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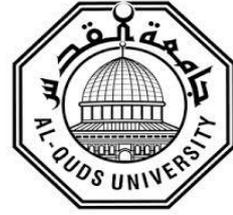
Nurses' Perception of Using Social Media to Enhance Nurses' Role at Governmental Primary Health Care Centers

Ahmad D. Jenenah

M.Sc. Thesis

Jerusalem-Palestine

1441/ 2019

Nurses' Perception of Using Social Media to Enhance Nurses' Role at Governmental Primary Health Care Centers

Prepared By

Ahmad Darwish Jenenah

BSc. Nursing, Palestine College of Nursing

Gaza- Palestine

## Supervisor: Dr. Yousif M. Awad

D.N.SC (Nursing Management)

A Thesis Submitted in Partial Fulfillment of Requirements for the Degree of Master of Nursing Management /Faculty of Health Professions/Al-Quds University

1441-2019

Al – Quds University

Deanship of Graduate Studies

Faculty of Health Professions / Nursing Management

Thesis Approval

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Prepared by: **Ahmad Darwish Jenenah**

Registration No.: 21712021

Supervisor**:** Dr. Yousif M. Awad

Master thesis submitted and accepted. Date: /   /

The names and signatures of the examining committee members:

1. Head of the committee: Dr. Yousif M. Awad   Signature……………..
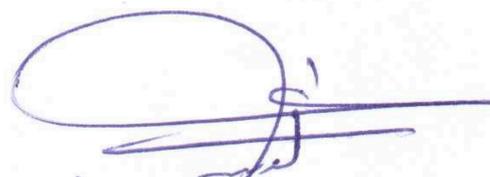
2. Internal examiner: Dr. Motasem Salah   Signature……………..
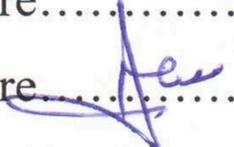
3. External examiner: Dr. Khalil Shakfa   Signature……………..

Jerusalem – Palestine

1441 / 2019

Dedication

This thesis is dedicated

To the great father who devoted this life for me.

To the soul of my deceased mother, so that this work can be learned as a running charity for her pure spirit.

To my beloved wife, who is beside me in every moment and

To my children who are the pleasure of my life.

To my brothers, my sisters and my family,

To my friends and colleagues and of course

To all my relatives who encouraged me to complete this work.

To all Palestinian people especially for martyrs who

sacrificed their lives for Palestine and Al-Aqsa.

Thank you and may Allah bless you

Ahmad Darwish Jenenah

Declaration

The researcher certifies that this thesis has submitted for the degree of master and any of its parts has not been submitted for a higher degree to any other university or institution.

 Signature:

Ahmad D. Jenenah

Date: /   /

Acknowledgment

Abstract

The use of Social Media has been developing day by day in worldwide and healthcare is one of the important sectors that use SM to improve its services. The overall aim of this study is to assess the nurses' perceptions of use SM to enhance nurses' role health education and communication at governmental primary health care centers at Gaza governorates. The study design is a descriptive, analytical and cross-sectional. Study sample used census sampling. Selected all centers of level four and all nurses who are working in these centers, study population was 153 nurses with response rate of 91%; (139 nurses).

Data were collected by the self-administered questionnaire and developed this questionnaire by the researcher to reflect nurses' perceptions of use SM to enhance nurses' role. The questionnaire included: Personal data; information about the health center; the reality of employing SM and the Internet at work, the scale of nurse's perception of using SM in promoting nurses' role in health education and communication.

The study results indicate that most of the participants were female, representing 62.6% and 47.5% of participants between 31 to 40 years. According to academic qualifications, 48.9% of participants have had a 2 and 3 years diploma, while 44.6% have a bachelor's degree. Regarding nurses' specialty, most of the participants were general nursing about 76.3%; Midwifery 14.4% and dental nursing 9.4%. Most of the participants have experience in PHC less than 10 years about 54%. The current situation of using SM and internet at work, 71.2% of participants have email or an account on SM; about 51% of participants use SM and internet for work-related matters, about more half of the nurses, use SM and internet continuously at work, and 57.5% of participants said the nature of work in primary health care center requires using internet and 89% of nurses said that they share & follow SM pages and platforms of their health centers.

The administration's support of using SM in nursing services was moderate about 59.6%, the role of SM in developing the professional performance of nursing was high about 70.6%, SM contributes to increase health education among workers in PHC centers. In other words, the contribution of SM in increasing health education among health care workers was high about 76.4%, the role of SM in communication between nurses and nursing management was moderate about 64.8%, the role of SM in communication between nurses and co-workers was high about 73.0%, importance of SM for patients and reviewers, the study has found that there is a high importance of SM for patients and reviewers about 68.2%. The risk of using SM at PHC centers, participants mentioned there have few risks of using SM in PHC centers about 49.8%.

The researcher has recommended that using SM is very beneficial and supportive in health education and communication. So, work hard to employ SM to improve nursing roles according to the current possibilities and develop them later according to the available possibilities.

Keywords: Social Media, Nurses, Primary health care, Health education.

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List of Abbreviations

AMI	Acute Myocardial Infarction
CDC	Centers for Disease Control and Prevention
CHP	Community health programs
GG	Gaza Governorates
GS	Gaza Strip
HIT	Health Information Technology
ICT	Information and Communications Technology
MCH	Maternal and Child Health
MOH	Ministry of Health
NCDs	Non- Communicable Diseases
NCSBN	National Council of State Boards of Nursing
NGOs	Non- Governmental Organizations
PCBS	Palestinian Central Bureau of Statistics
PHC	Primary health care
PHCAC	Primary Health Care Advisory Committee
PHCC	Primary Health Care Centers
PKU	Phenylketonuria
PNGO	Palestinian Non-Governmental Organizations
RII	Relative Importance Index
SD	Standard Deviations
SM	Social Media
SMS	short message service
SPSS	Statistical Package for Social Sciences
TSH	Thyroid Stimulating Hormone
UNICEF	United Nations Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency
WHO	World Health Organization

Chapter One

Introduction

1.1   Research background

The Changes in communication technology have driven to innovations to how care is provided, enhanced, improved and consumed. So the evolution of communication media which social media is part from this technology, so this development is shaping the expansion system in services of primary health care (PHC) to create opportunities in efficiencies and consumer health benefits by supporting shared decision-making between patients and providers, providing personalized consumer self-management tools and resources, building social support networks for providers and consumers, and delivering accessible health information that is targeted or tailored to consumers any place and any time (Dixon, 2013).

So, SM is no longer limited to its traditional role and they have become a fertile environment for the circulation of health information and have contributed to the transfer of the nurse's role from closed rooms to cyberspace, which plays a major role in spreading health awareness if properly invested by health care provided.

All that's mentioned leded to grows and increased to use of SM day by day in all worldwide. So, until January 2019, more than 4.4 billion of people were using the internet globally, representing 57.36% of the world's population and 3.5 billion were SM users (Internet World Stats, 2019) and in Palestine 56% were SM users in 2018 (IPOKE, 2019)

Therefore, the increase uses of SM led to high interaction between technology and health well-being especially in PHC. Which made the Palestinian ministry of health (MOH) taken early steps in the process of "PHC". It has begun to provide health services via a small group of clinics that began in 1994. then formulated an integrated project for the construction of PHC. The PHC in the Palestinian Territories aims to comprehensive and integrated provide medical and health services with a high level both preventive and therapeutic, and to raising the level of health in the community in a healthy environment where everyone lives, so that these services are the first line of defines for patients, and is the broad base that provides support and state hospitals backstopping (MOH. 2018).

