University of Basrah

College of Nursing

Future Anxiety and Its Relation to Life Orientation among Nurses Working in Basrah Hospitals

A Research

Submitted to the Council of College of Nursing University of Basra

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بِسْمِ اللهِ الرَّحْمٰنِ الرَّحِيمِ

وَقُلِ اعْمَلُوا فَسَيَرَى اللَّهُ عَمَلَكُمْ وَرَسُولُهُ وَالْمُؤْمِنُونَ وَسَتُرَدُّونَ إِلَى عَالِمِ الْغَيْبِ «وَالشَّهَادَةِ فَيُنَبِّئُكُمْ بِمَا كُنتُمْ تَعْمَلُونَ

صَدَقَ اللهُ العَظِيمْ

Dedication

أرى رحلتي الجامعية قد انتهت اليوم بالفعل، من بعد تعب ومشقة لوقت طويل.

وها أنا اليوم أختم بحث تخرجي بكل ما لدي من همة. وبداخلي كل تقدير وامتنان لكل شخص كان له الفضل في مسيرتي وقدم لي المساعدة ولو باليسر، لكم أبويا الأعزاء، وأصدقائي وأساتذتي المبجلين.

وإلى كل من اضاء بعلمه عقل غيره،،

واهدى بالجواب الصحيح حيرة سائليه،،

فأظهر بسماحته تواضع العلماء،،

ويرحابته سماحة العارفين .

أهدي اليوم بحث تخرجي داعي الله عز وجل أن ينال إعجابكم

الباحثين

ACKNOWLEDGMENT

A bstract

Background: Anxiety is a natural part of a person's life that affects his behavior. It is a sign of his humanity, a fact of existence, a dynamic aspect of character building and a variable of behavioral variables.

Objectives: To Assess the level of future anxiety and life orientation among nurses and to explore the relationship between future anxiety and life orientation of male and female nurses, working in Basrah government hospitals and to find out relationship between future anxiety of nurses and their socio-demographic characteristics of age, gender, social status, residence, academic year and years of experiences.

Methodology: A descriptive cross-sectional study was conducted at Hospitals of Basra city from the period 9th of December 2021 to the 1st of April 2022. Non probability (purposive sample) sample of 150 nurses in in four hospitals (Al-Basrah Teaching Hospital, Al-Sadr Teaching Hospital, AL-Fayhaa Teaching Hospital and AL-Mawann Hospitals) from different wards. A questionnaire designed by the researcher, scales were adopted and modified through extensive review of relevant literature.

Results: The results demonstrate that there was Moderate level of future anxiety and Life Orientation among nurses. The results demonstrated that there was a negative relationship between level of future anxiety and Life Orientation among nurses

Conclusions: There was Moderate level of future anxiety and Life Orientation among nurses. The results demonstrated that there was a negative relationship between level of future anxiety and Life Orientation among nurses.

Recommendation: Work on preparing psychological counseling programs to alleviate the psychological problems of nurses. Holding community

seminars to clarify the hardness of nursing work, Work to improve the economic conditions of nurses and conducting more research to identify the level of the current research variables among other groups in society.

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Introduction

Chapter One

Introduction

1.1   Introduction

Anxiety is a natural part of a person's life that affects his behavior. It is a sign of his humanity, a fact of existence, a dynamic aspect of character building and a variable of behavioral variables. Anxiety arises in all individuals in the various challenging situations that face them, and in this case it is considered a natural thing, because it constitutes a motivation for the individual to take appropriate behavioral measures to face the situation, but it becomes dangerous if its degree exceeds the normal limit, and then it may be associated with behavioral disorders, and it may mix and intersect with Fear, conflict, delusion, and situations of frustration that an individual may experience in his life [1]

Anxiety can be unhealthy and lead to disturbance in the individual's behavior, and this anxiety occurs when there is a real danger that arises due to the insecurity that occurs in the individual, and general anxiety is a mental or physical phenomenon that is formed through one's cognitive assessment of the stimulus, and such The phenomenon occurs as a result of the individual's interaction with the environment, so the presence of anxiety depends on the presence of the cause. [2]

Future anxiety can be defined as a state of apprehension, uncertainty fear, worry, and concern of unfavorable changes in a more remote personal future. In an extreme case, this would be a threat (panic) that something really 34catastrophic may happen to a person [3]. People who suffer from future anxiety have some characteristics as decremented efficiency in experimental tasks [4]

Future anxiety is likely to be related to actual social and political events that cause people to anticipate future danger [5]. While some future anxiety might be useful for planning and developing responses to anticipated problems, a high level of future anxiety could be incapacitating. Indeed, traditional media sources (such as television news) have been linked to anxiety over crime victimization [6], worries about the economy, anti-Muslim sentiment [7], and lowered psychological well-being [8]

Nurses have had to confront numerous problems which had, and continue to have, an effect on the quality of their work and their mental health [9]

Life orientation is the study of the self in relation to others and society. It is the personal, social, intellectual, emotional, and physical growth and development of an individual and the way in which these dimensions relate to each other and express themselves in everyday life. Life orientation focuses on how an individual views the society and their expectations or outcomes expected from the society or their environment. Life orientation can be looked at in terms of how optimistic or pessimistic an individual can be. [10]

1.2 Important of the study:

The obvious lack of such studies in Iraqi society, as it is within the limits of its circulation the researcher: There are no previous local studies that dealt with future anxiety and its relationship to the orientation towards life among nurses in the Iraqi environment.

Draw the attention of those in the Ministry of Health who provide services to nurses working in government institutions and pay attention to this segment, by providing them with opportunities for psychological, social, recreational, and economic care.

1.3 Objectives of the study:

1. To assess the level of future anxiety and life orientation among nurses.

2. To explore the relationship between future anxiety and life orientation of male and female nurses, working in Basrah government hospitals.

3. To find out relationship between future anxiety of nurses and their socio-demographic characteristics of age, gender, social status, residence, academic year and years of experiences.

