إقرار

أنا الموقع أدناه مقدم الرسالة التي تحمل العنوان:

Job satisfaction among health care providers who are working in the governmental community mental health in Gaza strip

أقر بأن ما اشتملت عليه هذه الرسالة إنما هي نتاج جهدي الخاص، باستثناء ما تمت الإشارة إليه حيثما ورد، وإن هذه الرسالة ككل، أو أي جزء منها لم يقدم من قبل لنيل درجة أو لقب علمي أو بحثي لدى أية مؤسسة تعليمية أو بحثية أخرى.

DECLARATION

The work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

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The Islamic University

Faculty of Nursing

Master of community mental health Nursing

Job satisfaction among health care providers who are working in the governmental community mental health in Gaza strip

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This thesis applied to complete the requirement for Achieving the master degree in community mental health nursing in the Islamic university_ Gaza

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بسم الله الرحمن الرحيم

الجامعة الإسلامية – غزة
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نتيجة الحكم على أطروحة ماجستير

بناءً على موافقة الدراسات العليا بالجامعة الإسلامية بغزة على تشكيل لجنة الحكم على أطروحة الباحثة/

هيام يونس ضيف الله أبو سبيتان لنيل درجة الماجستير في كلية *التربية*/ قسم صحة نفسية ومجتمعية– التمريض وموضوعها:

Job satisfaction among health care providers who are working in the governmental community mental health in Gaza strip

وبعد المناقشة العلنية التي تمت اليوم الثلاثاء 11 ذو القعدة 1434هـ، الموافق 2013/09/17م الساعة الواحدة والنصف ظهراً بمبنى اللحيدان، اجتمعت لجنة الحكم على الأطروحة والمكونة من:

د. عاطف عثمان الأغا	مشرفاً ورئيساً	....
د. ختام إسماعيل السحار	مناقشاً داخلياً	....
د. عبد الكريم سعيد رضوان	مناقشاً خارجيًا	....

وبعد المداولة أوصت اللجنة بمنح الباحثة درجة الماجستير في كلية *التربية*/قسم **صحة نفسية ومجتمعية– التمريض.**

واللجنة إذ تمنحها هذه الدرجة فإنها توصيها بتقوى الله ولزوم طاعته وأن تسخر علمها في خدمة دينها ووطنها.

والله ولي التوفيق ،،،

مساعد نائب الرئيس للبحث العلمي وللدراسات العليا

أ.د. فؤاد علي العاجز

قال تعالى :

(فَقُلْتُ اسْتَغْفِرُوا رَبَّكُمْ إِنَّهُ كَانَ غَفَّارًا* يُرْسِلِ السَّمَاء عَلَيْكُم مِّدْرَارًا* وَيُمْدِدْكُمْ بِأَمْوَالٍ وَبَنِينَ وَيَجْعَل لَّكُمْ جَنَّاتٍ وَيَجْعَل لَّكُمْ أَنْهَارًا)

نوح (10- 12)

Dedication

To all who enlightened with his knowledge others minds. Or directed with his answer Alost seeker. And showed with his generosity the humbleness of the scientists

I give this humble work to my father who never held anything from me

To my mother which gave me compassion and love

I tell them, you gave me life and raised me on the passion of knowledge

To Mr. Mahmoud Abu Yousef , he stood with me all the period of preparation.

To my sisters and brothers

To my friends and colleagues, and specially who gave me push up and encouraged me

Then, to all who taught me a single letter, and showed me the way.

The researcher

Hayam Y. Abu Spetan

Acknowledgement

And finally, I thank whoever stood up with me all my times I studied in the university, advised me, and helped me go the right way.

I pray to Allah for their success and safety, and to open all the unlocked doors for them. Amin

<div align="right">The researcher</div>

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Job satisfaction among health care providers who are working in the governmental community mental health in Gaza strip

Abstract

This study aimed to measure the level of job satisfaction for health care providers in the psychiatric hospital and governmental community mental health centers in Gaza Strip. And to identify the socioeconomic and demographic information. The study design was descriptive analytical study, the sample was chosen to be related to the following disciplines :{psychiatrists, psychological pathogen, psychologists, social workers and pharmacists}.

study sample was (130) health care providers done on both sex male and female, the respondents was (120) with response rate 92.3% and (10) drop out ,the scale was used as (questionnaire) designed by the researcher which include 42 statement distributed on 4 domains (financial, social, self and administrative). And apart that measures the demographic information.

The scale was applied on a pilot sample of 20 persons from target group of the study in all Gaza governorate on March 2013. Pilot study was added to the real sample because of the study sample is little.

Then the scale used and collected in April 2013 of study year 2012_2013. The validity and reliability calculation of the scale were done, and the data were analyzed by (SPSS) using the appropriate statistical methods ending up with the findings.

The result showed that the relative weight for job satisfaction was 64.1% among service providers in the community mental health centers in Gaza strip.

For the level of each of the job satisfaction among service providers in the community mental health centers in Gaza strip the results showed that the most common dimension was social satisfaction with relative weight equals 75.8%, then comes the dimension of self-satisfaction with relative weight equals 72.0%, then the dimension of administrative satisfaction comes with relative weight equals 55.5% , the last rank the dimension of financial satisfaction comes with relative weight equals 53.5%, and this shows that the service providers in the community mental health centers in Gaza strip have a high degrees of job satisfaction kinds.

As well as the results of the study showed that there were no statistically significant differences at the level of (α≤0.05) in the job satisfaction for a variable (gender, age, educational qualification, monthly salary, job description, marital status, experiences and governorate).

The researcher recommended that ; Emphasizing the necessity of decision maker care about the level of job satisfaction , making operational strategy through which they can increase satisfaction level , Improving and developing the administrative system as well as the interest holders of high graduate degrees , improve their work, and re-designing the system work according to the job description system .

الرضا الوظيفي لمقدمي الخدمة الذين يعملون في الصحة النفسية المجتمعية الحكومية في قطاع غزة

ملخص الدراسة

هدفت الدراسة إلى قياس مستوي الرضا الوظيفي ل مقدمي الخدمة الذين يعملون في مستشفى الطب النفسي ومراكز الصحة النفسية الحكومية في قطاع غزة. اعتمدت الباحثة في هذه الدراسة المنهج الوصفي التحليلي، تكونت العينة لهذه الدراسة من (130) موظفا بحيث أن عدد المستجيبين كان(120) وبما يتضمن ذلك من تخصصات مختلفة مثل: (أطباء نفسيين، ممرضين نفسيين، أخصائيين نفسيين، أخصائيين اجتماعيين وصيادلة).صممت الباحثة أداة القياس (الاستبانة) لقياس الفرضيات والتي تشتمل على فقرات (SCL_42) منقسمة إلى أربعة أبعاد حيث أن البعد المادي يحوى 8 فقرات والبعد الاجتماعي كذلك أما البعد الذاتي فيحوى 13 فقرة وكذلك البعد الإداري، ويقيس الجزء الآخر من الاستبانة الأبعاد الديموغرافية. تم تطبيق المقياس على عينة استطلاعية(تجريبية) تكونت من (20) شخصا من جميع محافظات غزة في الفترة(2013_2012)،وتم حساب عاملي الصدق والثبات للمقياس، حيث تم تحليل البيانات عن طريق برنامج(SPSS) واستخدمت الأساليب الإحصائية المناسبة انتهاء بإظهار النتائج.

أظهرت النتائج أن النسبة التقريبية للرضا الوظيفي لموظفي الصحة النفسية المجتمعية مثلت نسبة 64.1%. كشفت النتائج أن البعد الأكثر شيوعا هو البعد الاجتماعي حيث مثل نسبة 75.8% وهذا يعني أن أعلي درجة للرضا الوظيفي كانت تلك التي تمثل الجانب الاجتماعي. ثم يأتي البعد الثاني وهو البعد الذاتي حيث مثل نسبة 72.0%، ثم البعد الثالث وهو البعد الإداري حيث مثل نسبة 55.5%، بينما كان البعد الأقل شيوعا في الرضا هو البعد المادي حيث كانت نسبته 53.5% من عينة الدراسة.كذلك أظهرت نتائج الدراسة أنه لا توجد فروق ذات دلالة إحصائية عند مستوي دلالة (0.05≥α) في الرضا الوظيفي لدي متغير الجنس، العمر، المؤهل العلمي، الراتب الشهري والحالة الاجتماعية.

وجدت فروق ذات دلالة إحصائية بين درجات الرضا الذاتي لم قدمي خدمة الصحة النفسية باتجاه عدد سنوات الخدمة بمعني أن م قدمي خدمة الصحة النفسية الذين عملوا لمدة 5 سنوات وأقل عندهم رضا وظيفي أقل من أولئك الذين خدموا في المجال نفسه من (6_ 10 سنوات). وهذه الاختلافات تعتبر مهمة وأظهرت النتائج أنه لا يوجد فروق ذات دلالة إحصائية بين المجموعات الأخرى.

علاوة على ذلك أظهرت النتائج فروق ذات دلالة إحصائية بين درجات الرضا الوظيفي لمزودي خدمة الصحة النفسية في قطاع غزة باتجاه المحافظة بمعنى أن م قدمي الخدمة من محافظة رفح عندهم رضا وظيفي أكثر من نظائرهم من المحافظات الأخرى. وهذه الاختلافات تعتبر مهمة وأظهرت النتائج أنه لا يوجد فروق ذات دلالة إحصائية بين المجموعات الأخرى.

وتوصلت الدراسة إلى العديد من التوصيات أهمها التأكيد على ضرورة اهتمام صناع القرار بمستوي الرضا الوظيفي ووضع استراتيجيات من خلالها يتم رفع مستوي الرضا الوظيفي وتوصيات أخرى .

Tables of contents

I

List of tables

List of Figures

Tables of Appendences

Chapter One

Background

Introduction

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قال تعالى :

"وَقُلِ اعْمَلُوا فَسَيَرَى اللَّهُ عَمَلَكُمْ وَرَسُولُهُ وَالْمُؤْمِنُونَ"   التوبة: 105

</div>

Allah appreciate work, as the work and worker have a great value & priority in our religion . Allah has created us & each one has his own stability & guide us to serve each other. The work in health scheme represent a great stability in Islam and society & all over the world.

On behalf of the great aim which done by the health care provider especially on mental health scheme , and Belief in the role of health care provider in this direction , Mental health has became the medicine of the future in the world , which is care of more sensitive group in our society .

World health organization & improved countries on variety of its philosophy and its goals give mental health a huge care & importance , became of having efficient crew improving the level of mental health employment , that & will increase the efficiency of our reaching for good results we have to believe that the employer in mental health field in the main aim of maintenance efforts in health ministry .

Job satisfaction has been defined as pleasurable emotional state resulting from appraisal of one's job , (lock ,1976) . Therefore , this study came's for knowing the satisfaction level about the job for health care provider in governmental community mental health . The rational that I chosen this group only work in governmental community mental health because this group dealing more than any group with mental patient & there is contacting every day. Also workers according to variety of their groups .they are have different degrees in mental health scheme. And among my work on ministry of health & my question with a wide part of workers on mental health scheme , there is uncomfortably among rows of health care provider and standing complain about deteriorated of living , economical & social situation , this lead to reflection on their performance and productivity. This encouraged me to study the level of their job satisfaction and the relationship of them in some personal variables.

Job satisfaction has been considered as one of the important considerations concerning nurses working in hospitals. Job satisfaction is defined as a favorable or unfavorable aspect with which employees view their work (Grieshaber et al., 1995). It can also be defined as the degree to which an employee likes his/her work (Seo et al., 2004). Job satisfaction, as a concept, has close links to an employee's intention to leave his or her job and, hence, to increase turnover within the nursing profession. Thus, the experience of low job satisfaction is positively associated with turnover and consideration of other employment opportunities (Hellman, 1997; Taunton et al., 1997; Faris et al., 2010; Irvine and Evans, 1995). In the international nursing literature, job satisfaction has been cited as a major contributory factor for intent to stay (Cavanagh, 1992; Sourdif, 2004; Faris et al., 2010). Substantial research has been done to identify determinants of job satisfaction. Andrews and Dziegielewski (2005) found that low levels of satisfaction were prevalent among nurses. Job satisfaction has been of interest to individuals, organizations, and social systems for many years (Ang and Koh, 1997). A multitude of factors can exert an effect on the job satisfaction of nurses. Irvine and Evans (1995) observed that work content characteristics, such as routinization, autonomy, and role conflict, as well as characteristics of the work environment, such as leadership, supervisory relations and participation, were all related to job satisfaction. Moreover, job satisfaction was negatively associated with turnover intentions and behaviors. In a study that investigated the relationships between retirement decision-making and job satisfaction in Taiwan, job satisfaction was found to inversely related with the decision to retire (r ¼ 20.480, p , 0.001) (Lu et al., 2002). Clearly, knowledge about factors that contribute to job satisfaction is of great importance to nursing management and leadership, and would be pressingly useful and considerable in human health care resource planning processes (Kavanaugh et al., 2006).

General objective:

- To identify the level of job satisfaction among health care provider in governmental community mental health.

Specific objective:

- To know if the socio demographic variables which include (marital status, gender, experience years, monthly income, Job description , age and educational level) of the employees affects job satisfaction.

Research Question:

- What is the level of job satisfaction for health care providers who works on governmental community mental health?

- Does there a significant differences in job satisfaction due to following socio demographic variables (marital status, sex, job description, experience years, monthly income, age and educational level) .

Hypothesis of the research:

- Is there a significant difference at ($\alpha \leq 0.05$) in job satisfaction due to criteria of level up and down?

- Is there a significant difference at ($\alpha \leq 0.05$) in job satisfaction due to following socio demographic variables(marital status, sex , job description, experience years, monthly income, age , educational level)?

Justification of the study:

1. This research gains its importance from the subject matter itself, because it opens the scope for the official, to conduct job satisfaction as a very important issue among mental health workers in community mental health centers in Gaza strip.
2. The lack of the previous studies that deal immediately with the same subject matter.
3. This research focuses on the sources of job satisfaction for health care providers and trying to make it better.

The importance of this study show that it will enrich the libraries of the Ministry of health that establishes a culture of job satisfaction in the theory of libraries in its hospitals or institutions in addition, it will show the importance of job satisfaction in

the performance of service and therapeutic guidance to recipients of psychological services from patients and clients.

Operational Definitions:

Job satisfaction:

It's the definition which the current researcher defines it and it means:

The total degree which measure job satisfaction for employees with all administrative missions they performed in attendance commitment .In addition to what they get instead of monthly income. It is a total degree of instrument which measures the 4 dimensions.

Palestinian ministry of health (M.O.H) :

Comprehensive and integrated health system contributes to improving and strengthening the sustainable development of health, including the main determinants of health in Palestine.

Department of mental health (D.M.H):

The department of mental health provides emergency care and comprehensive mental health services & supports to district residents in need of the public mental health system.

DMH also evaluates & treats individuals referred though the criminal justice system.

Mental health workers :

Under immediate supervision, they are monitors & directs the activities of mental health patients, and performs related work as required.

Gaza Strip:

A strip of territory in Palestine, on the southeastern Mediterranean coast, including the town of Gaza; population 1,551,900. Administered by Egypt from 1949 and occupied by Israel from 1967, it became a self-governing enclave under the PLO-Israeli accord of 1994 and elected its own legislative council in 1996.

(Oxford dictionaries).

Community mental health centers in Gaza Strip:

In 1995, ministry of health established 6 community mental health centers that were distributed in Gaza strip. One of them in Rafah governorate, the second is in Khan Younis governorate, the third is in the mid-area, the fourth is in Gaza city, the fifth is in north Gaza, and the sixth is in west Gaza, these centers provide psychopharmacological treatment for mental patient.

Psychiatric hospital:

Is a governmental hospital specializes in providing service of Psychiatry, located in the Gaza City neighborhood of Victory Street eyes, established in 1980 on an area of 6000 m2, serves all the regions and governorates of the Gaza Strip, as a hospital specialist only in the field of mental health sector, and there is a section of Men and the Department of women, and planning services, the brain and muscles.

(The Palestinian Ministry of Health, Health Services Directory 2011)

Chapter Two

Theoretical Framework

Introduction:

   Job satisfaction represents one of the most complex areas facing today's managers when it comes to managing their employees. Although thousands of papers and research have been conducted on job satisfaction all over the world, in the Republic of Macedonia this is one of the least studied research fields.Many studies have demonstrated an unusually large impact on the job satisfaction on the motivation of workers, while the level of motivation has an impact on productivity, and hence also on performance of business organizations there is a considerable impact of the employees perceptions for the nature of his work and the level of overall job satisfaction. Financial compensation has a great impact on the overall job satisfaction of employee. Job satisfaction has been considered as one of the important considerations concerning nurses working in hospitals. Job satisfaction is defined as a favorable or unfavorable aspect with which employees view their work (Grieshaber et al., 1995). It can also be defined as the degree to which an employee likes his/her work (Seo et al., 2004).

   Job satisfaction, as a concept, has close links to an employee's intention to leave his or her job and, hence, to increase turnover within the nursing profession. Thus, the experience of low job satisfaction is positively associated with turnover and consideration of other employment opportunities (Hellman, 1997; Taunton et al., 1997; Faris et al., 2010; Irvine and Evans, 1995). In the international nursing literature, job satisfaction has been cited as a major contributory factor for intent to stay (Cavanagh, 1992; Sourdif, 2004; Faris et al., 2010). Substantial research has been done to identify determinants of job satisfaction. (Andrews and Dziegielewski, 2005) found that low levels of satisfaction were prevalent among nurses.

   Job satisfaction has been of interest to individuals, organizations, and social systems for many years (Ang and Koh, 1997). A multitude of factors can exert an effect on the job satisfaction of nurses. (Irvine and Evans, 1995) observed that work content characteristics, such as reutilization, autonomy, and role conflict, as well as characteristics of the work environment, such as leadership, supervisory relations and participation, were all related to job satisfaction. Moreover, job satisfaction was negatively associated with turnover intentions and behaviors. In a study that investigated the relationships between retirement decision-making and job satisfaction

in Taiwan, job satisfaction was found to inversely related with the decision to retire (r ¼ 20.480, p , 0.001), (Lu et al., 2002). Clearly, knowledge about factors that contribute to job satisfaction is of great importance to nursing management and leadership, and would be pressingly useful and considerable in human health care resource planning processes (Kavanaugh et al., 2006).

The history of health care in Islam:

The spread of Islam:

In order to understand how health care developed in Middle Ages, we have to look back at history and to find out the important things that happened during the seventh Century.

In 570 A.D. (Anno Domini), a man was born in a small city in the Arabian Peninsula, called Mecca, his name was Mohammed. In 610 A.D., he declared a new religion, Islam. In 632 A.D., he died after uniting the Arab tribes who had been torn by revenge, rivalry, and internal fights. Out of these mostly illiterate nomadic people, he produced a strong nation that encountered and conquered, simultaneously, the two known empires at that time, namely, the Persian and Byzantine Empires.

(Abdelhadi, 1990:15).

In a man's life- time, the Islamic Empire extended from the Atlantic Ocean on the west, to the borders of China on the East. In 711 A.D., only 80 years after the death of their prophet, the Arabs crossed to Europe to rule Spain for more than 700 years. The expansion of the Muslims in Europe was not limited to those from North Africa and Spain. Muslims under the Ottoman Empire invaded Europe from the East. They occupied a good part of Middle Europe and besieged Vienna twice, once during the reign of Sulayman1 (1520-1566 A.D.) and the other during the region of Mohammed IV (1648-1687 A.D) (Meqati, 2009:52).

Islam and promotion of culture and Science:

As Muslims challenged the civilized world at that time, they preserved the culture of conquered countries. On the other hand, when the Islamic Empire became weak, most of the Islamic contributions in art and science were destroyed.

The difference between Arabs and other cultures was the teaching of Islam.

(Al Thiab, 2012:40-50).

1. Stressed the importance and respect of learning.

For example, the first word revealed to Muslims prophet Mohammed was "Read". In Mohammed's era, a captured enemy was freed if he paid a ransom or taught ten Muslims writing and reading. In their holy book, the Quran, the importance of knowledge has been repeatedly stressed as it says" Those who know and those who do not are not equal." The prophet Mohammed stressed learning by saying. "One hour of teaching is better than a night of praying."(Alhydar, 2006:24).

2. Forbade destruction.

On conquering Mecca, the prophet Mohammed Strongly stated that no homes, animals, or trees should be destroyed. His followers abided with these principles when conquering other countries.

(Shalash, 2009:137).

3. Encouraged cleanliness and personal hygiene.

Islam instructed them to approach God in their prayers five times a day with bodies and clothes spotlessly clean (Elamly, 1991:140).

4. Developed in them the respect of authority and discipline.

For example, realizing the scourges and terror of plague, Prophet Mohammed (P.B.U.H.) decreed that "no man may enter or leave a town in which plague broke out."

And to make this law more binding and effective, he promised the blessing of heaven to those who die of plague by stating that if a man died of plague he would be considered a martyr. Thus Mohammed (P.B.U.H.) laid for the Moslems the laws governing cordon and quarantine for the first time in history and made it work.

(Abuelazayem, 1994:90)

5. Tolerated other religions.

The Islamic religion recognizes Christianity and Judaism and considers their followers to be people with holy books like Moslems. Moreover, they candidly treated the Jews at an era when the latter were persecuted in Europe. The Arabs were assimilated by the vast new countries they reached. From this marriage of genuine characters and righteousness with the ancient and well established civilizations, a great new nation was born. It is difficult to identify this new breed as Arabs. Although the language was Arabic, all the scientist were not necessarily from the Arabic Peninsula. It is also equally difficult to describe it as Islam because although the majority of the scientists were Moslems, sponsored by Moslems rulers, and governed by the Islamic law, yet some scientists were Christians or Jews, especially at the early phase of the Islamic civilization (Al Thiab, 2010:P40-50).

Medicine and Psychiatric Nursing before Islam:

In order to comprehend the contributions of Arabs to medicine and nursing, we must have in our minds a picture of the condition of medicine before they arrived to the scene. Generally two elements are required for medical practice. (Elamly, 1991:13).

Medical and nursing ethics in Islam:

The medical profession was a well- respected specially and its leaders kept it this was by laying down proper ethics.

Al- Tabari, the chief physician in 970 A.D., described the Islamic code of ethics as follows (Abuelazayem, 1994:78).

I. Personal characters of the physician and the nurse

The physician and the nurse ought to be modest, virtuous, merciful, and Unaudited to liquor. He should wear clean clothes, be dignified, and have well-groomed hair and beard. He should not join the ungodly and scoffers, nor sit at their table. He should select his company to be persons of good reputation (Allehyan, 2009:55).

II. The obligation towards patients

They ought not to lose their temper when patient keeps asking questions, but should answer gently and compassionately. They should treat rich and poor the same, the

master and the servant, the powerful and the powerless, the elite and the illiterate. God will reward him if he helps people in need. The physician and the nurse should not be late for his round or his house calls. They should be punctual and reliable.

 (Caruso, 2004:79)

III. His obligation towards the community

 The physician and the nurse should speak no evil reputable men of the community or be critical of any ones religious belief.
These ethics was before any European think of any ethics, medicine or nursing.

(Delaune, 2011:170).

 Definition of mental health:

 Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.

