



An-Najah National University
Faculty of Graduate Studies

**THE RELATIONSHIP BETWEEN RESILIENCE, SELF-ESTEEM,
PERCEIVED SOCIAL SUPPORT, AND WELL-BEING AMONG
HEALTH CARE WORKERS IN JERUSALEM GOVERNORATE,
DURING THE COVID-19 PANDEMIC**

By

Ahmad Mazen Abulibdeh

Supervisors

Dr. Shadi Khalil Abualkibash

Dr. Filasteen Ismael Nazzal

**This Thesis is Submitted in Partial Fulfillment of the Requirements for the Degree
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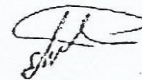
By

Ahmad Mazen Abulibdeh

This Thesis/Dissertation was Defended Successfully on 22/8/2022 and approved by

Dr. Shadi Khalil Abualkibash

Supervisor



Signature

Dr. Filasteen Ismael Nazzal

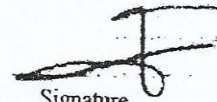
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Dr. Nabil Aljondi

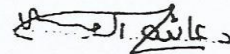
External Examiner



Signature

Dr. Aidah Abu Alsoud Alkaissi

Internal Examiner



Signature

Dedication

This thesis is lovingly dedicated to my father, Dr. Mazen, who have been my constant source of scientific inspiration, he gave me the drive and discipline to find the objective truth with absolute enthusiasm, without his support and love, this study wouldn't have been possible.

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Declaration

I, the undersigned, declare that I submitted the thesis entitled:

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I declare that 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.

Student's Name: Ahmad mazen omar abu libdeh

Signature: 

Date: 22/8/2022

List of contents

Dedication.....	III
Acknowledgements.....	IV
Declaration.....	V
List of Contents.....	VI
List of Tables.....	VIII
List of Appendices.....	IX
Abstract.....	X
Chapter One: Introduction and Theoretical Background.....	1
1.1 Introduction.....	1
1.2 Theoretical background.....	4
1.3 Study statement	12
1.4 Study significance.....	13
1.5 Study aims.....	13
1.6 Definition of terms.....	14
Chapter Two: Study methods.....	15
2.1 Methodology.....	15
2.1.1 Study Design.....	15
2.1.2 Study population.....	15
2.1.3 Study participants.....	15
2.2 Procedures.....	16
2.3 Study instruments.....	17
2.4 Validity of study instruments.....	18
2.5 Reliability of study instruments.....	21
2.6 Data Analysis.....	21
Chapter Three: Results.....	23
3.1 Results of the first question.....	23
3.2 Results of the second question.....	24
3.3 Results of the third question.....	25
3.4 Results of the fourth question.....	28
3.5 Results of the fifth question.....	30
3.6 Results of the sixth question.....	32

Chapter Four: Discussions and Conclusions.....	36
List of Abbreviations.....	41
References.....	42
Appendices.....	50
الملخص.....	ب

List of Tables

Table 1: The distribution of the study sample according to independent variable.....	16
Table 2: The validity of internal consistency for the resilience scale.....	19
Table 3: The validity of internal consistency for the self- esteem scale.....	20
Table 4: The validity of internal consistency for the perceived social support.....	20
Table 5: The validity of internal consistency for the psychological well- being scale...57	
Table 6: The reliability of study instruments.....	21
Table 7: Means, standard deviations and the level of (Resilience, self-esteem, perceived social support and psychological well-being.....	23
Table 8: The relationship between Resilience, self-esteem, perceived social support and psychological well-being.....	24
Table 9: Summary of simple linear regression (R^2)	25
Table 10: Means and standard deviation for the total score of resilience.....	26
Table 11: Results of one- way ANOVA analysis for the differences in the total score of resilience.....	27
Table 12: Means and standard deviation for the total score of self- esteem.....	28
Table 13: Results of one- way ANOVA analysis for the differences in the total score of self- esteem.....	29
Table 14: The results of scheffe post- hoc test for the comparison between the means of self- esteem, according to the work place variable.....	30
Table 15: Means and standard deviation for the total score of the perceived social support.....	31
Table 16: Results of one- way ANOVA analysis for the differences in the total score of perceived social support.....	32
Table 17: Means and standard deviation for the total score of psychological well-being.....	33
Table 18: Results of one- way ANOVA analysis for the differences in the psychological well-being.....	34
Table 19: The results of scheffe post- hoc test for the comparison between the means of psychological well-being, according to the work place variable.....	35

List of Appendices

Appendix A :study instruments.....	50
Appendix B: Tables.....	57

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Abstract

Introduction: On Dec 11th, 2019, a global pandemic was declared by the world health organization, National and international responses to the crisis varied considerably, but in general, government mandated lockdowns and quarantines were imposed. On March 5th, 2020, the very first case of COVID-19 was reported in Bethlehem, Palestine. Healthcare workers (HCWs) suffer great pressure and exhaustion as a result of job overload, negative emotions, loss of physical contact with their families' due to the high threat of Covid-19 infection, and the fear of death.

Aim: The aim of the present study was to investigate the level and the relationship between (resilience, self-esteem, perceived social support and psychological well-being) among health care workers during covid-19 in Jerusalem Governorate. In addition, the study tried to discover the effects of some independent variables (Gender, age, marital status, work place, position, and Covid-19 infection) on (resilience, self-esteem, perceived social support and psychological well-being).

Study method: data was collected using the (ARM-R) adult resilience scale, Ryff's Psychological well-being scale, the multidimensional scale of perceived social support, and Rosenberg self-esteem scale.

Results: The results of the study revealed that the level of self-esteem, perceived social support, and well-being among health care workers during covid-19 in Jerusalem Governorate was high, whereas the level of resilience among (HCWs) was very high.

The result showed that there were a significant gender differences on resilience, females were more resilient than males, also there were a significant position differences on self-esteem, were doctors had higher self-esteem than nurses. Additionally, there were a significant work place differences on self-esteem, were medical center (HCWs) had higher self-esteem than emergency (HCWs). Moreover, there were no significant perceived social support differences among health care workers. Lastly, there were significant work place differences on psychological well-being, were medical center and hospital health care workers had higher psychological well-being than (HCWs) working in emergency departments.

Recommendations: The study recommends that, in order to reduce (HCWs) workload, covid-19 preventative medicine be enhanced by clarifying covid-19 guidelines, and for medical facilities to provide special mental health services for (HCWs) during covid-19. Furthermore, the study recommends that medical facilities construct specialized emergency timetables or routines for (HCWs) in case of infection known or suspected among medical staff.

Key words: Covid-19, well-being, resilience, perceived social support, self-esteem, psychological, healthcare, mental health.

Chapter One

Introduction and Theoretical Background

1.1 Introduction

On Dec 11th, 2019, a global pandemic was declared by the world health organization (World Health Organization, 2020a) due to the rising cases connected to a new and deadly virus known as the coronavirus. National and international responses to the crisis varied considerably, but in general, government mandated lockdowns and quarantines were imposed (Gates, 2020). By February 2020, this coronavirus became referred to as COVID-19 (World Health Organization, 2020b). The first cases of transmission of the disease from human to human were discovered in Wuhan, China in early January, 2020. On January 20th, 2020, many medical personnel in Wuhan, China, were infected with the virus (XINHUANET, 2020).

On March 5th, 2020, the very first case of COVID-19 was reported in Bethlehem, Palestine. The Palestinian Authority (PA) declared a state of emergency and implemented restrictive measures which included a lockdown of the Bethlehem governorate. On March 22nd, 2020, lockdowns were imposed across other West Bank governorates, preventing mobility and shutting down all non-essential facilities (PA, 2020).

The nature of the healthcare profession is commonly regarded as highly demanding due to the various ‘normal’ conditions impacting human health, making it one of the most stressful professions in society (Birhanu, Gebrekidan, Tesefa, &Tareke, 2018). Medical personnel are put under enormous physical and psychological stresses due to the nature of illnesses they encounter (Wu et al., 2009, Ofner-Agostini et al., 2006). The demands for a quick response to the COVID-19 pandemic was stressful in and of itself, yet working as a healthcare professional to combat such a deadly illness day after day brought ever increasing demands on their own health. In addition to being overwhelmed, dealing with medical equipment shortages and concerns of infecting family members brought increased stress levels. A recent study in China found that frontline nurses and healthcare workers were more likely to experience negative mental health outcomes (AlAteeq, Aljhani, Althiyabi, &Majzoub, S, 2020).

Healthcare workers (HCWs) suffer great pressure and exhaustion as a result of job overload, negative emotions, loss of physical contact with their families' due to the high threat of infection, and the fear of death (Kang, L et al., 2020). Moreover, research has shown that healthcare providers endure stressful, unpredictable, and ever-changing settings (Gates, Gillespie, & Succop, 2011). Frontline (HCWs) expressed the danger of transmission, the dread of passing the disease on to their families, their colleagues' concerns which led to increased feelings of stress, and the ambiguity around COVID-19 since there was no treatment (Bai et al., 2020).

As COVID-19 spread all over the world, the most vulnerable people in nations with poor healthcare systems and humanitarian settings were impacted the most. Health and socioeconomic systems in conflict-torn nations were already fractured and overstretched making them ill-prepared to combat a global pandemic. According to the World Health Organization, these nations' health care systems were underdeveloped and depleted as a result of long-running conflicts and high frequencies of co-morbidities such as non-communicable diseases (AlKhalidi, Kaloti, Shella, Al Basuoni, & Meghari, 2020). The Palestinian Authority (PA) had already been experiencing a financial crisis prior to the COVID-19 pandemic, with the deficit expected to rise as a result of COVID-19 in particular (Palestinian Authority, 2020). The PA's limited ability to respond to COVID-19 and deal with its fiscal consequences, along with their inability to pay previously-reduced wages to (HCWs), put further financial burden on them.

Cullen, Gulati, & Kelly (2020) found that the psychological implications of the pandemic on well-being were at first, given little attention. This left populations, particularly healthcare workers, prone to psychological problems. However, the significance of a physician's well-being in the face of the COVID-19 pandemic has been given greater attention by many members of the medical community (Bansal et al., 2020).

Acknowledging and providing resources directed towards well-being may encourage further dialogue regarding individual and group well-being, as (HCWs) can become more aware and responsive as to their current emotions, as well as recognize that they are not alone (Ferry, 2020). Such dialogue may also provide a framework for enhanced and greater mental health and well-being resources for (HCWs).