Chapter TWO

Review of Literature

Chapter Two
Review of Literature

2.1 Historical Context

In DSM-5, anxiety (French: anxiété; German: Angst) is defined as the anticipation of future threat; it is distinguished from fear (peur; Furcht), the emotional response to real or perceived imminent threat. Further, the term worry (souci; Sorge) in DSM-5 adds an additional nuance by referring to the cognitive aspects of apprehensive expectation. Anxiety is a normal emotion. From an evolutionary viewpoint, it is adaptive since it promotes survival by inciting persons to steer clear of perilous places. Since the 20th century, anxiety has also been a disorder in psychiatric classifications. The clinical threshold between normal adaptive anxiety in everyday life and distressing pathological anxiety requiring treatment is subject to clinical judgment. [11]

Chronologically, Kraepelin, Pavlov, and Freud should now be in focus, but the direct intellectual descendant of Darwin was in fact Walter Cannon who in 1919 highlighted the emergency adaptive functions of anger and fear in terms of facilitating fight and flight. In strikingly modern terms, he referred to the thalamus as a discrete brain module that provided the integrative connection to the cortex and the sympathoadrenal system, and was therefore the primary instigator of emotional, visceral, and autonomic responses. A narrow focus on adrenergic mechanisms, as the exclusive generator of emergency responses, reemerged recently in attempts to link pathological anxiety to an impaired brain adrenergic system. [12]

2.2 Anxiety and Anxiety Disorders

2.2.1 Definition of Anxiety and Anxiety Disorders

Anxiety is one of the most common mental health conditions in the UK and is estimated to affect 8.2 million people at any one time. Anxiety disorders are associated with a substantial degree of impairment to an individual's mental and physical health, high use of healthcare services and, due to their effect on work attendance rates, significant economic burden for wider society commitment to visit someone to community gardens and intergenerational sharing of digital skills. [13]

Anxiety can occur when we are worried, uneasy or fearful about events that are about to happen or may happen in the future. Although anxiety about perceived threats is a natural human response that most people experience, if such thoughts start to have a negative impact on an individual's daily life, they may be a sign of an anxiety disorder. [14]

Anxiety disorders can affect a person's quality of life significantly and are associated with:

- Impaired social and occupational functioning;
- Comorbidity with other disorders;
- An increased risk of suicide [15]

Diagnostic criteria are including excessive anxiety and worry for at least six months, difficulty controlling the worrying. The anxiety is associated with three or more of the following symptoms for at least 6 months: restlessness, feeling keyed up or on edge, being easily fatigued, difficulty in concentrating or mind going blank, irritability, muscle tension, sleep disturbance, and irritability [16]

2.2.2. Types of Anxiety

There is a number of different anxiety disorders, but they can be difficult to diagnose and, in some cases, difficult to distinguish from other mental health conditions, including depression [17]. Some of the most common disorders are outlined in (Table 1).

Table 1. Common anxiety disorders	
Disorder	**Description**
Phobia	A persistent, irrational fear of a specific object, activity or situation that leads to a desire for avoidance or actual avoidance of that object, activity or situation. Often the individual recognises that these reactions to the specific objects/situations are irrational
Panic disorder	Panic attacks occur as a result of a sudden onset of extreme apprehension or fear. Normal functioning can be suspended and a misinterpretation of reality can occur
Social anxiety disorder	Severe anxiety or fear provoked by exposure to social situations or performance. It could involve avoidance of situations, objects or stimuli
OCD	Thoughts, images and impulses consume an individual or the individual is compelled to act out their behaviours to an extent that those behaviours interfere with their social, personal and occupational function
PTSD	Caused by past traumatic events, which can vary from a single traumatic event such as a car crash or repeated trauma including abuse
Body dysmorphic disorder	Obsessions and compulsions relating to an individual's own physical appearance
Perinatal anxiety or perinatal OCD	Anxiety problems that develop in some women during pregnancy or in the first year after giving birth

OCD = obsessive compulsive disorder; PTSD = post-traumatic stress disorder.
Source: Wright and McKeown (2018)

The most common disorder to present in primary care is generalized anxiety disorder (GAD) [18]; this is characterized by chronic anxiety, worry and tension experienced without a direct environmental stimulus, such as an experience that induces fear [19]. GAD can carry with it a significant degree of comorbidity and impairment to daily functioning, and patients may experience distress and disability [20]. Furthermore, the course of GAD can be complicated, often featuring highs and lows and without full remission from all symptoms [21].

2.2.3 Epidemiology

Up to a third of the population is affected by an anxiety disorder during their lifetime. Symptoms tend to emerge in childhood, adolescence or early adulthood (median age for onset is 11 years) but their occurrence peaks in midlife [22].

While anxiety disorders are common across all population groups, they are twice as common in women as in men [23]. Reasons for this have been attributed to women being exposed to more stressful and traumatic life experiences [24] such as pregnancy [23], and higher rates than men of domestic and sexual abuse [25].

2.2.4 Causes of Anxiety

Although early exposure to stress and the experience of trauma are important risk factors for anxiety disorders, evidence also highlights biological causes, such as issues with the regulation of neurotransmitters and heritable genetic causes [26].

A recent review identified that there is a genetic heritability of around 30% for GAD and that the same predisposing genes are present across sexes [27]. Pro-inflammatory markers have also been shown to directly modulate affective behavior and heightened concentrations of inflammatory signals have been described in GAD, post-traumatic stress disorder (PTSD), panic disorder and phobias [28].

Stress – and particularly continued exposure to stress – has been linked to anxiety, as well as having a negative impact on the body's immune, cardiovascular, neuroendocrine and central nervous systems [29].

Occupational stress – associated with insecurity or stress related to required tasks or workload – has been identified as a leading cause of anxiety among working populations and, as well as causing distress for the individuals affected, has a negative effect on productivity [30].

Physical health problems can also cause or perpetuate anxiety disorders. In patients with a malignant disease, for example, a response of anxiety is understandable; however, in some patients, anxiety may increase to a level that is disproportionately high and that, if it does not improve can lead to functional impairments [31].

2.2.5 Symptoms of Anxiety

It is suggested that the symptoms associated with anxiety disorders can be just as disabling as schizophrenia, depression and bipolar disorder [32]. The Global Burden of Disease Collaborative Network lists anxiety disorders as the ninth-leading health issue contributing to years lived with disability. The World Health Organization's International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) states that

GAD is typified by fears based on dangers – such as a loved one being in an accident – the likelihood of which is exaggerated and the effects of which are viewed as devastating or catastrophic [33].