(WHO, 2010)

Indicators of Mental Health Need:

 The World Health report 2001 produced by WHO, reviews a variety of factors which determine the prevalence, onset and course of mental and behavioral disorders. These include social and economic factors, demographic factors such as age and sex, serious threats such as conflicts and disasters, the presence of major physical diseases, and the family environment. The overall prevalence of mental and behavioral disorders does not seem to be different among men and women. However, anxiety and depressive disorders are more common among women, while substance use disorders and anti-social personality disorders are more common among men (Gold, 1998:56).

Almost all studies show a higher prevalence of depressive and anxiety disorders among women, the usual ratio being between 1.5:1 and 2:1. These findings have been seen in most developed and developing countries, Sex differences in depression are

strongly age-related; the greatest differences occur in adult life, with no reported differences in childhood and few in the elderly (El Sarraj & Qouta, 2004:3).

Mental Health Needs of the population:

Considered together, the international evidence for increased prevalence of mental health disorders and the demographic and environmental evidence described in this report suggest a higher than average incidence of common mental disorder (including Post-Traumatic Stress Disorder "PTSD") in the Palestinian population. Specific indicators of high population mental health need in the Palestinian population are as follows:

1. The continuing conflict situation
2. A significant proportion of the population living as refugees in camps (particularly in Gaza).
3. A high population density in Gaza.
4. High levels of unemployment, social deprivation and poverty especially for those living in camps.
5. Significant direct experience of trauma, injury, humiliations and bereavement to individuals (and other violation of human rights). The likely implications of these environmental factors would be higher levels of depressive and anxiety disorders and other disorders related to trauma (E.G.PTSD)

(Steering committee on Mental Health, 2004:15-16)

The Reality of Mental Health in Gaza strip:

Related studies by the mental health of Palestinian society in Gaza Strip show the difficulties faced by the sectors working in the field, especially with regard to easily provide information and statistics on the level of psychological morbidity in Palestine. This may be due to the recent research in the field of mental health in Palestine, the scarcity of data on the level of proliferation linked to social difficulties faced by the sector and related social stigma.

(Ministry of Health, PHIC, Health Status in Palestine, 2011:25).

In a review of the literature relating to versions of the World Health Organization, shows limited and poor statistics on mental disorders. According to the (WHO)

reports, the ideological situation of mental health in Palestine is not available. It is difficult to get rates and accurate figures reflect the situation ideological mental health in Gaza Strip. Also it is founded that there is an urgent need to work with patients with chronic diseases (such as schizophrenia and severe depression, bipolar disorder, and disorders psychotic) to possibility of interference with them and reduce the possibility (burden of disease) (http://www.who.int).

Early intervention reduces non-productive, which is associated with these diseases as research has shown the World Health Organization and the international labor Organization that depression and chronic mental illnesses are five out of ten diseases lead to disability and lack of productivity. For other category of people with mental illnesses account for up 10-20% go to primary health clinics have physical complaints of a psychosocial origin. The other class of disorders is reactive symptoms, especially children, adolescent, and handicapped where the mechanisms are working with them most often in the form of a first and a preventive (Ghazi Sourani, 2011:7).

Gaza governorates demographic characteristics:

The GS is a narrow piece of land with an area of 360 sq. km, lying along the coast of the Mediterranean Sea. The area has a very dense population, due to the tiny area and the lack of freedom of movement. The population of 1.3 million is mainly concentrated in cities, towns and refugee camps (WHO, September 2006).

Because three quarters of the Palestinian population is under the age of 30, with a very small proportion over the age of 60 years, it can be assumed that there would be a high presentation of mental illness that is typical among younger people (such as first episode psychosis) and a low rate of presentation of mental illness more typical among older people (such as dementia and geriatric depression) (WHO, September 2006).

Due to the social structure of Palestinian society, and its emphasis on the extended family, even the severely mentally ill tend to remain in the family environment and are cared for by relatives. This may in part account for a relatively low (45-55%) occupancy level in the psychiatric hospitals. It also reinforces the need to strengthen community-based outpatient services, as well as to build support systems for the families of those suffering from mental health problems (WHO, September 2006).

Palestinian health care system:

The Palestinian health care system is a combination of 4 major actors providing health care services to the Palestinian people inside the occupied Palestinian territory and to refugees from Palestine in the surrounding Arabs countries, Syria, Lebanon, Egypt, and Iraq. The 4 major subsystems are the MOH, Non Governmental Organizations (NGOs), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), and private sector (MOH, 2006).

The MOH is still responsible for the largest portion of primary, secondary, and tertiary health care services for the Palestinian people resident in GS and West Bank (WB), but no health services provided for the Palestinian people outside the occupied Palestinian territory by the MOH. The UNRWA is the largest humanitarian organization in the Near East; it has been the main primary health care provider for the refugees from Palestine not only in the occupied Palestinian territory but also in the surrounding Arabs countries (WHO, September 2006).

Mental health services:

The Palestinian Authority's MOH inherited from the Israeli military administration health services that had been neglected and starved for funds during the years of Israeli occupation (Giacaman et al., 2009). Mental health was particularly neglected. While the Palestinian MOH, with support from the WHO, is continuing to make attempts to expand services beyond the hospital, most services continue to be hospital-based, fragmented and rooted in a biomedical oriented approach (WHO, WB and Gaza Office, 2006). Currently, the Palestinian MOH operates two psychiatric hospitals, one in Bethlehem with 280 beds serving the WB, and another in Gaza City with 39 beds serving the GS. These hospitals have dominated in formally providing for the mentally ill, with community services remaining patchy. In 2004 the Ministry was operating 13 mental health outpatient clinics, 9 on the WB and 4 in the GS. The mental health department of the Ministry of Education and Higher Education assures the addition, the UNRWA has been running a mixture of mental health and counseling services within the health and school system in the WB and GS with programs fluctuating in response to the vagaries of funding (Steering Committee on Mental Health, 2004). By 1995 MOH run 6 CMH centers distributed through GGs; one of them based in Rafah governorate, one in Khan-Younis governorate, one in

Mid-Zone, two in Gaza city and one in north Gaza, according MOH planning to cover mental health services in community based, these mental health center provide counseling for mentally ill client and psychopharmacology treatments. MOH is the main statutory health provider in the outpatient responsible for supervision, regulation, licensure and control of the whole health services. Other health providers include UNRWA, health services belonging to national and international NGOs and some private health sector (for profit) organizations (WHO Final Report, February 2004).

Governmental mental health services:

In GGs, from 1978 to 2008, mental health services used to be under-resourced and fragmented. Part of it used to fall under the general directorate of primary health care, while the other part was under the general directorate of hospitals.

General Directorate of Mental Health consists of 3 departments: mental health services, mental health development and mental health rehabilitation. As well as, the Mental Health directorate runs one psychiatric hospital in Gaza city (now called psychosocial rehabilitation center) in addition to 6 government run CMH centers distributed on all GS districts as following; Al Sourani and West Gaza centers in Gaza governorate, Abu Shabak centre in the North governorate, Nasserite center in the Middle governorate, Gasser Al agha center in Khan-Younis governorate, Tal Al-Sultan center in Rafah governorate (General Directorate of Mental Health Report, 2010).

General Directorate of Mental Health at MOH has been established in 2008 to provide a comprehensive and integrative mental health services to meet our people needs, who suffer from difficult political and economic conditions because of the ongoing occupation and the strict siege imposed on Gaza, this increases stress related mental disorders. The following description of programs, activities and services were provided by General Directorate of Mental Health at MOH according to General Directorate of Mental Health Report (2010):

Treatment services: Reception, assessment, diagnosis, follow-up, and treatment of psychiatric and neurological patients, children and adolescents and drug addicts by

psycho-pharmacology, psychotherapy, nursing care, psychosocial support, counseling, psychometrics, electroencephalogram and hospitalization.

Training programs: Supervision and training for students and graduates from the faculties of medicine, nursing and humanitarian sciences. In addition to train internship doctors and Palestinian board students. In-service training for staff through training courses, study days, workshops, lectures, presentation, case study and courses through video-conference. Training of primary care practitioners on principles of mental health and common mental illness and how to deal with them through intervention guidelines. Organize training courses for other health practitioners in order to help them to provide bio-psycho-social services to clients organizing training courses for workers in other ministries and NGOs.

Health education programs: Provide educational programs through audio and visual media. Provide community education lectures in schools, universities, kindergartens, summer camps, youth clubs and women's institutions.

Home visits program: CMH team visit patients in their homes to assess their condition and give them the necessary treatment and guidance, and to provide their families with education and support and keep monitoring their psychological wellbeing in order to re-integrate the patients in their family and in the community.

Institutions visit programs: CMH team visit institutions, associations, youth forums, summer camps, schools and kindergartens to provide psychosocial support and counseling, health education and early detection of cases.

Scientific research: Through organization of and participation in conferences, study days and workshops and provide advice and assistance to researchers. Through medical archive we make monthly and annual statistics about occupancy hospitalization rates, reviewers, and prevalence and incidence rates.

Counseling and psychological support program: Provide psycho-social support to high school students through committee's exams. Provide family counseling programs to guide families to better ways to deal with their children, especially in crisis.

Rehabilitation services: Mental health team provides rehabilitation services for mental health patients and drug addicts to integrate them in the community.

Coordination with local and international institutions: Conduct visits to institutions, centers and associations working in mental health field to promote cooperation, coordination and exchange of expertise and integration of services. Coordinate with schools for early detection and management of mental disorders

among children and adolescents. Assess cases and write medical reports for patients who are receiving welfare supports from the Ministry of Social Affairs and UNRWA. Evaluate criminal cases transferred from public prosecutor and courts in order to determine the degree of legal responsibility. Coordinate and cooperate with international organizations such as WHO for the development and organization of mental health services and developing the capacity of mental health workers (General Directorate of Mental Health Report, 2010).

Non-Governmental mental health services:

NGOs have pioneered provision of preventative and mental health services. A key NGO offering CMH services in the GS is the Gaza Community Mental Health Program (GCMHP), which was established in 1990 to address population mental health needs in the midst of significant social upheaval. GCMHP has adopted a community based approach which not only offers clinical services but also works on public awareness efforts to combat the stigma of mental illness as well as preventative measures. GCMHP engages in advocacy, lobbying for such issues as the prevention of torture and the empowerment of women. GCMHP employs 45 professionals at four clinics and four women's centers across Gaza. Each clinic has a CMH team consisting of psychiatrist, psychologist, GP, social worker and psychiatric nurses. Also supporting units are available which employ an occupational therapist, a physiotherapist and an Electroencephalogram technician. Their priorities are women, children, victims of torture and other human rights violations, training and education (WHO Final Report, February 2004).

UNRWA mental health services:

In May/June 2002, UNRWA Gaza started a program in prevention in mental health, to answer the needs of the refugees during the second Intifada. It involves 66 counselors working in schools, medical centers and community centers in the camps. Activities are at the level of prevention and patients are referred when professionals in mental health are needed. The link with resources in the community is developed. The counselors are mainly involved in group counseling with parents, teachers, children, adolescents. A significant number of refugees attend the government-run mental health clinics. UNRWA have reported plans to develop a crisis intervention service by

hiring 14 mental health counselors and, through NGOs, 15 CMH activists. They also state that they will contract private psychiatrists and psychologists to accept referrals of clients that cannot be managed by mental health counselors. UNRWA has indicated that they will pay for the first twelve sessions of treatment (WHO Final Report, February 2004).

Community mental health:

A treatment philosophy based on the social model of psychiatric care that advocates that a comprehensive range of mental health services be readily accessible to all members of the community (Mosby's Medical Dictionary, 2009).

Community mental health services:

CMH services in this study refer to the services provided by the CMH centers for the people who are suffering and who do not suffer from mental problems or disorders, both within the center or in institutions or homes, including psychopharmacology, all types of psychotherapy ; individual and collective, counseling, psychological support and mental health education and family therapy.

CMH practice is a multidimensional intervention process that effectively meets a community's need for appropriate mental health services through both engaging available local, tertiary and national resources and capabilities and stimulating multiple stakeholder awareness and commitment (wood et al., 2009). Thornicroft et al. (2011) in their Oxford Textbook of CMH defines of CMH care comprises the principles and practices needed to promote mental health for a local population by: 1) addressing population-based needs in ways that are accessible and acceptable; 2) building on the goals and strengths of people who experience mental illnesses; 3) promoting a wide network of supports, services, and resources of adequate capacity; and 4) emphasizing services that are both evidence based and recovery-oriented (Thornicroft et al., 2011).

Concept of Job satisfaction:

Despite its vide usage in scientific research, as well as in everyday life, there is still no general agreement regarding what job satisfaction is. In fact there is no final definition on what job represents. Therefore before a definition on job satisfaction can

be given, the nature and importance of work as a universal human activity must be considered.

Different authors have different approaches towards defining job satisfaction. Some of the most commonly cited definitions on job satisfaction are analyzed in the text that follows. Hoppock defined job satisfaction as any combination of psychological, physiological and environmental circumstances that cause a person truthfully to say I am satisfied with my job (Hoppock, 1935). According to this approach although job satisfaction is under the influence of many external factors, it remains something internal that has to do with the way how the employee feels. That is job satisfaction presents a set of factors that cause a feeling of satisfaction. Vroom in his definition on job satisfaction focuses on the role of the employee in the workplace. Thus he defines job satisfaction as affective orientations on the part of individuals toward work roles which they are presently occupying (Vroom, 1964).

One of the most often cited definitions on job satisfaction is the one given by Spector according to whom job Satisfaction has to do with the way how people feel about their job and its various aspects. It has to do with the extent to which people like or dislike their job. That's why job satisfaction and job dis satisfaction can appear in any given work situation. Job satisfaction represents a combination of positive or negative feelings that workers have towards their work. Meanwhile, when a worker employed in a business organization, brings with it the needs, desires and experiences which determinates expectations that he has dismissed. Job satisfaction represents the extent to which expectations are and match the real awards. Job satisfaction is closely linked to that individual's behavior in the work place (Davis et al.,1985).

Job satisfaction is a worker's sense of achievement and success on the job. It is generally perceived to be directly linked to productivity as well as to personal well-being. Job satisfaction implies doing a job one enjoys, doing it well and being rewarded for one's efforts. Job satisfaction further implies enthusiasm and happiness with one's work. Job satisfaction is the key ingredient that leads to recognition, income, promotion, and the achievement of other goals that lead to a feeling of fulfillment (Kaliski,2007).

Job satisfaction can be defined also as the extent to which a worker is content with the rewards he or she gets out of his or her job, particularly in terms of intrinsic

motivation (Stat, 2004). The term job satisfaction refers to the attitude and feelings people have about their work. Positive and favorable attitudes towards the job indicate job satisfaction. Negative and unfavorable attitudes towards the job indicate job dissatisfaction (Armstrong, 2006).

Job satisfaction is the collection of feeling and beliefs that people have about their current job. People's levels of degrees of job satisfaction can range from extreme satisfaction to extreme dissatisfaction. In addition to having attitudes about their jobs as a whole. People also can have attitudes about various aspects of their jobs such as the kind of work they do, their coworkers, supervisors or subordinates and their pay (George et al., 2008).

Job satisfaction is a complex and multifaceted concept which can mean different things to different people. Job satisfaction is usually linked with motivation, but the nature of this relationship is not clear. Satisfaction is not the same as motivation. Job satisfaction is more of an attitude, an internal state. It could, for example, be associated with a personal feeling of achievement, either quantitative or qualitative (Mullins, 2005).

We consider that job satisfaction represents a feeling that appears as a result of the perception that the job enables the material and psychological needs (Aziri, 2008).
Job satisfaction can be considered as one of the main factors when it comes to efficiency and effectiveness of business organizations. In fact the new managerial paradigm which insists that employees should be treated and considered primarily as human beans that have their own wants, needs, personal desires is a very good indicator for the importance of job satisfaction in contemporary companies. When analyzing job satisfaction the logic that a satisfied employee is a happy employee and a happy employee is a successful employee.

Job satisfaction has been defined in several different ways and a definitive designation for the term is unlikely to materialize. A simple or general way to define it therefore is as an attitudinal variable: Job satisfaction is simply how people feel about their jobs and different aspects of their jobs. It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs. (Spector,1997) An alternative approach is that proposed by Sousa-Poza and Sousa-Poza, based on the assumption that there are basic and universal human needs, and that, if an individual's needs are

fulfilled in their current situation, then that individual will be happy. This framework postulates that job satisfaction depends on the balance between work-role inputs - such as education, working time, effort - and work-role outputs - wages, fringe benefits, status, working conditions, intrinsic aspects of the job. If work-role outputs ('pleasures') increase relative to work-role inputs ('pains'), then job satisfaction will increase (Sousa-Poza and Sousa-Poza, 2000).

Other theorists (e.g. Rose, 2001) have viewed job satisfaction as a bi-dimensional concept consisting of intrinsic and extrinsic satisfaction dimensions. Intrinsic sources of satisfaction depend on the individual characteristics of the person, such as the ability to use initiative, relations with supervisors, or the work that the person actually Performs; these are symbolic or qualitative facets of the job. Extrinsic sources of satisfaction are situational and depend on the environment, such as pay, promotion, or job security; these are financial and other material rewards or advantages of a job.

Both extrinsic and intrinsic job facets should be represented, as equally as possible, in a composite measure of overall job satisfaction.
Job satisfaction is a worker's sense of achievement and success on the job. It is generally perceived to be directly linked to productivity as well as to personal well-being. Job satisfaction implies doing a job one enjoys, doing it well and being rewarded for one's efforts. Job satisfaction further implies enthusiasm and happiness with one's work. Job satisfaction is the key ingredient that leads to recognition, income, promotion، and the achievement of other goals that lead to a feeling of fulfillments, (Kaliski ,2007). Job satisfaction can be defined also as the extent to which a worker is content with the rewards he or she gets out of his or her job, particularly in terms of intrinsic motivation,(Statt ,2004).

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We consider that job satisfaction represents a feeling that appears as a result of the perception that the job enables the material and psychological needs, (Aziri ,2008). The importance of job satisfaction specially emerges to surface if had in mind the many negative consequences of job dissatisfaction such a lack of loyalty, increased absenteeism, increase number of accidents etc. (Spector ,1997). Lists three important features of job satisfaction. **First**, organizations should be guided by human values. Such organizations will be oriented towards treating workers fairly and with respect. In such cases the assessment of job satisfaction may serve as a good indicator of employee effectiveness. High levels of job satisfaction may be sign of a good emotional and mental state of employees. **Second**, the behavior of workers depending on their level of job satisfaction will affect the functioning and activities of the organization's business. From this it can be concluded that job satisfaction will result in positive behavior and vice versa, dissatisfaction from the work will result in negative behavior of employees. **Third**, job satisfaction may serve as indicators of organizational activities. Through job satisfaction evaluation different levels of satisfaction in different organizational units can be defined, but in turn can serve as a good indication regarding in which organizational unit changes that would boost performance should be made. Research conducted by (Vandenberg and Lance ,1992) during which they surveyed 100 profesionists in the information services for five months showed a strong relations between job satisfaction and employee loyalty.

Their research proved that the higher the degree of job satisfaction the higher is the level of employee loyalty. Employee absenteeism causes serious additional costs for companies, therefore managers are in permanent per sue of ways how to decrease and reduce it to its minimum. Probably, the best way to reduce employee absenteeism

would be through an increase in the level of employee satisfaction. The main idea behind this approach is that the higher the degree of job satisfaction is the lower employee absenteeism should be. Even though the effects are modest the fact that job satisfaction contributes to decreasing the level of employee absenteeism remains. So satisfaction is worth paying attention to, especially since it is potentially under your control unlike some of the other causes of absenteeism (e.g. illness, accidents). But as we said circumstances can alter this equation. As a manager you could be implicitly encouraging absenteeism by enforcing company policies. If people are paid for sick days, and if they must be "used or lost" this is pretty strong encouragement for employees to be absent. In other words, you've helped create a culture of absenteeism that can overcome the "satisfaction" effect. (Sweney and McFarlin ,2005)When satisfaction is high, absenteeism tends to be low; when satisfaction is low, absenteeism tends to be high. However as with the other relationships with satisfaction, there are moderating variables such as the degree to which people feel their jobs are important. Additionally, it is important to remember that while high job satisfaction will not necessarily result in low absenteeism, low job satisfaction is likely to bring about high absenteeism.

Importance of job satisfaction:

The importance of job satisfaction specially emerges to surface if had in mind the many negative consequences of job dissatisfaction such a lack of loyalty ,increased absenteeism, increase number of accidents etc. Spector (1997) lists three important features of job satisfaction. First, organizations should be guided by human values. Such organizations will be oriented towards treating workers fairly and with respect. In such cases the assessment of job satisfaction may serve as a good indicator of employee effectiveness.

High levels of job satisfaction may be sign of a good emotional and mental state of employees. Second, the behavior of workers depending on their level of job satisfaction will affect the functioning and activities of the Organization's business. From this it can be concluded that job satisfaction will result in positive behavior and vice versa, dissatisfaction from the work will result in negative behavior of employees. Third, job satisfaction may serve as indicators of organizational activities. Through job satisfaction evaluation different levels of satisfaction in different

organizational units can be defined, but in turn can serve as a good indication regarding in which organizational unit changes that would boost performance should be made**.**

Investigated by several disciplines such as psychology, sociology, economics and management sciences, job satisfaction is a frequently studied subject in work and organizational literature. This is mainly due to the fact that many experts believe that job satisfaction trends can affect labour market behavior and influence work productivity, work effort, employee absenteeism and staff turnover. Moreover, job satisfaction is considered a strong predictor of overall individual well-being (Diaz-Serrano and Cabral Vieira,2005), as well as a good predictor of intentions or decisions of employees to leave a job (Gazioglu and Tansel,2002).

Beyond the research literature and studies, job satisfaction is also important in everyday life. Organizations have significant effects on the people who work for them and some of those effects are reflected in how people feel about their work (Spector ,1997). This makes job satisfaction an issue of substantial importance for both employers and employees. As many studies suggest, employers benefit from satisfied employees as they are more likely to profit from lower staff turnover and higher productivity if their employees experience a high level of job satisfaction. However, employees should also 'be happy in their work, given the amount of time they have to devote to it throughout their working lives' (Nguyen, Taylor and Bradley, 2003).

The following passage summarizes the importance of job satisfaction for both employers and their workers:

Job satisfaction is important in its own right as a part of social welfare, and this (simple) taxonomy [of a good job] allows a start to be made on such questions as 'In what respects are older workers' jobs better than those of younger workers?' (and vice versa), 'Who has the good jobs?' and 'Are good jobs being replaced by bad jobs?' In addition, measures of job quality seem to be useful predictors of future labour market behavior. Workers' decisions about whether to work or not, what kind of job to accept or stay in, and how hard to work are all likely to depend in part upon the worker's subjective evaluation of their work, in other words on their job satisfaction (Clark,1998).

Foundations Staff Job Satisfaction:

Job satisfactions have foundation and principles in which it underpinning, it should be available, these foundation include internal foundation related to individual himself and to his motives, there's also foundation related to work surrounding and its environment, and there's foundation related to general surrounding from society with all its elements and components, from these foundation:

Motivations: Motivation is the inner strength move individual and pays him off the search for something specific and thus directs his actions and behavior in the direction of that thing.