Individuals with high levels of perceived social support are more inclined to believe that they will have access to resources they need to solve problems, avoid unstable inferences and negative attribution styles, and bring about more positive expectation for the future. These same individuals may gain a sense of identity and belonging benefiting from their social roles, as they look to recognize their self-worth and search for direction in their future life, as a result, perceived social support might predict meaning in life (Zuo, Yang, Yao, Han, Nie, & Wen, 2021).

Perceived social support is the value of a person's self-estimation. It is likely that a person who is popular, valued, and gets his or her own needs met when necessary, has the perception of being supported by others and has earned more pleasure from intimate individual interactions (Gülaçtı, 2010). There are well-documented correlations between poor mental health and low levels of perceived social support, also it has been suggested that people who report higher levels of perceived social support may have a more "positive psychological profile", consequently, (HCWs) tend to associate higher levels of perceived social support with improved self-efficacy, better sleep, less anxiety and stress (Ian et al., 2020).

Research connecting self-esteem and performance also impacts on one's psychological profile. López, Sáez, García, López, & Hernández (2015) concluded that self-esteem affects individuals' professional performance. Kuster F, Orth U, & Meier L (2013) indicated that having confidence in one's own thinking, judgment, and decision-making is associated with having a high sense of self-esteem. Leary and others (1995) found that people with high self-esteem experience positive emotions that shield them from stress and other negative emotions.

During times of significant social upheaval, the significance of resilience is especially crucial, particularly for (HCWs) (McCann et al., 2013; Robertson et al., 2016). The conventional definitions of resilience include the ability to adjust to and maintain psychological balance in the face of adversity (Rakesh, Pier & Costales, 2017). For example, the dramatic increase in workload burdens that occurs during a pandemic, or the situational uncertainty that arises when public health recommendations appear to be constantly changing (Austin & Gregory, 2020).

1.2 Theoretical Background

1.2.1 Resilience

The word 'resilient' is derived from the Latin word 'resilire', which means to rebuild/recoil (Marie, Hannigan, & Jones, 2018). In the 1800s, European medical scholars began to apply the concept of resilience in their findings (Jackson, Firtko, & Edenborough, 2007). In psychiatry, the word "resilience" was used to describe children whose parents suffered from mental illness, and lived in challenging environments yet were immune to mental disease. It was often used to replace the word 'invulnerability' in this context (Earvolino-Ramirez, 2007).

In underdeveloped countries, such as, Palestine, there is a gap in the literature concerning resilience. However, at the time of this article, there is an emergence of voices researching resilience as it is rooted in the cultural context, which may help us understand human experiences better. According to the study by Marie et al., (2018), "Sumud" is an innovative, social ecological strategy to creating resilience that is related to the surrounding cultural context in Palestine. In the same Palestinian context, some translate resilience to mean "alqudra ala attahamul" (capacity to withstand) or "Jalad" (meaning ability to withstand) or "Muruneh" (flexibility), and "thabat" (pliability) (Rita, 2019).

Relevant studies point to a resilience model based on relational developmental systems theory. These studies assert that a person's ability to be competent at any one time is a reflection of the possibilities that occur from numerous interconnected systems, both within the individual and in contexts and those surrounding the individual at the time. These interactions between an individual system (for example, a person, or a school) and the context surrounding risks and resources contribute to the subtle processes of vulnerability, protection, and differential susceptibility that in turn influence the ability to respond successfully to a challenge (i.e. processes of resilience). The interactions of a dynamic system as it interacts with a dynamic context leads to resilience. There are functional neural and stress response mechanisms within the child which allow the child to act and feel reasonably well despite adversity. There may be involved and helpful adults or caregivers who allow him or her to use attention, behavior, and emotion in the service of effective coping, offering a feeling of predictability outside of this same child (Yates & Masten, 2004).

Austin, & Gregory (2020), aimed to determine how community pharmacies in Ontario (Canada) managed the COVID-19 outbreak, with a focus on figuring out what factors impact or predict individual practitioners' and workplaces' resilience, as well as personal resilience for pharmacists. According to this study, personal resilience was influenced by factors such as comfort with technology, early adoption of corporate and professional guidance in workplaces that prioritize task-focus over multitasking, along with workplace scheduling systems and practices.

Bozdağ, & Ergün (2021) investigated factors that influenced the psychological resilience of healthcare personnel in the areas of life satisfaction. Positive affect, subscales of perceived social support, participants' age, personal precautions against coronavirus, nutrition, and sleep quality were all significantly and positively correlated with psychological resilience, implying that an increase in psychological resilience leads to an increase in the variables and vice versa. On the other hand, psychological resilience has been shown to be significantly and negatively correlated with negative affect, a personal sense of risk as a health care worker, and anxiety about contracting the virus, indicating that a lower level of psychological resilience is associated with a higher level of variables, and vice versa. Moreover, healthcare workers' psychological resilience levels were shown to be higher as they got older, with doctors having the lowest levels of psychological resilience.

In addition, during COVID-19, a study by Croghan, and others (2021) was conducted to estimate health care workers' (HCWs) self-reported stress, resilience, and coping. It was discovered that MDs (medical doctors), NPs (nurse practitioners), and PAs (physician assistants) had the highest resilience scores and nurses had the highest stress levels. According to the findings, (HCWs) indicated moderate-to-high self-reported stress levels that were within the normal range for resilience.

Moreover, during the COVID-19 pandemic, a study conducted in Hong Kong examined professional quality of life and resilience among emergency department (HCWs). The study found that (HCWs) in Hong Kong's emergency departments had an overall moderate level of professional quality of life, and those with a higher level of self-reported resilience having better compassion satisfaction and lower levels of secondary traumatic stress and burnout (Wong et al., 2021).

In a study that aimed to investigate levels of resilience in Italian healthcare professionals, results showed that higher depression scores among female health care professionals working in a COVID-19 free setting, predicted significantly lower resilience (Lisi et al., 2020). Another study examined protective factors against perceived stress and burnout, as well as characteristics that might boost resilience in (HCWs). The study concluded that being of a young age, of the female gender, with greater COVID-19 exposure, and lower resilience were all contributing factors to predicting stress and burnout (Di Giuseppe et al., 2021).

Marie et al., (2018) aimed to present an overview of theoretical perspectives and practical research expertise in regard to resilience, particularly in the context of Palestinian resilience, and the associated Palestinian concept of 'Somoud,' which is interwoven with ideas of personal and collective resilience and steadfastness. It's also a sociopolitical word that refers to ways of surviving in a long-term adversity, resource shortages, and poor infrastructure.

1.2.2 Self-esteem

The main contributor to the revival of self-esteem is Morris Rosenberg, with his theory of self-esteem and “the Rosenberg Self-Esteem scale” he opened new horizons for psychologists and sociologists and helped bridge the discipline gap. Rosenberg's theory of self-esteem is based on two assumptions: (1) reflected appraisals and (2) social comparisons. In terms of Rosenberg agrees that human communication entails perceiving things from other people's perspectives, so that we realize that we are the object of interest and perceive and evaluate others when we take on the role of the other. As a result, we are able to perceive ourselves through the eyes of others. The process of forming self-esteem comes from individuals comparing themselves to others and form positive or negative self-evaluations, according to social comparisons (Flynn, 2003).

The assumption of social comparisons is based on the social comparison theory by Festinger (1954), which claims that we judge ourselves in part by comparing ourselves to others. This means that people of lower status groups will internalize the negative evaluation of them by society and, as a consequence, have low self-esteem (2003).

Johnson and others (2020) conducted research at a private hospital in Bangalore, India, to determine the percentage of healthcare staff with low self-esteem, high stress, and burnout, as well as factors that contribute to these conditions. They found that there

were significant levels of low self-esteem among 306 health care workers, and doctors had the lowest levels, those under the age of 30 showed lower self-esteem and increased stress. Kuster, Orth, & Meier (2013) concluded that having a high level of self-esteem is associated with confidence in one's own thinking, judgment, and decision-making abilities contributing to improving the work environment by helping to develop more effective personal and working relationships. On the other hand, low self-esteem may lead to either obedient or rebellious behavior, which makes the workplace irritating, lowering productivity, and thus leading to mental health issues (Bowes, 2009).

Finally, a study by Orth, Robins, & Widaman (2012) showed that high self-esteem predicts a decrease in negative affect in the future, which might result in a higher level of job satisfaction.

1.2.3 Perceived social support

According to past studies general support-related cognitive schemas predict more particular support perception. Beck originally defined a schema as “a (cognitive) structure for screening, coding, and evaluating the stimuli that impinge on the organism”. Perceived support and its assessment are directly affected by cognitive and cognitive-behavioral conceptions. People have positive and negative support schemas, similar to subjective schemas (e.g., “I am accepted and regarded worthy” versus “I am considered incompetent and am rejected”). The importance of a schema in comparison to other schemas is determined by the acquired history of the individual. People's behavior can be interpreted as attempts to confirm positive or negative schemas. Similarly, people express both positive and negative support statements, and as a result, support schemas have an impact on the emergence of support statements. Attachment theory, on the other hand, can add validity to perceived support research by emphasizing the relevance of emotional bonds. Compared to negative emotions like anxiety, depression, and anger, positive emotions like warmth, happiness, and joy are linked to more adequate support schemas and spontaneous support statements (Prociano, & Smith, 1997).

Additionally, Grey, Arora, Thomas, Saneh, Tohme, & Abi-Habib (2020) came to the conclusion that perceived social support refers to an individual's personal assessment of how friends and family members are perceived as being available to provide physical, psychological, and holistic support during times of need. Moreover, Zuo and others

(2021) examined the relationship of perceived social support to feelings of hopelessness in relation to the COVID-19 pandemic. Perceived social support and purpose in life were both found to be negative predictors of hopelessness, with meaning in life acting as a partial mediator between perceived social support and hopelessness.

Also, Ebrahimi and others (2021) aimed to investigate how workload and perceived social support affected nurses' quality of life when dealing with COVID-19 inpatient wards. The results found that perceived social support had a moderator effect on relationships between workload and quality of life.

Lastly, burnout, hopelessness, fear of COVID-19, and perceived social support among healthcare professionals were assessed by Karagöl & Törenli Kaya(2022), as well as the relationship between these factors and other possible related components, despite complaining about inadequate pay or not having enough time for themselves or their own families, the study indicated that participants on duty in the COVID-19 clinic showed significantly higher scores on three subscales of the burn-out scale and the hopelessness scale, those working in private clinics also had the lowest scores on "emotional exhaustion," but workers in government hospitals and those working in training and research hospitals had the highest mean scores on "emotional exhaustion".