Nursing has a clear role in achieving the basic goals of PHC as it represents the largest proportion of PHC providers. (MOH 2017). These goals focus on promoting healthy culture and high quality health education, providing the highest standards of integrated health care services, based on the fact that the institution is the first point of contact with the public, and the continuous development and renewal of all PHC services to ensure that the needs of people, families, and communities are met, and support new systems to ensure that the problems and obstacles that may be faced by reviewers to health center.

This make nursing always seeks to achieve its desired goals by using all available means and adapting the technological development and culture of the society in recent years, the use of social media "SM" has been a new method used by the community to communicate, interact and gain knowledge.

Internet networking and SM platforms give great facility for good interaction and collaboration in order to fulfil the all growing need in the nursing profession. With the rising ability of technologies to deliver on-demand and in real-time, videos, sound, graphics, text and files, the potential for nurses and health professionals to interact, learn and collaborate is huge. The sooner and the more we begin to know use these applications, the preferable we will do in nursing education and nursing care practice, special in PHC (Khanum et al, 2016).

Therefore, the purpose of this study is assessing the nurses' perception of using SM to enhance nurses' role in health education and communication at governmental PHC centers, and examining how SM can be employed to enhance nursing practice, through new knowledge and innovative means to interact with clients and colleagues.

1.2   Justifications of the study

PHC is a whole-of-society approach to health and well-being centered on the needs and predilection of person, families, and communities. It addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing. It provides whole-individual care for health needs throughout the lifespan, not just for a set of specific diseases. PHC ensures people receive comprehensive care - ranging from promotion and prevention to treatment, rehabilitation and palliative care - as close as feasible to people's everyday environment (WHO, 2018).

Therefore, health well-being is always linked to its relevance to the Internet platforms and its accessibility, and clients have been able to communicate with health care providers with professionalism and credibility. So, SM in last years gained extreme popularity, then making people have more accounts on SM platforms. With the rebound of SM, institution can communicate with clients in a timely and direct manner. The costs are may low with higher levels of efficiency may be achieved compared to the more traditional communication tools (Verhaag, 2014).

Therefore, nurses should integrate into the world of SM means, and not to isolate from this world, and try to develop PHC services commensurate with the technological and scientific development within the framework of law and scientific organizations. That helps in the client comfortable, and exploitation of health resources as betters as possible. So, SM continues to help impact the workplace environment, it has the potential to influence organizational commitment and the sense of community amongst nurses and positively impact the local professional culture of nurses; such a positive cultural influence both nurse satisfaction and patient safety. SM can be used to connect newly nurses with institutional resources, and information on the nursing role and organizational policies. Additionally, nurses can find educational tools via SM, like videos. This support self-directed learning and can help both new and existing nurses to grasp their roles and feel more confident. Nurses can feel more connected to their colleague through SM. All these factors are important motives to study SM in order to develop and improve the quality of PHC. In addition, to continuous communication with clients to increase their educational level and awareness for different health issues.

1.3   Problem Statement

Considering the scientific development and the explosion of knowledge that made the world a small village, and made connection and communication between the distant and the proximal easily. And with many health institutions taking advantage of this technology (especially SM) in its services provided to auditors and clients, and using it to market their services, but many health service providers took advantage of social media to spread a lot of facts wrongly, providing others with inaccurate information, and exploiting patients' ignorance and lack of knowledge of their health conditions for health institutions interests. Therefore, in the absence of a law regulating what is published on these social media platforms and the extent of its credibility by the MOH, it is imperative to enter PHC

to be the first support for patients and health care providers and try to take advantage of this technology in the correct scientific and practical ways that save time and effort and provide the highest quality care for citizens.

So, the MOH has escorted the technological and cognitive development of its services to citizens, especially in PHC services. It has started development by patient services program for reviewers through the civil registry data. In addition to the disbursement of drugs to the reviewers and requests for central Drug, and laboratory tests, which have become the results through a central program link all clinics and hospitals with each other, and other services that have helped to improve PHC services. It should be noted that the national health strategy 2017-2022 confirmed the operationalization of the computerized health information system in PHC centers (MOH, 2016). Addition, nurses start using SM in PHC by personal experience to not be isolated from others, so in the Facebook platform some primary health care centers "PHCC" created pages like Rimal Health Center, Al-Daraj Martyrs Center, General Administration of PHC and others. In addition to other personal experiences. The administration of primary care centers in Gaza has established a WhatsApp group to connect with medical staff to send messages, information, photographs and field reports. However, these pages on Facebook or group WhatsApp or other platforms do not belong to formal rules and regulations governing communication or monitoring what is published on these platforms.

Despite this wide spread of social media, researchers have not seen evidence-based practice that this technology can be used in primary health care services as a new phenomenon in the health field, where primary health care is the primary shield in promoting community health, and spreading health culture by all means Available, and nursing represents the largest category in providing primary care services, therefore, it was necessary to know their view on the use of social media, being able to raise the level of nursing services in primary health care, and that they are arbitrators can relying on their point of view, to properly use social media and avoid its risks and obstacles. add, researcher do not- touch the nurses' perception of using SM in promoting nurses' role: health education and communication at governmental PHC centers to develop health care services in general and primary care. the study will explore the nurse's perceptions on this issue.

1.4   The aim of the Study

The overall aim of this study is to assess the nurses' perceptions of using SM to enhance health education and communication as nurses' role at governmental PHC centers in Gaza Governorates (GG).

1.4.1   Objectives of the Study:

– To assess the current situation of using SM for nurses in PHC centers in GG.
– To explore the possibility of using SM to health education as nurses' role in PHC centers in the GG.
– To explore the possibility of using of SM in developing the professional performance of nursing in PHC centers in the GG.
– To explore the possibility of using SM to communicate as nurses' role in PHC centers in the GG.
– To identify the differences between nurse perception of using SM according sociodemographic variables.
– To determine the possible risk and barrier which a hindrance to using SM in PHC centers in GG.
– To provide suggestions and recommendations that might improve quality of nursing services at PHC centers in the GG.

1.4.2   Research questions:

– What is the current reality of the PHC centers readiness ofthe technical equipment for using SM?
– What is the extent to which the administration supports using SM in nursing services at PHC centers in GS?
– What is the role of SM in developing the professional performance of nursing at PHC centers?
– What is the role of SM in increasing health education for colleagues, patients, and reviewers at PHC centers?
– Can SM be used as an active line of communication between nurses and nursing management at PHC centers in GS?
– Can SM promote communication between nurses and co-workers at PHC centers in GS?

- What is the importance of SM for patients and reviewers?
- What is the risk of using SM at PHC centers in GS?
- Is there a relationship between nurses' perception of using SM to enhance nurses' role in governmental PHC centers and socio-demographic variables?
- What are the factors that help to employ SM in enhancing the role of nurses in health education and communication?
- What the factors barrier the using of SM in enhancing the role of nurses in health education and communication?

1.5 Context of the study

1.5.1 Gaza Governorate demographic characteristics

GS is a small piece of land located in the southern area of Palestine with 1,899,291 inhabitants. It is divided into five governorates: North Gaza, Gaza City, Mid Zone, Khanyunis and Rafah (PCBS, 2018). GS is characterized by a high population density with more than 5203 individuals per square kilometer. This high population density and the narrow place of land create high demands for health care services and possible work overload for health care providers. On the other hand, it could be positive in terms of accessibility in contrast with West Bank which is characterized by wider spaces and the presence of remote areas. The percentage of Gaza people who live in deep poverty has been steadily increasing within the last years (Raised from nearly 22% in 1998 to nearly 48.2% in 2018). With the continued economic decline and the implementation of even stricter closures on Gaza, the poverty rate is expected to be higher than it was in the last years. This deterioration in the economic situation might have an impact on financial access to health care facilities. Furthermore, it might increase the burden of poverty with related diseases such as malnutrition, iron deficiency anemia and sanitary related diseases that are directly related to PHC services. In addition, people might decrease utilizing health care services and they would be more prone to sudden financial disasters when they require more sophisticated health care services (PCBS, 2018; MOH, 2018).