Environmental Factors: It is linked to the environment and their impact on the employee as it will affect satisfaction of his job, the ability of the employee to adapt to his job and his integration is one of the determining factors for his career satisfaction, The worker affiliations to the countryside or to the city or play a clear role in there adaptation and integration in work, Also the society's perception for the job and the position of employee affect the degree of job satisfaction for him, (Alsalmi ,1983).

Satisfaction and related variables and factors:

There appears to be multiple factors that influence satisfaction with a job (Acker ,1999), (Tett & Meyer, 1993) describe job satisfaction as being related to a worker's affective attachment to the job, whether in its entirety or within various aspects. There appear to be multiple aspects of a job that influence satisfaction, including task variety (Butler ,1990), comfort, challenge, role conflict and role ambiguity (Jayaratne & Chess ,1984), and commitment and attitude toward the job (Tett & Meyer ,1993).

(Aarons & Sawitzky, 2006) found that organizational culture and climate affect attitude and turnover in mental health settings. Burnout is a negative psychological experience related to a job (Daley, 1979), (Maslach, 1980). It can contribute to a myriad of physical and emotional problems that can influence job satisfaction. (Daley ,1980, p 22) examined burnout among social service workers. He noted that the common factors of uncomfortable working conditions, barriers to the attainment of goals, ambiguous role prescriptions and the necessity of reconciling incompatible demands all played a role in the job frustration evidenced by this population.

26

Furthermore, (Daley, 1980) suggested that exerting more control over the handling of their caseload may lead social service workers to feel less dissatisfied with their work. (Daley , 1980) also suggested that those who are not appropriate for this field should be encouraged to seek work that is more suitable to their needs. (Karasek ,1979) also found that mental health workers who experienced high work demands, low decision latitude and low support at work appeared to be at higher risk of burnout. The relationship between job satisfaction and burnout appears to be complex. Burned-out mental health professionals may exhibit symptoms of emotional exhaustion and depersonalization (Maslach ,1980). Another factor related to burnout is compassion fatigue. Researchers suggest that it may play a role in the job satisfaction of mental health workers (Bride & Figley, 2007). A study with social workers found that a significant number of participants demonstrated symptoms of compassion fatigue, including anxiety, insomnia, depression, and PTSD. It may prove to be an important factor in job satisfaction as research progresses in this area. A study by (DeStefano, Clark, Potter, & Gavin 2005) found evidence of higher levels of job satisfaction among psychiatrists, medical doctors, and administrators when compared to therapists, paraprofessionals and social workers. The level of job satisfaction increases with level of education. Additionally, these authors found that geographic location may influence job satisfaction among mental health workers, specifically that mental health professionals in rural settings may experience less job satisfaction than those in more urban settings (DeStefano et al., 2005). The authors also found that there was no difference in job satisfaction due to years in the profession. However, those who had been with an agency the longest reported greater job satisfaction (DeStefano et al., 2005). Organization, supervision, social status, and moral values also appeared to play an important role in job satisfaction among rural mental health professionals. The authors suggest that improvements in salary, supervision, job security and advancement opportunities may reduce turnover in rural settings (DeStefano et al., 2005). An additional factor impacting job satisfaction among mental health professionals is that of client population (Acker, 1999). This author found that social workers derived less job satisfaction from working with severely mentally ill clients a large percentage of the time. Additionally, (Acker, 1999) found that social workers who had been in the field the longest had better success with dealing with this type of work stress (Acker ,1999). Improvement of staff morale may also be a critical factor in job satisfaction and retention. Managerial attitudes of

honesty, worker respect, open communication and integrity were found to be predictors of job satisfaction in a study reported by (Aaronson, Sieveking, Laurenceau, & Bellet, 2003). (Balloch, Pahl, & McLean, 1998) found that worker job satisfaction was increased when staff worked as a team and felt challenged in their work. Additionally, the authors found that issues surrounding compensation and opportunity for promotion appear to impact job satisfaction. Gender and Work Gender can be defined as a construct consisting of "biological, psychological, and social factors," and is generally a product of social and cultural factors (Barnett, Marshall, Raudenbush, & Brennan 1993, p. 795). Beliefs regarding gender influence sex role attitudes and gender specific roles, while sex differences describe innate differences primarily attributed to biology. Thus, a person could be male or female through genetics, while assuming roles contrary to those expected from their biological origin. In the world of work, gender roles have played an important part in the selection and promotion of workers. Historically, society has viewed male workers as being more aggressive, forceful, independent, and decisive than their female counterparts (Heilman, 2001). Conversely, women have been viewed as being kind, helpful, sympathetic and concerned about others (Heilman, 2001). In a review of the literature spanning several decades, (Schein, 2001) found that males continue to be judged as emotionally stable, strong, assertive and work place achievers, while women are viewed as emotionally unstable, weak and timid (DeArmond et al. 2006) found that college aged participants perceived men as being better equipped to handle stressful situations and able to adapt to physical demands of a job, while women were perceived as being better at learning, interpersonal relationships and cultural issues .

Male participants rated women less favorably than did female participants in this study. (Powell and Butterfield, 2002) found that study participants believed that good managers possess primarily male characteristics. The adage, "think manager - think male" appears to still apply to the modern day workforce (Schein, 2001). Gender and Job Satisfaction Studies examining the role of gender as it affects job satisfaction have yielded conflicting results. (Frone, 2000) examined the role of work to family conflict as it applied to employee psychiatric disorders, and found that gender did not moderate the effects of work to family conflict. Indeed, both males and females reported debilitating psychiatric effects when work problems interfered with family life (Frone , 2000). (Johnson and Spector , 2007) examined the behaviors of surface

acting and deep acting within the workplace and their role in job satisfaction. Surface acting is defined as expressing company approved feelings only when observed, while deep acting behaviors involve the actual feeling of emotions that are required by the employer. (Johnson and Spector , 2007) found that surface acting had a negative impact on women, contributing to emotional exhaustion, decreased job satisfaction and reduced affective well-being. This effect was not found for men. The additional factor of job autonomy affected both males and females in terms of a lowered sense of well-being and job satisfaction when jobs did not afford autonomy. One factor that affects job satisfaction is level of workplace stress (Gonzales, Morales, Peiro, Rodriguez, & Greenglass, 2006). Women who used social support as a means of coping with job stress reported fewer psychosomatic complaints, while both males and females who used direct action as a coping measure reported less psychological distress at the workplace. The authors suggest that social support may not be as available to males, thus negatively affecting their job satisfaction (Gonzales, Morales et al., 2006). (Shinn, Rosario, Myrch and Chestnut, 1984) found that social support was more available for female human service workers, thus reducing job strain and increasing job satisfaction. The authors suggest that seeking social support is more comfortable for women than it is for their male counterparts. (Heilman ,2001) makes the point that stereotypes are descriptive, as well as prescriptive. Thus, not only do people believe that males and females behave a certain way, those who are the focus of the stereotyping may begin to act in that prescribed fashion, thus perpetuating the stereotype. Women may therefore believe that they have little chance of job growth, and feel inherently less satisfied with their jobs (Heilman ,2001). Emotional Intelligence and Job Satisfaction among Mental Health Professionals While the examination of emotional intelligence among the mental health worker population is not extensive, there is an abundance of research regarding this population as it relates to job satisfaction. (Potter, 2006) examined the role of emotional intelligence in the burnout syndrome in his dissertation research. The author found that there appears to be a relationship between the constructs of emotional intelligence and burnout syndrome along multiple dimensions of the Emotional Judgment Inventory (EJI) and the Maslach Burnout Inventory (MBI) within a population of mental health workers.

Theories of Job Satisfaction:

There are numerous theories attempting to explain job satisfaction, but three conceptual frameworks seem to be more prominent in the literature. The **first** is content theory, which suggests that job satisfaction occurs when one's need for growth and self-actualization are met by the individual's job. The **second** conceptual framework is often referred to as process theory، which attempts to explain job satisfaction by looking at how well the job meets one's expectations and values. The **third** conceptual group includes situational theories, which proposes that job satisfaction is a product of how well an individual's personal characteristics interact with the organizational characteristics. Each of the three theoretical frameworks has been explored and reviewed by countless scholars and researchers, and the purpose of this chapter is not to provide an exhaustive review of job satisfaction theories. Instead, a highlight of the main theories and theorists from each framework will be offered, to provide clarity, relevance and direction to this study of job satisfaction.

Content Theory:

When discussing human needs, growth, and self-actualization, one cannot look far before finding Abraham Maslow and his "hierarchy of needs". (Maslow's, 1954) traditionalist views of job satisfaction were based on his five-tier model of human needs. At the lowest tier, basic life sustaining needs such as water, food, and shelter were identified. The next level consisted of physical and financial security, while the third tier included needs of social acceptance، belonging, and love. The fourth tier incorporated self-esteem needs and recognition by one's peers and at the top of the pyramid was reserved for self-actualization needs such as personal autonomy and self-direction. According to Maslow, the needs of an individual exist in a logical order and that the basic lower level needs must be satisfied before those at higher levels.

Once the basic needs are fulfilled, they no longer serve as motivators for the individual. The more a job allows for growth and acquisition of higher level needs, the more likely the individual is to report satisfaction with his or her job. Furthermore, the success of motivating people depends on recognizing the needs that are unsatisfied and helping the individual to meet those needs. Building on the theories of (Maslow, Frederick and Hertzburg, 1974) suggested that the work itself could serve as a principal source of job satisfaction. His approach led to the aforementioned two-

continuum model of job satisfaction where job satisfaction was placed on one continuum and job dissatisfaction was placed on a second. Hertzberg's theory recognized that work characteristics generated by dissatisfaction were quite different from those created by satisfaction. He identified the factors that contribute to each dimension as "motivators" and hygiene's". The motivators are intrinsic factors that influence satisfaction based on fulfillment of higher level needs such as achievement, recognition, and opportunity for growth. The hygiene factors are extrinsic variables that such as work conditions, pay, and interpersonal relationships that must be met to prevent dissatisfaction. When hygiene factors are poor, work will be dissatisfying. However, simply removing the poor hygiene does not equate to satisfaction. Similarly, when people are satisfied with their job, motivators are present, but removing the motivators does not automatically lead to dissatisfaction. Essentially, job satisfaction depends on the extrinsic characteristics of the job, in relation to the job's ability to fulfill ones higher level needs of self-actualization. Hence the two continuum model of Hertzberg's Motivator-Hygiene theory.

Process Theory:

Process theory attempt to explain job satisfaction by looking at expectancies and values (Gruneberg, 1979). This theory of job satisfaction suggests that workers' select their behaviors in order to meet their needs. Within this framework, (Adams, 1963) and (Vroom, 1982) have become the most prominent theorists. J. Stacy Adams suggested that people perceive their job as a series of inputs and outcomes. Inputs are factors such as experience, ability, and effort, while outcomes include things like salary, recognition, and opportunity. The theory is based on the premise that job satisfaction is a direct result of individuals' perceptions of how fairly they are treated in comparison to others. This "equity theory" proposes that people seek social equity in the rewards they expect for performance. In other words, people feel satisfied at work when the input or contribution to a job and the resulting outcome are commensurate to that of their coworkers. According to (Milkovich and Newman ,1990), this social equity is not limited to others within the same workplace, and the equity comparisons often reach into other organizations that are viewed as similar places of employment. (Vroom's, 1964) theory of job satisfaction was similar in that it looked at the interaction between personal and workplace variables; however, he also incorporated the element of workers' expectations into his theory. The essence of

this theory is that if workers put forth more effort and perform better at work, then they will be compensated accordingly. Discrepancies that occur between expected compensation and actual outcome lead to dissatisfaction. If employees receive less than they expect or otherwise feel as if they have been treated unfairly, then dissatisfaction may occur. Conversely, overcompensation may also lead to dissatisfaction and the employee may experience feelings of guilt. The compensation does not have to be monetary, but pay is typically the most visible and most easily modified element of outcome. Salary also has significance beyond monetary value and the potential to acquire material items, and (Gruneberg, 1979) notes that it is also an indication of personal achievement organizational status, and recognition. Vroom's theory also goes one step further to incorporate an individual's personal decision making within the work-place. (Vroom, 1982) explained that employees would choose to do or not do job tasks based on their perceived ability to carry out the task and earn fair compensation. To illustrate and clarify his ideas, Vroom generated a three-variable equation for scientifically determining job satisfaction. Expectancy is the first variable, and this is the individual's perception of how well he or she can carry out the given task. Instrumentality is the second variable of the equation, and this refers to the individual's confidence that he or she will be compensated fairly for performing the task. Valence is the third variable, which considers the value of the expected reward to the employee. In Vroom's formula each variable is given a probability value, and when all three factors are high, workers will be more satisfied and have more motivation. If any of the factors are low, work performance and employee motivation will decline.

Situational Theory:

The situational occurrences theory emerged in 1992, when Quarstein, McAfee, and Glassman stated that job satisfaction is determined by two factors: situational characteristics and situational occurrences. Situational characteristics are things such as pay, supervision, working conditions, promotional opportunities, and company policies that typically are considered by the employee before accepting the job. The situational occurrences are things that occur after taking a job that may be tangible or intangible, positive or negative. Positive occurrences might include extra vacation time, while negative occurrences might entail faulty equipment or strained coworker

relationships. Within this theoretical framework, job satisfaction is a product of both situational factors and situational occurrences.

Expectancy theory:

 This theory was developed by (Vroom, 1964) who asserts that job satisfaction is based on people's beliefs about the probability that their effort will lead to performance (expectancy) multiplied by the probability that performance leads to rewards (instrumentality) and the value of perceived rewards (valence).This theory is based on the belief that the amount of effort exerted on a job depends on the expected return and may result in increased pleasure or decreased displeasure, and that people may perform their job and be satisfied if they believe that their efforts will be rewarded. The fundamental principle of expectancy theory is the understanding of individuals' goals and the linkages between effort and performance, performance and rewards, and rewards and individual goal satisfaction. This theory recognizes that there is no universal principle that explains people's motivation and is regarded as a contingency model. Understanding what needs a person seeks to satisfy does not ensure that the individual perceives high performance as necessarily leading to the satisfaction of these needs.

Equity theory:

 This theory emphasizes the comparison of existing conditions against some standard by using the relationship between two variables (inputs and outcomes). Inputs are what an individual contributes to an exchange, while outcomes represent what an individual obtains from an exchange. Equity theory suggests that individuals assign weights to various inputs and outcomes according to their own perception of relative importance. According to (Daft and Noël, 2001), equity theory is a process of job satisfaction that focuses on individuals' perceptions of how fairly they are treated compared to others. This implies that, if people perceive their treatment as less favorable than that of others with whom they compare themselves, they are likely to be less motivated to perform better. This theory therefore posits that people compare the ratio of their outputs to inputs with the ratio of outputs to inputs of others.

Theories agreed in:

The above mentioned theories talk about job satisfaction factors in which the Process theory mentioned job satisfaction increased and decline factors whereas the Content theory explained source of job satisfaction as intrinsic factors (motivators) and extrinsic factors (hygiene), the last theory stated that job satisfaction determined by 2 factors (situational characteristic and situational occurrences).

Theories disagreed in:

Each theory proposes job satisfaction from its own point of view, also each theory explained job satisfaction factors in different way.

The researcher own opinion:

The researcher see that job satisfaction varies depending on the nature of environment, culture and available capabilities. Also the religious principles of individuals and epistemological bases that have been built in his personality contribute to the degree of work satisfaction. There is a difference in the factors affecting the satisfaction from society to another.

Job satisfaction models:

Christen, Iyer and Soberman (2006) provide a model of job satisfaction presented in Figure 1 in which the following elements are included:

1. Job related factors,

2. Role perceptions,

3. Job performance

4. Firm performance
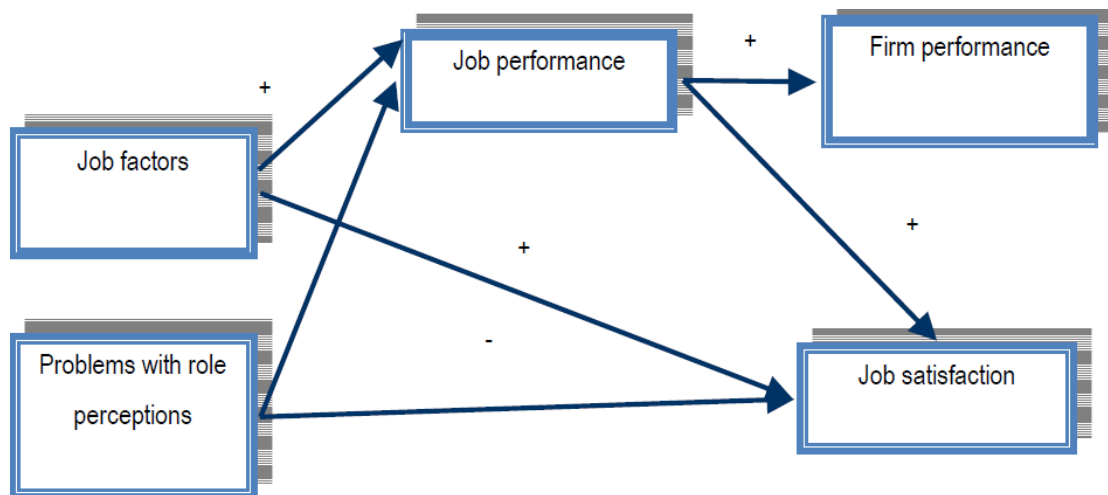
Figure 1 - Christen, Lyer and Soberman Model of Job Satisfaction (Christen ET, 2006)

Lawler and Porter (1967) give their model of job satisfaction which unlike the previous model places a special importance on the impact of rewards on job satisfaction, Figure 2.
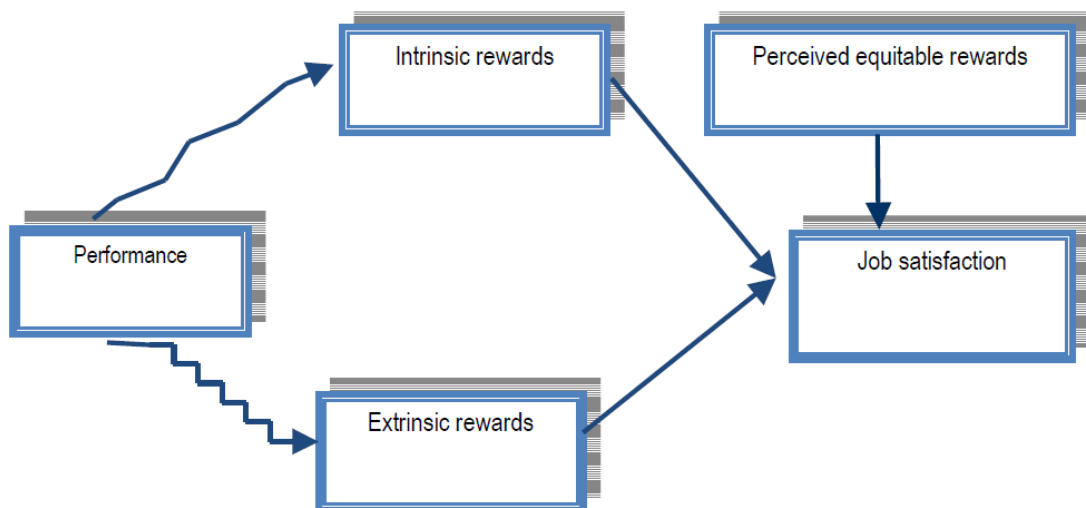
Figure 2 - Lawler's and Porters Model of Job satisfaction (Lawler and Porter, 1967)

According to this model the intrinsic and extrinsic rewards are not directly connected with job satisfaction, because of the employee's perceptions regarding the deserved level of pay.

Locke and Latham (1990) provide a somewhat different model of job satisfaction. They proceed from the assumption that the objectives set at the highest level and high expectations for success in work provides achievement and success in performing tasks. Success is analyzed as a factor that creates job satisfaction. This model is presented in Figure 3.
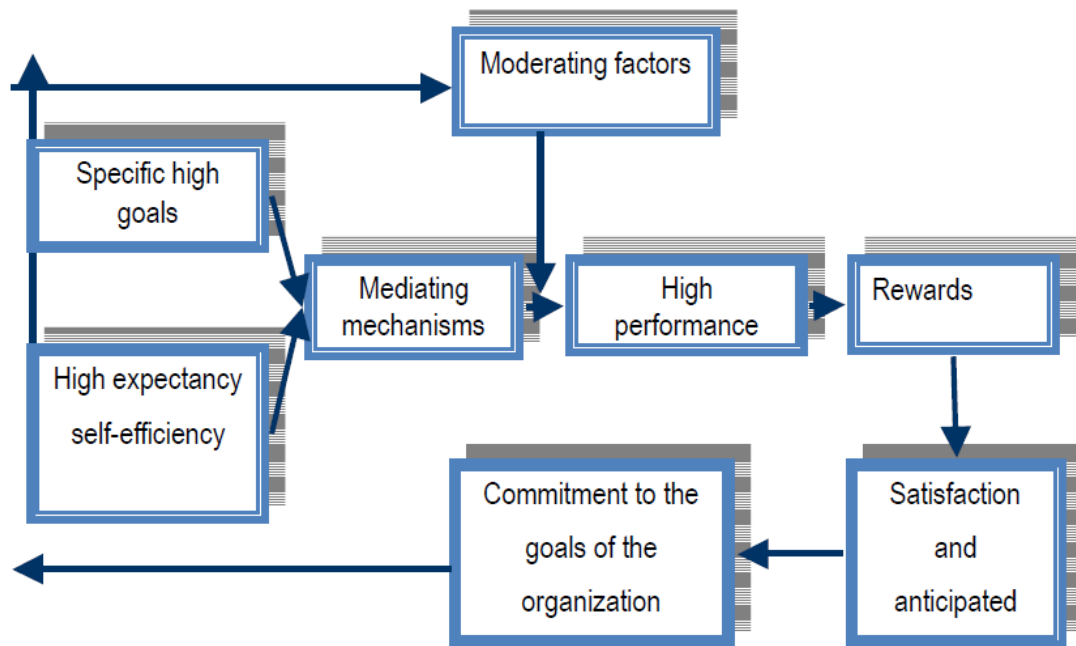
Figure 3 - Locke and Latham Model Of Job Satisfaction (Locke and Latham, 1990)

Job characteristics model:

Bergh and (Theron,2000) describe this model as an interactive model that develops employees and the work environment to achieve maximum fit in the work environment. The model asserts that the job should be designed to possess characteristics to enable conditions for high motivation, satisfaction and performance. There are five core characteristics of the job that influence workers' behavior and attitude, namely, skill variety, task identity, task significance, autonomy and feedback. The relationship between core job characteristics and work outcomes is moderated by employees' growth-need strength, knowledge, skill, and context satisfaction, therefore the relationship between core job characteristics and work outcomes may differ.