1.2.4 Well-being

Bradburn's (1969) landmark research on psychological wellbeing was an early effort to define well-being, signaling a shift away from psychiatric diagnosis and towards the study of ordinary people's psychological reactions in their everyday lives. Bradburn emphasized that psychological well-being was the variable that emerged as paramount. The distinction between positive and negative affect was the focus of Bradburn's research. His model estimated that a person will experience high psychological well-being if positive affect outweighs negative affect, and low well-being if negative affect exceeds positive affect. Carl Rogers (1961) discussed wellbeing in terms of (the good life). He stated that "each person aspired to be a fully functioning human who is open to experience, trusts his or her own organism, and leads a more existential existence" (Dodge, Daly, Huyton, & Sanders, 2012). Ryff (1989) coined the term "psychological well-being" to describe an alternate approach to well-being. She built a measure of well-being around six subscales by combining ideas from Malsow, Jung, Rogers, Allport, Erikson, Buhler, Neurgartens, and Jahoda's personality theories:

- 1) Autonomy (attributes such as self-determination, independence, internal locus of control, individuation, and internal regulation of behavior).
- 2) Environmental Mastery (the ability to pick or create environments conducive to his or her psychic conditions).
- 3) Positive Relations with Others (warm, trusting interpersonal relations and strong feelings of empathy and affection).
- 4) Purpose in Life(a sense of directedness, and intentionality).
- 5) Personal Growth (continuing ability to develop one's potential, to grow and expand as a person).
- 6) Self-Acceptance (holding positive attitudes toward oneself appears as a key feature of healthy psychological functioning).

Headey & Wearing (1989) proposed relationships between personality, life events, well-being and ill being, and believed that people's subjective well-being is more or less stable, due to the dynamic equilibrium between stock levels, psychological income flows, and subjective well-being. They also claimed that differences in subjective well-being between individuals were attributable to stable stocks (also known as stable personality characteristics). As a result of a stable stock, each individual has a level of subjective well-being that is his or her natural equilibrium level, because stocks are used to cope with specific life experiences (flows). In order to promote satisfaction and minimize distress, subjective well-being should be viewed as a fluctuating state rather than a stable trait (Dodge et al., 2012).

The results of a study conducted in Turkey on psychological well-being, depression, and stress among healthcare workers and non-healthcare workers revealed that while psychological well-being scores among healthcare workers did not differ by gender, depression and stress scores were significantly higher in women. However, there was no difference in psychological well-being, depression, or stress scores among non-healthcare professionals, based on gender. Furthermore, substantial results were obtained for health-care professionals' marital status; single healthcare workers had significantly higher levels of depression and stress than married healthcare professionals (Ceri & Cicek, 2021).

The findings of a study by Badahdah and others (2021) that sought to reveal the prevalence of mental health problems in a sample of doctors and nurses working in many health facilities in Oman, revealed a high prevalence of stress, anxiety, and poor psychological well-being, especially among females, young (HCWs), and those who interacted with COVID-19 patients who were known or suspected.

Lastly, a study aimed to investigate the effects of COVID-19 on the psychological well-being of physicians working at various health institutions in Oman, found that COVID-19 had an impact on physicians' mental health, particularly female and young physicians. According to the study, female physicians reported higher levels of stress than male physicians, with two out of three female physicians reporting a low level of psychological well-being compared to one in three male physicians. Older physicians reported higher levels of well-being and less stress than younger doctors. Physicians who were married reported less stress than those who were not, however, it appeared that physicians, regardless of their gender or contact with COVID-19 patients, had similar amounts of anxiety, the overall well-being of physicians was strongly affected by both stress and anxiety (Badahdah, Khamis, & Al Mahyijari, 2020).

1.2.5 The relationship between well-being and perceived social support

It has been proposed that individuals who report higher levels of perceived social support may have a 'positive psychological profile'. Furthermore, perceived support consistently adds to well-being and distress (in the predicted direction) and buffers or moderates the impact of life stress (Haber, Cohen, Lucas, & Baltes, 2007).

1.2.6 The relationship between well-being and resilience

Ryff (1989) defined psychological well-being (PWB) as a set of psychological characteristics that lead to positive human functioning, that included several resilience-related aspects such as maturity, purpose in life, and self-efficacy (Sagone & De Caroli, 2014).

Furthermore, those with higher resilience are more likely to use more positive and adaptive coping mechanisms, resulting in a more positive psychological state "well-being" (Huang et al., 2020).

In a study of 224 middle and late adolescent respondents with an aim of investigating the relationships between the (Ryff's dimensions) of psychological well-being and

resilience, the results revealed positive relationships between psychological well-being and resilience. Boys were also more likely than girls to have a positive self-image and accept various aspects of themselves. Boys were also more likely than girls to manage their surroundings and a wide variety of external activities. The research also found that adolescents who felt they were growing and developing as well as those who were content with who they are were more resilient. This finding demonstrated that psychological well-being predicts resilience (Sagone, & De Caroli, 2014).

A study by Mahamid, Dana & Priscilla (2021) investigated the relationship between stressful life events and psychological well-being in Palestinian adolescents, as well as the mediating role of resilience. The study found that people with high resilience are less likely to have their psychological well-being impacted by stressful life events. The findings imply that an individual's level of resilience is significant in determining how well they would cope with stress.

Finally, a study concluded by Souri, & Hasanirad (2011) demonstrated that resilience can predict psychological well-being, and optimism had a minor mediating role in the relationship between resilience and psychological well-being. Personal qualities like resilience can be used to predict and have an impact on psychological well-being.

1.2.7 The relationship between well-being and Self-esteem

Self-esteem is a predictor of success and well-being in the areas of work, relationships, and health domains, rather than a consequence. According to Kusterand others(2013), self-esteem, like major personality traits such as the Big Five, is a fairly stable characteristic of individuals, which could explain this pattern of results. It's been argued that a high level of self-esteem is linked to psychological well-being. Furthermore, self-esteem was found to be a significant predictor of psychological well-being, as this conclusion is confirmed by Poudel, Gurung, & Khanal (2020),also a New Zealand research, which found that adolescents with low self-esteem had poorer mental and physical health, and that low self-esteem predicted negative adult outcomes.

1.2.8 The relationship between well-being, perceived social support and resilience

A study by Huang and others (2020) found that self-acceptance, perceived social support, and resilience are protective factors of incarcerated offenders' mental health, with self-acceptance and resilience serving as mediators between perceived social

support and mental health. According to the study as well, psychological resilience had a mediating effect between perceived social support and mental health (well-being).

1.3 Study Statement

Palestinian health care workers, much the same as health care workers in many countries around the world currently face an unusual and unprecedented situation of distress, burnout, and ill-being imposed by the COVID 19 Pandemic. In the midst of a major pandemic, healthcare workers' working hours and labor intensity will increase, leaving them with insufficient time to rest which puts them at risk for chronic stress and psychological distress, despite the fact that previous studies suggest that the psychological impact of a major disaster has a broader and longer lasting impact on individuals than physical injuries, mental health draws significantly fewer professionals for planning and resources (Allsopp et al., 2019), in this context, emotional exhaustion is a key worry for health-care workers' mental health and well-being.

Furthermore, this pandemic is affecting their lives on the physical and on the psychological aspect. However, little is known of these psychological effects and their impact on health care workers in the near or far future, especially within a Palestinian context. The purpose of the present study is to examine the relationship between resilience, self-esteem, and perceived social support with psychological well-being among health care workers, in accordance with this purpose, six research questions were formulated:

RQ1: What is the level of (Resilience, self-esteem, perceived social support and psychological well-being) among health care workers during covid-19 in Jerusalem Governorate?

RQ2: What is the relationship between Resilience, self-esteem, perceived social support and psychological well-being among health care workers during covid-19 in Jerusalem Governorate?

RQ3: How does (Gender, age, marital status, work place, position, and Covid-19 infection) effect on resilience among health care workers during covid-19 in Jerusalem Governorate?

RQ4: How does (Gender, age, marital status, work place, position, and Covid-19 infection) effect on self- esteem among health care workers during covid-19 in Jerusalem Governorate?

RQ5: How does (Gender, age, marital status, work place, position, and Covid-19 infection) effect on perceived social support among health care workers during covid-19 in Jerusalem Governorate?

RQ6: How does (Gender, age, marital status, work place, position, and Covid-19 infection) effect on psychological well-being among health care workers during covid-19 in Jerusalem Governorate?

1.4 Study Significance

Considering the significance of this global pandemic, and the extreme changes it had inflicted on people's lives especially health care workers, considering that COVID-19 is an unfamiliar traumatic event for health care workers, the lack of recognition that stress and work overload may lead to psychological consequences, and the lack thereof of such research in Palestine, this research focused on health care workers because of their important role as COVID-19 frontline responders, by trying to identify how perceived social support, self-esteem, and resilience would foster well-being among health care workers during covid-19 in Jerusalem Governorate – Palestine.

Individuals who are resilient exhibit behavioral autonomy by accepting responsibility for their behaviors, resilient people are more likely to have high levels of self-realization and self-efficacy, moreover, individuals who are resilient do not avoid difficult tasks; instead, they put up greater effort, employ more effective strategies, and tackle difficult tasks with perseverance, demonstrating greater capacities for reacting to future events with resilience, in general the characteristics of resilience prepares individuals to adapt well to new environments and face any stress they encounter in the environment by taking personal responsibility Timmerman (2014), which is necessary for health care workers when dealing with the covid-19 pandemic.

1.5 Study Aims

1. Investigating the level of (Resilience, self-esteem, perceived social support and psychological well-being) among health care workers during covid-19 in Jerusalem Governorate.

2. To determine the relationship between resilience, self-esteem, perceived social support and psychological well-being among health care workers during covid-19 in Jerusalem Governorate.
3. To determine the differences in (resilience, self-esteem, perceived social support, and psychological well-being) among health care workers during covid-19 in Jerusalem Governorate, according to the variables of (Gender, age, marital status, work place, position, and Covid-19 infection).

1.6 Definition of terms

1.6.1 Resilience

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress, such as family and relationship problems, serious health problems or workplace and financial stressors. It means, "bouncing back" from difficult experiences (American psychological association, p185,2010). The study defines Resilience procedurally as the degree to which the respondent obtains on the scale of Resilience which is used in the study.