Just like with any mental illness, people with anxiety disorders experience symptoms differently. But for most people, anxiety changes how they function day-to-day. People can experience one or more of the following symptoms [34]

- ♥ **Emotional symptoms:**
  - Feelings of apprehension or dread
  - Feeling tense and jumpy
  - Restlessness or irritability
  - Anticipating the worst and being watchful for signs of danger

- ♥ **Physical symptoms:**
  - Pounding or racing heart and shortness of breath
  - Upset stomach
  - Sweating, tremors and twitches
  - Headaches, fatigue and insomnia
  - Upset stomach, frequent urination or diarrhea

2.2.6 Diagnosing Anxiety

Before a diagnosis of anxiety can be made, a physical examination should take place to rule out any physical conditions that may be causing symptoms, including overactive thyroid gland (hyperthyroidism) and anaemia (iron or vitamin B12 deficiency). Physical observations, such as vital signs, should also be completed.

When an assessment of anxiety disorder is conducted, the practitioner must try to understand:

- The nature and severity of the presenting problem;
- Any functional impairment [35].

There are two main classification systems used in mental health settings to inform the diagnosis of anxiety:

- ICD-10
- Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), published by the American Psychiatric Association in 2013. [36]

2.3. Future Anxiety

As for future anxiety, it was defined Zaleski (2018) as "a state of apprehension, insecurity, and fear of negative changes in the future, and believes that the state of severe anxiety occurs from its threat and that something real catastrophic can happen to the individual", and some view anxiety as part of Generalized anxiety about the future has its roots in the current reality, and is represented in a set of structures such as pessimism, awareness of deficits in achieving important goals, loss of control over the present, and uncertainty about the future.[37]

The American Psychological Association defines referred to in future anxiety as "fear, tension, or distress that stems from anticipating a danger whose source is largely unknown or whose source is unclear, and both anxiety and fear are accompanied by variables that contribute to the development of a sense and a sense of danger" [38] .

Future anxiety is defined as an emotional feeling characterized by confusion, distress, ambiguity, ill expectation, fear of the future, and an inability to social interaction [39]

Future anxiety directly affects individuals' self-attitudes toward the future, or toward what will happen, and what may happen, and the future may become a source of anxiety and terror because of a misconception of possible future events, and an individual's lack of confidence in the ability to deal with these events, and look at them in a way. Negativity as a result of the overlapping of ideas, linking the past with the present and the future, which contributes to the inability to adapt to events that hinder his future, which causes increased anxiety towards the future [40].

There are many sources of concern for the future, the most important of which is the expectation of a threat to the individual, whether this threat is apparent to the individual or ambiguous, and the expectation is related to future events, fear of the future and the threat it brings to the individual, and future anxiety arises from things that are expected to happen in the future. This expectation is accompanied by a state of extreme anxiety that is difficult for the individual to deal with; this causes him tension and turmoil in various aspects of behavior [41].

Freud points out that anxiety lies in the expectation of danger, and he considers that birth trauma is the first danger facing the individual, and that subsequent risk situations consist of the individual's assessment of his strength compared to the amount of the risk, and his recognition of physical disability if the risk is objective, or psychological disability if the risk is instinctive, And the individual in this case is guided by the real experiences he went through [42].

That there are several reasons that lead to an individual is future anxiety, which is the inability to adapt to the difficulties, and problems he suffers from, and the inability to separate the individual's aspirations from expectations based on reality and the individual's capabilities and capabilities. In addition to the disintegration and disintegration of the family, the individual is feeling of not belonging to the family and society, and his lack of psychological and social security. The lack of ability to predict the future, and the individual's insufficient information to build ideas about the future [38].

Abu Al-Ela (2010) also indicated that the causes of future anxiety fall under social factors, as emotional reactions to moral and social changes in society and the pressures of modern life generate feelings of anxiety and fear of vulnerability, conflict of roles and pressures of life, which leads the individual to a lack of understanding of reality and the future. Thus entering into a cycle of thinking and worrying about the future [43]

Future anxiety also affects the individual's life, behavior and personality negatively, which leads to his failure and inability to achieve his goals and ambitions in the future. Among the most prominent negative effects are the individual's feeling of loneliness, isolation and confinement within the framework of a certain routine, and the lack of flexibility and self-efficacy, in addition to the use of methods of coercion in dealing with people and relying on others to meet his needs and secure the future, it also leads to the individual being unable to properly plan life situations, and has negative reactions that may hinder him from achieving the future [44].

2.4. Life Orientation

Life orientation is the study of the self in relation to others and society. It is the personal, social, intellectual, emotional, and physical growth and development of an individual and the way in which these dimensions relate to each other and express themselves in everyday life. Life orientation focuses on how an individual views the society and their expectations or outcomes expected from the society or their environment. Life orientation can be looked at in terms of how optimistic or pessimistic an individual can be. [10]

Life Orientation is central to the holistic development of learners. It addresses skills, knowledge and values for the personal, social, intellectual, emotional and physical growth of learners. [45]

Chapter THREE

Methodology

Chapter Three

Methodology

3.1. Design of the Study:

A descriptive cross-sectional study was conducted at Hospitals of Basra city from the period 9th of December 2021 to the 1st of April 2022.

3.2. Settings of the Study:

The present study was conducted in Basra governorate at Hospitals of Basra city

3.3. The Sample of the Study:

Non probability (purposive sample) of 150 nurse (male and female) in four hospitals (Al-Basrah Teaching Hospital, Al-Sadr Teaching Hospital, AL-Fayhaa Teaching Hospital and AL-Mawann Hospitals) from different wards according to following:

Inclusion criteria:

- Male and female nurse
- The morning and night shift
- Nurses who agree to participant in the study

Exclusion Criteria:

- Nurses how are absent
- Nurses how are refused participate in the study

3.4. The Study Instrument:

The questionnaire was adopted after extensive review of available literature and related studies.

The study instrument consists three part: The first part about demographic characteristics of the nurses includes: age. gender. social status, resident and qualification, experience and economic status. The second part is related to future anxiety scale. The scale was built by reviewing the psychological literature of the study, as well as by reviewing previous studies related to the subject of the study and based on the above, the dimensions of the scale were determined: the personal dimension, the social dimension, the economic dimension, and the occupational risk dimension, and the special items were derived based on these dimensions, and the scale as a whole included (26 items). Estimates were given to the items of the scale, which are (strongly agree 1) (agree with 2 (neutral3) (disagree 4) (strongly agree 5).