1.5.2 Health Care System

Palestinian health care system is complex since there are four main providers for healthcare services; MOH, (UNRWA), Non-Governmental Organizations (NGO) and the private for-profit service providers. MOH is the main health care provider in the

governorates; it provides PHC with secondary and tertiary services for the whole population. It purchases advanced medical services by referring patients to the neighboring countries and other private and NGO health care facilities. UNRWA provides PHC services to the refugee population and purchases secondary and tertiary care services when needed. The private for-profit health sector also provides three levels of care through a wide range of practices (WHO, 2017).

Although the availability of various health providers does not necessarily guarantee to cover all the needed health services. The early mentioned demographic characters of Gaza Governorates (GG) population imply that there is an increasing load on the health sector which should respond not only to the current challenges of occupation, siege and political divisions but also to the increasing demands of health services resulted from the ongoing increase in population size (PNGO, 2013). It's well known that health systems have three fundamental objectives which are improving population health; responding to people's expectations and providing protection against sudden unplanned payment for health services especially for the poor. In the Palestinian context, MOH is not only responsible for providing those three objectives but also it is responsible for regulating the provision of health services provided by the other providers. People's satisfaction with governmental health care services is an important indicator of MOH performance. In general, people's satisfaction with private and NGO sector health care services is higher than the governmental services (WHO, 2012).

1.5.3 Primary Health Care Services

Regarding governmental PHC services, MOH runs well-established and well-equipped PHCC (PNGO, 2013). There are 51 governmental PHC centers out of 147 centers in Gaza Governorates. Those PHC centers are classified from level two to level four as (27 level two centers, 15 level three centers and 9 level four centers) and offering different health services according to the clinic level (MOH, 2018).

There is good health service coverage in GG, but the debate is on the quality of the health service delivery. A study by Kurdeah (2011) mentioned that 72% of people are satisfied with the provided PHC services. Generally, evaluating health system functioning depends on counting the number of health care facilities, the number of beds, beneficiaries, and health personnel distribution which might underestimate or even mask the low quality

of care (Giacaman, et. al. 2009). However, studies that assess the quality of health care services would give a clearer image and develop initiatives to improve health care services delivery. According to MOH (2018), there is a common problem of patients' flow where many of the patients arrive in the first days of the month, which is linked with drug availability. Nearly 40% of all prescriptions are written in the first 4 days of the month while the last 4 days accounts only 4% of all prescriptions during the month. This would create short examination times for patients as well as longer waiting times. Abed (2007) mentioned that the average consultation time in PHC clinics is less than five minutes (Abed, 2007). This status would not improve peoples' views about the quality of services (MOH, 2018).

Moreover, there are problems in the referral between PHC and hospital where people might refer themselves seeking for better care. Abed (2007) mentioned that there is a lack of confidence with PHC services due to diagnostic limitations, lack of drugs, inadequate specialized staff and finally, unavailability of afternoon shifts in most PHC facilities (Abed, 2007).

1.6 Theoretical and operational definitions

This part contains the definition of terms included in this study:

Social Media:

SM is defined as a tools "Internet-based" tool that permit users to create, share and discuss content such as images, video, clips, opinions, information, personal experiences. SM is a collective term which give different features that can meet the different needs of the users. It contains social networking sites such as Facebook and LinkedIn, media sharing (YouTube), video or photo-sharing sites, microblogs (Twitter) and collaborative projects (Wikipedia) (Hao & Gao, 2017).

Communication:

The researcher defines communication procedurally, the exchange of information, ideas, facts, opinions, beliefs, feelings and attitudes through social media, and includes communication with management, communication with colleagues, and reviewer communication. And in this study the degree to which the sample gets the scale used in the study.

Health Education:

The researcher defines health education procedurally, is the process by which nurses de specific and detailed educational activities and information to reviewers or clients, carers and family members so they can actively participate in their healthcare and any treatment they may be receiving by use social media.

Primary Health Care

PHC is an essential healthcare based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to person and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination (WHO-Alma Ata Declaration, 1978).

Nursing:

Imogene M. King his King theory in nursing (1981), define nursing as "A process of action, reaction and interaction by which nurse and client share information about their perception in nursing situation." and "a process of human interactions between nurse and client whereby each perceives the other and the situation, and through communication, they set goals, explore means, and agree on means to achieve goals." (King theory, 1981).

Nursing Professional Development

Nursing Professional Development Specialists have knowledge and skills in adult learning principles, nursing career development, program development and management, continuing education, and leadership. The American Nurses Association identifies this practice specialty, which is based on the sciences of nursing, technology, research and evidence-based practice, change, communication, leadership, and education as nursing professional development (American nurse today, 2010).

The researcher defines nursing professional development operationally as the degree to which the sample gets the scale used in the study.

Nursing profession

Autonomous and collaborative care of persons of all ages, families, groups, and communities, ill or well and in all settings. Nursing includes the promote health, prevented illness and the care of sick's and disabled individuals. Advocacy, promote a safe environment, participation in shaping health policy, research, health systems management, and education are also key nursing roles (Finkelman& Kenner, 2013).

Perception:

A process by which individuals organize and interpret their sensory impressions in order to give meaning to their environment (Robbins, et al., 2009).

The researcher defines perception operationally as the degree to which the sample gets the scale used in the study.

Chapter Two
Literature Review

2.1 Conceptual framework

In this chapter, the researcher will discuss primary health care services, classification, statistics, and others. Additionally, the researcher will discuss in depth the concepts of SM, used in health care, its benefits, risks, and challenges in primary health care services. The researcher also reviews the results of some previous studies and experiences of other researchers in this fiel2.1 Conceptual framework

The researcher illustrates the conceptual framework which reveals the main domains of SM in PHC and the different domains that may influence employing SM in primary health services (Figure 2.1).

Figure (2.1): Conceptual framework diagram "self-developed"

PHC services are the first line and backbone of health services, so it is essential for these services to be accessible to everyone in the community and its services should be easily provided. knowing the nurses' perception of using SM in promoting nurses' role in health education and communication depends on many key factors in determining how to apply these services:

2.1.1 Social media in primary health care:

The present current reality of using SM in PHC services is one of the most important indicators of employing these social platforms in improving clinic services and contributing to rapid access to reviewers. So, a study by Soyer (2012) and Emmanuel & Day (2011) found that SM websites give beneficial applications and information about primary healthcare. this social interaction feature of those platform is very salutary for individuals and health providers. Through social platform web individuals can to share their health experiences with other and health providers can guide individuals regarding their primary healthcare by sharing healthcare information and answering the questions of persons.

2.1.2 Primary health care (PHC)

Clinic distribution and the population density around PHCC is one of the most important indicators of using SM and the number of services provided by the clinic is one of the indicators of using SM in marketing these services and facilitating access to them. In addition, Infrastructure of PHCC using SM with the readiness of PHCC to use SM in services and to identify the level of management support.

2.1.3 Nurses' Perception

Nurses represent the main largest group of health care providers in the PHC and they are the initial point of clients who contact in many settings. professional nurses deliver care in small and large private and public practices and in clinics, schools, and workplaces. their function is both independent and collaborative practice arrangements, which often is the clinical leadership and management role.

