

A comparative study of burnout among nurses in public and private hospitals at Karbala city

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DOI: 10.29322/IJSRP.10.07.2020.p10399

<http://dx.doi.org/10.29322/IJSRP.10.07.2020.p10399>

Abstract- Introduction: Nurses' burnout is considered to be one of the most critical problems in the 21st century health care. There has been much research on burnout in nurses, presumably because of the intense nature of their contact with patients Methodology: Quantitative design (comparative study) has been carried out to A comparative of burnout among nurses in public and private hospitals at Karbala city. To compare Nurses' Burnout between public and private hospitals . The study has been carried out in Private and public Karbala city hospitals Accidental sampling (200) of nurses who work in private and public hospitals in which Distribution of the study sample in which (100) nurses in private and (100) nurses in public hospitals . The data were collected through adopted of instrument Maslach burnout, that validated and reliability by (Maslach, 2001). The data collected by self-reporting . Data were collected from Jun 22nd to October 26nd 2019. The analyzed data have been conducted through application of descriptive statistics (frequencies, percentages, mean of scores Standard deviation) and inferential statistics (ANOVA). Results of study: the study show that private nurses(75%) sometime with emotional exhaustion while (59%) of public nurses sometime with emotional exhaustion regarding Personal Accomplishment the study indicated that (69 %) of private nurses always personal accomplishment as well as public nurses (46%) of them always personal accomplishment in addition (73%) of private nurses sometime Depersonalization while (67 %) of public nurses also sometime Depersonalization .conclusion: It can be concluded from the present study that burnout is higher in nurses working in government hospitals than those working in private hospitals. The findings of the present study have implications for policy makers, hospital administrators, researchers and nurses themselves. There is need to plan and chalk out various intervention strategies for coping up with this serious problem Recommendation: Choice of a suitable strategy to decrease nurses' burnout level through training courses for the nurses, To decrease nurses burnout, farther studies should be conducted to determine the factors associated with it, and To establish the causation of burnout syndrome; health education interventions during pre-employment training program for prevention of burnout syndrome; and periodic screening during work for early detection and management of burnout among health-care professionals.

Index Terms- comparative, burnout , public, and private.

I. INTRODUCTION

Nurses' burnout is considered to be one of the most critical problems in the 21st century health care. There has been much research on burnout in nurses, presumably because of the intense nature of their contact with patients or clients (Halbesleben and Buckley, 2004; Demerouti et.al., 2000). Burnout syndrome, associated with work environments that hinder the professional practice of nurses, might contribute to significant negative outcomes for individuals, institutions, and society (McHugh et.al., 2013; Panunto and Guirardello, 2013; Grazziano et. al., 2010). Burnout is not a symptom of work stress; it is the end result of unmanaged work stress. In general, burnout develops in response to chronic exposure to job-related stressors and across all occupation groups (Smit, 2006). Emotional exhaustion involves feelings of being emotional overextended and exhausted by one's work. Depersonalization refers to the development of impersonal and unfeeling attitudes toward recipients of one's service. Feelings of reduced personal accomplishment occur when an individual experiences a decline in his or her feelings of competence and successful achievement in working with people. Burnout has been implicated in the reduction in quality of care, absenteeism and job turnover (Gillespie and Melbie 2003; Altun 2002). Three chief components of burnout are emotional exhaustion, depersonalization and diminished personal accomplishment. Emotional exhaustion is the experience of feeling drained of all energy or all used up. It refers to the feelings of being overextended and drained by one's contact with other people (Leiter and Maslach 1988). Generally, burnout is a challenging health problem. This problem is harmful to humans and health systems (Arrigoni C, et, al., 2015) .Therefore, in recent years, particular attention has been paid to research on burnout, especially among the nursing professions.

II. METHODOLOGY

The aims of the study:

1. To assess nurses' burnout by using the Maslach Burnout Inventory Scale (MBI)
2. To find out relationship between nurses' burnout and their socio- demographic data such as (age, gender, level of education and years of experience).
3. To determine difference, if any, in burnout of nurses working in Government and Private Hospitals.

Study design: Quantitative design (comparative study) has been carried out to A comparative of burnout among nurses in public and private hospitals at Karbala city.

Setting of the study:The study has been carried out in Private and public Karbala city hospitals

Sample of the study: Accidental sampling (200) of nurses who work in private and public hospitals in which Distribution of the study sample in which (100) nurses in private and (100) nurses in public hospitals , selected according to certain criteria which include: both genders male and female, both working shift, at least one year of experience in hospital.