Nurse's job satisfaction:

Job satisfaction has been considered as one of the important considerations concerning nurses working in hospitals. Job satisfaction is defined as a favorable or unfavorable aspect with which employees view their work (Grieshaber et al., 1995). It can also be defined as the degree to which an employee likes his/her work (Seo et al., 2004). Job satisfaction, as a concept, has close links to an employee's intention to leave his or her job and, hence, to increase turnover within the nursing profession. Thus, the experience of low job satisfaction is positively associated with turnover and consideration of other employment opportunities (Hellman, 1997; Taunton et al., 1997; Faris et al., 2010; Irvine and Evans, 1995). In the international nursing literature, job satisfaction has been cited as a major contributory factor for intent to stay (Cavanagh, 1992; Sourdif, 2004; Faris et al., 2010). Substantial research has been done to identify determinants of job satisfaction. Andrews and Dziegielewski (2005) found that low levels of satisfaction were prevalent among nurses.

Job satisfaction has been of interest to individuals, organizations, and social systems for many years (Ang and Koh, 1997). A multitude of factors can exert an effect on the job satisfaction of nurses. Irvine and Evans (1995) observed that work content characteristics, such as routinization, autonomy, and role conflict, as well as characteristics of the work environment, such as leadership, supervisory relations and participation, were all related to job satisfaction. Moreover, job satisfaction was negatively associated with turnover intentions and behaviors. In a study that investigated the relationships between retirement decision-making and job satisfaction in Taiwan, job satisfaction was found to inversely related with the decision to retire (r ¼ 20.480, p , 0.001) (Lu et al., 2002). Clearly, knowledge about factors that contribute to job satisfaction is of great importance to nursing management and leadership, and would be pressingly useful and considerable in human health care resource planning processes (Kavanaugh et al., 2006).

Determinants of Job Satisfaction:

A review of the literature shows that numerous variables have been investigated in their relationship to job satisfaction. These variables include demographic data (e.g. age, gender, and race), intrinsic features of the job (e.g. recognition, advancement, and responsibility), and extrinsic variables (e.g. salary, supervision, and working

condition). Demographic Variables Research has often focused on age as a factor influencing job satisfaction. Available literature is somewhat inconclusive however, with some studies showing no significant impact (Miller, 1985), (Brown, 1998). Some showing a gradual linear increase of satisfaction as age increases (Hulin, 1963); (Weaver, 1980); (Anderson, Hohenshil & Brown, 1984); (Sutter, 1994), and some suggesting that satisfaction is curvilinear and changes throughout the lifespan of the employee (Hertzberg et. al., 1957). Generally speaking, job satisfaction tends to increase gradually with age (Spector, 1997). (Hertzberg et. al, 1957) attributes this trend to the fact that job expectations tend to become more realistic as employees age and mature. This pattern may change to show a relative decline in satisfaction after age 55, (Jewel, 1990) but this may be linked to the decreased physical energy and enthusiasm that may accompanied the aging process. Still, many studies fail to show this late-career job satisfaction drop-off, and (Quinn, Staines and McCullough, 1974) reported that older workers remain satisfied because of promotions and acquiring more desirable positions within organizations. Others justify the findings by noting that people change jobs 6 to7 times in a lifetime, and as people get older, they become more aware of their needs and make better choices. This incongruence of literature is likely due to situational job variances, and (Zeitz, 1990) supported this logic by demonstrating significant differences between satisfaction levels of federal employees based on their positions as elite professionals, non-elite professionals, and non-professionals. Gender has also received a great deal of attention in job satisfaction studies, but again the research is inconclusive. In 1997, Thompson and McNamara reviewed all job satisfaction studies published in the Educational Administration Quarterly over the past six years and showed no significant difference between male and female satisfaction levels. Other studies that have shown no significant difference between gender and job satisfaction levels include (Barbas, 1976), (D'Arcy, Syrotuik, & Siddique, 1984), and (Iiacqua et. al. 1995). (Smith, Smitz, and Hoy, 1998) arrived at similar insignificant findings until they compared the gender of the employee to the gender of the employer. They found that women were more significantly more satisfied than men in small companies with female supervision, while males were significantly more satisfied in larger companies with male supervisors. Studies suggesting that gender does affect job satisfaction are available, and data can be found to suggest that either men are more satisfied (Locke, Fitzpatrick & White, 1983); (Black & Holden, 1998), (Weaver, 1977) or that women are generally more satisfied

38

(Kramen, Kahn & Hansen, 1998), (Chapman & Lower, 1982). The inconsistencies, according to (Gruneberg, 1979), are closely linked to differences among expectations, respect, promotional prospects, salary, social interactions, and coping strategies of males and females and the jobs they often hold. Others suggest that men are more satisfied with their jobs than women because of unequal treatments in the workplace, and that under equal work conditions; women are more satisfied with their jobs than men. Race has also been investigated in job satisfaction studies, and once again, data is inconclusive. (Brush, Moch, and Pooyan, 1987) found no significant racial differences when comparing fifteen job satisfaction studies; however, (Weaver, 1980) reports that non-whites are consistently less satisfied than Caucasian employees. Some researchers agree that a racial difference does exist, but that whites are more satisfied with their jobs primarily because of unequal treatment in the workplace.

Regardless of the specific demographic variable, be it age، gender, or race, (Landy and Trumbo, 1980) suggest that job satisfaction variances may exist, but they are very small (2-5 percent). (Weaver, 1978) agrees, and goes on to say that any differences that does exist; seem to disappear when factors such as education, salary, and status are controlled .Salary many researchers have identified salary as a fundamental variable in the study of job satisfaction (Miller, 1985); (Derlin and Schnieder, 1994); (Solly and Hohenshil, 1986) Furthermore، the relationship between salary and job satisfaction has been addressed by virtually all job satisfaction studies in the last 80 years. Although the earliest research suggested that salary was not a significant predictor of job satisfaction (Hoppock, 1935); (Hertzberg, Mausner, Peterson and Capwell, 1957), later studies began to suggest that salary was a factor up to a certain point in an employee's career (Hertzberg, 1966). By the 1970's, salary was being viewed as a more significant factor in job satisfaction, and in studies such as the one conducted by (Dyer and Theriault, 1976).

Salary :

Salary was found to be the most significant factor in determining job satisfaction. Other researchers of the 1970's also spoke to the significant relationship between salary and satisfaction, but they argued that although low salary was a cause of dissatisfaction، high salary was not necessarily related to satisfaction (Lawler, 1971).

More recent studies have generally shown a positive relationship between pay and job satisfaction (Lucas et. al, 1990); (Lee and Wilbur, 1985); (Rhodes, 1983); (Kanungo ,1982), but the relationship seems to be linked more to perceptions of equity and fairness than actual dollar amount (Hulin and Smith, 1965); (Spector, 1997) .Social comparison appears to be a key factor when looking at the relationship between satisfaction and salary, but employee expectations are also fundamental.

According to (Adams, 1965) employees must feel that there is an equitable balance between the amount of work performed and the compensation received. In other words, if a worker feels that the compensation is either too large or too small for the amount of work performed, dissatisfaction may occur.

Rural vs. Urban Work Site:

In urban areas workers often have more job opportunities, better schools, more public transportation, better salary, higher prestige, and greater opportunities for spousal employment. Perhaps it is these factors that explained (Arnold, Seekins & Nelson's ,1997) and (Finley's, 1991) findings that showed higher levels of job satisfaction in urban educational professionals when compared to those in rural settings. On the other hand, rural settings and smaller communities can provide family-oriented settings, lower crime rates، recreational access and overall enhanced "quality of life". Two of the most commonly mentioned disadvantages to rural settings have been professional isolation and lack of opportunity for professional development. However, recent advancements in telecommunications and interactive networking through the Internet may decrease feelings of isolation and improve rural job satisfaction levels in the future. Interpersonal Factors Within the context of job satisfaction research, interpersonal relationships is the elements that make up the social and support network of the employee. These elements include the relationship with one's supervisor, the social interaction with co-workers, and even the interactions with clients and/or customers. According to (Brown, 1998), employee supervision and interaction have been found to be the two most significant.

Factors of Job Satisfaction:

Job satisfaction is under the influence of a series of factors such as: The nature of work, Salary, Advancement opportunities, Management, Work groups and Work

conditions. A somewhat different approach regarding the factors of job satisfaction is provided by Rue and Byars, Figure 4.


```
- Manager's concern for people
- Job design (scope,depth,interest,perceived value)
- Compensation (external and internal consistency)
- Working conditions
- Social relationships
- Perceived long-range opportunities
- Perceived oppurtunities elsewhere
- Levels of aspiration and need achievement
```

Job satisfaction/dissatisfaction

Commitment to organization

Turnover, absenteeism, tardiness, accidents, strikes, grievances, sabotage etc.

Figure 4 Determinants Of Satisfaction And Dis-satisfaction (Rue and Byaes, 2003)

When talking about factors of job satisfaction the fact that they can also cause job dissatisfaction must be kept in mind. Therefore the issue weather job satisfaction and job dissatisfaction are two opposite and excludable phenomena There is no consensus regarding this issue among authors. Herzberg's Two Factor Theory is probably the most often cited point of view. In fact the main idea is that employees in their work environment are under the influence of factors that cause job satisfaction and factors that cause job dissatisfaction.

Therefore all factors that have derived from a large empirical research and divided in factors that cause job satisfaction (motivators) and factors that cause job dissatisfaction (hygiene factors), Table 1:

Hygiene factors	Motivators
Company policies	Achievement
Supervision	Recognition
Interpersonal Relations	Work itself
Work Conditions	Responsibility
Salary	Advancement
Statues	Growth
Job security	

Interpersonal factors :

When looking at job satisfaction. The importance of co-worker social support has been investigated for decades. As far back as the Hawthorne Studies of the 1920's, research has shown that workers who belong to a social group and have friendships on the job tend to be more satisfied (Maynard,1986). Maynard suggests further that employees who lack social support at work experience more stress, have less coping techniques, and are generally less satisfied. Fellow employees can satisfy many social needs, and sympathetic and supportive co-workers can increase job satisfaction (Green ،2000) Co-workers are also vital for evaluating the equity and fairness of ones pay and work requirements, and social needs studies have shown that co-worker job satisfaction can influence one's own job satisfaction (Brown, 1998). The nature of supervision provided can also have a significant impact on job satisfaction. Studies have shown that employees who have positive interactions with supervisors are generally more satisfied at work (Bruce and Blackburn ,1992); (Vroom, 1982). Positive interactions tend to include constructive feedback, effective communication,

and a focus on quality rather than quantity (Schroffel , 1999). Positive supervisory relationships are also those that treat the employees with respect, those that promote staff cohesion but allow for individual thinking, and those that fulfill employee's functional and interpersonal needs (Locke ,1970). Supervision is a complex variable however, and it is unrealistic to assume that job satisfaction can be guaranteed as long as supervisors interact positively with their employees. Individual personality characteristics may, for example, affect the employee's needs and management expectations. For example, (Schroffel ,1999) suggests that employees who have more experience desire less supervision and employees with less experience prefer more supervision. Also, studies have shown that organizational setting can affect the employee's desired supervisory relationship. In chaotic, ambiguous, or otherwise unstructured job settings, employees tend to prefer more structured supervision. Conversely, in jobs where tasks are clearly defined and workers are well trained, a less structured supervisory style is preferred (House and Mitchell ,1974) .

Intrinsic factors :

 Work is unquestionably an intrinsic part of people's lives. "It is often our source of Identity and at times our reason for being" (Bruce and Blackburn,1992, p. 4). Aside from decent pay, economic security, and other extrinsic and tangible rewards of employment, the intrinsic aspects of work are also relevant to the study of job satisfaction. Intrinsic factors are employees' affective reactions to the job, such as their satisfaction with the freedom they have to choose their own methods of working, the recognition that they receive for good work, and the opportunity they have to use their ability. Intrinsic factors may also include perceived respect and responsibility, task variety, and meaningful work. These personally rewarding intrinsic factors have demonstrated a significant impact on job satisfaction in many studies (Hertzberg et. al., 1957); (O'Driscoll & Randall ,1999), (Locke, 1976), (Valentine & Dick, 1988). (Dodd, McCue and Wright ,1996) found that job satisfaction is enhanced by the value placed on one's professional role and identification with that role, but negatively affected by choosing the job because rewards are extrinsic (external to the work itself, such as fellow workers, salary, or promotion opportunities). (Martinez-Ponz , 1990) found that intrinsic rewards were more effective in increasing job satisfaction and commitment among teachers than were financial incentives. Similarly, (Reyes, Madsen, and Taylor, 1989) found that intrinsic rewards had more influence on

educators than any organizational rewards. (Stewart ,2000) suggested that helping to make workers feel independent had large positive effects on both performance and satisfaction outcomes. (Kirkman and Rosen's, 1999) work also spoke to the importance of worker autonomy and its positive relationship with job satisfaction and performance. (Cappelli , 2000) highlighted the importance of intrinsic rewards when participants rated interesting work, open communications, and opportunities for advancement as the top three things they desire in their jobs. (Tatsapaugh , 1994) suggested that the lack of advancement on the job is a frequent factor influencing resignation. When employee's feel their work is meaningful and that they are responsible for their outcomes، (Thomas & Tymon , 1997) state that workers show higher levels of effort and attention to doing tasks well.

Measuring Job Satisfaction :

Usually job satisfaction is measured by using general scientific research methods such as the questionnaire. Some of the most commonly used techniques for measuring job satisfaction include:

- Minnesota satisfaction questionnaire
- Job description index

The Minnesota Satisfaction Questionnaire is a paper-pencil type of a questionnaire and can be implemented both individually and in group, but it does not take sex differences into consideration. This questionnaire has one short form and two long forms that date from 1967 and 1977. In fact 20 work features in five levels are measured with this questionnaire. Responding to this questionnaire usually takes between 15-20 minutes.

The 1967 version of the Minnesota Satisfaction questionnaire uses the following response categories:
- Not satisfied
- Somewhat satisfied
- Satisfied
- Very satisfied
- Extremely satisfied.

The 1977 version of the Minnesota Satisfaction questionnaire uses the following response categories:

- Very satisfied

- Satisfied

- Neither satisfied nor dissatisfied

- Dissatisfied

- Very dissatisfied

If compared it's obvious that in a way the 1977 version of this questionnaire is more balanced compared to the 1967 version. This questionnaire contained the following aspects of job :

- Co-workers

- Achievement

- Activity

- Advancement

- Authority

- Company Policies

- Compensation

- Moral Values

- Creativity

- Independence

- Security

- Social Service

- Social Status

- Recognition

- Responsibility

- Supervision-Human Relations

- Supervision-Technical

- Variety

- Working Conditions

The Job Description Index is one of the most widely used techniques for measuring job satisfaction. It is a simple and easily applicable method. The measurement of

strength and weakness within each factor are a sign as in which field improvement and changes are necessary.

This questionnaire allows acquisition of information on all major aspects of work and takes sex differences into consideration. This questionnaire was first introduced in 1969 and it measures five major job satisfaction aspects with a total of over 70 potential job descriptions. The factors considered by the job description index are:

- The nature of work
- Compensation and benefits
- Attitudes toward supervisors
- Relations with co-workers
- Opportunities for   promotion

Descriptors on each of the five factors can be evaluated with three potential options by the employees: 1 which means that the description is relevant, 2 which means that the description is not relevant and 3 that mean that the employee does not have an opinion.

One of the oldest approaches to measure job satisfaction is the degree of facial expressions presented by Kunin, Figure 5. Perhaps this is the simplest form of job satisfaction measurement. In fact according to this approach several facial expressions are presented to the employee and he should put a check underneath the expression that describes his feeling and opinion the best.
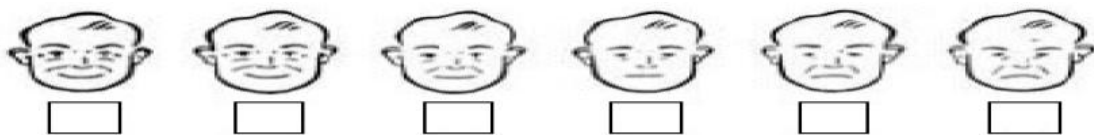
Put a check under the face that expresses how you feel about your job in general, including the work, the pay, the supervision, the opportunities for promotion and the people you work with.

Figure 5 – Facial Expression Presented By Kunin

Effect of Job Satisfaction :

Job satisfaction causes a series of influences on various aspects of organizational life. Some of them such as the influence of job satisfaction on employee productivity, loyalty and absenteeism are analyzed as part of this text.

The preponderance of research evidence indicates that there is no strong linkage between satisfaction and productivity. For example a comprehensive meta-analysis of the research literature finds only a.17 best estimate correlation between job satisfaction and productivity. Satisfied workers will not necessarily be the highest producers. There are many possible moderating variables, the most important of which seems to be rewards. If people receive rewards they feel are equitable, they will be satisfies and this is likely to result in greater performance effort. Also, recent research evidence indicates that satisfaction may not necessarily lead to individual performance improvement but does lead to departmental and organizational level improvements. Finally there is a still considerable debate weather satisfaction lead to performance or performance leads to satisfaction (Luthans, 1998).

Employee loyalty is one of the most significant factors that human resource managers in particular must have in mind. Employee loyalty as usually measured with the Loyalty questionnaire and can cause serious negative consequences when not in a high level Usually three types of employee loyalty are considered: affective loyalty, normative loyalty and continuity loyalty. Affective loyalty has do with the cases when an employee feels an emotional connection to the company, normative loyalty is a sort of loyalty that appears in cases when the employee feels like he owes something to the company and continuity loyalty comes as a result of the fact that the employee does not have an opportunity to find a job somewhere else.

Research conducted by Vanderberg and Lance (1992) during which they surveyed 100 profesionists in the information services for five months showed a strong relations between job satisfaction and employee loyalty.

Their research proved that the higher the degree of job satisfaction the higher is the level of employee loyalty. Employee absenteeism causes serious additional costs for companies, therefore managers are in permanent peruse of ways how to decrease and reduce it to its minimum. Probably, the best way to reduce employee absenteeism would be through a increase in the level of employee satisfaction. The main idea

behind this approach is that the higher the degree of job satisfaction is the lower employee absenteeism should be.

Even though the effects are modest the fact that job satisfaction contributes to decreasing the level of employee absenteeism remains. So satisfaction is worth paying attention to , especially since it is potentially under your control – unlike some of the other causes of absenteeism (e.g. illness, accidents). But as we said circumstances can alter this equation. As a manager you could be implicitly encouraging absenteeism by enforcing company policies. If people are paid for sick days, and if they must be "used or lost" this is pretty strong encouragement for employees to be absent. In other words, you've helped create a culture of absenteeism that can overcome the "satisfaction" effect. (Sweney and McFarlin, 2005)

Summary :

Job satisfaction represents one of the most complex areas facing today's managers when it comes to managing their employees. Although thousands of papers and research have been conducted on job satisfaction all over the world, in the Republic of Macedonia this is one of the least studied research fields.

Many studies have demonstrated an unusually large impact on the job satisfaction on the motivation of workers, while the level of motivation has an impact on productivity, and hence also on performance of business organizations.

There is a considerable impact of the employee's perceptions for the nature of his work and the level of overall job satisfaction. Financial compensation has a great impact on the overall job satisfaction of employees**.**

Satisfaction with one's profession can affect not only motivation at work but also career decisions, personal health and how one relates with others. The literature shows that what contributes to job satisfaction or dissatisfaction is not only the nature of the job but also the expectation of what an individual perceives the job should provide.

Health workers are at great risk of job dissatisfaction generally compared to professionals in other types of organizations. Low job satisfaction impacts on staff turnover and absenteeism, which could reduce the efficiency of health services.

Factors influencing job satisfaction vary in nature as there are personal factors and expectations involved, which tend to generate exceptions, therefore generalizations are risky. The future of the healthcare work environment poses significant challenges for employers and employees. The implication for managers is that if healthcare facilities desire to attract and retain healthcare professionals, they will need to find ways to cater for intrinsic job satisfaction factors as well as additional benefits.

Chapter Three

Literature Review

Introduction :

In this chapter the researcher addresses some literature review that talked about job satisfaction and its relationship with other variables, relationship between burnout syndrome and job satisfaction among mental health workers, impact of health care employees job satisfaction on organizational performance support vector machine approach and job satisfaction among the health staff in hospitals and health centers in department of health in wassit.

Literature Review :

1. Lorber and Savic (2012): Job satisfaction of nurses and identifying factors of job satisfaction in Slovenian Hospitals.

The study objective: To determine the level of job satisfaction of nursing Professionals in Slovenian hospitals and factors influencing Job satisfaction in nursing.

Target group of the study: 509 employees included in the study represent 6% of all employees in nursing in Slovenian hospital.

The study result: Researcher found a medium level of job satisfaction in both leaders (3.49 ±0.5) and employees (3.19 ±0.6), however, there was a significant difference between their estimates (t = 3.237; P = <0.001). Job satisfaction was explained characteristics of leaders (P < 0.001; β = 0.158), and managerial competencies of by age (P < 0.05; β = 0.091), years of employment (P < 0.05; β = 0.193), personal leaders (P < 0.000; β = 0.634) in 46% of cases. The factor analysis yielded four factors explaining 64% of the total job satisfaction variance.

Tools: In this study the researcher used two questionnaires, one for leaders and one for other employees in nursing.

Statistical ways: For statistical analysis the researcher used statistical program SPSS 16.0 (SPSS Inc., Chicago, IL, USA). Differences between individual variables were analyzed using the t test, while Person correlation was used to identify the relationship between the studied variables. The researcher used factor analysis (principal component analysis) to establish characteristic of the studied variables. Job satisfaction levels among nursing professionals were determined with 20 questions

and factor analysis (principal component analysis) was conducted to reduce the number of variables. In addition, the Kaiser- Meyer-Olkin test and Bartlett's test were used to assess the appropriateness of using factor analysis and identify job satisfaction factors. For evaluation and examination of the screen chart, the researcher continued to estimate with four factors.

2. Kuzey (2012): Impact of Health Care Employees' Job Satisfaction on Organizational Performance Support Vector Machine Approach in Turkey.

The study objective: This study was undertaken to search for key factors that contribute to job satisfaction among health care workers, and also to determine the impact of these underlying dimensions of employee satisfaction on organizational performance.

Target group of the study: a sample of 249 of health care workers.

The Study result: the impact of job satisfaction factors on organizational performance is, in order of their importance: management's attitude, pay/reward, job security and colleagues. Out of the four underlying dimensions of satisfaction, management's attitude with a 40.77% relative variable importance is the major factor impacting organizational performance. The pay/reward dimension is the second most significant effect on performance (30.68%). In contrast, the job security and colleague dimensions were found to have the least impact on performance, with14.92% and 13.63% relative variable importance proportions respectively, but they are still significant and must be considered.

Tools: A cross sectional on-line survey was conducted between June, 2011 and December, 2011. The data for the study was gathered by using a self-administered questionnaire pertaining to employee satisfaction, demographic variables and organizational performance.

Statistical ways: In this research, an Exploratory Factor Analysis (EFA) was adapted in order to extract the underlying dimensions of job satisfaction for health care employees. For performance analysis, the test data sets were used for assessment. Correlation analysis was used to determine the correlation of each job satisfaction factor with organizational performance at the 0.05 level of significance. Correlation analysis highlighted the fact that there is a significant positive correlation between

organizational performance and the factors comprising job satisfaction.

3.Raddaha, et al. (2012): Jordanian nurses' job satisfaction and intention to quit (A cross-sectional design).