The third part related to A measure of orientation to life. This scale was prepared by Shire, and Carverle. The scale consists of (10) statements, which were answered in the light of five responses. In the case of positive responses, they are given: (No 1) (Slightly 2) (Average 3) (Much 4) (Very much 5). In the case of negative responses, they are given: (No 5) (Slightly 4) (Average 3) (Much 2) (Very much 1)

3.5. Validity and reliability of the Future Anxiety Scale:

The scale was presented in its initial form to 11 professors of the College of Nursing, University of Basra, to express their opinions on the dimensions and items of the scale. The name of experts found in appendix A

3.6. Data Collection:

The demographic characteristic was obtained through a direct interview with each nurse in the study used, adopted and developed questionnaire format. The data collection process had been performed for the period from 16th January 2022 until 12th February 2022.

About (15-20) minutes were spent with each respondent to complete filling the questionnaire format.

3.7. Statistical data Analysis:

The following statistical data analysis approaches were applied in order to analyze the data of the present study through using (spss-ver.16)

1. Arithmetic Mean (M)
2. Standard deviation (Sd)
3. Percent (%)
4. Chi-Square
5. Frequency
6. Pearson Correlation

Chapter FOUR
RESULTS

Chapter Four

Results of The Study

The statistical procedures were applied for the purpose of analyzing the results of the present study; the results were manipulated and interpreted. Those results are based on the sample responses to the study instrument.
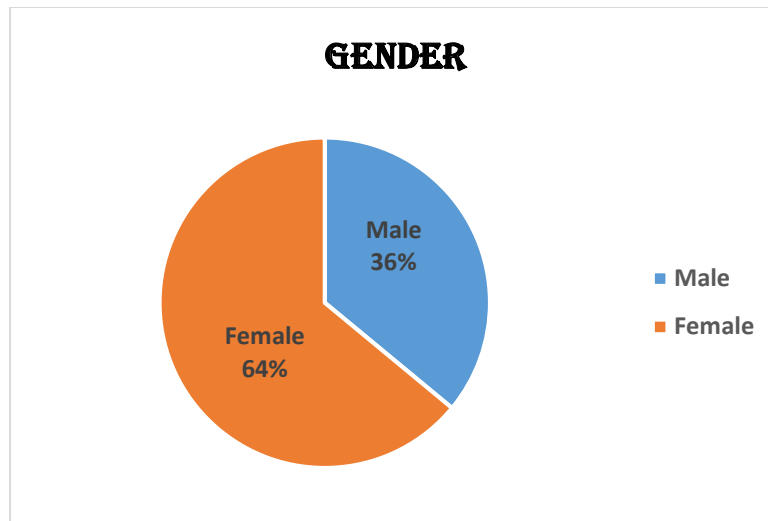
Figure (1): Distribution of the Sample according to their sex (N=150)

The results show that more than half of the study sample (64%) are females.
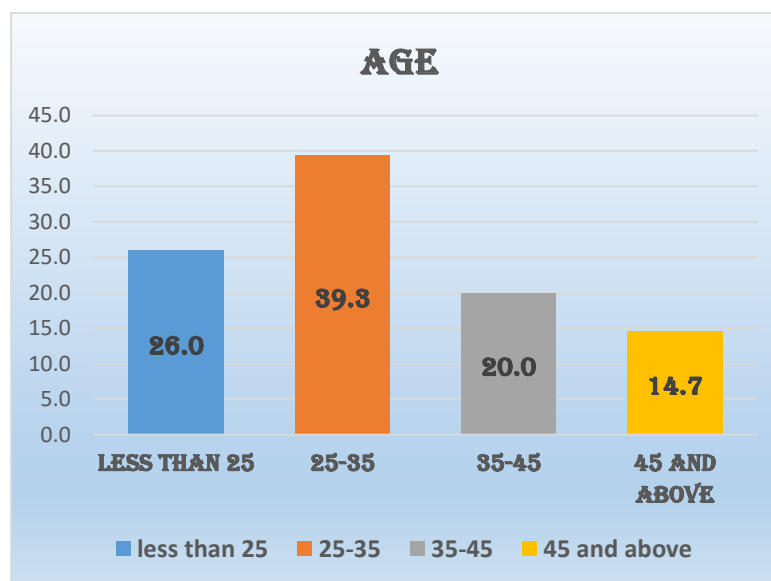
Figure 2: Distribution of The Study Sample According to Their Age (N=150)

The results show that the majority of sample (39.3%) their age between (25-35 year) and (26%) their age less than 25year and (20%) their age between (35-45 year) and only (14.7%) their age 45 and above.

MARITAL STATUS

5.3%

34.0%

60.7%
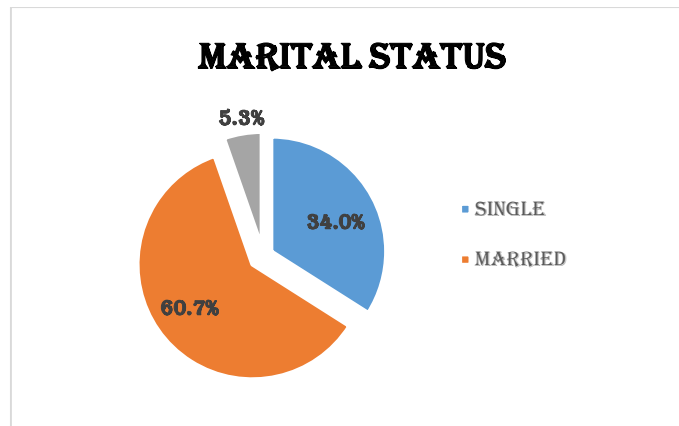
- SINGLE
- MARRIED

Figure (3): Distribution of the Sample according to their Marital Status(N=150)

The results show that the majority of nurses (60.7 %) are single, (34.0%) are married and only (5.3%) are divorce

RESIDENCE

RERUL
29.3%
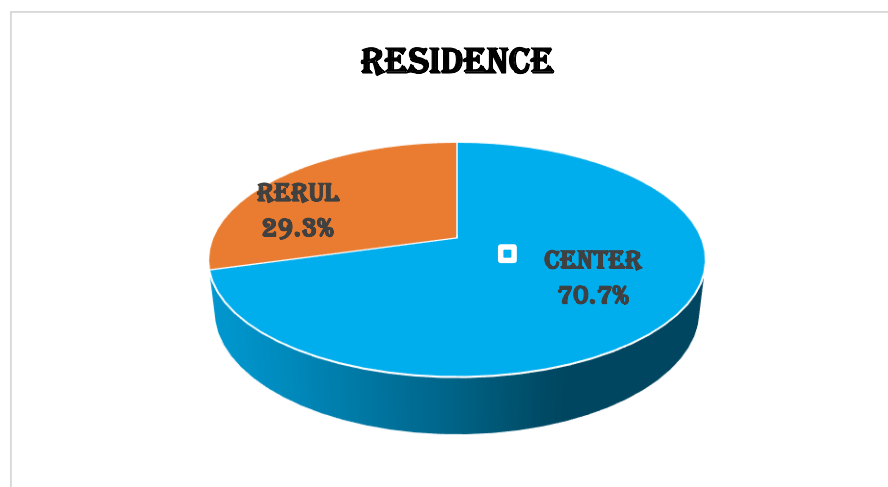
CENTER
70.7%

Figure (4): Distribution of the Sample according to their Residence (N=150)

The Figure show that the majority of samples (70.7%) live in the center of basrah city, and (29.3%) live in out center.