2.1.3.1 Health Education as nurses' role:

Health education at PHC is related to issues of disease prevention; consumer health, environmental health, emotional, sexual health, first aid, safety, and disaster preparedness, substance abuse prevention, human growth and development, all with clients teaching. health education serves as a tool to coordinate between health workers in counselling as well as education services such as health risk appraisals and health screenings and increase nurses' experience.

Health education by nurses plays a crucial role in the development of a healthy, inclusive and equitable social, psychological and physical environment. It reflects current best practice, using an empowering, multi-dimensional, multi-professional approach which relates to all settings, organizations, including the community, schools, health services and the workplace (Brar, 2017).

Therefore, SM platforms are a good and appropriate tool in health education, through these platforms' patients can access health information faster, easier at all times and can also offer new ideas and different experiences to followers and nurses.

2.1.3.2 Communications as nurses' role:

Nurses have many roles in nursing practice, which require effective communication skills. communication roles for nurses are essential but may be difficult to mastery. communication is the exchange of information between people by sending and receiving it through speaking, writing or by using any other medium. Clear communication means that information is conveyed effectively between people.

Communication in healthcare within SM platforms can have important implications for the nursing profession. especially it comes to multi-levels: communication between nurses and clients, communication between nurses and colleagues, and communication between nursing and management. therefore, the importance of communication considered a key role in the nursing profession and its backbone and the main interface of nursing services provided.

2.1.3.3 Risks of using Social Media in primary health care

The risks of using social media in the health field are among the most common things that may prevent their use. For example, the misuse of social media in the credibility of what it contains and what is being circulated on these platforms, and the extent to maintaining the confidentiality of information, legal issues, property rights and other matters that must be subject to study and research.

The problem of receiving incorrect (or tainted) information regarding health issues and medical treatments on SM has been a major concern for many patients – that is, there is a high likelihood that inaccurate information exists in medical and health care information that is made available on various SM platforms (Greaves et al., 2013).

2.1.3.4 arrier of use social media in primary health care

The use of social media faces many barrier, it needs an in-depth understanding of how to make the best use of them, and there is no doubt that their application in a practical way needs experienced workers, and in need of capabilities and infrastructure through which SM is applied in health care services and overcoming these barrier.

2.1.4 Developing the professional performance of nursing

The use of social media in developing primary care services in general, and nursing services in particular, represents a qualitative shift in the quality of these services, and social media contributes to continuous communication with auditors, patients, management, and colleagues, and it also contributes to transferring experiences between colleagues, raising The level of confidence in the services provided, in addition to that it contributes to saving time and effort and all of this contributes to developing the professional performance of nursing.

2.2   Literature Review

2.2.1   Introduction

The defining moment in the contemporary history of primary healthcare is generally declared at a WHO conference in 1978, of what primary healthcare should provide to people within communities and nations. This declaration, known as Alma Ata (the name of a city from the former Russian Federation and now the capital of Kazakhstan). The conference provided testimonies on the nature of PHC (Walshe & Smith 2006). PHC identified the main health problems, providing preventive, curative, and rehabilitative services accordingly…and that includes at least: promotion of proper nutrition and an adequate supply of safe water, basic sanitation, maternal and childcare, including family planning, immunization against the major infectious diseases, education concerning basic health problems and the methods of preventing and controlling them, and appropriate treatment of common diseases and injuries. (WHO, 1978).

All the countries of the world have aimed to achieve an advanced level of health for their citizens living in those countries. To achieve that goal, seminars and conferences were held, the most important of which was the 1978 Alma Ata Conference. This conference emphasized that PHC is essential as the main focus of the health system and an integral part of social and economic development. Health care needs a successful administrative process in order to maximize the health of its citizens and commensurate with its economic, social and political resources (Diab, 2009).

Therefore, the researcher believes that the goal of the PHC system is to provide the high quality of health care to the community, where PHC is the first contact with individuals regarding the health care system, and that the citizen has the right to access appropriate and continuous health care services, and it is essential that these services keep pace with technological and cognitive development.

2.2.2   History of PHC:

During the final decades of the Cold War (the late 1960s and early 1970s) the US was embroiled in a crisis of its own world hegemony—it was in this political context that the concept of PHC emerged. By then, the so-called vertical health approach used in malaria eradication by US agencies and WHO since the late 1950s was being criticized. New proposals for health and development appeared, such as John Bryant's book (Health

and the Developing World), in which he questioned the transplantation of the hospital-based health care system to developing countries and the lack of emphasis on prevention (Cueto, 2004). According to Bryant, "Large numbers of the world's people, perhaps more than half, have no access to health care at all, and for many of the rest, the care they receive does not answer the problems they have . . . the most serious health needs cannot be met by teams with spray guns and vaccinating syringes (Litsios, 2002).

Under intense criticism, vertical ideologies gave way to new proposals for health and development. The 1970s saw a new political will for international development and the re-conceptualization of development activities. This new conception was termed "Human Development" and emphasized building from the bottom- up through the provision of basic primary health services. In this formula, PHC required a change in socioeconomic status, distribution of resources, a focus on health system development, and emphasis on basic health services (Magnussen et al, 2004).

By the mid-1970s international health agencies began to examine alternative approaches to health improvement in developing countries. The impressive health gains in China as a result of its community-based health programs and similar approaches elsewhere stood in contrast to the poor results of disease-focused programs. Soon this bottom-up approach that emphasized prevention and managed health problems in their social contexts emerged as an attractive alternative to the top-down, high-tech approach and raised optimism about the feasibility of tackling inequity to improve global health (Magnussen et al, 2004, p. 81). Thus, "health for all" was introduced to global health planners and practitioners by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) at the International Conference on PHC in Alma Ata, Kazakhstan, in 1978 (WHO, 1978). The declaration was intended to revolutionize and reform previous health policies and plans used in developing countries, and it reaffirmed WHO's definition of health in 1946: "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." The conference declared that health is a fundamental human right and that attainment of the highest possible level of health was an important worldwide social goal (WHO, 2004).

To achieve the goal of health for all, global health agencies pledged to work toward meeting people's basic health needs through a comprehensive approach called PHC. PHC, as envisioned at Alma Ata, had strong socio-political implications. It explicitly outlined a strategy that would respond more equitably, appropriately, and effectively to basic health needs and also address the underlying social, economic, and political causes of poor health (Sanders, 2003, p. 125). It was underpinned by universal accessibility and coverage on the basis of need, with emphasis on disease prevention and health promotion, community participation, self-reliance, and intersectoral collaboration (Magnussen et al, 2004).

2.2.3 Concept of PHC:

In the late 1970s, PHC was first conceptualized by the WHO to put an eye on the social causes of poor health, such as poverty and lack of access (Mackey et al, 2013). In 1978, the WHO issued the Alma Ata declaration. It considered PHC as the means to maintain better health standards for all people by the year 2000. In response to this declaration (Papanikolaou & Zygiaris, 2014) state that "according to this declaration, PHC is essential health care based on practical, scientifically sound and socially acceptable methods and technology." They point out that PHC is the first contact of individuals with the country's health system. According to Gillam, PHC is also considered a critical base to extend care to communities and vulnerable groups (Maisey et al, 2008). Thus, it can be defined as the cornerstone of national health. It has been reported that the cost-efficiency of health care would be better by transitioning the focus towards PHC (Papp et al, 2014).