The study objective: This study aimed to identify factors that influenced job satisfaction and dissatisfaction, and the intention of staff nurses to quit nursing in three Jordanian healthcare delivery sectors.

Target group of the study: sample of 180 critical care nurses in three hospitals.

The study result: The grand mean for satisfaction for all nurses was 3.44 (±0.51) out of 6. They reported being highly satisfied with the item "I like the people I work with", and reported the least satisfaction with the item "I have too much to do at work". The mean value for nurses' intention to quit was 2.56 (±0.89) out of 4, with 59 per cent reporting that they "Likely" or "Very Likely" intended to leave their workplace. The nurses' level of job satisfaction significantly predicted their intention to leave their workplace (F ¼ 32.1, p, 0.001).

Tools: Nurses completed a self-administered questionnaire consisting of demographic items, a job satisfaction survey, as well as a question eliciting the intention to quit.

Statistical way: The authors used descriptive and inferential statistics, ANOVA, correlation, regression and post-hoc tests to analyze the data.

4. Chen, et.al. (2012): Comparison of Job Satisfaction among Eight Health Care Professions in Private (Non-Government) Settings.

The study objectives: This study aimed to compare the job satisfaction level among 8 groups of health care professionals in private settings.

Target group of the study: A total of 81 health care professionals, including nurses, physiotherapists, occupational therapists, medical laboratory technologists, dieticians, medical imaging practitioners, environmental health officers, and optometrists in private (non-government) settings in the Klang Valley.

The study result: In the demographic data, the majority of the subjects were 20–30 years old (81.5%), were female (72.8%), had a basic degree (98.8%), were single

(64.2%), and had 1–5 years of working experience (83.9%). A Kruskal–Wallis analysis showed significant differences (P < 0.05) in promotion, supervision, operating conditions, co-workers, nature of the work, and communication, but there were no significant differences (P > 0.05) in pay, fringe benefits, and contingent rewards in JSS score among the 8 health care professions.

Tools: participants interviewed using the Job Satisfaction Survey scale invented by Dr: Paul E Spector.

Statistical ways: The Friedman Test showed a significant difference of overall JSS scores ($\chi2 = 526.418$, P < 0.001) among the 8 health care professions.
a Rasch analysis was performed.

5. Parvin (2011): Factors affecting employee job satisfaction of pharmaceutical sector. (A descriptive research design with survey method).

The study objective:
 To assess the satisfaction level of employees in Pharmaceutical industry.
To identify the factors which influence the job satisfaction of employees.
To identify the factor which improves the satisfaction level of employees.

Target group of the study: employees in Pharmaceutical industry.

The Study results: Overall level of employee satisfaction in pharmaceutical companies, the study found that the average mean is 61%, so the overall level of employee job satisfaction is "neither happy nor unhappy".

Tools: A closed-ended interview-schedule was designed to collect primary data. Incepta, Beximco & Apex Pharma are selected to collect primary data employees. To measure the satisfaction level a 5 point scale has been used which is denoted by 1=SD, 2=D, 3=N, 4=A, and 5=SA.

Statistical ways: The data after collection is to be processed and analyzed in accordance with the outline and down for the purpose at the time of developing research plan. Technically speaking, processing implies editing, coding, classification and tabulation of collected data so that they are amenable to analysis. The term analysis refers to the computation of certain measures along with searching for pattern groups. Thus in the process of analysis, relationship or difference should be subjected

to statistical tests of significance to determine with what validity data can be said to indicate any conclusions. The analysis of data in a general way involves a number of closely related operations, which are performed with the purpose of summarizing the collected data and organizing them in such a manner that they answer the research questions. In this study the researcher followed above process carefully and presented it. The descriptive statistics will present the feel of the data that gives preliminary ideas how good the scales are, how well the coding and entering of data has been done, and the central tendency of the research variables.

6. Kalisch, et.al (2010): Nursing staff teamwork and job satisfaction (a cross-sectional study).

The study objective: The aim of the present study was to explore the influence of unit characteristics, staff characteristics and teamwork on job satisfaction with current position and occupation.

Target group of the study: 3675 nursing staff from five hospitals and 80 patient care units. Participants completed the Nursing Teamwork Survey (NTS).

The study result: Participants_ levels of job satisfaction with current position and satisfaction with occupation were both higher when they rated their teamwork higher (P < 0.001) and perceived their staffing as adequate more often (P < 0.001). Type of unit influenced both satisfaction variables (P < 0.05). Additionally, education, gender and job title influenced satisfaction with occupation (P < 0.05) but not with current position.

Tools: The survey instrument utilized in this study was the NTS, a 33-item questionnaire with a Likert-type scaling system from _Rarely (1) _ to Always (5) _. The NTS is a survey designed specifically for inpatient nursing unit teams.

Statistical ways: In the present study, all bivariate and multivariate analyses were conducted at the individual level with statistical software STATA 10 (StataCorp LP, College Station, TX, USA). Researcher estimated regression using the robust cluster estimation commands for all analyses to specify that the individual observations were independent across patient care units (clusters) but not within care units. Intra-class correlation coefficients (ICC) variance (ANOVA), confirmed correlation of each unit member's response to the group. Responses within each unit were significantly similar

for the two satisfaction variables [F79,3569 =4.85, P < 0.001, ICC = 0.078; F79,3563 = 1.88, P < 0.001, ICC = 0.019]. Based on these ICCs, satisfaction levels of nursing staff within the same patient care unit were correlated.

7. Ramasodi (2010): Factors influencing job satisfaction among health care professionals at south rand hospitals.

The study objective: To determine the factors influencing job satisfaction among healthcare professionals at South Rand Hospital.

Target group of the study: The study was conducted among 103 participants.

The study result: The results showed a low level of job satisfaction. Almost 80% (79.6%) of participants were not satisfied with their jobs, and there was no association between job satisfaction and socio-demographic characteristics. Variables such as opportunity to develop, responsibility, patient care and staff relations were found to be significantly influencing job satisfaction and there was a significant positive medium association between job satisfaction and opportunity to develop, responsibility, patient care and staff relations for both clinical and clinical support staff.

Tools: Self-administered questionnaires were used to collect data from the participants.

Statistical ways: The statistical software SPSS version17.0 was used to analyze the generated data. Descriptive and inferential statistical analyses were employed. Data were also summarized using graphic presentations for the interpretation of findings. Statistics were based on percentages and frequencies. Association between socio-demographic characteristics and job satisfaction, as well as comparison of the level of job satisfaction between categories of health care professionals, was assessed for statistical significance using the 'chi-square' test of association. Factors influencing job satisfaction were also determined using the student t-test. The relationship between dimensions of job satisfaction was measured using Pearson correlations.

8. Alqashan and Alzubi (2009): Job Satisfaction among Counselors Working at Stress Center—Social Development Office—in Kuwait.

The Study objective: The focus of the study is to measure the job satisfaction

level among Counselors working at a stress center in the Social Development Office (SDO) in Kuwait.

Target group of the study: The sample consisted of 75 social workers who work at the five branches of SDO.

The study result: Areas such as social service, social status, achievement, variety, and ability utilization were reported the most satisfied. Meanwhile, compensation, office policies, and supervision- human relations were least satisfied in this study.

Tools: The modified Minnesota Satisfaction Questionnaire

Statistical ways: The Cronbach's alpha, ANOVA.

9. Puriene, et.al. (2008): Self-perceived Mental Health and Job Satisfaction among Lithuanian Dentists.

 The Study objective: The aim of this study was to document dentists' self-perceived mental health complaints and job satisfaction, and to assess any correlations between the two.

Target group of the study: (N=2,449) licensed dentists registered with the Lithuanian Dental association.

The study result: (overall response rate: 68.2%). The majority of respondents (80.7%) reported being satisfied with their job. Self-perceived lack of self-esteem (OR: 0.59, 95% CI: 0.43–0.82), loneliness (OR: 0.72, 95% CI: 0.53–0.98), and especially depression (OR: 0.52, 95% CI: 0.35–0.77) had a high negative impact on dentists' job satisfaction

Tools: The questionnaire investigated dentists' mental health and job satisfaction.

Statistical ways: Statistical analysis was undertaken using the MS Office Excel and SPSS version 15.0 software packages. Differences in proportions were tested by Pearson's χ^2 test and Student's t test. A direct standardization method was used. Bivariate analyses were performed to determine the factors associated with mental complaints and with job satisfaction.

10. Ogresta, et.al. (2008): Relation between Burnout Syndrome and Job Satisfaction among Mental Health Workers.

The study objective: To identify predictors of burnout syndrome, such as job satisfaction and manifestations of occupational stress, in mental health workers.

Target group of the study: The study included a snowball sample of 174 mental health workers in Croatia.

The study result: Stepwise multiple regression analysis showed that pay and rewards satisfaction (β = -0.37), work climate (β = -0.18), advancement opportunities (β = 0.17), the degree of psychological (β = 0.41), and physical manifestations of occupational stress (β = 0.29) were significant predictors of emotional exhaustion (R = 0.76; F = 30.02; P<0.001). The frequency of negative emotional and behavioral reactions toward patients and colleagues (β = 0.48), psychological (β = 0.27) and physical manifestations of occupational stress (β = 0.24), and pay and rewards satisfaction (β = 0.22) were significant predictors of depersonalization (R = 0.57; F = 13.01; P<0.001). Satisfaction with the work climate (β = -0.20) was a significant predictor of lower levels of personal accomplishment (R = 0.20; F = 5.06; P<0.005).

Tools: The following measurement instruments were used:
Maslach Burnout Inventory, Manifestations of Occupational Stress Survey, and Job Satisfaction Survey. Research used a demographic questionnaire to collect data on sex, age, profession, years of service, marital status, and number of children, and three structured questionnaires, as follows: the Job Satisfaction Survey, Croatian version of the Maslach Burnout Inventory, and The Manifestations of Occupational Stress questionnaire.

Statistical ways: To determine the association between the measures, Pearson correlation coefficient was calculated. The correlations between results were measured on the dimensions' factor points derived from the factorial solutions of each instrument. Predictive value of job satisfaction and manifestation of occupational stress for each burnout dimension was tested by stepwise regression analysis. Statistical analysis was performed with the SPSS, version 13.0 (SPSS Inc., Chicago, IL, USA). The level of statistical significance was set at P<0.05.

11. Hagag (2007): The impact of job stress on organizational Commitment and job satisfaction among nursing staff in ALshefa hospital of Gaza strip (descriptive field survey study).

The study objective: The aim of the study was to measuring the level of job stress among nursing staff at the Palestinian hospital in Gaza strip between job stress and organizational commitment, and exploring the relationship between job stress and job satisfaction. Moreover this research aims at figuring the relationship between job stress and some demographic variables.

Target group of the study: A sample of nurses working at Shifa hospital, accounted (97) nurses.

The study result: The results indicated that

1- Level of job stress among nursing staff in Al-Shefa hospital of Gaza strip was 79.28.

2- There is a negative significant correlation relationship between job stress and job satisfaction.

3- There is a negative insignificant relationship between job stress and organizational commitment.

4- There were no significant differences at the level of job stress due to demographic variables.

Statistical ways

1. Pearson's correlation coefficient to measure the relationship between job stress variable and the variables of satisfaction and organizational affiliation.

2. T test to test the presence of statistically significant differences in the level of stress due to the variable sex.

3. One way ANOVA analysis of variance to test for the presence of statistically significant differences in the level of work stress due to the variable(experience, scientific qualification and marital status).

4. Scatter plot: to draw a spread to stress variable to work with a variable of satisfaction and belonging.

Tools

Questionnaire was designed for this purpose.

12. Kebriaei and Moteghedi (2007): Job satisfaction among community health workers in Zahedan District, Islamic Republic of Iran. (A cross-sectional study)

The study objective: to investigate overall job satisfaction and satisfaction with 8 aspects of the job (work itself, co-workers, management, workload, promotion, organizational structure, working conditions, and payment and benefits).

Target group of the study: 76 community health workers who work at the 44 rural health houses in Zahedan district, Sistan va Baluchestan province, Islamic Republic of Iran.

The study result: Overall job satisfaction of respondents was moderate. They were satisfied with the work itself and co-workers, but very dissatisfied with all other aspects, especially payments and benefits. The percentage of respondents who were satisfied, dissatisfied with or indifferent to aspects of their jobs. It indicates that with the work itself, the percentage of the respondents who were satisfied was high (70.3%). The respondents were least satisfied with payment and benefits, only 4.1% satisfied, with around 92% of the respondents indicating that they were dissatisfied with this aspect.

A comparison of the distribution of responses on the separate job aspects shows that CHWs were on average satisfied with only 2 aspects of the job, i.e. the work itself (70.3%) and co-workers (60.9%). However, with the other 6 aspects, respondents were not satisfied, with the proportion dissatisfied ranging from 51.4% (management) to 91.8% (pay and benefits). In terms of overall satisfaction, 40.5% of the respondents were satisfied with their job.

Tools: a self-administered questionnaire, the questionnaire was based on 2 widely adopted instruments, the Job Descriptive Index (JDI) [19] and the Employee Satisfaction Inventory (ESI) [20].

Statistical ways: Data from the questionnaire were analyzed using the SPSS, version 13.0. Initially, descriptive statistics were carried out. Next, Spearman rho coefficients were computed for correlation between the 8 aspects of the job, and Kruskal–Wallis and Mann–Whitney U tests were used to evaluate differences between sex, age group, marital status, education level and length of service with overall job satisfaction and satisfaction with the 8 aspects of the job.

13. Goetz , et al. (2007): The Influence of Workload and Health Behavior on Job Satisfaction of General Practitioners (A cross-sectional survey)

The study objective: to identify influencing factors on job satisfaction with regard to general practitioners' (GPs) characteristics such as age, gender, health behavior, body mass index (BMI), and workload.

Target group of the study: a sample of 1,027 German GPs was used.

The study result: The response rate was 34.0%. GPs were rather satisfied with their job with the exception of "hours of work," "physical working condition," and "income." GPs working in cities had less working hours per week, less number of patients per day, longer consultation times, and a higher proportion of privately insured patients compared to GPs working in rural areas. Being female, a higher age, a good health behavior, a lower BMI, and a high proportion of privately insured patients were positively associated with job satisfaction.

Tools: Job satisfaction was measured according to a modified version of the Warr-Cook-Wall job satisfaction scale.

Statistical ways: Group comparison was evaluated using ANOVA with Bonferroni correction for post-hoc tests. A linear regression analysis was performed in which each of the job satisfaction items were handled as a dependent variable.

14. Mahmoud and Ansaaf (2007): Job Satisfaction among the Health Staff in Hospitals and Health Centers in Department of Health in Wassit.

The Study objective: The study aimed to find out the extent of satisfaction among workers about salaries or the content of the work and style of leadership, as well as the physical working conditions and opportunities for promotion and development available and the fairness of the return they get.

Target group of the study: 320 of health workers in hospitals and health centers which affiliate to department of wassit health.

The study result: The research study the factors affecting the satisfaction including: Content of the work and the diversity of tasks and its percentage reached 70.25%,Salaries have 52.75% , Development and promotion opportunities have

percentage of 39.75% , Leadership style have 65.75% , Justice yield have 50.25% ,work circumstances 70.5% and general satisfaction have percentage of 58%.

Tools: Questionnaire

Statistical ways: Duplications, percentages, Centennial scale, the arithmetic mean, T-test, Alpha- cronbachs test and Pearson correlation coefficient.

15. Evans, et. al. (2006): Mental health, burnout and job satisfaction among mental health social workers in England and Wales.

The study objective: To examine the prevalence of stress and burnout, and job satisfaction among mental health social workers (MHSWs) and the factors responsible for this.

Target group of the study: 610 MHSWs in England and Wales.

The study result: Eligible respondents (n=237) Reported high levels of stress and Emotional exhaustion and low levels of job satisfaction; 111 (47%) showed significant symptomatology and distress, which is twice the level reported by similar surveys of psychiatrists. Feeling undervalued at work, excessive job demands, limited Latitude in decision-making, and unhappiness about the place of MHSWs in modern services contributed to the poor job satisfaction and most aspects of burnout. Those who had approved social worker status had greater dissatisfaction.

Forty-seven per cent (n¼111) of respondents were at least 'mostly satisfied' with their current job but 35% (n¼83) were ambivalent and 19%(n¼43) were dissatisfied; the mean job satisfaction rating was 4.4 (s.d.¼1.2, range 1–7). Far fewer people were satisfied with their employer, 22% (n¼52) being at least 'mostly satisfied', 37% ambivalent (n¼88) and 41% (n¼98) dissatisfied (mean¼3.7, s.d.¼1.2, range 1–7).

Over a quarter of respondents (28%, n¼66) had a strong or very strong desire to leave their present post and 21% (n¼48) had specific plans to do so. A strong or very strong desire to leave one's job was related to ASW status: 33% of ASWs compared with 19% of non-ASWs wanted to leave (w2¼9.6 (3), P50.05).

Tools: A postal survey incorporating the General Health Questionnaire, Maslach Burnout Inventory, Karasek Job Content Questionnaire and a job Satisfaction measure.

Statistical ways: Data were analyzed using SPSS for Windows, version 11.0. Descriptive statistics were used to describe the sample in terms of personal characteristics, work context and environment, health, well-being and job satisfaction. One-way analysis of variance (ANOVA; with Bonferroni correction, to allow for multiple comparisons) was used to examine between-group differences in GHQ total Score, Maslach sub-scores and job satisfaction. The independent variables for these ANOVAs were constructed by classifying each of the Karasek sub-scales (job demands, decision latitude and social support) into categorical variables representing Low, medium and high scores, according to recommended thresholds (Karasek, 1979). The GHQ total was computed using both the GHQ scoring method and the Likert method, to facilitate comparison with previous studies.

16. Lu, et.al. (2006): Job satisfaction and its related factors: A questionnaire survey of hospital nurses in Mainland China (A cross-sectional survey design).

The study objective: The study aimed to explore nurses' views and experience regarding different components of their working lives in Mainland China.

Target group of the study: 512 nurses working in the medical and surgical departments in two teaching hospitals in Beijing.

The study result: More than half of nurses (53.7%; n ¼ 275) were satisfied or very satisfied with their jobs and 15% (n ¼ 77) felt moderate to extreme occupational stress. The majority of the sample reported a high level of organizational commitment (63.7%; n ¼ 326) and professional commitment (85.9%; n ¼ 440) and only 5.9% (n ¼ 30) and 10.0% (n ¼ 51), respectively reported role conflict and role ambiguity often or very often. Nurses with a diploma or associate degree reported greater professional commitment and a lower level of role conflict than those with a bachelor degree (po0.05), but there were no significant differences in job satisfaction, organizational commitment, occupational stress and role ambiguity by educational program (p40.05). Nurses' educational level is an influencing factor on nurses' views and experiences of their working lives with the findings suggesting the need to develop a clinical career ladder for nursing staff in Mainland China.

Tools: Job Satisfaction Scale, Organizational Commitment Scale, Nurses' Occupational Stress Scale, Professional Identification Scale, Role Conflict and Ambiguity Scale

Statistical way: Data were entered and processed using the Statistical Package for the Social Sciences (SPSS) software, the English version 11.5. This study used descriptive statistics, χ^2 test and Kruskal–Wallis test to analyze the data.

17. Buciuniene, et. al. (2005): Health care reform and job satisfaction of primary health care physicians in Lithuania.

The study objective: The aim of this research paper is to study job satisfaction of physicians and general Practitioners at primary health care institutions during the health care reform in Lithuania.

Target group of the study: all physicians and general practitioners (N = 243), working at Kaunas primary health care level establishments.

The study result: Total job satisfaction of the respondents was 4.74 point (on a 7 point scale). Besides 75.5% of the respondents said they would not recommend their children to choose a PHC level doctor's profession. The survey also showed that the respondents were most satisfied with the level of autonomy they get at work –5.28, relationship with colleagues – 5.06, and management quality – 5.04, while compensation (2.09), social status (3.36), and workload (3.93) turned to be causing the highest dissatisfaction among the respondents. The strongest correlation (Spearmen's ratio) was observed between total job satisfaction and such factors as the level of autonomy – 0.566, workload – 0.452, and GP's social status – 0.458.

Tools: Self-administrated anonymous questionnaires were distributed.

Statistical ways: The survey data was processed using SPSS version 11.00 statistical package for data analysis. The statistical data reliability was checked according to χ^2 criteria, degrees of freedom number (DF) and statistical significance. Relationship between two independent variables was assessed relying on Spearmen's rank correlation, taking into consideration the value of the correlation ratio and statistical significance. Reliability notation: $p < 0.05$ – statistically significant, $p < 0.01$ – highly significant.

18. Humbeeck, et.al. (2004): Mental health, burnout and job satisfaction among professional in sheltered living in Flanders. A pilot study.

The study objective: The relationship between the affective climate as measured by the construct of expressed emotion and professional feeling of well-being and burnout was investigated.

Target group of the study: 56 professional.

The study result: Little indication was found for an association between expressed emotion and working conditions as measured with CFI. For the PCS, a significant relationship was found between the resident version of the PCS and burnout. The professionals who were perceived by the resident as being very critical were less depersonalized and less emotionally exhausted than those who were not so perceived.

Tools: Camber well family interview (CFI) and the Perceived criticism scale (PCS).

Statistical ways: Researcher use T-test for normally distributed data and Wilcoxon tests for not normally distributed data to compare the cut-off scores with the follow-up measures. And Pearson product-moment coefficient and Spearman's rank correlation. Multivariate comparisons were carried out by means of Step-wise multiple regression.

19. Saane, et.al (2003): Reliability and validity of instruments measuring job satisfaction—a systematic review.

The study objective: The aim of this systematic review is to select job satisfaction instruments of adequate reliability and validity for use as evaluative tools in hospital environments.

The study result: Seven instruments met the defined reliability and validity criteria. Of the seven, the 'Measure of Job Satisfaction' had an adequate content validity. Only the 'Job in General Scale' provided data about 'responsiveness' to change.

20. Bradley, et.al. (2002): Social Support, Job Stress, Health, and Job Satisfaction among Nurses in the United Kingdom.

The study objective: This study explored the relationship between perceived social support, job stress, health, and job satisfaction among nurses from 4

organizations in northwest England**.**

Target group of the study: A sample of 1,162 nurses drawn from 4 healthcare organizations**.**

The study result: Results indicate that perceived organizational support is related to nurses' health and job satisfaction**.**

Tools: self-report questionnaire.

Statistical ways: The data was analyzed using SPSS (Norusis, 1993; SPSS, 1998). Descriptive statistics and correlations were calculated for the study variables. Hierarchical multiple regression analysis was used to examine the relationship between the independent variables (hassles) and the dependent variables (GHQ-12 time 1, GHQ-12 time 2, job satisfaction time 1, job satisfaction time 2).

<u>**Comments on previous studies :**</u>

Previous studies have agreed as follows

1. It focused on measuring the job satisfaction for different health professionals' Such as **Kebriaei and Moteghedi (2007), and Puriene, et.al. (2008) and Mahmoud and Ansaaf (2007).**

2. Most of it depended on previous studies to explain or to investigate job satisfaction with burnout and relationship between them. Such as **Evans, et**. **al. (2006), Humbeeck, et.al. (2004), and Ogresta, et.al. (2008).**

Previous studies have disagreed as follows :

    1. It deals with impact of different factors on job satisfaction such as **Hagag (2007)** study investigated the impact of job stress on organizational Commitment and job satisfaction among nursing staff in ALshefa hospital of Gaza strip. And **Goetz, et al. (2007)** study investigated the Influence of Workload and Health Behavior on Job Satisfaction of General Practitioners.