Methods and instrument of data collection : The data were collected through adopted of instrument Maslach burnout, that validated and reliability by (Maslach, 2001). The data collected by self-reporting . Data were collected from Jun 22nd to October 26nd 2019. The instrument consist of two parts Part I: Socio-demographic data. This part consists of (7) items which are (gender, age, level of education, marital status, years of experience, Economic status , Work Days in week, Training session, Hours in day, Work outside and Work place. Part II: This part includes the nurses' burnout, as followed by Maslach burnout interview after modification (Maslach, 2001). This part involves (34) items(appendix L), distributed into three sub-domains, which are:

- A: Emotional exhaustion: This dimension includes (10) items.
- B: Personal accomplishment: This dimension includes(14)items.
- C: Depersonalization: This dimension includes(10) items

Permission: An approval to conduct the study is obtained from hospitals , also the researcher get introduced himself to the participants and explained the purpose of the study in order to get oral.

Statistical Data Analysis Approach: The data of the present study are analyzed through the use of Statistical Package of Social Sciences (SPSS) version XX. The following statistical data analysis approaches are used in order to analyze and evaluate

the results of the study: Descriptive Data Analysis Approach Such approach an consisted of the following: Statistical tables (Frequencies and percent) which are: Mean of scores (MS) A mean of score less than (1.66) is considered never. A mean of score = (1.67-2.33) is considered sometimes. A mean of score greater than (2.34) is considered always. Inferential Data Analysis ANOVA .

III. RESULTS

The study reveals that the high percentage of both private and public participant at age groups (20 to 30) years (72%) in private hospital and (84%) in public hospital In addition, the table shows that the high percentages of participant in both private and public are female , (68%) in private and (65%) in public regarding marital status the study reveals that high percentage of study married in both public and private (51%) in private and (50%) in public also the study shows that the private nurses (43%) college graduated regarding public the nurses (46%) institute graduated , (84%) of the private nurses and (88%) of public nurses are within (1 to 10) years of experience ,(49%) of private nurses and (46%) of the public nurses it enough some time of economic status reveals work days in week both private and public nurses are work (4 to 6) days in week (71%) in private and (83%) in public, regarding the number of the Training session the study shows that majority of study sample for both private and public are within (1 to 5) sessions , (69%) in private and (78%) in public ,also the result of study indicated both private and public work from 6 to 10) hours per day (41%) in private and (80%) in public , regarding work outside the half of nurses in private (52%) do not work outside the work place while public nurses most of them (67%) don't work outside the work place , the study results shows that (43%) of private nurses are work in surgical wards and (44%) of public nurses are work in medical wards table (1).

Table (1) Socio-Demographic Characteristic of the Study Sample

Demographic Data	Groups	Private		Public	
		Freq.	%	Freq.	%
Age / Years	20 to 30	72	72.0	84	84.0
	31 to 40	17	17.0	16	16.0
	41 to 50	11	11.0	0	0
	Total	100	100.0	100	100
Gender	male	32	32.0	35	35.0
	female	68	68.0	65	65.0
	Total	100	100.0	100	100
Marital Status	single	42	42.0	49	49.0
	married	51	51.0	50	50.0
	divorced	7	7.0	1	1.0
	Total	100	100.0		
Education level	secondary	32	32.0	31	31.0
	institute	25	25.0	46	46.0

	college	43	43.0	23	23.0
	Total	100	100.0		
Years of experience	1 to 10	84	84.0	88	88.0
	11 to 20	10	10.0	7	7.0
	21 to 30	6	6.0	5	5.0
	Total	100	100.0	100	100
Economic status	not enough	20	20.0	14	14.0
	it enough some time	49	49.0	46	46.0
	enough	31	31.0	40	40.0
	Total	100	100.0	100	100
Work Days in week	1 to 3	24	24.0	6	6.0
	4 to 6	71	71.0	83	83.0
	7 days	5	5.0	11	11.0
	Total	100	100	100	100
Training session	1 to 5	69	69.0	78	78.0
	6 to 10	20	20.0	20	20.0
	11 to 15	11	11.0	2	2.0
	Total	100	100.0		
Hours in day	1 to 5	19	19.0	18	18.0
	6 to 10	41	41.0	80	80.0
	11 to 15	40	40.0	2	2.0
	Total	100	100.0	100	100
Work out side	yes	48	48.0	33	33.0
	no	52	52.0	67	67.0
Work place	medical	34	34.0	44	44.0
	surgical	43	43.0	19	19.0
	emergency	6	6.0	27	27.0
	Respiratory care unit	17	17.0	1	1.0
	Intensive care unit	0	0	3	3.0
	Operation room	0	0	6	6.0
	Total	100	100.0	100	100.0

