشاركين في الدراسة، كما وان المعلومات لن يتم استخدامها الا في البحث العلمي فقط، ولأغراض خاصة بالدراسة، وستكون المشاركة اختيارية في الدراسة، في حال قبولك المشاركة في الدراسة نرجو منك الإجابة على الأسئلة المطروحة في الاستبانة بشكل كامل، كما ويحق للمشارك الانسحاب من الدراسة في أي وقت وبحرية تامة.

### ➤ تتضمن الاستبانة 4 اقسام رئيسية:

- القسم الأول: يحتوي على أسئلة ديموغرافية (شخصية).
  - القسم الثاني: يحتوي على اسئلة تخص سلوك الممرضين لرعاية المرضى.
  - القسم الثالث: يحتوي على اسئلة تخص المشاركة الوظيفية للتمريض.
  - القسم الرابع: يحتوي على سؤال يخص الرضى الوظيفي للتمريض.
- ستستغرق منك الإجابة على جميع الأسئلة مدة تتراوح ما بين 5 - 10 دقائق.

الباحث الرئيسي: نداء يعقوب بياتنة.

تحت إشراف: الدكتور يحيى صلاحات

التاريخ: \_\_\_\_\_

التوقيع: \_\_\_\_\_

القسم الأول: المعلومات الشخصية (Demographic data)

Questions	Options
Age (years)	<input type="checkbox"/> 29-20 <input type="checkbox"/> 39-30 <input type="checkbox"/> 49-40 <input type="checkbox"/> 60-50
Years of Experience	6 months – 11 months <input type="checkbox"/> 1 year – 5 years <input type="checkbox"/> 6 years – 10 years <input type="checkbox"/> More than 10 years <input type="checkbox"/>
Gender	Male Female
Highest Qualification	1. Diploma degree 2. Bachelor's degree 3. Higher education
Current Ward Placement	1. Paediatric 2. Medical 3. Surgical 4. Other(please mention-----)
Hospitals	1. Governmental 2. Private
Marital status	1. Married 2. Single 3. Divorced 4. Widowed
Monthly Income (in shekels)	<input type="checkbox"/> 3499-2000 <input type="checkbox"/> 4999-3500 <input type="checkbox"/> أكثر من 5000

Residency	1. City 2. Town/village 3. Camp
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القسم الثاني: Caring Behavior Inventory

Items	Strongly Disagreed	Disagreed	neutral	agree	Strongly Agreed
<b>Subscale 1: Assurance:</b>					
1.Returning to the patient voluntarily					
2.Talking with the patient					
3.Encouraging patient to call if there are problems					
4.Responding quickly to the patient's call					
5.Helping to reduce the patient's pain					
6.Showing concern for the patient					
7.Giving the patient's treatment and medication on time					
8.Relieving the patient's symptoms					
<b>Subscale 2: Knowledge and skills</b>					
9.Knowing how to give shots, IVs, etc					
10.Being confident with patient.					
11.Demonstrating professional knowledge and skill.					
12.Manage equipment skillfully.					
13.Treating patient information confidentially					
<b>Subscale 3: Respect</b>					

14. Treating the patient as an individual					
15. Attentively listening to the patient					
16. Supporting the patient					
17. Being empathetic or identifying with the patient					
18. Allowing the patient to express feelings about his or her disease and treatment.					
19. Meeting the patient's stated and unstated needs.					
<b>Subscale 4: Connectedness</b>					
20. Giving instructions or teaching the patient					
21. Spending time with the patient.					
22. Helping the patient grow.					
23. Being patient or tireless with the patient.					
24. Including the patient in planning her or his care.					

*Utrecht work engagement* : القسم الثالث

Items	Strongly Disagreed	Disagreed	neutral	agree	Strongly Agreed
1. At my work, I feel bursting with energy					
2. I find the work that I do full of meaning and purpose					
3. Time flies when I'm working					
4. At my job, I feel strong and vigorous					
5. I am enthusiastic about my job					

6. When I am working, I forget everything else around me					
7. My job inspires me					
8. When I get up in the morning, I feel like going to work					
9. I feel happy when I am working intensely					
10. I am proud of the work that I do					
11. I am immersed in my work					
12. I can continue working for very long periods at a time					
13. To me, my job is challenging					
14. I get carried away when I'm working					
15. At my job, I am very resilient, mentally					
16. It is difficult to detach myself from my job					
17. At my work I always persevere, even when things do not go well					

**القسم الرابع: Job Satisfaction**

المصدر من استبيانة وزارة الصحة باللغة العربية

# العلاقة بين الالتزام الوظيفي والرضا عن سلوك الرعاية التمريضية في المستشفيات الفلسطينية في الضفة الغربية

نداء يعقوب محمود بياتنه

أسماء لجنة الإشراف:

د. يحيى صلاحات

د. يوسف الميمي

د. عاطف الريماوي

## ملخص

تُعدّ الرعاية التمريضية أمراً بالغ الأهمية لتحقيق نتائج الرعاية الصحية. يُقدّم الممرضون والمرمضات دعماً لا محدوداً للمرضى المقيمين في المستشفيات، مُلبّين احتياجاتهم الجسدية والنفسية. وعلى وجه الخصوص، يُساعدون المرضى، ويُشاركونهم في الأنشطة اليومية للحفاظ على صحتهم أو تحسينها، ومساعدتهم على تحقيق الحرية في أسرع وقت ممكن.

أُجريت الدراسة بتصميم وصفي مقطعي كمي على عينة ملائمة من 313 ممرضاً وممرضة يعملون في المستشفيات الحكومية في الضفة الغربية، ولديهم خبرة تزيد عن ستة أشهر. جُمعت البيانات مع الالتزام التام بالمعايير الأخلاقية، وحُلّت باستخدام برنامج SPSS.

كانت الفئة العمرية للمشاركين بين 30 و39 عاماً هي الأعلى بنسبة 45.7% وكانت الفئة العمرية فوق 50 عاماً هي الأدنى بنسبة 7%، بينما كانت نسبة الإناث أعلى قليلاً من نسبة الذكور بنسبة 59.7% إلى 40.3%. وكانت الغالبية منهم حاصلين على درجة البكالوريوس في التمريض بنسبة 64%، ويشير التحليل الإحصائي لدرجات جرد سلوكيات الرعاية إلى أن مستوى سلوك الرعاية بين الممرضات المشاركات في الدراسة كان مرتفعاً نسبياً، حيث بلغ مستوى الدرجة الكلية لسلوكيات الرعاية 104.54 من 120 (87%).

تُظهر النتائج بشكل عام أن الممرضات يظهرن مستويات عالية من سلوك الرعاية، وهناك علاقات إيجابية ملحوظة بين سلوكيات الرعاية هذه وكل من الرضا الوظيفي والمشاركة في العمل. تم تسليط الضوء على أهمية الالتزام العاطفي والتحفيزي في تقديم رعاية عالية الجودة للمرضى من خلال النتيجة المهمة التي تفيد بأن المشاركة في العمل كانت مؤشراً قوياً بشكل خاص على سلوك الرعاية.

الكلمات المفتاحية: الرعاية التمريضية، الرضا الوظيفي، المشاركة الوظيفية، الممرضين.