PHC is usually the first-place people go when they have health concerns, often to a general practitioner or family physician. PHC typically includes routine care, care for urgent but minor or common health problems, mental health care, maternity and childcare, psychosocial services, liaison with home care, health promotion and disease prevention, nutrition counselling, and end of life care. PHC is also an important source of chronic disease prevention and management and may include other health professionals such as nurses, nurse practitioners, dietitians, physiotherapists, and social workers (PHCAC, 2010).

In Palestine, PHC is described as an essential health care system based on practical, scientifically sound and socially acceptable method and technology, universally accessible to individuals and families in the Palestinian community, through their full participation and at a cost that community can afford at every stage of their development in the spirit of self-reliance and self-determination. it is the nucleus of that Health system and part of the overall social and economic development of Palestinian society (MOH, 2018).

2.2.4   Classification of PHC facilities according MOH:

PHC facilities in Palestine are classified into four main levels:

2.2.4.1 Level I:

It is a facility with one community health worker, nurse and once or twice a week visits a general doctor, that serves a location of 1000 capita or less and provides the basic preventive services: mother and child health care, immunization, curative services, and first aid. The person who manages it shall be at a functional level (head of a division). This level does not exist in the GS (MOH, 2019).

2.2.4.2 Level II:

It is a facility where a physician, nurse, and midwife provide different services for a locality of less than 3000 capita. In addition to the basic preventive services, this level also provides curative treatment and preventive services, maternity and childhood care, environmental health and general treatment services and some lab tests on a daily basis. Those who manage it are at a functional level (head of the department) (MOH, 2019). The number of health centers of the second level in the GS, 27 centers, distributed as in Annex (5).

2.2.4.3 Level III:

The health center provides a third level of services for a population up to 10,000 citizens, and those who manage it are at a functional level (head of the department), and the services provided by the center include the same services provided by the center in the second level in addition to laboratory services and preventive dental services, The center consists of General physician, Specialist, Dentist, Nurse, Midwife, Practical Nurse, Pharmacist, Pharmacist Assistant, Laboratory Technician, Assistant Administrator, Social

Worker (MOH, 2019). The number of health centers on the third level in the GS, 15 centers, distributed as in Annex (5).

2.2.4.4 level IV:

The health center provides the fourth level of services for a population up to 25000 citizens, and at a functional level (director of the department), the services provided by the center include the same services provided by the center in the third level in addition to services of general medicine, technical specialties (Physiotherapy, Radiology), consultations specialists and emergency services (MOH, 2019). The number of health centers of the fourth level in GS is 9 centers, distributed as in Annex (5).

2.2.5 Governmental PHC Services at Gaza Governorates:

PHC is considered the cornerstone of health services, not only the major tool but also the promoting and improving mechanism to restore and sustain the well-being of Palestinian people. Promotion and preventive strategies have a high priority for reducing the burden of diseases. In addition to maintaining and improving the communicable diseases programs. PHC facilities provide services through multiple activities. In the area of public health, MOH central public health laboratory has many programs including preventive medicine, non-communicable diseases program, community health, mother and child health, environmental health, etc... PHC is at the top of the health sector priorities. In this aspect, all stakeholders in the health sector aim to improve the access to PHC services especially for the marginalized groups and enhance the PHC services efficiency and effectiveness (MOH, 2019). Therefore, the main programs of PHC services at MOH of Palestine are the followings:

− **Preventive medicine program:**

Prevention programs introduced in the PHC are regarded to two and three levels of prevention. primary prevention is based on educational and supportive programs for health behaviours, the elimination of modifiable risk factors & vaccination programs for infectious diseases. Secondary prevention in the PHC concerns screening programs in order to detect early-stage cancers, the infectious and non-infectious disease which may be effectively treated specially at the early stage. A part of prevention programs includes

several diseases or health problems. They are directed to a defined group of population (e.g. elderly, ethnic minorities, children and adolescents).

Effective secondary prevention, which is based on screening programs, is a multi-stage activity. It requires a solid strategy that includes the processes of initiation, reporting, and planning of further patient's management (follow up). It is a constant process that requires an assessment of effectiveness and adequate modifications together with the use of new screening technologies (e.g. new biological markers) (MOH, 2018).

Tertiary prevention aims to soften the impact of long-term disease and disability by eliminating or reducing impairment, disability, and handicap; minimizing suffering; and maximizing potential years or useful like. The tertiary prevention is the task of treatment for late symptomatic disease and rehabilitation (Liu, 2018).

PHC work with groups in the community concerned with promoting help for specific categories of risk group, disease, or disability to reduce discrimination. Community action is often needed to eliminate financial, physical, or social barriers, promote community awareness, and finance special equipment or other needs of these groups. Close follow-up and management of chronic disease, physical and mental, require home care and ensuring an appropriate medical regimen including drugs, diet, exercise, and support services. The follow-up of chronically ill people to supervise the taking of medications, monitor changes, and support them in maximizing their independent capacity in activities of daily living is an essential element of the new public health (MOH, 2018).

– **Community health programs**

Community health programs (CHP) cover a broad range of primary prevention (including public health) and MCH program of primary care services within the community, including health promotion and disease prevention; the diagnosis, treatment, and management of chronic and episodic illness; rehabilitation support; and end of life care. CHP involves the coordination and provision of integrated care provided by a range of health providers, including nurses, social workers, pharmacists, dietitians, public health practitioners, physicians and others in a range of community settings including community mental health programs and school health program (MOH, 2018).

– **Environmental health program**

Seeks field of environmental health to link human health to factors of natural environments that locate conditions and influence it through an interdisciplinary proposal, meeting the needs to build landmarks, capable of mediating the complex relationship with environmental health, economic and social development. Environmental health program includes food control program, water control program, insects control program, medical waste management program, crafts and industries licensing and electro-magnetic control program (MOH, 2018)

– **Nutrition department**

Nutrition care refers to any practice conducted by a health professional to support patients to improve their dietary behaviours and subsequent biomarkers of chronic disease. Nutrition care may include any aspect of nutrition assessment, nutrition advice, and nutrition counselling, as well as referral to other nutrition-focused health professionals and relevant services. Nutrition department includes: Anemia monitoring, vitamin (A and D) program, Iodinazing program and flour fortification (MOH, 2018)

– **Central public health lab**

PHC has a central lab including many departments: Serology, TSH program, Molecular biology program, Quality assurance program, Pesticides, Detergent, and cosmetic materials control program, Pharmaceuticals control program, Water and food examination program and PKU program (MOH, 2018).

2.2.6   Nursing role in PHC:

The role of nurses has included clinical nursing practices, consultation, follow-up treatment, patient education, illness prevention, and effective communication. This has improved the availability of health-care services, reduced symptoms of chronic diseases, increased cost-effectiveness and enhanced customers' experiences of health-care services (Griffiths et al., 2007)

In this study, the researcher has focused on two important nursing roles in primary care centers, which is the role of health education and communication.

2.2.6.1 Health education:

Health education has been regarded as an important aspect of nursing for many years. client's education is as important now as ever, under the light of technological development and rapid transfer of information. Health education is defined as "the communication of health-related information and development of the attitudes, skills, and confidence necessary to enable people to take action to improve their health" (Naidoo & Wills, 2009).

Health Education increas health knowledge, enhances wellness behaviours, promotes health situations, facilitates the healthful relationship and enables community members to make responsible decisions (Fasoranti & Festus, 2015). The essential difference between health promotion and health education is that people targeted by health promotion are likely unaware of the health problem that is promoted.

Studies have reported a positive effect of health education on patients. for example, a study of elderly patients' knowledge about their medication showed that their knowledge increased after receiving information from nurses before leaving the center (Shen et al, 2006). In one study, the results indicated that nurses` daily health education for clients was largely invisible. This was interpreted as a lack of awareness of patient education among both managers and nurses (Bergh et al, 2010).