Also The study show that private nurses(75%) sometime with emotional exhaustion while (59%) of public nurses sometime with emotional exhaustion regarding Personal Accomplishment the study indicated that (69 %) of private nurses

always personal accomplishment as well as public nurses (46%) of them always personal accomplishment in addition (73%) of private nurses sometime Depersonalization while (67 %) of public nurses also sometime Depersonalization . table (2) .

Table (2) Distribution of the Study Sample by their Overall burnout

Burnout domains	Groups	Private				Public			
		Freq.	%	mean	sd	Freq.	%	mean	sd
Emotional Exhaustion	Never	2	2.0	2.0150	.37373	31	31.0	1.8060	.44808
	Sometime	75	75.0			59	59.0		
	Always	23	23.0			10	10.0		
	Total	100	100.			100	100.0		
Personal Accomplishment	Never	0	0	2.4750	.35813	13	13.0	2.1886	.52090
	Sometime	31	31.0			41	41.0		
	Always	69	69.0			46	46.0		
	Total	100	100.0			100	100.		
Depersonalization	Never	3	3.0	2.1090	.31078	28	28.0	1.7770	.36121
	Sometime	73	73.0			67	67.0		

	Always	24	24.0			5	5.0		
	Total	100	100.			100	100.		
Overall	Never	2	2.0	2.2321	.18587	16	16.0	1.9500	.51981
	Sometime	75	75.0			73	73.0		
	Always	23	23.0			11	11.0		
	Total	100	100.			100	100.		

Cut off point (0.66), Never = (1-1.66) , sometimes = (1.67-2.33) , always= (2.34-3) sd, stander division

The study shows that there is significant association between nurses burnout and some variables in demographic data of the study sample , Age , marital status , Education level, Economic status, Years of experience, Work Days in week and Work outside at P- value equal or less than(0.05)While Gender, Training session, Hours in day and Work outside Shows there is significant association at P-value (0.05)with nurses burnout table

(3). Also the results shows that there is no significant association between nurses burnout and some variables in demographic data of the study sample Gender, marital status, Education level, Economic status ,Training session, Years of experience, Hours in day, Work outside, Work Days in week and Work outside, While Age Shows there is significant association at P-value equal or less than (0.05) with nurses burnout. Table (4).

Table (3) mean differences (ANOVA) between the overall burnout (Private) and their Demographic Data

Demographic characteristic		Sum of Squares	df	Mean Square	F	Sig.
age	Between Groups	2368.598	21	112.790	3.459	.000
	Within Groups	2543.592	78	32.610		
	Total	4912.190	99			
Gender	Between Groups	7.353	21	.350	1.896	.023
	Within Groups	14.407	78	.185		
	Total	21.760	99			
Marital Status	Between Groups	15.708	21	.748	2.773	.001
	Within Groups	21.042	78	.270		
	Total	36.750	99			
Education level	Between Groups	33.140	21	1.578	2.835	.000
	Within Groups	43.420	78	.557		
	Total	76.560	99			
Economic status	Between Groups	16.629	21	.792	1.863	.026
	Within Groups	33.161	78	.425		
	Total	49.790	99			
Training session	Between Groups	324.947	21	15.474	1.020	.451
	Within Groups	1183.053	78	15.167		
	Total	1508.000	99			
Years of experience	Between Groups	1764.451	21	84.021	3.799	.000
	Within Groups	1724.909	78	22.114		
	Total	3489.360	99			
Work Days in week	Between Groups	204.442	21	9.735	2.718	.001
	Within Groups	279.348	78	3.581		
	Total	483.790	99			
Hours in day	Between Groups	455.261	21	21.679	1.583	.075

	Within Groups	1068.129	78	13.694		
	Total	1523.390	99			
Work outside	Between Groups	7.765	21	.370	1.506	.100
	Within Groups	19.145	78	.245		
	Total	26.910	99			
Work out side	Between Groups	95.481	21	4.547	3.845	.000
	Within Groups	92.229	78	1.182		
	Total	187.710	99			