1.6.2 Self-esteem

Morris Rosenberg defines self-esteem as one's overall sense of being a worthy and valuable person (Rosenberg, 1965). The study defines self-esteem procedurally as the degree to which the respondent obtains on the scale of self-esteem which is employed in the study.

1.6.3 Perceived social support

Perceived social support is the subjective feeling and evaluation of the degree of support received from the outside world and differs from practical social support. (Zimet, Powell, Farley, Werkman, Berkoff, 1990). The study defines perceived social support procedurally as the degree to which the respondent obtains on the scale of perceived social support which is used in the study.

1.6.4 Well-being

Psychological well-being (PWB) has been considered by Ryff as a set of psychological features involved in positive human functioning (Ryff, Keyes, &Schmotkin, 2002). The study defines well-being procedurally as the degree to which the respondent obtains on the scale of well-being which is used in the study.

Chapter Two

Study Methods

2.1 Methodology

This section outlined the methodology that is used in this study. It will provide information on participant selection process, instruments, as well as the research design.

2.1.1 Study Design

This study utilized a correlational method for its compatibility to the study objective.

2.1.2 Study population

Approximately (240) frontline HCWs (physicians and nurses), both male and female, residing in Jerusalem and working in hospitals, emergency departments, and primary healthcare centers in the Jerusalem governorate during the years 2021-2022 were included in the study, who were likely to deal with COVID-19 patients, whether suspected or confirmed, an online web-based questionnaire was developed using online software (Google forms).

2.1.3 Study participants

A total of 126 Palestinian health care workers working in medical centers, hospitals, and emergency in Jerusalem Governorate participated in the study. The distribution of the study sample was formed according to independent variables as illustrated in the table

Table 1*The distribution of the study sample according to independent variables (n= 126).*

Independent variables	Levels of variable	frequency	Percentage %
Gender	Male	52	41.3
	Female	74	58.7
Age	Under 30 years	57	45.2
	30- 39 years	32	25.4
	40- 49 years	22	17.5
	50 years and above	15	11.9
Marital status	Married	63	50
	Single	50	39.7
	Divorced and widowed	13	10.3
Work place	Medical center	45	35.7
	Hospital	58	46
	Emergency	23	18.3
Position	Doctor (physician)	81	64.3
	Nurse	45	35.7
Covid-19 infection	Yes (infected)	75	59.5
	No (not infected)	51	40.5

2.2 Procedures

The data was gathered from a sample of 126 health care workers in Jerusalem Governorate, Palestine during the covid-19 pandemic. The measures were administered to the participants during the period(10th Jan- 15thFeb. 2022). The purpose of the study was explained to the participants, and they were asked not to write their names or identifying information on any of the questionnaires, to ensure their anonymity and confidentiality. Completing the questionnaire package took approximately 40 minutes.

Questioners were sent to (HCWs) using google forms via closed institutional groups using a variety of social media technologies (WhatsApp and Messenger). This method was used to contact as many (HCWs) as feasible in COVID-19-related quarantine situations, and to adhere to social distancing recommendations, and to take advantage of Palestinians' high percentage of internet use (Palestinian Central Bureau of Statistics, 2019). Finally, questionnaires were collected from health care workers working in Jerusalem governorate using different electronic platforms (Messenger, WhatsApp).

2.3 Study instruments

Demographic Information form This form was used to gather detailed information on basic demographics such as gender, age, marital status, work place, position, COVID-19 infection. Research participants answered questions based on four scales:

A. The adult Resilience Measure (ARM-R)

To assess the level of resilience among health care workers (ARM-R) was used (Liebenberg, Ungar,& Van de Vijver,2012). This scale consisted of 28- items and the responses on it ranged from (1) “strongly disagree” to (5) “strongly agree as rated on a 5-point Likert scale. To interpret the results, means of 5- points Likert scale was utilized as the following: (1- 1.80) very low level, (1.81- 2.60) low level, (2.61- 3.40) moderate level, (3.41- 4.20) high level, and (4.21- 5) very high level.

B. Self-esteem Scale

To assess the level of self- esteem among health care workers, a Rosenberg 10-item questionnaire was used (Rosenberg, 1965). Each item is scored on a 4-point Likert scale with responses ranging from “strongly disagree” (1) to “strongly agree” (4) for the positive items. In contrast, the responses were inverse for the negative items (2, 5, 8, 9). Means of 4- points Likert scale was utilized to determine the level of self- esteem as the following: (1- 1.74) very low level, (1.75- 2.49) low level, (2.50- 3.24) high level, and (3.25- 4) very high level.

C. Perceived social support scale

To assess the level of perceived social support among health care workers, the questionnaire of perceived social support was used (Zimet, Powell, Farley, Werkman, & Berkoff, 1990). This scale consisted of 12 items and the responses on it rated from (1) “strongly disagree” to (7) “strongly agree” as ranged on a 7-point Likert scale. To interpret the results, means of 7- points Likert scale was utilized as the following:(1- 1.85) very low level, (1.86- 2.71) low level, (2.72- 3.57) mildly low level, (3.58- 4.43) moderate level, (4.44- 5.29) mildly high level, (5.30- 6.15) high level, and (6.16- 7) very high level.

D. Psychological well-being scale

To assess the level of psychological well-being among health care workers, the scale of psychological well-being designed by Ryff was used (Ryff, 1989). This scale consisted of 42 items and the responses on it were ranged from (1) “strongly disagree” to (5) “strongly agree as rated on a 5-point Likert scale for the positive items. In contrast, the responses were inverse for the negative items (3, 5, 10, 13, 14, 15, 16,17, 18, 19, 23, 26, 27, 30, 31, 32, 34, 36, 39, 41). To interpret the results, means of 5- points Likert scale was utilized as the following (1- 1.80) very low level, (1.81- 2.60) low level, (2.61- 3.40) moderate level, (3.41- 4.20) high level, and (4.21- 5) very high level.

2.4 Validity of study instruments

To ensure the validity of the study instruments, the internal consistency validity was used after distributing the study instrument to a pilot sample including 30 health care workers from the study population and eliminated from the original study sample. Pearson correlation coefficient was used between the items and the total score of each instrument, and the results were as the following:

- The values of Pearson correlation coefficient between the items and the total score of resilience were statistically significant at ($\alpha \leq 0.05$) and ranged from 0.37 to 0.75 as shown in the table 2.
- The values of Pearson correlation coefficient between the items and the total score of self-esteem were statistically significant at ($\alpha \leq 0.05$) and ranged from 0.38 to 0.73 as shown in the table 3.
- The values of Pearson correlation coefficient between the items and the total score of perceived social support were statistically significant at ($\alpha \leq 0.05$) and ranged from 0.64 to 0.93 as shown in the table 4.
- The values of Pearson correlation coefficient between the items and the total score of psychological well-being were statistically significant at ($\alpha \leq 0.05$) and ranged from 0.39 to 0.76 as shown in the table 5.
- These values emphasize that the study instruments achieve what it is intended to measure.

Table 2*The validity of internal consistency for the resilience scale.*

N	Items	R
1	I have people I can respect in my life	0.50*
2	I cooperate with people around me	0.45*
3	Getting and improving qualifications or skills is important to me	0.36*
4	I know how to behave in different social situations	0.70*
5	My family have usually supported me throughout life	0.66*
6	My family know a lot about me	0.73*
7	If I am hungry I have money to buy food	0.54*
8	I try to finish what I start	0.63*
9	Spiritual beliefs are a source of strength for me	0.37*
10	I am proud of my ethnic background	0.39*
11	People think that I am fun to be around	0.60*
12	I talk to my family/partner about how I feel	0.70*
13	I can solve problems without harming myself or others (e.g. without using drugs or being violent)	0.49*
14	I feel supported by my friends	0.75*
15	I know where to get helping my community	0.46*
16	I feel I belong in my community	0.64*
17	My family stands by me in difficult times	0.70*
18	My friends stand by me in difficult times	0.50*
19	I am treated fairly in my community	0.67*
20	I have opportunities to show others I can act responsibly	0.45*
21	I know my own strengths	0.69*
22	I participate in organized religions activities	0.63*
23	I think it is important to support my community	0.54*
24	I feel safe when I am with my family	0.66*
25	I have opportunities to be useful in life	0.67*
26	I enjoy my families/partners cultural and family traditions	0.52*
27	I enjoy my community's culture	0.60*
28	I am proud of my nationality	0.52*

* Significantly correlated at ($\alpha \leq 0.05$)

Table 3*The validity of internal consistency for the self- esteem scale.*

N	Items	R
1	During COVID-19, I am satisfied with myself.	0.67*
2	During COVID-19 I think I am no good at all.	0.44*
3	During COVID-19 I feel that I have a number of good qualities.	0.72*
4	During COVID-19 I am able to do things as well as most other people.	0.67*
5	I feel I do not have much to be proud of during COVID-19.	0.73*
6	I certainly feel useless during COVID-19.	0.58*
7	During COVID-19 I feel that I'm a person of worth, at least on an equal plane with others.	0.38*
8	I wish I could have more respect for myself during COVID-19.	0.44*
9	During COVID-19, I am inclined to feel that I am a failure.	0.48*
10	I take a positive attitude toward myself during COVID-19.	0.73*

* Significantly correlated at ($\alpha \leq 0.05$)**Table 4***The validity of internal consistency for the perceived social support scale.*

N	Items	R
1	There is a special person who is around when I am in need during COVID-19.	0.81*
2	There is a special person with whom I can share joys and sorrows during COVID-19.	0.64*
3	My family really tries to help me during COVID-19.	0.77*
4	I get the emotional help and support I need from my family during COVID-19	0.88*
5	I have a special person who is a real source of comfort to me during COVID-19.	0.91*
6	During COVID-19 My friends really try to help me.	0.77*
7	I can count on my friends when things go wrong during COVID-19.	0.87*
8	During COVID-19 I can talk about my problems with my family.	0.93*
9	I have friends with whom I can share my joys and sorrows during COVID-19.	0.84*
10	There is a special person in my life who cares about my feelings during COVID-19.	0.85*
11	My family is willing to help me make decisions during COVID-19.	0.83*
12	I can talk about my problems with my friends during COVID-19.	0.81*

* Significantly correlated at ($\alpha \leq 0.05$).