    2. It used different methods (questionnaires, a different scales, varied instruments etc.) to collect data and to highlight results. Such as **Ogresta, et.al. (2008)** study it used the <u>following measurement instruments:</u>

Maslach Burnout Inventory, Manifestations of Occupational Stress Survey, and Job Satisfaction Survey. Research used a demographic questionnaire to collect data on sex, age, profession, years of service, marital status, and number of children, and three structured questionnaires, as follows: the Job Satisfaction Survey, Croatian version of the Maslach Burnout Inventory, and The Manifestations of Occupational Stress questionnaire. And **Lu**, **et.al. (2006) study** used Job Satisfaction Scale, Organizational Commitment Scale, Nurses' Occupational Stress Scale, Professional Identification Scale and Role Conflict and Ambiguity Scale.

It applied on different societies and on different samples, such as **Kebriaei and Moteghedi (2007) study** investigated Job satisfaction among community health workers in Zahedan District, Islamic Republic of Iran, **Parvin (2011) study** identified Factors affecting employee job satisfaction of pharmaceutical sector, **Evans, et**. **al. (2006) study** examined mental health, burnout and job satisfaction among mental health social workers in England and Wales, **Goetz, et al. (2007) study** identified The Influence of Workload and Health Behavior on Job Satisfaction of General Practitioners, **Lorber and Savic (2012) study** determined Job satisfaction of nurses and identifying factors of job satisfaction in Slovenian Hospitals. And **Lu**, **et.al. (2006) study** explored Job satisfaction and its related factors (A questionnaire survey of hospital nurses in Mainland China).

Discussion of previous studies results with my study result:

The Study of Ramasodi (2010): The results showed a low level of job satisfaction. Almost 80% (79.6%) of participants were not satisfied with their jobs, and there was no association between job satisfaction and socio-demographic characteristics.

Also the study of Mahmoud and Ansaaf (2007): listed that general satisfactions have percentage of 58%.

Those two previous studies its results varied with result of my study which showed that the average level of job satisfaction is medium average 64.1%.

The study of Ogresta, et.al. (2008): showed that pay and rewards Satisfaction, work climate, advancement opportunities, the degree of psychological, and physical manifestations of occupational stress were significant predictors of emotional exhaustion (R = 0.76; F = 30.02; P<0.001).

The frequency of negative emotional and behavioral reactions toward patients and colleagues, psychological and physical manifestations of occupational stress, and pay and rewards satisfaction were significant predictors of depersonalization (R = 0.57; F = 13.01; P<0.001).

Satisfaction with the work climate was a significant predictor of lower levels of personal accomplishment (R = 0.20; F = 5.06; P<0.005).

The study of Kalisch, et.al (2010): showed that education, gender and job title influenced satisfaction with occupation (P < 0.05) but not with current position. Participants_ levels of job satisfaction with current position and satisfaction with occupation were both higher when they rated their teamwork higher (P < 0.001) and perceived their staffing as adequate more often (P < 0.001). Type of unit influenced both satisfaction variables (P < 0.05).

The study of Lu, **et.al. (2006):** showed that nurses' educational level is an influencing factor on nurses' views and experiences of their working lives with the findings suggesting the need to develop a clinical career ladder for nursing staff in Mainland China.

Here, in this study education, gender and job title influenced satisfaction with occupation, while my study showed a contrary to these results.

The study of Kuzey (2012): the impact of job satisfaction factors on organizational performance is, in order of their importance: management's attitude, pay/reward, job security and colleagues. Out of the four underlying dimensions of satisfaction, management's attitude with a 40.77% relative variable importance is the major factor impacting organizational performance. The pay/reward dimension is the second most significant effect on performance (30.68%).

In contrast, the result of my study showed that administrative and financial dimensions showed no significant differences on job satisfaction.

The study of Evans, et. **al. (2006):** showed that Eligible respondents (n=237) Reported high levels of stress and Emotional exhaustion and low levels of job satisfaction; 111 (47%) showed significant symptomatology and distress, which is twice the level reported by similar surveys of psychiatrists.

<u>Here</u>, my study disagree with this study while my study showed that there is no significant job satisfaction differences between 5 varied job description.

The study of Raddaha, et al. (2012): showed that the grand mean for satisfaction for all nurses was 3.44 ($\pm$0.51) out of 6. They reported being highly satisfied with the item "I like the people I work with", and reported the least satisfaction with the item "I have too much to do at work". The nurses' level of job satisfaction significantly predicted their intention to leave their workplace (F ¼ 32.1, p, 0.001).

Here**,** this study result agreed with my study result in which my study talked about high social satisfaction through mental health care provider of Rafah.

The study of Kebriaei and Moteghedi (2007): showed that Overall job satisfaction of respondents was moderate. They were satisfied with the work itself and co-workers, but very dissatisfied with all other aspects, especially payments and benefits. The respondents were least satisfied with payment and benefits.

<u>Here</u>**,** this study agreed with my study that overall job satisfaction of respondents was moderate but my study disagreed with it in the part which talks about financial dimension**.**

The result of Bradley, et.al. (2002): indicate that perceived organizational support is related to nurses' health and job satisfaction**.**

This study: talk about the importance of job satisfaction

My comments in this study: job satisfaction contribute to the organization support also other factors will contribute to employees job satisfaction, between job satisfaction factors and job satisfaction contribution there's a huge researches should be made and the attention of decision maker will directed to this subject.

<u>Contribution of the study:</u>

This study will investigate the prevalence of job satisfaction among community mental health care providers in which the research include 5 categories of mental health staff (psychiatrists, psychiatric pathogen, psychologists, social workers and pharmacists) who are work on governmental community mental health centers in addition to psychiatric hospital. The researcher found a lack of the previous studies

that deal immediately with the same subject matter. This research is considered one of the most important studies as Analytical Approach to investigate the level of job satisfaction among health care providers who are working on governmental community mental health centers on Gaza. This study will contribute to the understanding of the reality of job satisfaction in Gaza Strip. Also shedding light on the most important issues related to the same subject, the factors of job satisfaction, and how focuses on aspects which need to be developed.

Summary :

Job satisfaction is moderately prevalence among health different professionals in the previous studies and the moderately percentage reach up to 60%, the prevalence and the relationship between job satisfaction rate and other variables which related to differ from study to study because there are many factors which may play in the result such as material incentives, work environment, job stress, salary value, absenteeism, work site and employee motivation. Also satisfied employees play a crucial role in an organization's success, so health care organizations must be aware of the importance of employees' job satisfaction. It is recommended to monitor employees' job satisfaction levels on an annual basis.

Chapter Four

Methodology

Introduction:

In this chapter, the researcher presents the procedures and steps that were used in the study, also explains and clarifies methodology of the study, population of the study, selecting the sample of the study, tools and statistical methods that are used in the data analysis to get the results and the findings.

Methodology:

The researchers used the analytical descriptive approach that tries to answer the basic question and analyze the phenomenon, its nature and environment, explains the relationship between components; the description is about the units, conditions, relationships, categories, ratings, or patterns that already exist. This may include the views and attitudes, as well as the processes included, the effects and directions that emerged, it means that the descriptive approach study how the phenomenon works (Abuhatab&Sadeq, 1991: 104) and (Al agha _Ehssan, 1998:43)

The Population of Study:

The study population consists of all service providers in governmental community mental health centers in Gaza strip in 2012 -2013 in addition to mental health hospital. The population of the study was (163 person)**

** According to report of general directorate of mental health 2012.

The Pilot sample of study:

A pilot sample was chosen randomly that equals (20) of service providers in psychiatric hospital and governmental community mental health centers in Gaza strip, before collecting the result of sample. It provides a trial run for the questionnaire. And it has been added to the research.

The Overall sample of study:

The study sample was chosen to be totally (130) of service providers in governmental community mental health centers and psychiatric hospital in Gaza strip,(120) elements was the respondents with response rate of 92.3%, based on researcher choice that focus on 5 categories (psychiatrist, psychiatric nurse, psychologist, social worker and pharmacist), (10) element was as drop out refer to personal circumstances like

{Delivery, traveling, Omra performance}. The demographic characteristics of the sample are shown as follows:

- **Sampling method:**

 The researcher selected the study sample by choosing way according to specific criteria which represented in choose only **5** categories of mental health employee {psychiatrist, psychiatric nurse, psychologist, social worker and pharmacist} because of these categories; are very close to mental patient and deal with them most of the time. The researcher took in to consideration to select service providers according to choosing 5 categories from the community mental health centers and mental health hospital in Gaza strip from all governorates and to ensure confidentiality of data through ignoring the personal details.

Period of the study:

 The study performed from March 2012 to June 2013, the researcher wrote the literature 6 month the estimate duration of the study approximately.

Place of study:

 The study is designed to be performed among service providers in governmental community mental health centers in Gaza strip in addition to psychiatric hospital.

Eligibility criteria:

- **Inclusion criteria**

 The inclusion criteria of the study were male and female service providers who works at governmental community mental health centers and psychiatric hospital whose under job discreption of{psychiatrist, psychiatric nurse, psychologist, social worker and pharmacist} at the time of gathering data of the study, these are the most eligible service providers to be chosen as sample units of the study.

- **Exclusion criteria**
 The researcher excluded from this study:

1. EEG technicians
2. Administrator's

3. Security and services employers

4. Workers

5. Rehabilitation Specialists

Ethical considerations:

The ethical consideration and procedures are very important conditions in applying the research, where all of the ethical procedures have to be followed perfectly without ignorance any of them; some of these important ethical procedures are, I will take the following ethical considerations when conducting research:

- The privacy of information of respondents was respected, for their problems are not disclosed to anybody.

- Answers was treated confidentially and is used for research purposes only.

Data collection tools and instrument of the study:

Data collection has been performed by questionnaire with service providers in governmental community mental health centers and psychiatric hospital in Gaza strip; to obtain information about knowledge, attitude, practice and socio- demographic factor .The questionnaire used in the study is considered as the main instrument to get the data and information about the level of job satisfaction among service providers in governmental community mental health centers and psychiatric hospital in Gaza strips.

1. The Socio -Demographic part.
2. The part of job satisfaction.

Phases of questionnaire construction:

The researcher have designed study questionnaire according to looking on several master thesis, previous studies and some international measurement like (Minnesota measure of job satisfaction), and then showed for a panel of scientist {consist of 7 scientist}. They have added specific modifications and it was done and discussed with researcher supervisor.

Socio-demographic status (developed by the researcher).

This was gathered from service providers by questionnaire includes (gender, educational degree, number of service years, marital status, job description, monthly income, governorate, age).

Job satisfaction measurement:

This checklist consist of 42 statements covering four different types of job satisfaction that's may be the service providers have. This checklist covers the level of job satisfaction among service providers for four different types of job satisfaction. These types are **"financial satisfaction, social satisfaction, self-satisfaction, administrative satisfaction"**, the researcher has used a questionnaire to measure the response to the questionnaire's items as in the following table:

Validity and Reliability for study tool:

First: Validity job satisfaction measurement

To verify the Validity of the measurement was calculated in two, ways the two as follows:

❖ **Internal consistency**

The internal consistency is the second statistical test that used to test the validity of the test. The internal consistency indicates the correlation of the total of each item/ statement with the total degree of the method. It also indicates the correlation of the total of each method with the total of the measure (Al Agha, 2004: 110).

To figure out the internal consistency, the researcher calculated the correlation coefficients between the degree of each dimension and the total degree of the measure ,as well as the Pearson's correlation coefficient between the degree of each statement and the total score of its related dimension, all of these are illustrated through the tables in the following:

Table (2) Correlation coefficients between dimensions of the measure job satisfaction and the total degree of the measure

Dimensions	Correlation coefficients	Sig.
Financial Satisfaction	0.45	**0.004
Social Satisfaction	0.73	**0.001
Self-Satisfaction	0.73	**0.001
Administrative Satisfaction	0.83	**0.001

** P-value<0.01   * P-value<0.05   // P-value>0.05

The results in the previous table showed that the correlation coefficients for the total of the measure job satisfaction and all its related dimension are to be statistically significant correlated at a level of significance (p-value < 0.01), the correlation coefficients of the total measure and the dimensions are ranging between (0.45 – 0.83), this gives a clear evidence that the researcher can be sure how appropriate is the measure to be applied onto the total sample of the study.

As the measurement of job satisfaction has four dimensions, correlation coefficients have been computed between the statements of each of the four dimensions and the total score for each dimension separately, this can be seen in the following tables:

Table (3) Shows the Correlation coefficients between statements of the dimension Financial satisfaction toward self and the total degree of the dimension

N	Statements	Correlation Coefficients	Sig.
1	I Feel That My Monthly Income Consistent With The Effort I Made	0.65	0.002**
2	I See That My Monthly Income Commensurate With The Necessities Of Life	0.79	0.001**
3	I Feel That The Financial Bonuses For Grade I Operated Is Appropriate	0.73	0.001**
4	I See That My Monthly Income Commensurate With The Salaries Of Other Careers Counterpart	0.71	0.001**
5	I See That The Current Salary Measurement Gives Me The Motivation To Progress And Move Up In My Career	0.57	0.007**
6	I See That My Work Requires Risky Allowance More Than Other Professions	0.59	0.005**
7	I Feel That Financial Incentives Encourage And Repeated Me Increase My Efficiency In Action	0.64	0.005**
8	I Think That The Global Political Conditions And The Wave Of The High Cost Of Living In The Whole World, Affecting The Degree Of My Satisfaction On My Monthly Income	0.41	0.07\\
9	I Feel That The Political Conditions In Gaza Have A Significant Role In The Distinguish Between The Employees' Salaries	0.53	0.01*

** P-value<0.01   * P-value<0.05   // P-value>0.05

The results of the previous table showed that the total dimensions (Financial satisfaction) have very high correlation coefficients with each of its related statements, the significance was within a level less than 0.01, Pearson's correlation coefficients were ranging between (0.53 -0.79), and this indicates that the dimensions (financial satisfaction) and its related statements have a very high amount of validity,

Except statement (8) which appeared to be not statistically significant (p-value>0.05), and therefore it should be deleted from the dimension and the whole measure.

Table (4) Shows the Correlation coefficients between statements of the dimension Social satisfaction toward self and the total degree of the dimension

#	Statements	Correlation Coefficients	Sig.
1	I See That My Work In The Field Of Mental Health Allows Me To Configure Good Social Relations With Others	0.45	0.045*
2	I Keep Up With My Colleagues At Work During The Day Passes With Good Track	0.89	0.001**
3	I Believe That My Communication Skills Express What I Want In A Good To Deal With Others	0.43	0.05\\
4	I See That My Good Relationship With Some Of My Colleagues Reduce The Feeling Of Work Pressure And Tensions Occurring During The Day	0.56	0.006**
5	I Think That My Relationship With My Auditors , Colleagues And Managers To Work Very Good	0.59	0.006**
6	When I Get A Social Occasion, My Colleagues Visited Me Or Calling Me To Check On	0.80	0.001**
7	I See That The Work Visits To Other Centers Allows Me To Identify Colleagues Profession	0.38	0.098\\
8	I Feel With Interest Of My Colleagues And My Managers In The Work When I Be Sick And Their Initiative To Ask About Me	0.70	0.001**

N	Statements	Correlation Coefficients	Sig.
9	I Think That Interactive With My Colleagues And Managers At Work In A Positive Way Makes Them Prefer To Work With Me	0.81	0.001**
10	I See That My Work Colleagues Are Interested Into Social Situation And They Appreciate It	0.81	0.001**

** P-value<0.01   * P-value<0.05   // P-value>0.05

The results of the previous table showed that the total dimensions (Social satisfaction) have very high correlation coefficients with each of its related statements, the significance was within a level less than 0.01, Pearson's correlation coefficients were ranging between (0.45 -0.89), and this indicates that the dimensions (Social satisfaction) and its related statements have a very high amount of validity, Except statement (3, 7) which appeared to be not statistically significant (p-value>0.05), and therefore it should be deleted from the dimension and the whole measure.

Table (5) Shows the Correlation coefficients between statements of the dimension self satisfaction toward self and the total degree of the dimension

N	Statements	Correlation Coefficients	Sig.
1	I Feel That Improving The Physical Conditions Contribute To The Satisfaction Of My Job	0.45	0.046*
2	I Think That The Potential Of The Available Clinic Contribute To The Process Of Proper Treatment	0.42	0.067\\
3	I Feel Comfortable Of Team Collaboration To Serve Patients	0.25	0.284\\
4	I Feel Appreciated And The Ministry Of Health And Official Bodies In The Community Of The Role That I'm Doing	0.49	0.028*
5	I Think That Working Hours In The Clinic Appropriate	0.36	0.116\\

6	I Think That There Are Many Drawbacks In My Work Affect My Performance	0.11	0.642\\
7	I Think That If I Got My Chance To Study Abroad This Step Possible To Develop Myself And My Skills	0.54	0.015*
8	I Feel Pleased When I Know That My Name Is A Candidate For A Training Course To Develop My Experience In Working	0.48	0.032*
9	I Think That My Participation In Workshops Increase My Knowledge On Work-Related Matters	0.67	0.001**
10	I Think The Organize Special Trips For Staffs Each Period A Is Significant Cause Of Self-Entertainment And Gives A Sense Of Change Work Routine	0.60	0.006**
11	I See That Intangible Incentives Encourage Me To Raise The Quality Of My Performance And A Practice Of My Work Is Purely Professional	0.66	0.002**
12	I Feel Objectively Standards To Be Met By The Incumbent Officer Post In The Field Of Mental Health	0.52	0.018*
13	I Feel Objectively Standards That Serve As A Basis On Auditing Staff	0.54	0.018*
14	I See That I Undemanding And I Agree The Little	0.53	0.020*
15	I Have Never Suffered From Anxiety Or Depression	0.46	0.040*
16	I Feel A Deep Affiliation To My Work	0.62	0.004**
17	I Feel Relatively Calm At The Clinic During Practice For My Work	0.48	0.032*

** P-value<0.01   * P-value<0.05   // P-value>0.05

The results of the previous table showed that the total dimensions (Self-satisfaction) have very high correlation coefficients with each of its related statements, the significance was within a level less than 0.01, Pearson's correlation coefficients were ranging between (0.45 -0.67), and this indicates that the dimensions (Self-satisfaction) and its related statements have a very high amount of validity, Except statement (2, 3, 5, 6) which appeared to be not statistically significant (p-value>0.05), and therefore it should be deleted from the dimension and the whole measure.

Table (6) Shows the Correlation coefficients between statements of the dimension administrative satisfaction toward self and the total degree of the dimension

N	Statements Of The Fourth Axis	Correlation Coefficients	Sig.
1	I Feel That The Administration In The Clinic Interested In Addressing The Problems Of Staff	0.75	0.001**
2	I See When I Late For Work For More Than Half An Hour To My Managers Take Right Me A Particular Action	0-.06	0.753\\
3	I See That The Director Of The Clinic Practiced Consultation Before Making A Decision	0.80	0.001**
4	I Think That The Administration Is Flexible	0.81	0.001**
5	I See That The Location Of The Clinic Affects The Efficiency Of Team Work, Including Director	0.35	0.130\\
6	I Think The Manager's Ability To Communicate With Topics Related To Police And Issues Of Patients With Court Very Good	0.77	0.001**
7	I See That A Manager An Efficient And Deserves His Position Based On His Fullest Work	0.90	0.001**

8	I See That The Director Social Relations With Others Characterized By Respect And Affection	0.78	0.001**
9	I Think That The Flexible Character Of The Director Reduce Sometimes The Pressures Of Work	0.63	0.003**
10	I See That The Manager Carry Responsibility To Work Significantly	0.71	0.001**
11	I Feel That The Manager Is Able To Adjust The Working Time And Attendance Schedules	0.63	0.003**
12	Management Take Into Account The Circumstances Of The Particular Employee Of Illness Or Travel Or Hajj	0.61	0.004**
13	Management's Consider The Employee Opinion And Take Them Into Consideration	0.90	0.001**
14	Management Allow To Accept Some Constructive Criticism Leveled By The Employee To The Nature Of The Performance Or The Institutional System	0.89	0.001**
15	I Feel Objectively The Leaders In Addressing Issues Of Individual And Collective	0.66	0.002**

** P-value<0.01   * P-value<0.05   // P-value>0.05

 The results of the previous table showed that the total dimensions (Administrative satisfaction) have very high correlation coefficients with each of its related statements, the significance was within a level less than 0.01, Pearson's correlation coefficients were ranging between (0.63 - 0.90), and this indicates that the dimensions (Administrative satisfaction) and its related statements have a very high amount of validity, Except statement (2, 5) which appeared to be not statistically significant (p-

value>0.05), and therefore it should be deleted from the dimension and the whole measure.

❖ **Comparative Terminal**

This comparison, in essence, a division of the measurement into two parts and compares between mean of top quartile degrees and the mean to bottom quartile degrees, and after the distribution of grades was conducted comparison terminal method between the highest (25%) of the degrees and less (25%) of the degrees for degrees of the total measurement job satisfaction, is illustrated by the following table:

Table (7) shows the results of test "T" to study the differences between

the means of high and low degrees for job satisfaction and it's dimensions

Dimensions	Low degrees		High degrees		T.value	Sig.
	Mean	St.D	Mean	St.D		
Financial dimension	26.45	6.99	2.55	1.10	17.87	**0.001
Social dimension	41.20	5.63	2.50	1.10	37.10	**0.001
Self-dimension	61.75	8.42	2.50	1.10	36.10	**0.001
Administrative dimension	44.55	11.80	2.60	1.10	17.40	**0.001
Job satisfaction	173.95	22.74	2.50	1.14	35.41	**0.001

** P-value<0.01   * P-value<0.05   // P-value>0.05

The previous table Showed that there are significant statistically differences between high degrees and low degrees of the total measurement (job satisfaction) and its four dimensions, and this shows that the measurement and its four dimensions distinguish between higher degrees and lower grade in total degree of measurement and its four dimensions, and which means that the measure and its statements have high validity. Which refers to the validity of the measurement to distinguish between higher degrees and low degrees.

Second: the reliability of job satisfaction measurement:

– **Reliability of the measure**

The measure is said to be reliable when it gives the same results if it is reapplied in the same conditions on the same sample, (Richard, 2004).

The reliability can be measured by both ways: Alpha Cronbach's and the Spilt- half techniques.

1. **Cronbach's alpha**

   To calculate the reliability of the test, the researcher used the following two methods:

Cronbach's Coefficient Alpha: $\alpha = \frac{K}{K-1}\left(1 - \frac{\sum_{i=1}^{K} \sigma_{Y_i}^2}{\sigma_X^2}\right)$

(Cronbach, Lee J., and Richard J. Shavelson. 2004.p 391:418)

The researcher calculated the reliability of the test by using Alpha Cronbach's formula, (K) is the number of items of the test, ($\sigma2\chi$) is the variance of the total test marks where ($\sigma2Y$ í) is the component of the test and (í) is sample questions of the test (Cronbach's and Richard, 2004). The normal range of Cronbach's coefficient alpha value between (0.0 and 1.0), and the higher values reflects a higher degree of internal consistency.