Table (4) Mean differences (ANOVA) between the overall burnout (public) and their Demographic Data

Demographic characteristic		Sum Squares	df	Mean Square	F	Sig.
age	Between Groups	5799.323	42	138.079	1.774	.010
	Within Groups	8328.417	107	77.836		
	Total	14127.740	149			
Gender	Between Groups	593.189	42	14.124	1.097	.346
	Within Groups	1378.144	107	12.880		
	Total	1971.333	149			
Marital Status	Between Groups	17.781	42	.423	1.119	.317
	Within Groups	40.492	107	.378		
	Total	58.273	149			
Education level	Between Groups	71.303	42	1.698	.420	.999
	Within Groups	432.197	107	4.039		
	Total	503.500	149			
Economic status	Between Groups	252.530	42	6.013	.677	.924
	Within Groups	950.963	107	8.888		
	Total	1203.493	149			
Training session	Between Groups	1377.607	42	32.800	1.628	.024
	Within Groups	2155.487	107	20.145		
	Total	3533.093	149			
Years of experience	Between Groups	2859.003	42	68.071	1.313	.133
	Within Groups	5546.470	107	51.836		
	Total	8405.473	149			
Hours in day	Between Groups	95.480	42	2.273	1.233	.195
	Within Groups	197.293	107	1.844		
	Total	292.773	149			
Hours in day	Between Groups	146.480	42	3.488	1.153	.276
	Within Groups	323.520	107	3.024		
	Total	470.000	149			
Work outside	Between Groups	58.812	42	1.400	1.488	.053

	Within Groups	100.661	107	.941		
	Total	159.473	149			
Work place	Between Groups	142.957	42	3.404	1.357	.107
	Within Groups	268.437	107	2.509		
	Total	411.393	149			

IV. DISCUSSION

Part I: Discussion of the Study Sample Demographic Data:

The study shows that the high percentage of both private and public participant at age groups (20 to 30) years (72%) in private hospital and (84%) in public hospital In addition, the table shows that the high percentages of participant in both private and public are female , (68%) in private and (65%) in public regarding marital status the study reveals that high percentage of study married in both public and private (51%) in private and (50%) in public also the study shows that the private nurses (43%) college graduated regarding public the nurses (46%) institute graduated , (84%) of the private nurses and (88%) of public nurses are within (1 to 10) years of experience ,(49%) of private nurses and (46%) of the public nurses it enough some time of economic status reveals work days in week both private and public nurses are work (4 to 6) days in week (71%) in private and (83%) in public, regarding the number of the Training session the study shows that majority of study sample for both private and public are within (1 to 5) sessions , (69%) in private and (78%) in public ,also the result of study indicated both private and public work from (6 to 10) hours per day (41%) in private and (80%) in public , regarding work outside the half of nurses in private (52%) do not work outside the work place while public nurses most of them (67%) don't work outside the work place , the study results shows that (43%) of private nurses are work in surgical wards and (44%) of public nurses are work in medical wards . Rashedi, et. al., 2014, they studied the burnout among nurses in Iran and they find that the majority of the nurses are married. Shakhawan (2014), in Iraq studied the prevalence of nurses burnout in Rania District hospitals at Sulemani governorate this study find that the majority of the study sample are institute graduated. [Roghaye Abedi-Gilavand](#), et al., 2019, they studied the Burnout Among Nursing Staff in Ziaeian Hospital in iran and they find that the Most of the subjects were female, married, had a bachelor's degree, worked as a nurse, and had less than 5 years of work experience.

Part II: Distribution of the Study Sample by their Overall burnout

The study shows that private nurses(75%) sometime with emotional exhaustion while (59%) of public nurses sometime with emotional exhaustion regarding Personal Accomplishment the study indicated that (69%) of private nurses always personal accomplishment as well as public nurses (46%) of them always personal accomplishment in addition (73%) of private nurses sometime Depersonalization while (67%) of public nurses also sometime Depersonalization. Rashedi, et. al., 2014, they use a cross-sectional descriptive-analytical design was used. The sample consisted of 194 nurses working in five hospitals of