2.5 Reliability of study instruments

To ensure the reliability of the study instruments, a Cronbach's alpha equation was used. The coefficients of reliability for the study instruments (resilience, self-esteem, perceived social support, and psychological well-being) were (0.92, 0.78, 0.95, and 0.95) respectively as presented in the table 6. These values mean that the instruments are suitable to achieve the study's objectives.

Table 6

The reliability of study instruments.

N	Variables	No. of items	Cronbach's alpha
1	Resilience	28	0.92
2	Self-esteem	10	0.78
3	Perceived social support	12	0.95
4	Psychological well-being	42	0.95

2.6 Data Analysis

To answer the study's questions and examine its hypotheses, the researcher used the Statistical Packages for Social Sciences (SPSS) program by using the following:

1. Means, and standard deviations to answer the first question.
2. Validate the study instruments using the "Pearson" correlation coefficients.
3. Reliability of study instruments using Cronbach's alpha equation.
4. One- Way ANOVA analysis to determine the differences in resilience, self-esteem, perceived social support, and psychological well-being according to all independent variables.
5. Scheffe post-hoc test was used the post comparisons between means.

2.7 Variables

1. Independent variables

Gender: male, female.

Age: under 30 years, 30-39 years, 40-49, 50 years and above.

Marital status: married, single, divorced and widowed.

Work place: medical center, hospital, emergency.

Position: doctor(physician), nurse.

COVID-19 infection: yes(infected), no (not infected).

2. Dependent variables

The dependent variables were represented by the degree of response of the study sample on the items of resilience, self- esteem, perceived social support, and psychological well- being scales.

Chapter Three

Results

126 health care workers participated in this study, both male and female, from different work places (hospital, medical center, and emergency), and two positions (doctors and nurses).

3.1 Results of the first question

What is the level of (Resilience, self-esteem, perceived social support and psychological well-being) among health care workers during covid-19 in Jerusalem Governorate?

To answer to this question, means and standard deviations were calculated for the total score of each scale as presented in table 7.

Table 7

Means, standard deviations and the level of (Resilience, self-esteem, perceived social support and psychological well-being) among health care workers during covid-19 in Jerusalem Governorate (n= 126).

N	Variables	Mean	SD	Level
1	Resilience	4.38	0.65	Very high
2	Self- esteem	3.17	0.42	High
3	Perceived social support	5.64	1.17	High
4	psychological well-being	3.65	0.49	High

The results shown in table 7 were as the following:

- the level of resilience among health care workers during covid-19 in Jerusalem Governorate was very high, as the mean of response for the total score was (4.38).
- The level of self- esteem among health care workers during covid-19 in Jerusalem Governorate was high, as the mean of response for the total score was (3.17).
- The level of perceived social support among health care workers during covid-19 in Jerusalem Governorate was high, as the mean of response for the total score was (5.64).
- Finally, the level of psychological well-being among health care workers during covid-19 in Jerusalem Governorate was high, as the mean of response for the total score was (3.65).

3.2 Results of the second question

What is the relationship between Resilience, self-esteem, perceived social support and psychological well-being among health care workers during covid-19 in Jerusalem Governorate?

To answer to this question, Pearson correlation coefficient was used as shown in table 8.

Table 8

The relationship between Resilience, self-esteem, perceived social support and psychological well-being among health care workers during covid-19 in Jerusalem Governorate (n=126).

Scales	Resilience	Self-esteem	Perceived social support	psychological well-being
Resilience		0.73**	0.81**	0.62**
Self-esteem			0.75**	0.81**
Perceived social support				0.70**
psychological well-being				

** Significantly correlated at ($\alpha \leq 0.01$).

The results shown in table 8 indicated that:

- There were statistically positive and significant relationships at ($\alpha \leq 0.01$) between the resilience and each of self-esteem, perceived social support and psychological well-being among health care workers during covid-19 in Jerusalem Governorate, as the values of Pearson correlation were (0.73, 0.81, 0.62) respectively.
- There were statistically positive and significant relationships at ($\alpha \leq 0.01$) between the self-esteem and each of perceived social support and psychological well-being among health care workers during covid-19 in Jerusalem Governorate, as the values of Pearson correlation were (0.75, 0.81) respectively.
- Finally, there was statistically positive and significant relationship at ($\alpha \leq 0.01$) between the perceived social support and the psychological well-being among health care workers during covid-19 in Jerusalem Governorate, as the value of Pearson correlation was (0.70). To determine the most important effects between each two variables, a simple linear regression was used as shown in the table 9.

Table 9

Summary of simple linear regression (R^2) results to determine the most important effects between resilience, self-esteem, perceived social support and psychological well-being ($n=126$).

Scales	Resilience	Self-esteem	Perceived social support	Psychological well-being
Resilience		0.533*	0.658*	0.386*
Self-esteem			0.567*	0.658*
Perceived social support				0.485*
psychological well-being				

** Significant effect at ($\alpha \leq 0.05$).

The results of simple linear regression shown in the table 9 revealed that the main important effects were between resilience and perceived social support ($R^2= 0.658$; $\alpha \leq 0.05$), and between self- esteem and psychological well- being ($R^2= 0.658$; $\alpha \leq 0.05$). It means that resilience and perceived social support reciprocally explained (65.80%) from each other, as similar as for the results between self- esteem and psychological well-being.

3.3 Results of the third question

How does (gender, age, marital status, work place, position, and Covid-19 infection) effect on resilience among health care workers during covid-19 in Jerusalem Governorate?

To answer to this question, One- way ANOVA analysis was used as illustrated in table10.

Table 10

Means and standard deviation for the total score of resilience among health care workers during covid-19 in Jerusalem Governorate according the independent variables (n= 126).

Independent variables	Levels of variable	No.	Mean*	SD
Gender	Male	52	4.22	0.67
	Female	74	4.50	0.61
Age	Under 30 years	57	4.34	0.64
	30- 39 years	32	4.22	0.74
	40- 49 years	22	4.54	0.57
	50 years and above	15	4.65	0.42
Marital status	Married	63	4.47	0.61
	Single	50	4.28	0.62
	Divorced and widowed	13	4.32	0.86
Work place	Medical center	45	4.50	0.56
	Hospital	58	4.27	0.68
	Emergency	23	4.42	0.69
Position	Doctor (physician)	81	4.38	0.65
	Nurse	45	4.37	0.64
Covid-19 infection	Yes (infected)	75	4.33	0.71
	No (not infected)	51	4.45	0.53

* Maximum degree of response (5) degrees, SD= Standard Deviation.

Table 11

Results of one- way ANOVA analysis for the differences in the total score of resilience among health care workers during covid-19 in Jerusalem Governorate according the independent variables (n= 126).

Independent variables	Source of variance	Sum of squares	DF	Mean square	F	Sig.*
Gender	Between groups	2.41	1	2.41	6.02	0.016*
	Within groups	49.61	124	0.40		
	Total	52.02	125			
Age	Between groups	2.55	3	0.85	2.10	0.104
	Within groups	49.47	122	0.41		
	Total	52.02	125			
Marital status	Between groups	1.06	2	0.53	1.28	0.283
	Within groups	50.96	123	0.41		
	Total	52.02	125			
Work place	Between groups	1.47	2	0.73	1.78	0.172
	Within groups	50.55	123	0.41		
	Total	52.02	125			
Position	Between groups	0.003	1	0.003	0.01	0.932
	Within groups	52.01	124	0.42		
	Total	52.02	125			
Covid-19 infection	Between groups	0.40	1	0.40	0.96	0.329
	Within groups	51.62	124	0.42		
	Total	52.02	125			

*Significant differences at ($\alpha \leq 0.05$).

The results shown in table 11 indicated that there were statistically significant differences at ($\alpha \leq 0.05$) in the total score of resilience among health care workers during covid-19 in Jerusalem Governorate according to the variable of gender in favor of female workers. In contrast, no statistically significant differences were found at ($\alpha \leq 0.05$) in the total score of resilience among health care workers during covid-19 in Jerusalem Governorate according to the variables of (age, marital status, work place, position, and Covid-19 infection).

3.4 Results of the fourth question

How does (gender, age, marital status, work place, position, and Covid-19 infection) effect on self- esteem among health care workers during covid-19 in Jerusalem Governorate?

To answer to this question, One- way ANOVA analysis was used as presented in table 12.

Table 12

Means and standard deviation for the total score of self- esteem among health care workers during covid-19 in Jerusalem Governorate according to the independent variables (n= 126).

Independent variables	Levels of variable	No.	Mean*	SD
Gender	Male	52	3.12	0.47
	Female	74	3.22	0.38
Age	Under 30 years	57	3.21	0.34
	30- 39 years	32	3.01	0.49
	40- 49 years	22	3.22	0.42
Marital status	50 years and above	15	3.27	0.47
	Married	63	3.23	0.40
	Single	50	3.14	0.39
Work place	Divorced and widowed	13	2.98	0.59
	Medical center	45	3.28	0.37
	Hospital	58	3.14	0.42
Position	Emergency	23	3.02	0.48
	Doctor (physician)	81	3.24	0.41
Covid-19 infection	Nurse	45	3.05	0.43
	Yes (infected)	75	3.15	0.43
	No (not infected)	51	3.20	0.42

* Maximum degree of response (4) degrees, SD= Standard Deviation.

Table 13

Results of one- way ANOVA analysis for the differences in the total score of self- esteem among health care workers during covid-19 in Jerusalem Governorate according to the independent variables (n= 126).

Independent variables	Source of variance	Sum of squares	DF	Mean square	F	Sig.*
Gender	Between groups	0.20	1	0.20	1.15	0.287
	Within groups	21.99	124	0.18		
	Total	22.19	125			
Age	Between groups	1.14	3	0.38	2.20	0.092
	Within groups	21.05	122	0.17		
	Total	22.19	125			
Marital status	Between groups	0.79	2	0.39	2.27	0.108
	Within groups	21.40	123	0.17		
	Total	22.19	125			
Work place	Between groups	1.12	2	0.56	3.28	0.041*
	Within groups	21.07	123	0.17		
	Total	22.19	125			
Position	Between groups	1.01	1	1.01	5.92	0.016*
	Within groups	21.18	124	0.17		
	Total	22.19	125			
Covid-19 infection	Between groups	0.09	1	0.09	0.52	0.472
	Within groups	22.10	124	0.18		
	Total	22.19	125			

*Significant differences at ($\alpha \leq 0.05$)

The results shown in table 13 indicated that there were no statistically significant differences at ($\alpha \leq 0.05$) in the total score of self- esteem among health care workers during covid-19 in Jerusalem Governorate according to the variables of (gender, age, marital status, and Covid-19 infection). In contrast, there were statistically significant differences at ($\alpha \leq 0.05$) in the total score of self- esteem among health care workers according to the variable of position in favor of doctor(physician). Also, there were statistically significant differences at ($\alpha \leq 0.05$) in the total score of self- esteem among health care workers according to the variable of work place. To determine the sources of differences, a Scheffe post-hoc test was used as shown in table 14.