The researcher found the reliability of the overall measure job satisfaction by calculating the Cronbach's alpha coefficient (Nu. of items = 42); where the value of alpha = (0.90), and this indicates strongly that the measure has a high reliability amount, While the Cronbach's alpha coefficient coefficients for the four dimensions of the measure were ranging in between (0.78 - 0.94), and this implies that both the whole measure and the related dimensions have a high reliability, which meets the requirements of applying the measure on the sample of the study. The following table shows the related details:

Table (8) Cronbach's alpha values for the measure job satisfaction and its dimension

Dimensions	No. of statements	Alpha Cronbach's
Financial dimension	8	0.82
Social dimension	8	0.86
Self-dimension	13	0.78
Administrative dimension	13	0.94
Measurement of job satisfaction	42	0.90

2. **Split half method**

The researcher calculated the reliability of the job satisfaction measure by using split half method as another way to test the reliability, this method works by dividing the whole test items into two parts, then the correlation coefficients between the sum of items for the first part and the sum of items for the second part were calculated, Pearson's correlation coefficient for the whole measure was (0.33), and the Spearman-Brown formula was (0.50), this indicates that the test has a high degree of reliability, the following table shows the correlation coefficient and Spearman-Brown values of the whole questionnaire and its dimensions.

Table (9) Constancy coefficient using half-split for the measure job satisfaction and it's dimension

Dimensions	Pearson correlation	Spearman Brown
Financial dimension	0.53	0.69
Social dimension	0.53	0.69
Self-dimension	0.33	0.50
Administrative dimension	0.92	0.96
Measurement of job satisfaction	0.33	0.50

limitation faced the researcher:

1. Non-approval of some of service providers to fill in the questionnaire.
2. Transportation difficulties.
3. Lack of references and the lack of previous studies discussing this issue in the Gaza Strip or statistics updated that can help the researcher in the study and trying to look for references and studies done in other countries in the world.
4. Difficulties in sharing and completing the questionnaires from the sample.
5. Continuous disconnection of electric current.
6. Time limit: the study start from 2012 to 2013.
7. Place limit: the study applied on Gaza strip only, the researcher excluded west bank.
8. Human limit: study applied only on mental health employees on governmental centers. Especially 5 types of job description contained (psychiatrist, psychological pathogen, psychologist, social workers and pharmacist).

Statistical Methods

To answer the study questions and hypotheses, the researchers used the following statistical methods:

- Frequencies and Relatives: these are essentially used to help the researcher to describe the study sample.
- Mean Standard deviation and relative mean for describing the dimensions.
- Person's Correlation Coefficients to measure the degree of correlation as well to study the relation between variables.
- Cronbach's alpha coefficient and Split-half coefficient to determine the consistency of questionnaires' items.
- T-Test to determine the difference between the categories of the categorical variables (two categories).
- One-Way ANOVA to study the difference between the categories of the categorical variables (three or more categories).

Chapter Five

Result and Discussion

Demographic characteristics of the study sample

In order to figure out the features of the sample, frequencies and relatives were calculated for each of the demographic characteristics, related results are shown as follows

Table (10) Demographic characteristics of the study sample (N=120)

Gender	N	%	Job description	N	%
Male	67	55.8	doctor	18	15.0
Female	53	44.2	psychologist	29	24.2
Educational level	**N**	**%**	pharmacist	11	9.2
Diploma	18	15.0	psychological pathogen	45	37.5
Bachelor	50	41.7	A Social worker	17	14.2
Master	42	35.0	**Monthly income**	**N**	**%**
Neither	10	8.3	1500-2000 NIS	34	28.6
Nu. Of service years	**N**	**%**	2000-3000 NIS	46	38.7
5years and less	39	32.5	3000NIS and more	39	32.8
From 5 to 10 years	33	27.5	**Governorate**	**N**	**%**
More than 10 years	48	40.0	North	20	16.7
Marital status	**N**	**%**	Gaza	53	44.2
Single	10	8.3	Middle zone	20	16.7
Married	103	85.8	Khan younis	12	10.0
Divorced	5	4.2	Rafah	15	12.5
Widow	2	1.7	**Age**	**N**	**%**
			25 to 30	30	25.2
			30 to 45	65	54.6
			45 to 55	18	15.1
			55 and more	6	5.0

From the previous table:

The sample consist of **130** subject, the respondents were **120** with response rate of (92,3%).

Gender:55.8% at the sample were males, and the left 44.2% were females.

Educational level: 41.7% at the sample have bachelor certificate, 35.0 have master certificate, 15.0% have diploma certificate and 8.3% have a neither certificate.

Number Of service years: 40.0% from the sample worked more than 10 years, 32.5% worked for 5 years and less and 27.5% worked from 5 to 10 years.

Marital status: Most of the samples were married 85.8%, 8.3% were single, 4.2% were divorced and 1.7%was widow.

Job description: 37.5% from the sample were a psychological pathogen, 24.2% were psychologist, 14.2% were a social worker, 15.0% were psychiatrist and 9.2% were pharmacist.

Monthly income: 38.7% from the sample their monthly income between 2000- 3000 NIS, 32.8% their income were 3000 NIS and more and 28.6% their income 1500 - 2000 NIS.

Governorate: 44.2% of the sample from Gaza governorate, 16.7%from North governorate, with the same percentage 16.7% from Middle zone governorate, 12.5% from Rafah and 10.0% from Khan younis.

Age:54.6% from the sample their age between 30 to 45 years, 25.2% their age between 25 to 30 years, 15.1% their age between 45 to 55 years and only 5.0% their age 55 years and more.

Questions of the study:

Answer of the main question

➤ **What is the level of job satisfaction and its dimensions among service providers in the community mental health centers in Gaza strip?**
To figure out the level of job satisfaction and its dimensions among service providers in the community mental health centers in Gaza strip, the followings were computed:

the relative weights, means and STD dev. for each single dimension, and the total Job satisfaction. Related results are shown at the table below:

Table (11) shows the results of descriptive and relative weight for (job satisfaction) and the related dimensions

Dimension	Total degree	Mean	Std. Deviation	relative weight%	Order
Financial satisfaction	40	21.4	5.4	53.5	4
Social satisfaction	40	30.3	5.9	75.8	1
Self satisfaction	65	46.8	7.0	72.0	2
Administrative satisfaction	65	36.1	13.0	55.5	3
Job satisfaction	210	134.6	23.9	64.1	_

From the previous table :

For the Total measurement (job satisfaction): the result showed that the relative weight for job satisfaction was 64.1% among service providers in the community mental health centers in Gaza strip with mean 134.6 degree and std. deviation 23.9 degree, which means that the service providers in community mental health centers in Gaza strip have slightly high amount of the overall job satisfaction.

For the level of each of the job satisfaction among service providers in the community mental health centers in Gaza strip the results showed that the most common dimension was social satisfaction with relative weight equals 75.8%, then comes the dimension of self satisfaction with relative weight equals 72.0%, then comes the dimension of administrative satisfaction with relative weight equals 55.5% , and comes with the last rank the dimension of financial satisfaction with relative weight equals 53.5%, and this shows that the service providers in the community mental health centers in Gaza strip have a high degrees of job satisfaction kinds.

Figure (6) Shows the orders relatives for the measurement job satisfaction and it's dimension
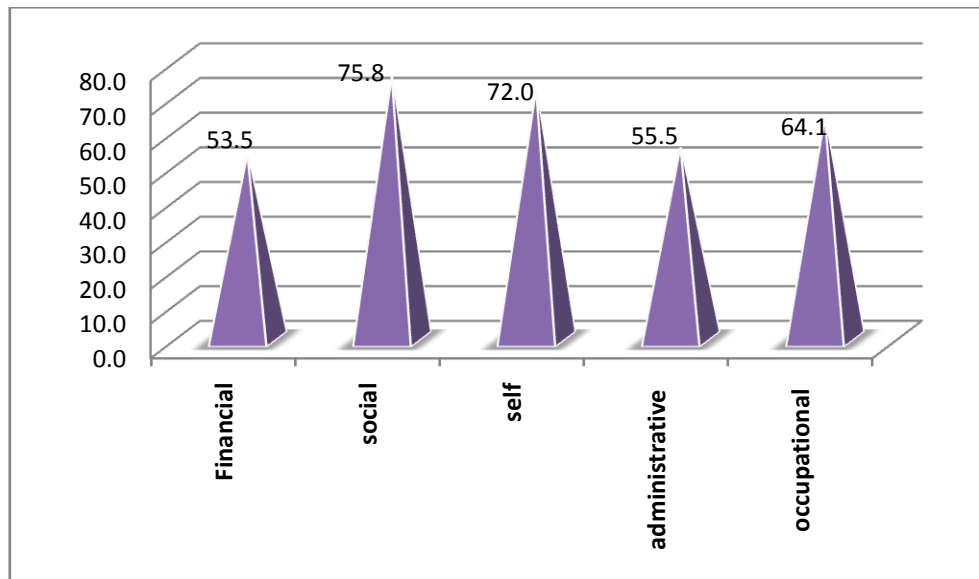
First hypotheses :

• **There are no statistical significant differences at (α≤0.05) in levels of job satisfaction and its dimensions due to gender.**

To figure out that, the researcher used two independent samples T-Test to figure out the differences between the degrees of job satisfaction and it's dimensions of service providers in community mental health centers in Gaza strip toward gender (male, female) :   The result showed that there were no statistical significant differences in the mean of the job satisfaction level with its dimensions (self-domain, social domain, financial domain and administrative domain) in terms of gender.

The researcher can be explained this result; that the mental health professional with their different job description both genders (male or female) were facing the same job circumstances of the being satisfied or not due to the work nature, they suffers from the same problems and both live in the same strip. Also either (male or female) have same Development and Promotion opportunities.

On the other hand the study of (**CemilKuzey,2012**) was agreed with my study. It said that no significant sex differences were associated with job satisfaction.

Table (12) Shows the results of t-test for the differences of job satisfaction and it's dimensions degrees in terms of gender

Dimension	Male (N=66)		Female(N=53)		T-test	p-value
	Mean	Std. Dev.	Mean	Std. Dev.		
Financial satisfaction	21.11	6.06	21.79	4.47	-0.68	0.498\\
Social satisfaction	30.29	6.25	30.40	5.60	-0.10	0.922\\
Self satisfaction	46.83	6.95	46.83	7.14	0.01	0.998\\
Administrative satisfaction	35.76	12.54	36.45	13.60	-0.29	0.773\\
Job satisfaction	133.98	24.35	135.32	23.49	-0.30	0.763\\

** P-value<0.01   * P-value<0.05   \\ P-value>0.05

There were no statistical significant differences (P-value>0.05) between the means of job satisfaction degrees and it's dimensions (financial satisfaction, social satisfaction, self satisfaction, administrative satisfaction) for service providers in community mental health centers in Gaza strip toward the gender. This means that the service providers males and females have the same levels of job satisfaction and it's dimensions (financial satisfaction, social satisfaction, self satisfaction, administrative satisfaction).

<u>**Second hypotheses :**</u>

- **There are no statistical significant differences at (α≤0.05) in the levels of job satisfaction and its dimensions due to educational level.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the degrees of job satisfaction and it's dimensions of service providers in community mental health centers in Gaza strip toward educational level (diploma, bachelor, master, neither) :   The researcher believes this factor can't affect the degree of professional job satisfaction by any way because the work site and work nature is the same for all employees. Work with its burden isn't breaking down into small pieces, all employees with their different qualification degrees faced same job circumstances.

On the other hand the study of (**Lu**, **et.al. 2006**) was agreed with this result. It said that no significant educational level differences were associated with job satisfaction.

Table (13) Shows the results of One-way ANOVA for the differences of job satisfaction and it's dimensions levels in terms of educational level

The Dimension	Groups	Sum of Squares	df	Mean Square	F	Sig.
Financial Satisfaction	Between Groups	126.0	3	42.0	1.46	0.231\\
	Within Groups	3290.5	114	28.9		
	Total	3416.5	117			
Social Satisfaction	Between Groups	213.8	3	71.3	2.07	0.108\\
	Within Groups	3952.8	115	34.4		
	Total	4166.6	118			
Self Satisfaction	Between Groups	103.2	3	34.4	0.70	0.556\\
	Within Groups	5685.4	115	49.4		
	Total	5788.6	118			
Administrative Satisfaction	Between Groups	59.1	3	19.7	0.11	0.952\\
	Within Groups	19798.4	115	172.2		
	Total	19857.5	118			
Job Satisfaction	Between Groups	862.3	3	287.4	0.50	0.685\\
	Within Groups	66408.7	115	577.5		
	Total	67271.0	118			

** P-value<0.01   * P-value<0.05   \\ P-value>0.05

The previous table shows that there were no significant differences (P-value>0.05) between the means of job satisfaction degrees and it's dimensions (financial satisfaction, social satisfaction, self satisfaction, administrative satisfaction) for service providers in community mental health centers in Gaza strip toward the educational level (diploma, bachelor, master, neither), which means that service providers with all educational level have the same levels of job satisfaction and it's

dimensions (financial satisfaction, social satisfaction, self satisfaction, administrative satisfaction).

Third hypotheses :

- **There are no statistical significant differences at ($\alpha \leq 0.05$) in the levels of job satisfaction and its dimensions due to service years**.

  To figure out that, the researcher used One-way ANOVA test to figure out the differences between the degrees of job satisfaction and it's dimensions of service providers in community mental health centers in Gaza strip toward the no. of service years (5 years and less, from 6 to 10 years, more than 10 years) : The researcher can be explained this result that all employees have the same rights and passing the same work circumstances also there's no invisible changes on the ground which differentiate one employee from another .Also a lot of things special of work is well known to all employees.

  For the dimension "self-satisfaction": The result showed there are statistical significant differences between the degrees of self-satisfaction among service providers in community mental health centers in Gaza strip towards number of service years.The test showed that service provider who have serviced 5 years and less have self-satisfaction less than the service provider who have serviced from 6 to 10 years.

  The researcher can be explained this result that these new employees did not get used to the working conditions and disturbances, as well as those who serviced for 6 years. Also the gap between what they have learned in the universities and the work on the ground has created a sense of dissatisfaction.

Table (14) shows the results of One-way ANOVA for the differences of job satisfaction and its dimensions levels in terms of no. Of service years

The Dimension	Groups	Sum of Squares	Df	Mean Square	F	Sig.
Financial satisfaction	Between Groups	58.5	2	29.2	1.00	0.371\\
	Within Groups	3358.0	115	29.2		
	Total	3416.5	117			
Social satisfaction	Between Groups	45.5	2	22.8	0.64	0.529\\
	Within Groups	4121.1	116	35.5		
	Total	4166.6	118			
Self satisfaction	Between Groups	293.3	2	146.6	3.10	0.049*
	Within Groups	5495.4	116	47.4		
	Total	5788.6	118			
Administrative satisfaction	Between Groups	505.4	2	252.7	1.51	0.224\\
	Within Groups	19352.1	116	166.8		
	Total	19857.5	118			
Job satisfaction	Between Groups	2383.6	2	1191.8	2.13	0.123\\
	Within Groups	64887.4	116	559.4		
	Total	67271.0	118			

** P-value<0.01   * P-value<0.05   \\ P-value>0.05

The previous table shows that :

- There are no significant differences (P-value>0.05) between the means of job satisfaction degrees and it's dimensions (financial satisfaction, social satisfaction, administrative satisfaction) for service providers in community mental health centers in Gaza strip toward the no. of service years (5 years and less, from 6 to 10 years, more than 10 years), which means that service providers with all no. of service years have the same levels of job satisfaction and it's dimensions (financial satisfaction, social satisfaction, administrative satisfaction)

- **For the dimension "self satisfaction":** There are statistical significant differences (F-test = 3.10, P-value=0.048) between the degrees of self satisfaction among service providers in community mental health centers in Gaza strip towards no. of service years (5 years and less, from 6 to 10 years, more than 10 years), the test of LSD (Least Square Differences) was used to figure out the differences between the categories of number of service years. The test showed that service provider who have serviced 5 years and less have self satisfaction less than the service provider who have serviced from 6 to 10 years and these difference were significant differences, and the result showed that there no statistical significant differences between other group.

Table (15) shows the results of LSD for the differences of degrees of self satisfaction in terms of no. Of service years

The Dimension	Service Years no. of	N	Means	5 years And less	from 6 to 10 Years	More Than 10 Years
Self satisfaction	**5 years And Less**	39	44.90	1	-4.04*	-2.06\\
	from 6 to 10 years	33	48.94	-	1	1.98\\
	more than 10 years	47	46.96	-	-	1

Fourth hypotheses :

- **There are no statistical significant differences at (α≤0.05) in the levels of job satisfaction and its dimensions due to marital status**.

  To figure out that, the researcher used One-way ANOVA test to figure out the differences between the degrees of job satisfaction and it's dimensions of service providers in community mental health centers in Gaza strip toward the marital status (single, married, divorced, widow) : The researcher can be explained this result that all employees have the same rights even was married or any other marital status, all employees work the same hours and have the same rights from ministry of health.

  Also there is respecting between employees about this point, our religion determine that there's no difference between any person except in his initiatively to do good

work and fear from Allah. And because our society is Muslim, they work and believe in our religion instructions .

Table (16) Shows the results of One-way ANOVA for the differences of job satisfaction and it's dimensions levels in terms of marital status

The Dimension	Groups	Sum Of Squares	Df	Mean Square	F	Sig.
Financial Satisfaction	Between Groups	50.3	3	16.8	0.57	0.637\\
	Within Groups	3366.1	114	29.5		
	Total	3416.5	117			
Social Satisfaction	Between Groups	140.9	3	47.0	1.34	0.264\\
	Within Groups	4025.7	115	35.0		
	Total	4166.6	118			
Self Satisfaction	Between Groups	41.3	3	13.8	0.28	0.843\\
	Within Groups	5747.3	115	50.0		
	Total	5788.6	118			
Administrative Satisfaction	Between Groups	671.7	3	223.9	1.34	0.264\\
	Within Groups	19185.7	115	166.8		
	Total	19857.5	118			
Job Satisfaction	Between Groups	931.9	3	310.6	0.54	0.657\\
	Within Groups	66339.1	115	576.9		
	Total	67271.0	118			

** P-value<0.01   * P-value<0.05   \\ P-value>0.05

The previous table shows that there were no significant differences (P-value>0.05) between the means of job satisfaction degrees and it's dimensions (financial satisfaction, social satisfaction, self satisfaction, administrative satisfaction) for service providers in community mental health centers in Gaza strip toward marital status (single, married, divorced, widow), which means that service providers with all marital status have the same levels of job satisfaction and it's dimensions (financial satisfaction, social satisfaction, self satisfaction, administrative satisfaction).

Fifth hypotheses :

- **There are no statistical significant differences at (α≤0.05) in the levels of job satisfaction and its dimensions due to job description**.

  To figure out that, the researcher used One-way ANOVA test to figure out the differences between the degrees of job satisfaction and it's dimensions of service providers in community mental health centers in Gaza strip toward job description (psychiatrist, psychologist, pharmacist, psychological pathogen, Social worker) : The researcher can be explained this result that work depends on all categories of employees and doesn't be completed when there's absenteeism of any specialist and there's good communication and respecting between different job description employees. Work policy is the same for all employees and the employees' rights is relatively the same.

Table (17) Shows the results of One-way ANOVA for the differences of job satisfaction and it's dimensions levels in terms of job title

The Dimension	Groups	Sum Of Squares	Df	Mean Square	F	Sig.
Financial Satisfaction	Between Groups	107.9	4	27.0	0.92	0.454\\
	Within Groups	3308.5	113	29.3		
	Total	3416.5	117			
Social Satisfaction	Between Groups	122.3	4	30.6	0.86	0.489\\
	Within Groups	4044.3	114	35.5		
	Total	4166.6	118			
Self Satisfaction	Between Groups	43.9	4	11.0	0.22	0.928\\
	Within Groups	5744.7	114	50.4		
	Total	5788.6	118			
Administrative Satisfaction	Between Groups	89.3	4	22.3	0.13	0.972\\
	Within Groups	19768.1	114	173.4		
	Total	19857.5	118			
Job Satisfaction	Between Groups	190.4	4	47.6	0.08	0.988\\
	Within Groups	67080.6	114	588.4		
	Total	67271.0	118			

* P-value<0.01   * P-value<0.05   \\ P-value>0.05

The previous table shows that there were no significant differences (P-value>0.05) between the means of job satisfaction degrees and it's dimensions (financial satisfaction, social satisfaction, self satisfaction, administrative satisfaction) for service providers in community mental health centers in Gaza strip toward the job title (psychiatrist, psychologist, pharmacist, psychological pathogen, a Social worker), which means that service providers with all jobs have the same levels of job satisfaction and it's dimensions (financial satisfaction, social satisfaction, self satisfaction, administrative satisfaction).

Sixth hypotheses :

- **There are no statistical significant differences at (α≤0.05) in the levels of job satisfaction and it's dimensions due to monthly income**.

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the degrees of job satisfaction and it's dimensions of service providers in community mental health centers in Gaza strip toward the monthly income (1500-2000 NIS, 2000- 3000 NIS, 3000 NIS and more) : The researcher can be explained this result that work burdens not huge to that degree which let the employee require high salary value. And in comparison to other countries such as Egypt, employee's salary values on Palestine is better than it.

On the other hand the study of **(Chen, et.al.2012)** was agreed with this study. It said that no significant monthly income differences were associated with job satisfaction.

Table (18) Shows the results of One-way ANOVA for the differences of job satisfaction and it's dimensions levels in terms of monthly income

The Dimension	Groups	Sum Of Squares	df	Mean Square	F	Sig.
Financial Satisfaction	Between Groups	154.8	2	77.4	2.72	0.070\\
	Within Groups	3242.1	114	28.4		
	Total	3396.9	116			
Social Satisfaction	Between Groups	30.4	2	15.2	0.42	0.655\\
	Within Groups	4117.2	115	35.8		
	Total	4147.6	117			
Self Satisfaction	Between Groups	164.9	2	82.5	1.69	0.188\\
	Within Groups	5600.2	115	48.7		
	Total	5765.1	117			
Administrative Satisfaction	Between Groups	160.9	2	80.5	0.47	0.624\\
	Within Groups	19573.0	115	170.2		
	Total	19733.9	117			
Job Satisfaction	Between Groups	1704.9	2	852.4	1.51	0.225\\
	Within Groups	64956.8	115	564.8		
	Total	66661.7	117			

* P-value<0.01   * P-value<0.05   \\ P-value>0.05

The previous table shows that there were no significant differences (P-value>0.05) between the means of job satisfaction degrees and it's dimensions (financial satisfaction, social satisfaction, self satisfaction, administrative satisfaction) for service providers in community mental health centers in Gaza strip toward the monthly income (1500-2000 NIS, 2000- 3000 NIS, 3000 NIS and more), which means that service providers with incomes have the same levels of job satisfaction and it's dimensions (financial satisfaction, social satisfaction, self satisfaction, administrative satisfaction).