Another study showed that the nursing staff had quite good knowledge concerning matters involving patient education and good skills to maintain the patient education process, even though there was enough time and resources (Kääriäinen et al, 2010).

Some nurses who are health educators see their role as a key function, but they are not always able to fulfil this role. Lee & Lee (2012) found that more than half of the nurses felt they did not impart all the necessary preoperative information to patients. This was attributed to time constraints and nursing workload, communication difficulties, and limited teaching resources. They also suggest that there are somewhat unclear boundaries between nurses and other healthcare professionals regarding their responsibilities in patient education.

Therefore, the researcher believes that health education in PHCC means protecting patients from diseases and maintaining their health. So, it is necessary to give this nursing role more attention and to look for alternatives to facilitate the way for health education.

2.2.6.2 Health Communication:

Health communication is a very broad and multidisciplinary concept that mixes many different work fields (Schiavo, 2007). Professionals from different fields as Medicine, Nursing, paramedical, public health to communication all work together for national and territorial associations to furnish people with exceptional and proof-based wellbeing information. According to the U.S. Department of Health and Human Services, (2005) define of health communication is "The art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues. The scope of this communication is to improve the disease prevention, health promotion, health care policy, and the business of healthcare as well as enhancing the quality of life and health of individuals within the community"

To be a professional nurse, excellent communication skills are required. Nurses deal with people of varying educational, cultural and social wallpaper and must deal in an effective, caring and professional manner, especially when communicating with patients and their families especially in PHCC. The quality of communication in interactions between nurses and clients has a major influence on health care outcomes. This influence plays a very important role in areas such as community health, education, and adherence (O'Hagan, 2013). Good communication plays an important role in the organization's effective functioning. A nurse must, therefore, continuously try to improve communication skills while poor communication can be dangerous and lead to confusion and less in client's adherence (Sibiya, 2018).

It is also argued by Vertino (2014) stated that in the nursing profession, nurses are responsible for using their voices to represent the voices of the clients they are caring for who may be unable to communicate or advocate for themselves. Unfortunately, many have a short effective communication skill to influence and skill-fully collaborate and advocate for their clients, especially newly nurses (Pines et al., 2012). Evidence also shows that long-time practicing nurses have a high tendency to be less effective communication because they might have used the same way of communicating that they are no longer

aware of their personal characteristic influence at the expense of professional communication skills influence. Therefore, there is a continuous need for training & creating awareness, with emphasis on the importance of using effective communication nursing practice (Bello, 2017). Therefore, these results showed that it is necessary to use more effective means of communication, so as to overcome the obstacles of work that affect communication.

The researcher believes that communication is the most important role of nursing, by good communication nurse can persuade clients to accept measures that improve their health and to reject those that have an adverse effect, by good communication nurse can connect his ideas in an effective way with others and making for him a distinctive impression among others. by good communication, nurses can gain the trust of management, colleagues, and patients.

in conclusion, health communication is basically the translation and distribution of health messages and instructions by experts in the public health field to people who can be helped by these instructions. Individuals can consult different media channels to consume health information and acquire knowledge and skills to improve their health decisions. This is also called health education (Uittenhout, 2012).

2.2.7   Concept of Social Media:

SM has been defined as "websites that allow profile creation and visibility of relationships between users" or " web-based applications that provide functionality for sharing relationships, group, conversation, and profiles. SM has been referred to as "SM sites", or a set of information technologies that facilitate interactions and networking (Kapoor et al, 2017).

SM refers to the use of web-based and mobile technologies to turn communication into an interactive dialogue. SM has multi different forms including electronic magazines, Internet forums, weblogs, social blogs, microblogging, podcasts, photographs or pictures, video, rating and social bookmarking. in the midst of the SM revolution, it is obvious that SM like Facebook, Twitter, YouTube, Instagram, Skype, etc., are used extensively for the purpose of communication (Baruah, 2012).

Today the role of the Internet and SM as 'new public spheres' in which different social identities coexist, have become important to the socializing. In this new communication medium, which characterized as a 'network society,' individuals are connected to each other locally and globally, through the Internet and SM (Erer & Çobaner, 2016).

The researcher believes that SM is the era nowadays, it represents a new and different time in the development of scientific, technological and cognitive behaviour, which make the world live in a small village. SM now has changed habits and traditions, no doubt it has changed the way people communicate and the way they treat life.

2.2.8   Usage of Social Media:

The use of the internet especially SM is increasing day today. Data marshaled from Internet World Statistics indicate that about 4.208 billion, about 55% of the World's population users of the Internet until Jan. 2019. About 5.135 billion are of mobile users, 3.196 billion are users of SM sites, 2.53 billion are users of SM applications in the world. In Palestine, the total population is 6.644 million, 4.5 million use the Internet, about 67% until Jan 2019. About 74% of mobile users, 60% of users of SM sites (IPOKE, 2019).

In Worldwide, about 42% of people viewing health information on SM look at health-related consumer reviews (MedicalGPS, 2017), while nearly 32% of US users post about their friends and family's health experiences on SM and 29% of clients or viewing health information through SM are viewing other patients' experiences with their disease experience. Of all the individuals viewing healthcare information on SM, 24% are viewing health-related videos or images posted by patients (Anderson et al, 2012).

In the world, 80% of internet users are specifically looking for health information, and more half in the search for information about a specific physician or health professional or health services (Susannah Fox, 2014). About 81% of health centers service have an interest in participating in SM strategy. Between the 165,000 health and medical apps now around the world, nearly more half are focused on general wellness objects like fitness, lifestyle and stress, and diet. The reminder that is made up of apps focused on specific health conditions about (9%), medication information and reminders about (6%), and mother health and pregnancy about (7%). Mental health apps led by disease-specific apps, followed by diabetes (Referral MD, 2019). All this app represents PHC services.

In Palestine, according to the IBOKE (2019) report, the rate of using SM in health care is comparable to the global ratios. especially when comparing Palestinian situation to Israel occupation and the level of economic and health in that region and its association with Israel occupation in purchasing some health services by the Palestinian MOH.

2.2.9   Health Care in Social Media:

Healthcare culture is rapidly changing and patients are beginning to be part of the healthcare system rather than the object of it. clients-empowering technology, like SM, have started to change the way we practice health care and will continue to do (Alsughayr, 2015).

Therefore, many SM tools and materials are available for PHC professionals. including SM networking platforms, blogs, microblogs, media-sharing sites, and virtual reality. These media can be used to improve or enhance PHC services and organizational promotion, effective communication, health education, and public health programs (Ventola, 2014).

Now, SM is granting space to discuss medical conditions outside the healthcare providers center. clients and their families use SM technologies to share their experiences and their findings and educate others with similar conditions. They repackage the health information they found for others, creating forums for knowledge discovery and discussion (Singh et al, 2016).

However, SM used by clients does not only provide beneficial effects. It may also constitute a challenge within the healthcare system to both patients and healthcare professionals. Since everybody with access to SM can post "advice" on how to deal with a certain health condition, it is important to create reliable online communication channels to prevent health problems being exacerbated (Smailhodzic et al, 2016).

Previous studies on SM used in healthcare identified different effects of SM used by patients for health-related reasons within the healthcare system. SM can serve as an aid to patients. such as, it can foster their autonomy by complementing the information provided by healthcare professionals (Rupert et al, 2014) and by providing psychosocial support (Ho et al, 2014). SM used by clients can also be an aid to Nurse professionals by providing a tool to strengthen the PHC position (McCaughey et al, 2014) and stimulating conversation for brand building and improved quality health service delivery (Smailhodzic et al, 2016).