Table (1): Distribution of the Sample according to their educational level, years of experiences, and economic status

	FREQUENCY	PERCENT%
Educational Level		
Preparatory	73	48.7%
Diploma	48	32.0%
Bachelor's degree	29	19.3%
Total	150	100 %
Years of Experiences		
less than 5	67	44.7%
6–10	35	27.3%
11–15	13	12.0%
16 and above	35	16.0%
Total	150	100 %
Economic Status		
Enough	87	58.0%
Not enough	26	17.3%
Hardly enough	37	24.7%
Total	150	100 %

About educational level this table show that the majority of nurses (48.7%) have preparatory level and (32.0%) have diploma and only (19/3%) have Bachelor's degree. Regarding years of experiences (44.7%) of nurses their experience less than 5 years, (27.3%) their experience between 6 to 10, (16%) their experience 16 and above, and only (12%) their experience from 11 to 15.

Regarding economic status (58%) of nurses their salary was enough and (24.7%) was hardly enough and only (17.3%) their salary was not enough.

Table (2): The Total Level of Future Anxiety among Nurses

LEVEL OF FUTURE ANXIETY	FREQUENCY	PERCENT %
LOW	11	7.3%
MODERATE	101	67.3%
HIGH	38	25.3%
TOTAL	150	100%

((Cut of point= 1.33))   ((1 -2.33 = Low ; 2.34 – 3.67 = Moderate ; 3.68 – 5.01=High))

The results demonstrate that around (67.3%) of the study group nurses had Moderate level of future anxiety, (25.3 %) had high level, and only (7.3%) had low level of future anxiety.

Table (3): The Level of Life Orientation Among Nurses

LEVEL OF LIFE ORIENTATION	FREQUENCY	PERCENT %
LOW	4	2.7%
MODERATE	110	73.3%
HIGH	36	24.0%
TOTAL	150	100%

((Cut of point= 1.33))   ((1-2.33= Low ; 2.34 – 3.67 = Moderate ; 3.68 – 5.01=High))

The results demonstrate that around (73.3%) of the study group nurses had Moderate level to life orientation, (24.0%) had high level and only (2.7%) had low level of life orientation.

Table (4): Analysis Results Demonstrating the Relationship Between Levels of Future Anxiety and level of Life Orientation.

		LEVEL OF ANXIETY	LEVEL OF LIFE ORIENTATION
LEVEL OF ANXIETY	Pearson Correlation	1	-.203*
	Sig. (2-tailed)		0.013
	N	150	150
LEVEL OF LIFE ORIENTATION	Pearson Correlation	-.203*	1
	Sig. (2-tailed)	0.013	
	N	150	150

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

The table show that there are significant relationships between the scales. The results demonstrated that there was a negative relationship between the levels of future anxiety and level of life orientation ($P<0.05$).

Table (5): The Relationship Between Nurses' Level of Future Anxiety and their Demographic Characteristics

DEMOGRAPHIC DATA	FUTURE ANXIETY				CHI-SQ	D. F	LEVEL OF SIGNIFICANT
	Rating	Low	Moderate	High			
Age	less than 25	4	29	6			
	25–35	3	39	17	4.909a	6	0.556 NS
	35–45	3	17	10			

	45 and above	1	16	5			
Gender	Male	2	35	17	2.854a	2	0.240 NS
	Female	9	66	21			
Experience	less than 5	7	45	15	5.764a	6	0.450 NS
	6–10	1	27	13			
	11–15	0	14	4			
	16 and above	3	15	6			
Marital Status	Single	4	36	11	1.305a	4	0.860 NS
	Married	7	59	25			
	Divorce	0	6	2			
Academic Qualifications	Preparatory	8	50	15	4.386a	4	0.356 NS
	Diploma	2	33	13			
	Bachelor's	1	18	10			
Economic status	Enough	6	63	18	4.455a	4	0.348 NS
	Not Enough	1	15	10			
	Hardly Enough	4	23	10			
Residence	Center	4	78	24	9.375a	2	0.009 HS
	Rural	7	23	14			

This table shows that there is a high significant relationship between the nurses' level of future anxiety and their residence.

While, there is a Non-significant relationship between the nurses' level of future anxiety and their age, gender, marital status, experience, academic qualifications and economic status

Table (6): The Relationship Between Nurses' Level of Life Orientation and their Demographic Characteristics:

DEMOGRAPHIC DATA	LIFE-ORIENTATION				CHI-SQ	D. F	LEVEL OF SIGNIFICANT
	Rating	Low	Moderate	High			
Age	less than 25	1	28	10	3.857a	6	0.696 NS
	25–35	3	43	13			
	35–45	0	24	6			
	45 and above	0	15	7			
Gender	Male	2	41	11	.881a	2	0.644 NS
	Female	2	69	25			
Experience	less than 5	2	51	14	4.777a	6	0.573 NS
	6–10	1	26	14			
	11–15	1	13	4			
	16 and above	0	20	4			

Marital Status	Single	2	39	10			
	Married	2	67	22	1.305a	4	0.860 NS
	Divorce	0	4	4			
Academic Qualifications	Preparatory	1	49	23			
	Diploma	1	37	10	7.462a	4	0.113 NS
	Bachelor's	2	24	3			
Economic status	Enough	2	66	19			
	Not Enough	2	18	6	4.361a	4	0.359 NS
	Hardly Enough	0	26	11			
Residence	Center	2	81	23	2.090a	2	0.352 NS
	Rural	2	29	13			

This table shows that there is a Non-significant relationship between the nurses' level of life orientation and their age, gender, marital status, experience, academic qualifications, economic status and residence.