Hamadan University of Medical Sciences in Iran, who completed the Maslach Burnout Inventory (MBI) as well as a socio-demographic questionnaire. and they find that the majority of the nurses are moderately burned at the emotional exhaustion and depersonalization sub domains while at the personal accomplishment sub domain the nurses are burned out at mild level. Bakfer, et. al., 2000, studied the Effort- reward imbalance and burnout among nurses, their results revealed that sample of nurses reported moderate level of Emotional exhaustion, moderate level of depersonalization, and low level of personal accomplishment. This findings are consistent with previous nursing studies in Greece, Germany, Poland and the United States. [Sudha Katyal](#), 2017. Studied the Burnout among Nurses Working in Government and Private Hospitals, the result shows that Government hospital nurses were found to have significantly higher emotional exhaustion and depersonalization as compared to their counterparts working in private hospitals. However, they did not differ significantly with respect to personal accomplishment. A study done in a trauma hospital in Rasht, have shown that the nurses had severe emotional exhaustion, moderate depersonalization, and mild reduced functional performance(Farahbod F,et al., 2019). Thailand conducted by (Nantsupawat, et al., 2016) reported that nearly half of nurses (32%) in Thai hospitals reported high emotional exhaustion, a small proportion of nurse respondents (18%) experienced high depersonalization, and nearly half the nurse respondents (35%) experienced personal accomplishment.

Part III: mean differences (ANOVA) between the overall burnout (public) and their Demographic Data:

The study results indicate that there is significant association between nurses burnout and some variables in demographic data of the study sample , Age , marital status , Education level, Economic status, Years of experience, Work Days in week and Work outside at P- value equal or less than(0.05) While Gender, Training session, Hours in day and Work outside Shows there is significant association at P-value (0.05) with nurses burnout . The present finding agree with Queiros, et al.,(2013) who study burnout among nurses, Aninteractionist approach This cross-sectional study was conducted on 1,157 participants in city of Porto (Portugal) study aimed to identify predictors of burnout among nurses working in hospitals the study has shown the results of hierarchical multivariate regression analysis for the variables (age , Institution years and marital status) predicting the three burnout dimensions. While finding Gender disagree with Queiros, et al., (2013). Also the study result disagree with Alfuqaha. et al., (2018) who is study Burnout among nurses and teachers to to evaluate burnout among nurses and teachers in Jordan, and to explore the differences between them the study conducted on 240 participants: 120 nurses and 120 teachers the study has shown that there is no

significant association between burnout in nurses based on their experience also the study shown that there is no statistically significant difference in the level of burnout in nurses based on their education level. Also the study result agree with Sabbah. et al., (2012) that examine the psychometric properties of the Maslach Burnout Questionnaire (MBI-HSS) for validation of use in Lebanon, and to describe burnout and associated factors amongst nurses in Lebanon this conducted on 200 nurses the who is find in their study that no relationship between the nurses burnout and their Shift duty, Work overload and economic.

Part IV: Mean differences (ANOVA) between the overall burnout (private) and their Demographic Data

The study results indicate that there is no significant association between nurses burnout and some variables in demographic data of the study sample Gender, marital status, Education level, Economic status ,Training session, Years of experience, Hours in day , Work outside ,Work Days in week and Work outside, While Age Shows there is significant association at P-value equal or less than (0.05) with nurses burnout the study result disagree with Massoudi. et al., (2008) who is study The influential factors on burnout among nurses working in private hospitals in Tehran was carried out using a descriptive-analytic method. This study conducted on 505 nurses were participated in the study from different private , they found in their study there are significant relationship between nurses burnout and Gender, marital status, Education level, Economic status and Training session. also the result of this study agree with Azeem. et al., (2014) Who studied Role of Stress and Burnout among Nurses in the Private Hospitals to explore the levels of role related stress and burnout among the nurses working in the private hospitals. Where they found Age significantly related to emotional exhaustion and depersonalization.

V. CONCLUSIONS

It can be concluded from the present study that burnout is higher in nurses working in government hospitals than those working in private hospitals. The findings of the present study have implications for policy makers, hospital administrators, researchers and nurses themselves. There is need to plan and chalk out various intervention strategies for coping up with this serious problem

VI. RECOMMENDATION

Based on the study results and conclusion, it is recommended the following:

1. Choice of a suitable strategy to decrease nurses' burnout level through training courses for the nurses.
2. To decrease nurses burnout, farther studies should be conducted to determine the factors associated with it.

3. To establish the causation of burnout syndrome; health education interventions during pre-employment training program for prevention of burnout syndrome; and periodic screening during work for early detection and management of burnout among health-care professionals.

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