Table 14

The results of scheffe post- hoc test for the comparison between the means of self- esteem according to the work place variable (n= 126).

Means of self- esteem	Medical center	Hospital	Emergency
3.28		0.14	0.26*
3.14			0.12
3.02			

*Significant differences at ($\alpha \leq 0.05$)

The results shown in table 14 indicated that there were statistically significant differences at ($\alpha \leq 0.05$) in the total score of self- esteem among health care workers according to the variable of work place between (medical center) and (emergency) in favor of (medical center). Whereas, no statistically significant differences were noticed in the other post comparisons between means.

3.5 Results of the fifth question

How does (gender, age, marital status, work place, position, and Covid-19 infection) effect on perceived social support among health care workers during covid-19 in Jerusalem Governorate?

To answer to this question, One- way ANOVA analysis was used as presented in table15.

Table 15

Means and standard deviation for the total score of the perceived social support among health care workers during covid-19 in Jerusalem Governorate according to the independent variables (n= 126).

Independent variables	Levels of variable	No.	Mean*	SD
Gender	Male	52	5.42	1.32
	Female	74	5.80	1.03
Age	Under 30 years	57	5.67	1.17
	30- 39 years	32	5.45	1.18
	40- 49 years	22	5.66	1.22
Marital status	50 years and above	15	5.93	1.09
	Married	63	5.75	1.08
	Single	50	5.54	1.15
Work place	Divorced and widowed	13	5.51	1.64
	Medical center	45	5.79	1.12
	Hospital	58	5.57	1.20
Position	Emergency	23	5.56	1.21
	Doctor (physician)	81	5.62	1.29
	Nurse	45	5.68	0.91
Covid-19 infection	Yes (infected)	75	5.59	1.31
	No (not infected)	51	5.72	0.93

* Maximum degree of response (7) degrees, SD= Standard Deviation.

Table 16

Results of one- way ANOVA analysis for the differences in the total score of perceived social support among health care workers during covid-19 in Jerusalem Governorate according to the independent variables (n= 126).

Independent variables	Source of variance	Sum of squares	DF	Mean square	F	Sig.*
Gender	Between groups	4.27	1	4.27	3.18	0.077
	Within groups	166.57	124	1.34		
	Total	170.84	125			
Age	Between groups	2.42	3	0.81	0.59	0.626
	Within groups	168.42	122	1.38		
	Total	170.84	125			
Marital status	Between groups	1.53	2	0.77	0.56	0.575
	Within groups	169.31	123	1.38		
	Total	170.84	125			
Work place	Between groups	1.43	2	0.71	0.52	0.597
	Within groups	169.41	123	1.38		
	Total	170.84	125			
Position	Between groups	0.11	1	0.11	0.08	0.781
	Within groups	170.73	124	1.38		
	Total	170.84	125			
Covid-19 infection	Between groups	0.52	1	0.52	0.38	0.539
	Within groups	170.32	124	1.37		
	Total	170.84	125			

*Significant differences at ($\alpha \leq 0.05$)

The results shown in table 16(see Appendix B) indicated that there were no statistically significant differences at ($\alpha \leq 0.05$) in the total score of perceived social support among health care workers during covid-19 in Jerusalem Governorate according to the variables of (gender, age, marital status, work place, position, and Covid-19 infection).

3.6 Results of the sixth question

How does (gender, age, marital status, work place, position, and Covid-19 infection) effect on psychological well-being among health care workers during covid-19 in Jerusalem Governorate?

To answer to this question, One- way ANOVA analysis was used as presented in table 17.

Table 17

Means and standard deviation for the total score of psychological well-being among health care workers during covid-19 in Jerusalem Governorate according to the independent variables (n= 126).

Independent variables	Levels of variable	No.	Mean*	SD
Gender	Male	52	3.63	0.55
	Female	74	3.66	0.45
Age	Under 30 years	57	3.65	0.44
	30- 39 years	32	3.55	0.52
	40- 49 years	22	3.75	0.47
	50 years and above	15	3.73	0.62
Marital status	Married	63	3.73	0.43
	Single	50	3.60	0.50
	Divorced and widowed	13	3.44	0.66
Work place	Medical center	45	3.80	0.44
	Hospital	58	3.65	0.50
	Emergency	23	3.37	0.45
Position	Doctor (physician)	81	3.69	0.51
	Nurse	45	3.57	0.44
Covid-19 infection	Yes (infected)	75	3.62	0.52
	No (not infected)	51	3.70	0.44

* Maximum degree of response (5) degrees, SD= Standard Deviation.

Table 18

Results of one- way ANOVA analysis for the differences in the psychological well-being among health care workers according to independent variables (n= 126).

Independent variables	Source of variance	Sum of squares	DF	Mean square	F	Sig.*
Gender	Between groups	0.02	1	0.02	0.09	0.766
	Within groups	30.05	124	0.24		
	Total	30.07	125			
Age	Between groups	0.61	3	0.20	0.85	0.471
	Within groups	29.46	122	0.24		
	Total	30.07	125			
Marital status	Between groups	1.15	2	0.58	2.45	0.090
	Within groups	28.92	123	0.24		
	Total	30.07	125			
Work place	Between groups	2.78	2	1.39	6.27	0.003*
	Within groups	27.29	123	0.22		
	Total	30.07	125			
Position	Between groups	0.44	1	0.44	1.84	0.177
	Within groups	29.63	124	0.24		
	Total	30.07	125			
Covid-19 infection	Between groups	.21	1	0.21	0.88	0.351
	Within groups	29.86	124	0.24		
	Total	30.07	125			

*Significant differences at ($\alpha \leq 0.05$).

The results shown in table18(see Appendix B) revealed that there were no statistically significant differences at ($\alpha \leq 0.05$) in the total score of psychological well-being among health care workers during covid-19 in Jerusalem Governorate due to the variables of (gender, age, marital status, position, and Covid-19 infection). Whereas, there were statistically significant differences at ($\alpha \leq 0.05$) in the total score of psychological well-being among health care workers according to the variable of work place. To determine the sources of differences, a Scheffe post-hoc test was used as shown in table 19(see Appendix B).

The results shown in table 19 indicated there were statistically significant differences at ($\alpha \leq 0.05$) in the total score of psychological well-being among health care workers during covid-19 in Jerusalem Governorate due to the variable of work place between

(medical center, and hospital) and (emergency) in favor of (medical center, and hospital). Furthermore, no statistically significant difference was found in the total score of psychological well-being among health care workers between (medical center) and (hospital).

Table 19

The results of scheffe post- hoc test for the comparison between the means of psychological well-being according to the work place variable (n= 126).

Variable	Means	Medical center	Hospital	Emergency
psychological	3.80		0.15	0.43*
well-being	3.65			0.28*
	3.37			

*Significant differences at ($\alpha \leq 0.05$)

Chapter Four

Discussions and Conclusions

The main purpose of this study was to investigate the level of (Resilience, self-esteem, perceived social support and psychological well-being) among health care workers during covid-19 in Jerusalem Governorate, to determine the relationship between Resilience, self-esteem, perceived social support and psychological well-being among health care workers, and to determine the deference's in resilience, self-esteem, perceived social support, and psychological well-being among health care workers during covid-19 in Jerusalem Governorate, according to the variables of (Gender, age, marital status, work place, position, and Covid-19 infection). The study found that the level of resilience among health care workers during covid-19 in Jerusalem Governorate was very high, this could be attributed to the fact that (HCWs) workload demands and performance expectations are key sources of stress, which may have created the ability for (HCWs) in Jerusalem Governorate to actively respond to stressful events, adapt to the job environment, and taking charge of the situation, also being obligated to fulfill tasks even under difficult conditions such as the COVID-19 outbreak, by being equipped with the necessary adaptive coping behaviors that involve acceptance rather than avoidance.

The level of self-esteem among (HCWs) was high, this could be possibly due to the fact that (HCWs) are actively helping and treating patients who are COVID-19 infected knowing they might be infected along the way, but they did their work anyway, also being valued in the community as a health care worker facing the unknown outbreak changed (HCWs) attitude about themselves and their professional performance for the better, which gavethem meaning in life, and higher levels of personal achievement, and more job satisfaction.

The level of perceived social support among (HCWs) was high, this can be explained by feelings of being valued, supported, and cared for by the community who feels that (HCWs) are the only frontline workers how can actually treat and protect them from the outbreak, intern(HCWs) help and support patients psychologically not just physically, which created some kind of support related interaction between (HCWs) and their patients during the outbreak.

The level of psychological well-being among (HCWs) was high, which could be attributed to the fact that (HCWs) in Jerusalem governorate were equipped with the necessary coping strategies and behaviors that helped them face the outbreak, which made them a reliable source of protection in the eyes of the community who heavily relied on them, which boosted (HCWs) self-esteem, which in turn reflected on their feelings of environmental mastery, personal growth, and their relationship with others.

These results are in accordance with (Mahamid, Dana, & Priscilla, 2021) which found that MD (medical doctors), NP (nurse practitioners), had the highest resilience scores among (HCWs), also with studies demonstrating that resilience is attributed to social and ideological commitment, and high self-esteem along with successful coping, finally the study supported previous findings demonstrating that a high level of self-esteem is commonly associated with psychological well-being (Poudel et al.,2020).

The results of the second question revealed that the main important effects were between resilience and perceived social support and between self-esteem and psychological well-being, which is in accordance with previous studies which found that resilience had a mediating effect between perceived social support and well-being (Huang et al., 2020), also it has been argued that a high level of self-esteem is linked to psychological well-being). Furthermore, self-esteem was found to be a significant predictor of psychological well-being(Poudel et al., 2020), the study results could indicate that (HCWs) during COVID-19 in Jerusalem had the subjective feeling of being socially supported by their families, friends and the community as a whole, which reflected on their ability to endure and face the pandemic with resilience, and in order not to fail the community that realized that they were the only ones capable of defeating the pandemic, this dynamic context nourished their response system and led to successful adaptation, which boosted their self-esteem, by feeling they were are capable of controlling the pandemic, thus adding value to their work and accomplishments, therefore, they had excess to positive affect and positive functioning, leading to higher levels of psychological well-being.