Chapter Five
discussion

Chapter Five

Discussions of the Results

This chapter discusses the results of this study regularly with the support of the previous studies for the benefits of this discussion

5.1. Discussion of Demographic Characteristics of the Nurses

The results in figure (1) show that more than half of the study sample (64%) are females, this study was consistent with Duplaga and Grysztar (the Association between Future Anxiety, Health Literacy and the Perception of the COVID-19 Pandemic: A Cross-Sectional Study) that show about (50.6%) were women. [46]

The results show that the majority of sample (39.3%) their age between (25-35 year), this results was inconsistent with Özdemir and Kaya that show about (47.6%) of nurses their age between (21 – 23year) [47]

The results show that the majority of nurses (60.7 %) are single. About educational level this table show that the majority of nurses (48.7%) have preparatory level and (32.0%) have diploma and only (19/3%) have Bachelor's degree. This results was inconsistent with (Savci, Akinci and Keles) their study (Anxiety Levels and Clinical Decision-Making Skills of Nurses Providing Care for Patients Diagnosed with COVID-19) that show (56.7%) of the nurses were married, and (60%) had a bachelor's degree.[48]

Regarding years of experiences (44.7%) of nurses their experience less than 5 years. This result was inconsistent with Yahiya's study (Future Anxiety and Its Relation to Life Orientation among Male and Female Nurses Working

in Gaza Strip Government Hospitals) that show about (35.1%) their experience between (5-10 years). [49]

The results also show that the majority of samples (70.7%) live in the center of Basra city. These result was consistent with Yahiya's study (Future Anxiety and Its Relation to Life Orientation among Male and Female Nurses Working in Gaza Strip Government Hospitals) that show about (64.9%) live in the center. [49]

5.2. Discussion Level of Future Anxiety among Nurses

The results in table (2) demonstrate that around (67.3%) of the study group nurses had Moderate level of future anxiety, (25.3 %) had high level, and only (7.3%) had low level of future anxiety. The researcher attributes this to the fact that nurses (working in government hospitals receive low salaries compared to their peers working in (private) health institutions), and this increases their feelings of anxiety due to the high standard of living related to the material obligations required of them daily, and the future of their family members, and this makes them suffer from difficulties to meet the needs The increasing requirements of their family members, in addition to that, their fear of the sudden suspension of salaries due to dependence on government salaries, and therefore some of them seek to search for additional work in the same field (nursing) after the end of their official government working hours. , as well as their ability to bear the burdens of this work, and this reinforces their feeling of concern for the future of their lives.

This result was consistent with Yahiya's study that show that the nurses have moderate level of future anxiety. [49]

5.3. Discussion The Level of Life Orientation among Nurses

The results in table (3) demonstrate that around (73.3%) of the study group nurses had Moderate level to life orientation, (24.0%) had high level and only (2.7%) had low level of life orientation. The researcher attributes this to the difficult conditions that nurses working in government hospitals are exposed to, in terms of work pressures inside the hospital, as well as the requirements of family life in terms of providing basic and future necessities, as well as their lack of feeling job security and the inferior view of some members of society on the nature of their nursing work, and this makes them. In the case of anticipation of difficult circumstances that may face them in the future, because they feel that their lives are not going according to what they planned, and this increases their general anxiety, especially the future coming to them, and the major challenges in all areas of their lives, and accordingly they have less sense of optimism for daily life and the future, which greatly increases the pressures of life inside and outside work.

This result was differing from study in Saudi (Life Orientation its relationship to Ego Resiliency and Mindfulness to Nurses) that show the sample achieved a high level of Life Orientation. [50]

5.4. Discussion of Correlation between studied participants' Between Levels of Future Anxiety and level of Life Orientation.

The table (4) show that there are significant relationships between the scales. The results demonstrated that there was a negative relationship between the levels of future anxiety and level of life orientation (P<0.05).

This result is consistent with the results of the study warning (2011), which indicated that there is a negative relationship between nursing students' oriented towards life, and their level of anxiety. [51]

5.5. Discussion Relationship Between Nurses' Level of Future Anxiety and their Demographic Characteristics

The table (5) shows that there is a high significant relationship between the nurses' level of future anxiety and their residence. While, there is a Non-significant relationship between the nurses' level of future anxiety and their age, gender, marital status, experience, academic qualifications and economic status. This results were inconsistent with Yahiya's study that show there is a non-significant relationship between the nurses' level of future anxiety and residence. [49]

5.6. Discussion The Relationship Between Nurses' Level of Life Orientation and their Demographic Characteristics

This table (6) shows that there is a Non-significant relationship between the nurses' level of life orientation and their age, gender, marital status, experience, academic qualifications, economic status and residence. This result was consistent with study in Saudi that show non-significant relationship between the nurses' level of life orientation and their age, gender, marital status, experience, academic qualifications, economic status and residence. [50]

Chapter Six

Conclusions and recommendations

Chapter Six

Conclusions and Recommendations

This chapter deals with the findings of the study and provides some recommendations that can be suggested for future research

6.1. Conclusions

Based on the findings of the present study, the researcher concludes the following:

6.1.1. There was Moderate level of future anxiety and Life Orientation among nurses.

6.1.2. There a negative relationship between the levels of future anxiety and level of life orientation

6.1.3. There is a high significant relationship between the nurses' level of future anxiety and their residence, While, there is a Non-significant relationship between the nurses' level of future anxiety and their age, gender, marital status, experience, academic qualifications and economic status.

6.1.4. There is a Non-significant relationship between the nurses' level of life orientation and their age, gender, marital status, experience, academic qualifications, economic status and residence

6.2. Recommendations:

Based on the findings of the present study, the researcher recommends the following:

6.2.1. Work on preparing psychological counseling programs to alleviate the psychological problems of nurses.

6.2.2. Holding community seminars to clarify the hardness of nursing work.

6.2.3. Work to improve the economic conditions of nurses.

6.2.4. Providing opportunities for nurses to develop their professional selves.

6.2.5. Conducting more research to identify the level of the current research variables among other groups in society.

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APPENDIX

A

بسم الله الرحمن الرحيم
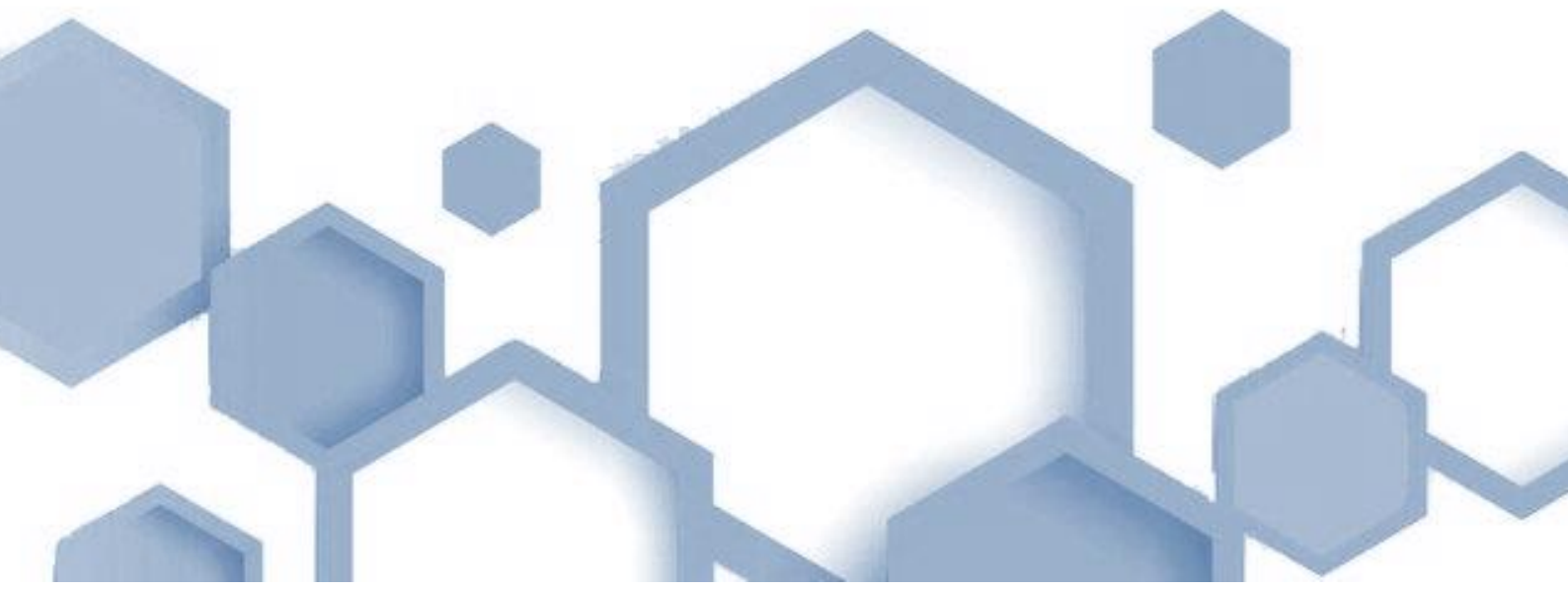
رقم الاستمارة [ ]

أولا : المعلومات الديموغرافية للممرض

1. العمر: [ ]

2. الجنس: ذكر [ ] أنثى [ ]

3. الحالة الاجتماعية: اعزب [ ] متزوج [ ] ارمل او مطلق [ ]

4. المؤهل العلمي: اعدادية [ ] دبلوم [ ] بكلوريوس [ ] ماجستيرفأعلى [ ]

5. الخبرة: اقل من 5 سنوات [ ] 6-10 سنوات [ ] 11الى 15 [ ] 16 فاعلى [ ]

6. مكان السكن: مدينة [ ] أطراف [ ]

7. الحالة الاقتصادية : يكفي [ ] لايكفي [ ] بالكاد يكفي [ ]

ثانيا:

ت	العبارة	موافق بشدة	موافق	محايد	معارض	معارض بشدة
البعد الأول: الشخصي						
1	أشعر بالخوف من إصابتي بعدوى أثناء عملي					
2	ينتابني شعور بالقلق من ممارسة عملي الصحي					
3	اشعر بالإحباط تجاه حياتي					
4	أعاني من الأرق قبل النوم					
5	ا شعر بعدم الرضا عن ذاتي أثناء عملي					
6	أشعر بأني محتاج إلى من يخفف عني همومي					
7	يصعب علي مواجهة المشاكل التي تواجهني					

البعد الثاني: الاجتماعي

					اشعر أن علاقاتي مع أفراد أسرتي مضطربة	1
					أبتعد عن إقامة علاقات اجتماعية مع الآخرين.	2
					أشعر بأن الناس يقتربون مني من أجل مصالحهم	3
					يؤلمني بعدي عن أفراد أسرتي لفترة طويلة من الوقت	4
					يصعب علي مشاركة الأقارب في المناسبات الاجتماعية	5
					تعاملي مع الجمهور أثناء العمل يسوده العنف	6
					ارفض التعامل مع ذوي المرضى أثناء عملي	7

البعد الثالث: الاقتصادي

					أشعر بالقلق من ارتفاع مستوى المعيش	1
					ينتابني تخوف من انقطاع الراتب في أي وقت	2
					أعاني من صعوبات لسد الحاجات المتزايدة لأفراد أسرتي	3
					يصعب علي تطوير مكان معيشتي السكنية	4
					أشعر بالألم من تدني مستوى دخلي المالي	5
					أشعر بأن وضعي الاقتصادي أدنى من غيري	6
					اهتماماتي المادية تأخذ حيزا كبيرا في حياتي	7
					تواجهني صعوبات في البحث عن عمل إضافي	8

البعد الرابع: المهني

					تتعرض الأطعمة داخل المؤسسات الصحية للتلوث	1
					أشعر بأن الهواء داخل المؤسسة الصحية ملوث	2
					عملي يتطلب الجلوس لفترات طويلة بجانب المرضى	3
					أعاني من ضغوطات مهنية عالية بالعمل	4

3

كثيرا جدا	كثيرا	متوسط	قليلا	لا	العبـارة	م
					اتوقع الأحسن عادة حتى في الظروف الصعبة	1
					من السهل على ان استرخي	2
					انظر عادة الى الجانب المشرق من الأمور	3
					انا متفائل دائما بالنسبة لمستقبلي	4
					استمتع كثيرا بصحبة أصدقائي	5
					لم أتوقع مطلقا ان تسير الأمور في صالحي	6
					لن تتحقق الأمور ابدا بالطريقة التي اريدها	7
					ليس من السهل ان أصبح قلقا	8
					أؤمن بالفكرة القائلة: بعد العسر يسرا	9
					لا اهتم بالأشياء الطيبة التي تحدث لي	10