According to Casella et al (2014), SM can be incorporated into all stages of the nursing process which consists of assessing, diagnosing, planning, implementing and evaluating phases. The diagnostic stage, which involves the analyzation and synthesis of the data collected from the planning stage, which requires diagnostic background knowledge. Furthermore, the utilization of SM platforms does not only advance the diagnostic competence among registered nurses, who are required to diagnose patients, but it can also lead to a more advanced diagnosis among patients (Casella et al, 2014).

2.2.10   Th Main SM Platform Use in Health Care:

2.2.10.1   Facebook:

Facebook was created in 2004 as a social network site for Harvard University students and became a public platform in 2006. Facebook creating to allows interactions between students of university and sharing information (Uittenhout, 2012). Generally, it allows users to be connected with colleagues online and share the view, ideas, thoughts, opinions, photos, videos, status updates, , and links to other sites. Another interesting feature is the real-time face to face which is very helpful for the clients and health provider interaction from video calls which enable face-to-face communication and interaction (Khan & Krishna, 2013).

To benefit from Facebook, health care providers or health organizations create platform that allow them to post connect information, recent updates, and most importantly allow "fans" and health care providers means of communication on the main page or platform and implementation of discussions on the fans page (Hackworth & Michelle, 2010).

November 2016, the Mayo Clinic SM Network listed 1,301 Facebook pages that were used by various hospitals in the United States. In Addition, at Mayo clinic Healthy Pregnancy and Child Facebook page, they guide pregnant women about pregnancy health and how to take care of a newborn baby. Women ask any questions and health care providers give them trustworthy information and tips. (Schroeder, 2017). In Denmark, 24 healthcare organizations use SM and about 88% of them use Facebook for healthcare information and services. In Germany, 347 healthcare organizations use SM sites and about 66.9% of them use Facebook for finding related information. In the United Kingdom, 175 healthcare organizations use SM sites and about 93.1% use Facebook. In Sweden, 22 healthcare organizations use SM sites for healthcare and about 45% use Facebook (Belt et al, 2012).

2.2.10.2 WhatsApp Messenger:

WhatsApp started and found in 2009 by Brian Acton and Jan Koum, former employees of Yahoo!. After leaving Yahoo!, WhatsApp Messenger" is a cross-platform instant messaging application for smartphones. In addition to text messaging, users can send images, videos and audio media messages to each other. The entire process of sending the message/image is free (Yale et al, 2018). Smartphones and WhatsApp are now being used by doctors in health care delivery, for telemedicine and tele-dentistry services (Mars & Scott, 2016). A comprehensive systematic review of present literature on the use of WhatsApp Messenger app as an adjunctive health care tool for medical doctors concluded that pooled data provided compelling evidence that the WhatsApp Messenger app is a promising system, whether used as a communication tool between health care professionals, or as a means of communication between health care professionals and the general public, or as a learning tool for providing health care information to professionals or to the general population (Giordano et al, 2017).

A some of studies have found the usefulness of WhatsApp in decision making and clients care. Nardo et al. (2016) examine WhatsApp to investigate if it facilitates communication, enhances education, and improves clients care (and keep privacy). participation described WhatsApp as a low-cost and rapidly technology with the possible of facilitating clinical communications, enhancing education, and improving client care whilst save their privacy.

In Third World Congress on Integrated Care study by Saavedra Ramirez (2015) found use of WhatsApp more beneficial on communication within a self-help group that contain hypertensive patients with type 2 diabetes and health care staff. Nevertheless, in other study by Muntaner-Mas et al. (2015) in which they explore the usefulness and elementary effectiveness of WhatsApp-based intervention aimed at improve health-relevant physical fitness components and cardiovascular risk factors, WhatsApp found to be low effective than face-to-face mode with which it was compared.

In the context of health education, SM has been used incrementally in last years to strengthening all areas of education. WhatsApp opposition some beneficially in this respect and its high popularity has generate several researches. Willemse (2015) Mention the experiences of undergraduate nurses using WhatsApp to enhancing PHC learning. But Rambe and Bere (2013) found how WhatsApp can enhance colleague's engagement and rise learner participation. The beneficially of WhatsApp in mobile social learning was found to have a positive effect on education attitudes (Amry, 2014).

2.2.10.3 YouTube

The domain www.youtube.com was activated on February 14, 2005, and the website was developed over many months. YouTube is a platform allows users to upload, view and share videos with a global audience. it is visited by more than 1.9 billion users who log in each month, watch over 1 billion hours of videos every day, and record billions of views (YouTube, 2019). Health care providers can take advantage of the benefits YouTube offers by posting videos related to the current events and recent news of health organizations. YouTube viewers may subscribe to the health care provider's YouTube page to receive updates when new videos are added, and they have the opportunity to post comments and feedback under the video being played. Again, this important feedback can be used to improve the online community of the health care service provider, and enhance the relationship with consumers (Hackworth & Kunz, 2010).

Pant et al. (2012) examined YouTube content for acute myocardial infarction. They found that anecdotal videos from patients and videos from professional organizations primarily focused on the signs, symptoms, and treatment of heart disease, while videos from non-teaching hospitals and graphic representations concentrated on the pathophysiology of the disease. The personal videos featured patients' experiences of the signs and symptoms of the disease are about (58%), followed by methods for prevention and treatment about (45%) and perspectives on the news reports related to newer diagnostic techniques about (9%). Videos categorized as personal experiences recorded the maximum number of dislikes.

In the UK, a surgical center Hillview uses YouTube to involvement short learning videos about popular health conditions for clients (Hillview Surgery, 2019). In the USA, obstetrics and gynaecology unit MacArthur OB/GYN uses Facebook, Twitter and YouTube to involvement information with clients on YouTube, they upload video by various health care provider, on Twitter, they response to question of clients and on Facebook, they upload subjects and videos to health awareness and individuals share their health state and other individuals get interest from them and health professionals also try to response the questions of person to some extent (MacArthur OB/GYN, 2019).

2.2.10.4 Twitter

Twitter is an online microblog with social network functions. Users of this microblog can send and read 140-character long text-based messages (Tweets). It was created in 2006 as an online "short message service (SMS) replacement". In 2019, it has over 1.3 billion users, 330 million actives, generating 500 million tweets a day, and consider the third biggest online community worldwide (Omnicore, 2019).

More than once per day over 2000 health profession on Twitter who tweet and more than 300 followers, now Twitter is becoming a most platform of modern health because of its interest. Many tweets from health care accounts involvement health information for common health or research about therapeutic or newly technology (Pershad et al, 2018).

Twitter can be exemplary platform for sharing opinion, research and link health professional to other health professional in other areas. Other benefit in health conferences have exhaustively borrowing Twitter's strength to build importance and optimize effects (Thompson et al, 2015). A health professional can know from clinical prosecutions through Twitter and engage patients who haven't had access to care (Brady et al, 2017). Add, Twitter able to affect the client's quality care and health information accessibility.

Other application of Twitter to health research are the apps of several level approach of emotions analysis, information-mining, and artificial intelligence to evaluate tweets from the general persons (Baumgartner & Peiper, 2017). This actual-time data can consult resource customization for researchers and health plans for medical and nurses' team (Raghupathi, & Raghupathi, 2014). Study by DeCamp et al (2013) found the predictive power of Twitter for health problems as following infectious disease prevalence, drug use, disasters, and more (DeCamp et al, 2013). While informational power was earlier a bottleneck for mining negative datasets, now advances in computer processing units have enabled effective instantaneous mining and analysis (Pershad et al, 2018).