The results of the third question indicated that there were a significant gender differences on resilience, females were more resilient than males, which is not in accordance with previous studies(Lisi el al., 2020) that found higher depression scores among female health care professionals working in a COVID-19 free setting, which

significantly predicted lower resilience, also (Di Giuseppe et al., 2021) found that stress and burnout among (HCWs) were predicted by female health workers and lower resilience. Our findings may be attributed to the fact that during our study, Palestinian females (HCWs) in Jerusalem governorate were less likely to be stressed by the outbreak due to the sufficient knowledge and experience they gained about the COVID-19 outbreak, which in turn equipped them with enough coping behaviors and professional performance, also most Palestinian female (HCWs) were less likely to care for COVID-19 patients due to childcare responsibilities, and the fact that most COVID-19 patients at the time of the study were not severe enough to need special care or hospitalization.

The results of the fourth question indicated that there were a significant position differences on self-esteem, were doctors had higher self-esteem than nurses, also there were a significant work place differences on self-esteem, were medical center (HCWs) had higher self-esteem than emergency (HCWs), the results of the former are not in accordance with (Johnson et al., 2020), which suggested that the lowest levels of self-esteem among all (HCWs) were among doctors, this could be attributed to the possibility that Palestinian doctors in Jerusalem governorate have specific tasks to perform, unlike nurses who may impose other tasks that might be non-medical based, plus doctors possess critical decision making unlike nurses, additionally doctors roles and decisions are fundamental regardless of the nurses' clinical decisions, finally, doctors possess a greater scope and depth of medical knowledge than that of nurses, which gave doctors the highest levels of self-esteem. The results of the later could be attributed to the possibility that (HCWs) in medical centers have more discipline and commitment than hospitals or emergency departments, and their salaries are higher in medical centers compared to working in emergency departments for hospitals, in medical centers, there is a system of work and there is no complete control and domination by the superiors, unlike emergency departments, also medical centers have flexibility in working hours, freedom to choose the working days, and (HCWs) work in them as if it were an additional job and not a government work as in emergency departments.

The results of the fifth question indicated there were no significant perceived social support differences among health care workers according to the variables of (gender,

age, marital status, work place, position, and Covid-19 infection), which is in accordance with previous studies (Ebrahimi et al., 2021) which found that perceived social support had a moderator effect on relationship between workload and quality of life, which means that perceived social support can reduce the negative impact of workload on quality of life. The results of the study may indicate that regardless of the HCWs (gender, age, marital status, work place, position, and COVID-19 infection) all HCWs needed to be perceived as being socially supported due to the overwhelming feelings of isolation, fear of contamination, and feeling of helplessness provoked by the pandemic, also this could be an indicator that (HCWs) were compassionate which made them realize that people around them needed help, therefore they felt strong and resilient which increased their social network in their work, in addition COVID-19 is considered to be a new pandemic, and they needed medical advice and support from the healthcare team, friends and family, and they needed to develop protocols to know how to confront COVID-19.

The results of the sixth question indicated that there were statistically significant differences in the total score of psychological well-being among health care workers during covid-19 in Jerusalem Governorate due to the variable of work place between (medical center, and hospital) and (emergency) in favor of (medical center, and hospital), which is in accordance with previous studies which found that emergency department (HCWs) had an overall moderate level of professional quality of life (Wong et al., 2021), also Karagöl & Törenli Kaya (2022) indicated that private practice workers had the lowest scores on "emotional exhaustion"(which is the opposite of well-being) and that is consistent with the study, but that governmental hospital workers and training and research hospital workers had the highest mean scores on "emotional exhaustion," which is not consistent with the study. The results could be attributed to the possibility that (HCWs) did not prefer to work in emergency departments due to the huge responsibility and workload, as the emergency department distributes patients to all departments of the hospital, also the first reception for most COVID-19 patients occurs in emergency departments. The psychological well-being of (HCWs) in medical centers and hospitals is higher than that of (HCWs) in emergency departments during the pandemic might be due to more flexibility in working days and working hours, unlike emergency departments that were under great pressure during the pandemic, as working hours and even working days were not fixed due to the large number of

COVID-19 patients, and the lack of workers at the beginning of COVID-19, which may have reflected on the psychological well-being of workers, which led to feelings of overwhelming stress.

Recommendations

The study recommends that, in order to reduce (HCWs) workload, covid-19 preventative medicine be enhanced by clarifying covid-19 guidelines, and for medical facilities to provide special mental health services for (HCWs) during covid-19. Furthermore, the study recommends that medical facilities construct specialized emergency timetables or routines for(HCWs) in case of infection known or suspected among medical staff. In addition, hospitals should fix working hours and days in emergency departments. Finally, future studies should investigate the causes of lower levels of psychological well-being among covid-19 infected (HCWs).

Study Limitations

Our study has multiple limitations. Firstly, the respondents were only from Jerusalem governorate region, which limited the generalization of our findings to more- affected regions like the west bank, and the occupied regions of 1948. Secondly, respondents' previous histories of mental health conditions, which may have existed prior to the COVID-19 outbreak, were not assessed in this study. Thirdly, a qualitative study may be able to provide more information on the subject of wellbeing because this kind of study is able to ask more direct questions about the subjective experience of participants during Covid-19.

Ethical consideration

Participants confidentiality and privacy was kept safely, as the study questionnaires did not demand any personal information from the participants as they were not asked to write their names or identifying information on any of the questionnaires to ensure their anonymity and confidentiality, questioners were sent to (HCWs) using google forms, participants were randomly selected, and google forms were sent to (HCWs)via closed institutional groups using a variety of social media technologies (WhatsApp and Messenger), and the participants' personal information (such as name, email, or phone number) was not recorded in their replies in Google Forms.

List of Abbreviations

Abbreviation	Meaning
APA	American psychological association
WHO	World health organization
HCWs	Health care workers
PA	Palestinian Authority
COVID-19	Coronavirus-19

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Appendices

Appendix (A)

We kindly ask you to answer the paragraphs of the following scales, by circling the option that expresses you or describes your condition during covid-19, bear in mind that your answers will be kept strictly confidential, and it is used for scientific research purposes only.

Gender: male, female.

Age: under 30 years, 30-39 years, 40-49, 50 years and above.

Marital status: married, single, divorced, widowed.

Work place: medical center, hospital, emergency.

Position: doctor(physician), nurse.

COVID-19 infection: yes(infected), no (not infected)

-Adult resilience scale (ARM-R)

- To what extent do the sentences below describe you? Circle one answer for each statement.

	Not at all	A little	Somewhat	Quite a bit	A lot
1. I have people I can respect in my life.	1	2	3	4	5
2. I cooperate with people around me.	1	2	3	4	5
3. Getting and improving qualifications or skills is important to me.	1	2	3	4	5
4. I know how to behave in different social situations.	1	2	3	4	5

5. My family have usually supported me throughout life.	1	2	3	4	5
6. My family know a lot about me.	1	2	3	4	5
7. If I am hungry I have money to buy food.	1	2	3	4	5
8. I try to finish what I start.	1	2	3	4	5
9. Spiritual beliefs are a source of strength for me.	1	2	3	4	5
10. I am proud of my ethnic background.	1	2	3	4	5
11. People think that I am fun to be around.	1	2	3	4	5
12. I talk to my family/partner about how I feel.	1	2	3	4	5
13. I can solve problems without harming myself or others (e.g. without using drugs or being violent).	1	2	3	4	5
14. I feel supported by my friends.	1	2	3	4	5
15. I know where to get help in my community.	1	2	3	4	5
16. I feel I belong in my community	1	2	3	4	5
17. My family stands by me in difficult times.	1	2	3	4	5
18. My friends stand by me in difficult times.	1	2	3	4	5
19. I am treated fairly in my community.	1	2	3	4	5
20. I have opportunities to show others I can act responsibly.	1	2	3	4	5
21. I know my own strengths.	1	2	3	4	5

22. I participate in organized religions activities.	1	2	3	4	5
23. I think it is important to support my community.	1	2	3	4	5
24. I feel safe when I am with my family.	1	2	3	4	5
25. I have opportunities to be useful in life.	1	2	3	4	5
26. I enjoy my families/partners cultural and family traditions.	1	2	3	4	5
27. I enjoy my community's culture.	1	2	3	4	5
28. I am proud of my nationality.	1	2	3	4	5

-Ryff's Psychological Well-Being Scales (PWB), 42 Item version

Please indicate your degree of agreement (using a score ranging from 1-5) were (1) indicates that you strongly disagree, (2) disagree, (3) neutral, (4) agree, (5) strongly agree

	Strongly disagree	disagree	neutral	agree	Strongly agree
1. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5
2. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5
3. I am not interested in activities that will expand my horizons.	1	2	3	4	5
4. Most people see me as loving and affectionate.	1	2	3	4	5
5. I live life one day at a time and don't really think about the future.	1	2	3	4	5
6. When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5
7. My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5

8. The demands of everyday life often get me down.	1	2	3	4	5
9. I think it is important to have new experiences that challenge how you think about yourself and the world.	1	2	3	4	5
10. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5
11. I have a sense of direction and purpose in life.	1	2	3	4	5
12. In general, I feel confident and positive about myself.	1	2	3	4	5
13. I tend to worry about what other people think of me.	1	2	3	4	5
14. I do not fit very well with the people and the community around me.	1	2	3	4	5
15. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5
16. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5
17. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5
18. I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5
19. I tend to be influenced by people with strong opinions.	1	2	3	4	5
20. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5
21. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5
22. I enjoy personal and mutual conversations with family members or friends.	1	2	3	4	5
23. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5
24. I like most aspects of my personality.	1	2	3	4	5

25. I have confidence in my opinions, even if they are contrary to the general consensus.	1	2	3	4	5
26. I often feel overwhelmed by my responsibilities.	1	2	3	4	5
27. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5
28. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5
29. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5
30. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5
31. It's difficult for me to voice my own opinions on controversial matters.	1	2	3	4	5
32. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5
33. For me, life has been a continuous process of learning, changing, and growth.	1	2	3	4	5
34. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5
35. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5
36. My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5
37. I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5
38. I have been able to build a home and a lifestyle for myself that is much to my liking.	1	2	3	4	5
39. I gave up trying to make big	1	2	3	4	5

improvements or changes in my life a long time ago.					
40. I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5
41. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5
42. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5

-The multidimensional scale of perceived social support

Instructions: We are interested in how you feel about the following statements during covid-19. Read each statement carefully. Indicate how you feel about each statement.