First: the demographic information of the nurse

1. Age: ☐
2. Gender: Male ☐   Female ☐
3. Marital status: single, ☐   married, ☐   widowed or divorced ☐
4. Academic Qualifications: High School ☐ Diploma, ☐
   Bachelor's degree, ☐   Master's degree or higher ☐
5. Experience: Less than 5 years ☐   6-10 years ☐   11 to 15 16 and
   above ☐
6. Place of residence: city ☐   countryside ☐
7. Economic status: enough, ☐   not enough, ☐   hardly enough ☐

Second :

NO.	Items	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree	
The first dimension: the personality							
1	I am afraid of getting an infection while working						
2	I feel anxious about doing my health work						
3	I feel frustrated with my life						
4	I suffer from insomnia before bed						
5	I feel dissatisfied with myself during my work						
6	I feel like I need someone to ease my worries						
7	It's hard for me to face the problems I'm facing						
The second dimension: the social							

1	I feel that my relationships with my family members are in trouble						
2	I stay away from social relations with others.						
3	I feel like people are approaching me for their own good						
4	It hurts me to be away from my family for a long period of time						
5	It is difficult for me to participate with relatives in social events						
6	Dealing with the public during work is violent						
7	I refuse to deal with patients' families during my work						

The third dimension: the economic

1	I am worried about the rising standard of living						
2	I am afraid of losing my salary at any time						
3	I struggle to meet the growing needs of my family						
4	It is difficult for me to develop my residential living space						
5	I feel pain because of my low level of financial income						
6	I feel that my economic situation is inferior to others						
7	My financial interests take a big place in my life						
8	I am having difficulties looking for additional work						

The fourth dimension: professional							
1	Food inside health facilities is exposed to contamination						
2	I feel that the air inside the health facility is polluted						
3	My job requires sitting for long periods next to patients						
4	I suffer from high professional pressure at work						

Third:

NO.	Items	No	little	Average	Much	Very Much
1	I usually expect the best, even in difficult circumstances					
2	It's easy for me to relax					
3	I usually look on the bright side of things					
4	I am always optimistic about my future					
5	Enjoy a lot of my friends					
6	I never expected things to work out for me					
7	Things will never work out the way I want them to					
8	It is not easy to become anxious					
9	I believe in the idea: After hardship, ease					
10	I don't care about the good things that happen to me					

APPENDIX

B

LIST OF EXPERTS

ت	اسم الخبير	اللقب العلمي	الاختصاص	مكان العمل
1	محفوظ فالح حسن	استاذ دكتور	دكتوراه فسيولوجيا التدريب	جامعة البصرة / كلية التمريض
2	سجاد سالم عيسى	أستاذ دكتور	دكتوراه طب الاسرة	جامعة البصرة / كلية التمريض
3	سميرة محمد ابراهيم	استاذ دكتور	دكتوراه صحة مجتمع	جامعة البصرة / كلية التمريض
4	وصفي ظاهر عبد علي	استاذ مساعد دكتور	دكتوراه فسلجة مرضية	جامعة البصرة / كلية التمريض
5	عادل علي حسين	مدرس دكتور	دكتوراه تمريض اطفال	جامعة البصرة / كلية التمريض
6	افكار فاضل	مدرس	ماجستير صحة نفسية وعقلية	جامعة البصرة / كلية التمريض
7	فرحان لايذ	مدرس	ماجستير علوم الحياة	جامعة البصرة / كلية التمريض
8	كاظم جواد	مدرس	ماجستير تمريض اطفال	جامعة البصرة / كلية التمريض
9	زينب سلمان	مدرس مساعد	ماجستير تمريض بالغين	جامعة البصرة / كلية التمريض

الخلاصة

الخلفية : القلق هو جزء طبيعي من حياة الإنسان يؤثر على سلوكه. وإنها علامة على إنسانيته ، وحقيقة وجوده ، وجانب ديناميكي لبناء الشخصية ومتغير من المتغيرات السلوكية.

الأهداف : لتقييم مستوى قلق المستقبل والتوجه نحو الحياة بين الممرضين واستكشاف العلاقة بين قلق المستقبل والتوجه نحو الحياة للممرضين العاملين في مستشفيات البصرة الحكومية ومعرفة العلاقة بين قلق المستقبل والتوجه نحو الحياة للممرضين وبين خصائصهم الاجتماعية والديموغرافية العمر والجنس والحالة الاجتماعية والإقامة والسنة الأكاديمية وسنوات الخبرة.

منهجية البحث : أجريت دراسة مقطعية وصفية في مستشفيات مدينة البصرة في الفترة من 9 كانون الأول 2021 إلى الأول من نيسان 2022. عينة غير احتمالية (عينة غرضية) متكونة من 150 ممرضاً في أربعة مستشفيات (مستشفى البصرة التعليمي, مستشفى الصدر التعليمي ومستشفى الفيحاء التعليمي ومستشفيات الموانئ) من مختلف الأقسام. استبيان صممه الباحث ، تم اعتماد المقاييس وتعديلها من خلال مراجعة واسعة للأدبيات ذات الصلة.

النتائج : أظهرت النتائج أن هناك مستوى متوسط من القلق في المستقبل والتوجه نحو الحياة بين الممرضات. أظهرت النتائج وجود علاقة سلبية بين مستوى قلق المستقبل والتوجه نحو الحياة لدى الممرضين.

الاستنتاجات والتوصيات : كان هناك مستوى متوسط من القلق في المستقبل والتوجه نحو الحياة بين الممرضات. أظهرت النتائج وجود علاقة سلبية بين مستوى قلق المستقبل والتوجه نحو الحياة لدى الممرضين.

اما التوصيات ، العمل على إعداد برامج الإرشاد النفسي للتخفيف من المشكلات النفسية للممرضات. عقد ندوات مجتمعية لتوضيح مدى صعوبة العمل التمريضي ، والعمل على تحسين الظروف الاقتصادية للممرضين وإجراء المزيد من البحوث لتحديد مستوى متغيرات البحث الحالية بين فئات المجتمع الأخرى.

جامعة البصرة

كلية التمريض

قلق المستقبل وعلاقته بالتوجه نحو الحياة لدى الممرضين العاملين في مستشفيات البصرة

مشروع بحث تخرج

قدم الى مجلس كلية التمريض - جامعة البصرة

كجزء من متطلبات الحصول على درجة البكالوريوس في علوم التمريض

من قبل الطلبة

محمد حسين عبد الأمير

هشام عدنان عبيد

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