Seventh hypotheses :

- **There are no statistical significant differences at (α≤0.05) in the levels of job satisfaction and it's dimensions due to governorate.**

  To figure out that, the researcher used One-way ANOVA test to figure out the differences between the degrees of job satisfaction and it's dimensions of service providers in community mental health centers in Gaza strip toward governorate (North, Gaza, Middle zone, Khan younis, Rafah) : The researcher can be explain this result that study sample live in Gaza strip in which their governorate close to each other; have the same geographic characteristics and culture; Moreover all employees faced same economic and political circumstances in their strip.

  For the total degree "job satisfaction": the result showed there were statistical significant differences between the degrees of job satisfaction among service providers in community mental health centers in Gaza strip towards governorate (North, Gaza, Middle zone, Khan Younis, Rafah).

  The result means that service provider from Rafah have job satisfaction more than the service provider from the following governorate (North, Gaza, and Middle Zone),so the researcher believes that the nature of society, there is a close relationship between members of the community there. Citizens characterized by humility and support each other. Also Rafah is the province of different customs and traditions from other provinces; it's close to Egyptian Corridor crossing, Rafah on the last time known for digging tunnels under the ground to inter the goods into the Gaza Strip. Many reasons contributed to the satisfaction of citizens in Rafah.

  For the Dimension "social satisfaction": there was statistical significant differences between the degrees of social satisfaction among service providers in community mental health centers in Gaza strip towards governorate (North, Gaza, Middle zone, Khan younis, Rafah).

  The test showed that service provider from Rafah have social satisfaction more than the service provider from the following governorate (North, Gaza, and Middle Zone).

  The researcher own point of view here that the nature of society and the people, their customs and traditions play an important role for their social satisfaction. Also what occurred in Rafah community, events and crises; especially in the wars against Gaza

strip make them in solidarity with each other. Employees of Psychiatric clinic in Rafah are very friendly, supported each other and in solidarity with each other and they expressed Concern for the interest of the work.

On the other hands the study of(**Raddaha, et al. 2012**)**:** showed that the grand mean for satisfaction for all nurses was 3.44 (±0.51) out of 6. They reported being highly satisfied with the item "I like the people I work with"; it agreed with this part of my study.

For the total measurement "self-satisfaction": there were statistical significant differences between the degrees of job satisfaction among service providers in community mental health centers in Gaza strip towards governorate (North, Gaza, Middle zone, Khan younis, Rafah).

The test showed that service provider from (khan younis and Rafah) have self-satisfaction more than the service provider from the following governorate (North, Gaza and middle zone).

The researcher own point of view here that many of the staff have dropped out of their work because of special circumstances in 2008 Therefore, a new step made by existed government is employ many of nurses, psychologists, social workers and also psychiatrist. Moreover, these new employees have the ambition and initiative for what is new ;therefore, those new staff integrated in the programs for development of their science such as Master degree and Higher Diploma. With the development of psychiatry in Gaza, there is a lot of competition became between the members of the psychiatric clinics and in general between the members of mental health care providers. Also clinics engaged in awareness sessions for citizens, and the participation in workshops and courses organized by the European and foreign institutions take invisible place. Consequently the level of activity, behavioral and cognitive development, which the new employees have, contributed in the formation of the limits of self-satisfaction they have.

Table (19) Shows the results of One-way ANOVA for the differences of job satisfaction and it's dimensions levels in terms of governorate

The Dimension	Groups	Sum Of Squares	df	Mean Square	F	Sig.
Financial Satisfaction	Between Groups	31.4	4	7.9	0.26	0.902\\
	Within Groups	3385.0	113	30.0		
	Total	3416.5	117			
Social Satisfaction	Between Groups	422.7	4	105.7	3.22	0.015*
	Within Groups	3743.9	114	32.8		
	Total	4166.6	118			
Self satisfaction	Between Groups	651.8	4	163.0	3.62	0.008**
	Within Groups	5136.8	114	45.1		
	Total	5788.6	118			
Administrative Satisfaction	Between Groups	1262.3	4	315.6	1.93	0.109//
	Within Groups	18595.2	114	163.1		
	Total	19857.5	118			
Job Satisfaction	Between Groups	5381.4	4	1345.4	2.48	0.048*
	Within Groups	61889.6	114	542.9		
	Total	67271.0	118			

** P-value<0.01   * P-value<0.05   \\ P-value>0.05

The previous table shows that:

- There were no significant differences (P-value>0.05) between the means of the following job satisfaction dimensions degrees (financial satisfaction, administrative satisfaction) for service providers in community mental health centers in Gaza strip toward governorate (North, Gaza, Middle zone, Khan younis, Rafah), which means that service providers from all governorate have the same levels of the following job satisfaction dimensions (financial satisfaction, administrative satisfaction)

- **For the total measurement "job satisfaction":** there were statistical significant differences (F-test =2.48, P-value=0.048) between the degrees of job satisfaction among service providers in community mental health centers in Gaza strip towards governorate (North, Gaza, Middle zone, Khan younis, Rafah), the test of LSD (Least

Square Differences) was used to figure out the differences between the categories of governorate. The test showed that service provider from Rafah have job satisfaction more than the service provider from the following governorate (North, Gaza, Middle Zone) and these difference were significant differences, and the result showed that there no statistical significant differences between other group.

- **For the Dimension "social satisfaction":** there are statistical significant differences (F-test =3.22, P-value=0.015) between the degrees of social satisfaction among service providers in community mental health centers in Gaza strip towards governorate (North, Gaza, Middle zone, Khan younis, Rafah), the test of LSD (Least Square Differences) was used to figure out the differences between the categories of governorate. The test showed that service provider from Rafah have social satisfaction more than the service provider from the following governorate (North, Gaza, Middle Zone) and these difference were significant differences, and the result showed that there is no statistical significant differences between other group.

- **For the total measurement "self satisfaction":** there were statistical significant differences (F-test =2.48, P-value=0.048) between the degrees of job satisfaction among service providers in community mental health centers in Gaza strip towards governorate (North, Gaza, Middle zone, Khan younis, Rafah), the test of LSD (Least Square Differences) was used to figure out the differences between the categories of governorate. The test showed that service provider from (khan younis,Rafah) have self satisfaction more than the service provider from the following governorate (North, Gaza and middle zone) and these difference were significant differences, and the result showed that there no statistical significant differences between other group.

Table (20) Shows the results of LSD for the differences of degrees of jobs satisfaction and it's dimensions (social ,self) in terms of governorate

The Dimension	Governorate	N	Means	North	Gaza	Middle Zone	Khan Younis	Rafah
Social Satisfaction	North	20	28.5	1	-0.9\\	-2.4\\	-2.9\\	-6.4**
	Gaza	53	29.4	-	1	-1.5\\	-2.0\\	-5.5**
	Middle zone	20	30.9	-	-	1	-0.5\\	-4.0*
	Khan younis	12	31.4	-	-	-	1	-3.4\\
	Rafah	14	34.9	-	-	-	-	1
Self Satisfaction	North	20	43.6	1	-2.3\\	-3.8\\	-7.0**	-7.3**
	Gaza	53	45.9	-	1	-1.4\\	-4.6*	-4.9*
	Middle Zone	20	47.4	-	-	1	-3.2\\	-3.5\\
	Khan Younis	12	50.6	-	-	-	1	-0.3\\
	Rafah	14	50.9	-	-	-	-	1
Job Satisfaction	North	20	128.1	1	-3.2\\	-7.3\\	-12.2\\	-22.5**
	Gaza	53	131.3	-	1	-4.1\\	-9.0\\	-19.2**
	Middle Zone	20	135.4	-	-	1	-4.9\\	-15.2\\
	Khan Younis	12	140.3	-	-	-	1	-10.3\\
	Rafah	14	150.5	-	-	-	-	1

** P-value<0.01   * P-value<0.05   \\ P-value>0.05

Eighth hypotheses :

- **There are no statistical significant differences at ($α≤0.05$) in the levels of job satisfaction and its dimensions due to age.**

 To figure out that, the researcher used One-way ANOVA test to figure out the differences between the degrees of job satisfaction and it's dimensions of service providers in community mental health centers in Gaza strip toward the age (25-30, 30-45, 45-55, 55 and more) : This can be explained as follow, the Palestinian people, especially the people of the Gaza strip, are known for their intimate social bonds and interactions. Therefore good relationship and communication between them let any differences away; also work missions should be carried out in spite of age differences and age don't have effect on work completion.

Although we learned that there is differences due to age, but my study did not show differences, the researcher explains that the nature of individuals sample close to each other also in the functional side and every one of them passing the various functional tasks.

On the other hand the study of (**Lorber and Savic, 2012**) was agreed with my study. It said that no significant age differences were associated with job satisfaction.

Table (21) Shows the results of One-way ANOVA for the differences of job satisfaction and it's dimensions levels in terms of age

The Dimension	Groups	Sum Of Squares	Df	Mean Square	F	Sig.
Financial Satisfaction	Between Groups	3.1	3	1.0	0.03	0.991\\
	Within Groups	3411.3	113	30.2		
	Total	3414.5	116			
Social Satisfaction	Between Groups	37.1	3	12.4	0.34	0.794\\
	Within Groups	4107.6	114	36.0		
	Total	4144.6	117			
Self Satisfaction	Between Groups	37.1	3	12.4	0.25	0.860\\
	Within Groups	5610.3	114	49.2		
	Total	5647.5	117			
Administrative Satisfaction	Between Groups	418.5	3	139.5	0.82	0.486\\
	Within Groups	19437.8	114	170.5		
	Total	19856.3	117			
Job Satisfaction	Between Groups	1022.4	3	340.8	0.59	0.625\\
	Within Groups	66156.0	114	580.3		
	Total	67178.4	117			

** P-value<0.01   * P-value<0.05   \\ P-value>0.05

The previous table shows that there were no significant differences (P-value>0.05) between the means of job satisfaction degrees and it's dimensions (financial satisfaction, social satisfaction, self satisfaction, administrative satisfaction) for

service providers in community mental health centers in Gaza strip toward age (25-30, 30-45, 45-55, 55 and more), which means that service providers from all ages have the same levels of job satisfaction and it's dimensions (financial satisfaction, social satisfaction, self satisfaction, administrative satisfaction).

General discussion :

In the opinion of the researcher that results showed the absence of statically significant differences between the variables used by the researcher studying due to several reasons for example not limited to … Beginning to say that the Palestinian people and moments first to suffer from the scourge of injustice and aggression since the British mandate through expulsion Palestinian from their homes in 1948 and then the 1967 war and then what he suffered from massacres and genocides as happened in the Sabra and Shatila massacre in 1982 and then the outbreak of the first intifada in 1987 down to the Al-Aqsa Intifada in 2000 and after that the problem of the blockade for more than 5 years, while new authority took the reins of government in Gaza and ending the war recent Gaza at the end of 2008 and beginning of 2009 used the Israeli army ugliest ways and means lethal weapons internationally banned where they used of white phosphorus and cluster bombs and rockets blazing all this was to suppress the will of the Palestinian people, Add to that the mental health employees conditions and circumstances in Gaza Strip close to each other; employees also sometimes live each other's roles when some of them were absent. The entire Gaza Strip is subject to the same governmental system and a unified political and economic system also. Palestinian people sharing the same culture; Moreover all mental health staff belonging to the same Ministry of Health and the same workplace.

Recommendation :

1. Emphasize the necessity of decision maker care about the level of job satisfaction & making operational strategy through which they can increase satisfaction level. Ministry of health and mental health especially should adopt strategies

2. That can break down routine & rigidity as a policy of job rotation.

3. Interest in the material and moral incentives for employees.

4. Interest in supporting good dealing between colleagues and workers.

5. Activating the system of psychological counseling for employees.

6. Making Interviews with mental health staff under the supervision of the Department of Training and Development to talk about their needs and how to take into account their social and life circumstances.

7. Improve and develop the administrative system as well as the interest holders of high graduate degrees and improve their work, and re-designing the system work according to the job description system .

Suggestions :

Making more surveys and studies continuing the efforts started by the researcher in the light of this study, as she sees that this category of mental health workers are in need of more studies and surveys, as the theoretical heritage lacks of attention to this subject, as these studies have to know more of their problem and help minimize them including:

1. Take the questionnaire, which was designed by the researcher as a measure used by the Department of Development and Training of Mental Health each year to measure annual job satisfaction of employees and Take the points that need to follow-up into account.

2. Making studies explain factors and elements of job satisfaction between two Arabian societies (Palestine and other Arabian country) , focusing on the social, political, and demographical nature.

3. Study of the factors leading to job satisfaction for staff and developed it In contrast, work on the search for the causes of dissatisfaction.

4. Study of job satisfaction for all mental health staff without exceptions.

5. Comparative study between job satisfaction in other ministries with ministry of Health and learn how to apply the high level of job satisfaction.

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Appendages

Appendix(1): Final questionnaire

استبانة الرضا المهني

الأخ الأستاذ/ ة ....   حفظه الله

السلام عليكم ورحمة الله وبركاته .... وبعد

أضع بين أيديكم عددا من الفقرات التي تهدف إلى التعرف على درجة رضاك عن مهنتك في مجال الصحة النفسية، وهذا البحث بعنوان **"الرضا الوظيفي لمزودي الخدمة الذين يعملون في الصحة النفسية المجتمعية الحكومية في قطاع غزة"** وتحوى أربعة أبعاد ألا وهى"البعد الذاتي، البعد المادي،البعد الاجتماعي، والبعد الإداري" والمطلوب منك قراءة كل عبارة بدقة على أن تضع إشارة (صح) أمام كل عبارة وفي الخانة التي تعبر عن مشاعرك بصدق ، واعلم أنه لا توجد إجابة صحيحة وأخرى خاطئة ، والإجابة المطلوبة هي التي تعبر بصدق عن مشاعرك... مع العلم أن إجابتك سوف تستخدم في البحث العلمي فقط.

شاكرين لكم حسن تعاونكم

الباحثة هيام ابو سبيتان
ماجستير صحة نفسيه تمريضية

بيانات أساسية :

الجنس :   ذكر   (   )   أنثى   (   )

الدرجة العلمية :   دبلوم   (   )   بكالوريوس (   )

ماجستير (   )   غير ذلك   (   )

سنوات الخدمة في المهنة : خمس سنوات فأقل   (   )

من 6 سنوات إلى 10   (   )

أكثر من عشر سنوات   (   )

الحالة الاجتماعية :   أعزب /ة (   )   مطلقة / ة (   )

متزوج /ة (   )   أرمل /ة   (   )

المسمى الوظيفي :   طبيب   (   )   ممرض نفسي /ة   (   )

أخصائي نفسي /ة   (   )   أخصائي اجتماعي /ة (   )

صيدلاني /ة   (   )

الدخل الشهري: 1500_2000 شيكل (   )   2000_3000شيكل (   )

3000شيكل فما فوق (   )

العنوان الحالي: الشمال (   ) ، غزة (   ) ،الوسطى (   ) ، خان يونس (   ) ، رفح (   )

العمر: 25 _30(   )   30 _ 45   (   )

45 _ 55 (   )   55 فما فوق (   )

مقياس الرضا الوظيفي

رقم الفقرة	الفقرة	راض بدرجة عالية جدا	راض بدرجة عالية	راض بدرجة متوسطة	راض بدرجة منخفضة	غير راض
أ. البعد المادي:						
١.	أشعر أن دخلي الشهري يتناسب مع الجهد الذي أبذله					
٢.	أرى أن دخلي الشهري يتناسب مع مستلزمات الحياة					
٣.	أشعر أن العلاوات المالية عن الدرجة التي أشغلها مناسبة					
٤.	أرى أن دخلي الشهري يتناسب مع رواتب المهن الأخرى المناظرة					
٥.	أرى أن سلم الرواتب الحالي يعطيني الدافع للتقدم والارتقاء في مهنتي					
٦.	أري أن عملي يتطلب علاوة بدل مخاطرة أكثر من المهن الأخرى					
٧.	أشعر أن الحوافز المالية والمتكررة تشجعني وتزيد من كفاءتي في العمل					
٨.	أشعر أن الظروف السياسية في غزة لها دور كبير في التمييز بين رواتب الموظفين					
ب. البعد الاجتماعي:						
١.	أرى أن عملي في مجال الصحة النفسية يتيح لي تكوين علاقات اجتماعيه طيبه مع الآخرين					
٢.	أشعر أن تواصلي مع زملائي في العمل خلال اليوم يمر بمسار جيد					
٣.	أرى أن علاقتي الجيدة ببعض زملائي تخفف من شعوري بضغط العمل والتوترات الحاصلة أثناء اليوم					
٤.	أعتقد بأن علاقتي مع زملائي ومديري بالعمل والمراجعين جيدة جدآ					
٥.	عندما تحصل مناسبة اجتماعية لدي فان زملائي يقومون بزيارتي أو مهاتفتي للاطمئنان علي					

غير راض	راض بدرجة منخفضة	راض بدرجة متوسطة	راض بدرجة عالية	راض بدرجة عالية جدا	الفقرة	رقم الفقرة
					أشعر باهتمام زملائي ومديري بالعمل عند مرضي ومبادرتهم بالسؤال علي	٦.
					أري أن تفاعلي مع زملائي ومديري أثناء العمل بشكل ايجابي يجعلهم يفضلون العمل معي	٧.
					أري أن زملائي بالعمل يهتمون بظروفي الاجتماعية ويقدرونها	٨.
ج. **البعد الذاتي**:						
					أشعر أن تحسين الظروف الفيزيقية يساهم في رضاي عن وظيفتي	١.
					أشعر بتقدير وزاره الصحة والهيئات الرسمية في المجتمع للدور الذي أقوم به	٢.
					أرى أن حصولي على فرصة للدراسة بالخارج خطوة ممكن أن تطور من ذاتي ومهاراتي	٣.
					أشعر بسعادة حين أعلم بأن اسمي مرشح لدورة تدريبية لتطوير خبرتي في العمل	٤.
					أعتقد أن مشاركتي في ورشات عمل تزيد من اطلاعي على أمور مرتبطة بالعمل	٥.
					أعتقد أن تنظيم رحلات خاصة بالموظفين كل فترة سبب هام في الترفيه عن الذات ويعطى احساسآ بتغيير روتين العمل	٦.
					أرى أن الحوافز العينية تشجعني على رفع جودة أدائي وممارسة عملي بشكل مهني بحت	٧.
					أشعر بموضوعِيّة المعايير الواجب توافرها في من يشغل وظيفة موظف في مجال الصحة النفسية	٨.
					أشعر بموضوعيه المعايير التي تتخذ كأساس للتدقيق بين الموظفين	٩.
					أري بأني قنوع وأرضي بالقليل	١٠.
					لم يسبق لي أن عانيت من قلق أو اكتئاب	١١.
					أشعر بانتماء عميق لعملي	١٢.

غير راض	راض بدرجة منخفضة	راض بدرجة متوسطة	راض بدرجة عالية	راض بدرجة عالية جدا	الفقرة	رقم الفقرة
					أشعر بهدوء نسبى في العيادة أثناء ممارستي لعملي	١٣.
د. **البعد الإداري:**						
					أشعر أن الإدارة في العيادة تهتم بمعالجه مشكلات الموظفين	١.
					أرى أن مدير العيادة يمارس الشورى قبل اتخاذ القرار	٢.
					أعتقد أن الإدارة تتميز بالمرونة	٣.
					أعتقد أن قدرات المدير علي التواصل مع المواضيع ذات الصلة بالشرطة وقضايا المرضي مع المحاكم جيدة جدا	٤.
					أرى أن المدير كفء ويستحق منصبه ويقوم على أكمل وجه بعمله	٥.
					أري أن علاقات المدير الاجتماعية مع الآخرين تتميز بالاحترام والود	٦.
					أعتقد أن شخصية المدير المرنة تخفف أحيانا من ضغوطات العمل	٧.
					أري أن المدير يتحمل مسئولية العمل بشكل كبير	٨.
					أشعر أن المدير قادر على ضبط أوقات العمل وجداول الحضور والانصراف	٩.
					تراعى الإدارة ظروف الموظف الخاصة من مرض أو سفر أو حج	١٠.
					تقدر الإدارة رأى الموظف وتأخذها بعين الاعتبار	١١.
					تسمح الإدارة بقبول بعض الانتقادات البناءة التي يوجهها الموظف لطبيعة الأداء أو النظام المؤسسي	١٢
					أشعر بموضوعية الإدارة في معالجة القضايا الفردية والجماعية	١٣.

Appendix(2): Gaza Strip map

Sources: U.N. Office for the Coordination of Humanitarian Affairs(including for the Bisection Line) and UNOSTA, with additional data from UNRWA; adapted by CRS

Appendix (3): Abbreviations

Shortcut	Meaning
EEG	Electroencephalography
IUG	Islamic University Of Gaza
SCL_42	Symptoms Checklist 42
MHSWS	Mental Health Social Workers
UNRWA	United Nations RELIEF & WORKS AGENCY
P.B.U.H	Peace Be Upon Him
A.D.	Anno Domini
BMI	Body Mass Index
CFI	Camber Well Family Interview
PCS	Perceived Criticism Scale
SPSS	Statistical Package Of Social Science
ANOVA	Analysis Of Variance
NIS	New Israeli Sheqel
NGOs	Nongovernmental Organizations
GS	Gaza Strip
WB	West Bank
NO	Number
GGs	Governmental Gaza Strip

Appendix (4) :Facilitate the researcher task

الجامعة الإسلامية – غزة
The Islamic University - Gaza

عمادة الدراسات العليا

هاتف داخلي: 1150

الرقم ....ج.س.غ/35/. .Ref

التاريخ Date2013/02/13

الأخوة الأفاضل / وزارة الصحة الفلسطينية – غزة
حفظهم الله،،،

السلام عليكم ورحمة الله وبركاته،

الموضوع/ تسهيل مهمة طالبة ماجستير

تهديكم عمادة الدراسات العليا أعطر تحياتها، وترجو من سيادتكم التكرم بتسهيل مهمة
الطالبة/ هيام يونس ضيف الله أبو سبيتان، برقم جامعي 220094846 المسجلة في برنامج
الماجستير بكلية التربية تخصص صحة نفسية ومجتمعية – علوم تمريض، وذلك بهدف تطبيق
أدوات دراستها والحصول على المعلومات التي تساعدها في إعدادها والتي بعنوان

Job satisfaction among health care providers who are working in the governmental community mental health in Gaza strip

والله ولي التوفيق،،،

عميد الدراسات العليا

أ.د. فؤاد علي العاجز

صورة إلى:-
❖ الملف

Appendix (5): Panel of Scientists

Number	The Names Of The Jury	Scientific Degree
(1)	**Dr . Khetam El Sahar**	Head Of The Psychology Department In Islamic University
(2)	**Dr . khadra El Amasi**	Head Of Training And Development Department In Psychiatric Hospital
(3)	**Dr . Gamil El Tahrawi**	Assistant Professor In Islamic University
(4)	**Dr . Nabeel Dokhan**	Lecturer In The Faculty Of Education In Islamic University
(5)	**Dr . Habeeb El Hwajri**	Chairman Of Psychologists And Social Workers Psychiatric Hospital
(6)	**Dr . Adel Oda**	Psychiatrist In Psychiatric Hospital
(7)	**Dr . Anwar El Abadsa**	Lecturer In The Faculty Of Education In Islamic University