Circle the “1” if you **Very Strongly Disagree**

Circle the “2” if you **Strongly Disagree**

Circle the “3” if you **Mildly Disagree**

Circle the “4” if you are **Neutral**

Circle the “5” if you **Mildly Agree**

Circle the “6” if you **Strongly Agree**

Circle the “7” if you **Very Strongly Agree**

1. There is a special person who is around when I am in need during COVID-19.	1	2	3	4	5	6	7
2. There is a special person with whom I can share joys and sorrows during COVID-19.	1	2	3	4	5	6	7
3. My family really tries to help me during COVID-19.	1	2	3	4	5	6	7
4. I get the emotional help & support I need from my family during COVID-19.	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me during COVID-19.	1	2	3	4	5	6	7

6. During COVID-19 My friends really try to help me.	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong during COVID-19.	1	2	3	4	5	6	7
8. During COVID-19 I can talk about my problems with My family	1	2	3	4	5	6	7
9. I have friends with whom I can share my joys and sorrows during COVID-19.	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings during COVID-19.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions during COVID-19.	1	2	3	4	5	6	7
12. I can talk about my problems with my friends during COVID-19.	1	2	3	4	5	6	7

-Rosenberg self-esteem scale

Below is a list of statements dealing with your general feelings about yourself during COVID-19. Please indicate how strongly you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. During COVID-19, I am satisfied with myself.	1	2	3	4
2. During COVID-19, I think I am no good at all.	1	2	3	4
3. During COVID-19 I feel that I have a number of good qualities.	1	2	3	4
4. During COVID-19 I am able to do things as well as most other people.	1	2	3	4
5. I feel I do not have much to be proud of during COVID-19.	1	2	3	4
6. I certainly feel useless during COVID-19.	1	2	3	4
7. During COVID-19 I feel that I'm a person of worth, at least on an equal plane with others.	1	2	3	4
8. I wish I could have more respect for myself during COVID-19.	1	2	3	4
9. During COVID-19, I am inclined to feel that I am a failure.	1	2	3	4
10. I take a positive attitude toward myself during COVID-19.	1	2	3	4

Appendix (B)

Table 5

The validity of internal consistency for the psychological well-being scale.

N	Items	R
1	I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	0.74*
2	In general, I feel I am in charge of the situation in which I live.	0.63*
3	I am not interested in activities that will expand my horizons	0.44*
4	Most people see me as loving and affectionate.	0.74*
5	I live life one day at a time and don't really think about the future.	0.73*
6	When I look at the story of my life, I am pleased with how things have turned out	0.63*
7	My decisions are not usually influenced by what everyone else is doing	0.41*
8	The demands of everyday life often get me down	0.72*
9	I think it is important to have new experiences that challenge how you think about yourself and the world	0.39*
10	Maintaining close relationships has been difficult and frustrating for me.	0.51*
11	I have a sense of direction and purpose in life.	0.76*
12	In general, I feel confident and positive about myself.	0.74*
13	I tend to worry about what other people think of me.	0.63*
14	I do not fit very well with the people and the community around me.	0.63*
15	When I think about it, I haven't really improved much as a person over the years	0.62*
16	I often feel lonely because I have few close friends with whom to share my concerns.	0.73*
17	My daily activities often seem trivial and unimportant to me.	0.46*
18	I feel like many of the people I know have gotten more out of life than I have	0.48*
19	I tend to be influenced by people with strong opinions	0.41*
20	I am quite good at managing the many responsibilities of my daily life	0.76*
21	I have the sense that I have developed a lot as a person over time	0.56*
22	I enjoy personal and mutual conversations with family members or friends.	0.73*
23	I don't have a good sense of what it is I'm trying to accomplish in life.	0.70*
24	I like most aspects of my personality.	0.40*
25	I have confidence in my opinions, even if they are contrary to the general consensus.	0.55*
26	I often feel overwhelmed by my responsibilities	0.60*
27	I do not enjoy being in new situations that require me to change my old familiar ways of doing things	0.60*
28	People would describe me as a giving person, willing to share my time with others	0.60*
29	I enjoy making plans for the future and working to make them a reality.	0.58*
30	In many ways, I feel disappointed about my achievements in life.	0.62*
31	It's difficult for me to voice my own opinions on controversial Matters.	0.50*
32	I have difficulty arranging my life in a way that is satisfying to me.	0.54*

33	For me, life has been a continuous process of learning, changing, and growth.	0.55*
34	I have not experienced many warm and trusting relationships with others.	0.44*
35	Some people wander aimlessly through life, but I am not one of them.	0.57*
36	My attitude about myself is probably not as positive as most people feel about themselves.	0.54*
37	I judge myself by what I think is important, not by the values of what others think is important.	0.48*
38	I have been able to build a home and a lifestyle for myself that is much to my liking.	0.54*
39	I gave up trying to make big improvements or changes in my life a long time ago.	0.54*
40	I know that I can trust my friends, and they know they can trust me.	0.64*
41	I sometimes feel as if I've done all there is to do in life.	0.42*
42	When I compare myself to friends and acquaintances, it makes me feel good about who I am.	0.71*

* Significantly correlated at ($\alpha \leq 0.05$).



جامعة النجاح الوطنية

كلية الدراسات العليا

العلاقة بين الصلابة النفسية، مفهوم الذات، الدعم الاجتماعي المُدرَك، والعافية النفسية لدى العاملين في مجال الرعاية الصحية في محافظة القدس، خلال جائحة كوفيد -19.

إعداد

أحمد مازن عمر أبولبده

إشراف

د. شادي خليل أبو الكباش

د. فلسطين إسماعيل نزال

قدمت هذه الرسالة إستكمالاً لمتطلبات الحصول على درجة الماجستير في علم النفس الإكلينيكي، من كلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس - فلسطين.

2022

العلاقة بين الصلابة النفسية، مفهوم الذات، الدعم الاجتماعي المُدرك، والعافية النفسية لدى العاملين في مجال الرعاية الصحية في محافظة القدس، خلال جائحة كوفيد -19

إعداد

أحمد مازن عمر أبولبدہ

إشراف

الدكتور شادي خليل أبو الكباش

الدكتورة فلسطين إسماعيل نزال

الملخص

المقدمة: في 11 ديسمبر 2019، أعلنت منظمة الصحة العالمية عن جائحة عالميه، وتباينت الاستجابات الوطنية والدولية للأزمة بشكل كبير، ولكن بشكل عام، فرضت الحكومة الإغلاق والحجر الصحي. في الخامس من آذار 2020، تم الإبلاغ عن أول حالة إصابة بـ كوفيد-19 في بيت لحم، فلسطين. يعاني العاملون في مجال الرعاية الصحية من ضغوط كبيرة وإرهاق نتيجة العبء الزائد للوظيفة، والمشاعر السلبية، وفقدان الاتصال الجسدي مع عائلاتهم بسبب ارتفاع خطر الإصابة بفيروس كوفيد-19، والخوف من الموت.

الهدف: هدفت الدراسة الحالية إلى التعرف على المستوى والعلاقة بين (الصلابة النفسية مفهوم الذات، الدعم الاجتماعي المُدرك، والعافية النفسية) لدى العاملين في مجال الرعاية الصحية خلال كوفيد - 19 في محافظة القدس، بالإضافة إلى ذلك، التعرف على أثر كل من (الجنس العمر، الحالة الاجتماعية، مكان العمل، الموقع الوظيفي، والإصابة بفيروس كوفيد -19) على متغيرات الدراسة.

الأدوات: لجمع البيانات تم استخدام كل من مقياس الصلابة النفسية للبالغين (ARM-R)، مقياس العافية النفسية لـ Ryff، المقياس متعدد الأبعاد للدعم الاجتماعي المُدرك، ومقياس روزنبرغ لمفهوم الذات.

النتائج: أظهرت نتائج الدراسة أن مستوى مفهوم الذات والدعم الاجتماعي المُدرك والعافية النفسية بين العاملين في مجال الرعاية الصحية خلال كوفيد - 19 في محافظة القدس كان مرتفعاً، في حين كان مستوى الصلابة النفسية بين العاملين في مجال الرعاية الصحية مرتفعاً جداً. كما أشارت النتائج إلى وجود فروق ذات دلالة إحصائية في الدرجة الكلية للمرونة النفسية لدى العاملين في مجال الرعاية الصحية خلال كوفيد - 19 في محافظة القدس تُعزى لمتغير الجنس لصالح الإناث العاملات في مجال الصحة، وكانت هناك فروق ذات دلالة إحصائية في الدرجة

الكلية لمفهوم الذات لدى العاملين في مجال الرعاية الصحية تُعزى إلى متغير موقع الوظيفة وذلك لصالح (الأطباء)، وفروق ذات دلالة إحصائية في الدرجة الكلية لمفهوم الذات تُعزى إلى متغير مكان العمل بين (مركز طبي) و (طوارئ) لصالح (مركز طبي)، كما أظهرت النتائج وجود فروق ذات دلالة إحصائية في الدرجة الكلية للعافية النفسية بين العاملين في مجال الرعاية الصحية تُعزى إلى متغير مكان العمل بين (المركز الطبي) (المستشفى) و (الطوارئ) لصالح (المركز الطبي والمستشفى).

التوصيات: خرجت الدراسة بناءً على نتائجها بعدد من التوصيات، ومنها أنه من أجل تقليل عبء العمل على العاملين بمجال الرعاية الصحية، أن يتم تعزيز الطب الوقائي لكوفيد-19 من خلال توضيح إرشادات كوفيد-19، وأن تقوم المرافق الطبية بتقديم خدمات الصحة النفسية الخاصة للعاملين في الرعاية الصحية خلال كوفيد-19، علاوة على ذلك، توصي الدراسة بأن تقوم المرافق الطبية بإنشاء جداول زمنية أو إجراءات روتينية متخصصة للطوارئ للعاملين بمجال الرعاية الصحية في حالة الإصابة المعروفة أو المشتبه بها بين الطاقم الطبي.

الكلمات المفتاحية: Covid-19، العافية النفسية، الصلابة النفسية، الدعم الاجتماعي المُدرك، مفهوم الذات، نفسي، الرعاية الصحية، الصحة النفسية.