2.2.10.5 Instagram:

Instagram is a free application for sharing photos and videos. Also, it is considered the SM platform that launched in October 2010 and allows users to take photos or videos and add a digital filter to it, and then share them in a variety of SM services or the

Instagram network itself. Instagram now has over 1 billion active users, the total number of daily active Instagram users is about 500 million, the number of photos shared to date is about 50 billion (Omnicore, 2019).

Instagram's are mainly beneficial in learning informational and motivational supportive. The website has more possible to front as an SM website in visually flourishing disciplines, such as dermatology (Karimkhani et al, 2014), infectious diseases (Gauthier and Spence, 2015) and radiology (Glover et al, 2015), because to its power uniqueness video and photo-sharing affordances. However, same negative uses visual also been documented in the study's findings, such as the promotion of tobacco and alcohol use (Boyle et al, 2016).

Therefore, remains Instagram more the importance tools can used by WHO. add, the US Centers of Disease Control and Prevention (CDC, 2019) and other public health organization to distribute visually-rich public health messages that both educate and interest the general public, and for risk communication during public health crises and man-made or natural disasters (Boulos et al, 2016).

2.2.11 Benefits of Using SM in Health Care

2.2.11.1 The SM Benefits in the professional development of nursing

Nurses may use a different of SM website or platform to promote their personal and professional jobs. Ferguson (2013) grantees a call to work for medical caretakers to step forward and be pioneers in utilizing online life. Attendants can get to data for their working environment or individual lives, associate with partners, share data about accepted procedures, and advance medicinal services through close to home and expert methods (Jackson et al, 2014).

Some study finding supports SM as an effective tool for nursing to develop their knowledge in a clinical setting. So, SM correlates closely to a nurse's professional development by four field of nursing: academics, clinical practice, administration, and research (Hope, 2010). Nurses able to use SM to access develop education resources and tools to enhance skill development (Barton, 2011). Moorehead et al. (2013) highlight several such as raise number of interactions with Colleagues, shared health content, availability of health information, and managerial and social support. The researcher

summaries the benefits of SM which contain decrease anxiety by give access to health profession constructing personal and professional self-image and self-esteem by sharing accomplishments, skills and experience, and developing local support networks and communities of practice.

2.2.11.2 The Benefits of SM in health education

SM can improve client's access to health care information and other health educational resources. In the U.S., 8 from 10 internet users search for health information online, and 74% of people use SM (Von & Ohno-Machado, 2012). by SM, clients can join virtual communities, participate in research, receive financial or moral support, set goals, and track personal progress (Lambert & Stokes, 2012).

Unlike other health advice, a client might encounter SM. health care providers could use SM to develop messaging that may be more likely to resonate with and be acted on by patients (George et al, 2013). Some health provider believes that SM would be particularly beneficial for patients with chronic, rare, or fatal diseases, or with maternal or infant care, or with personal health-related goals, such as weight management (Househ, 2013). The distribution of credible information has been proved to motivate observable behavioral changes within social networks (Ventola, 2014).

2.2.11.3 The Benefits of SM for patients and reviewers

Current planning in health care is beginning to identify opportunities to include the patient's sound more prominently in quality and health improvement initiatives (Kivits, 2006). Clients and care providers maintain a constant presence on SM channels, where they can openly discuss and share issues pertaining to their past and current history and experiences with medical and health care services (Read and Giustini, 2011). In addition to speaking out online, they often suggest new ways to make clients outcomes and the continuum of care seamless and of higher quality (Fichman et al., 2011). Listening to and learning from their stories and discussions offer tremendous promise for developing a more nuanced understanding of the richness and challenges of the client's experience (Deitrick et al., 2007). Thus, the extraordinarily rich and exponentially growing sources of self-reported stories and interactive discussions in SM from patients and caregivers articulating their experiences, preferences, needs, and expectations make it relatively easy to comprehend that learning from millions, if not billions, online conversations could support and contribute for further improvement in the quality of care in the health care sector (Lim, 2015).

2.2.11.4 The Benefits of SM in communication between nurses and other colleagues

SM benefits the whole healthcare system in a variety of ways. It provides healthcare professionals with applications to share health information, debates health practice issues, communicates with the public and promotes the PHC behaviours (Ventola, 2014). SM can be a useful tool for collaboration. It provides opportunities for healthcare practitioners to dialogue with their colleagues and peers and keeps pace with the latest healthcare developments even they were separated by a long distance (Casella et al, 2014). For example, it can connect healthcare practitioners in third-world countries specialists from advanced locations, and they can stream the surgical procedures and ask questions via the internet (Ventola, 2014).

The researcher believes that SM opens the door of information to both healthcare providers and clients and has potentially changed the ways of communication. When used carefully, SM can provide obvious advantages such as professional networking, clinical education, and patients' health promotion and more.

2.2.11.5 Administrative support and communication between nurses and management

People appreciate institutions that speak in a human voice. Nevertheless, many healthcare organizations have been slower to adopt SM, mainly because health care managers have not yet realized the benefits of these platforms. The role of SM is increasingly gaining the importance of managements' perception because it is much more than a communication channel, SM empowers leaders to improve their communications skills as well as deepen connections with people inside and outside the company (Charles, 2012). Moreover, organizational communication researchers have recognized the power of SM and have encouraged organizations to adopt this channel for communication with the employees. Smith (2009) demonstrated a stronger correlation of trust in co-workers and management with the more recent SM action in an organization. Berger (2008) has seen the potential of SM in internal communication by encouraging internal communications practitioners to use SM as a means of open dialogue and training leaders to be the primary communicators.

SM can be used to connect upper management with each other and with their employees. SM can be thought of as an electronic water cooler. It can be a place where all employees interact with each other, discuss creative ideas, and create inter-departmental and cross-divisional collaboration. This is not only aids in decision-making but also helps lead to greater innovation (Naik, 2015).

The researcher believes that SM opens new horizons for communication in health institutions in general and nursing management, in particular, is the largest category in any health institution. Effective communication between the nursing mangers and nurses improves the work environment, break the formal barrier between the nurse and the manager. SM also provides effective channels for solving management problems and communicating with nurses faster. In addition, SM increases trust between managers and nurses.

SM continues to become a tool that impacts the workplace environment from managerial support, it has the potential to influence organizational commitment and the sense of community among nurses. This can positively impact the local professional culture of nurses such as a positive culture that has been found to influence both nurse satisfaction and increase quality health care (Liang & Lin, 2007). Gonzalez, Leidner, Riemenschneider, and Koch (2013) have examined many ways of SM that can be utilized for this purpose. They have asserted that SM can be used to connect newly hired nurses with organizational resources, and further information on the nursing role and organizational policies. Additionally, nurses can find employment-related educational material via SM, including videos and wikis. This encourages self-directed learning and can help both new and existing nurses to grasp their roles and feel more trust.

2.2.11.6 Benefits of SM in Emergency management and preparedness

SM has altered the way to connection and communication with others not only in daily lives but also when disasters threaten public health (Merchant et al., 2011). Evidence suggests that the use of SM increases tremendously when disasters occur because of the demand for immediate and in-depth information surges among individuals of the public, who then give rapt and sustained attention to these media sources (Fraustino et al., 2012). Since the success of public health emergency systems often relies on routine attention to preparedness, timeliness in responding to daily stresses and catastrophes, and the resilience that promotes rapid recovery, adopting and utilizing SM can contribute to placing medical emergency management and health care communities (i.e. medical and public health

professionals) in a better position to respond to and make informed decisions about medical and health disasters. Thus, the immediate and widespread reach and connectivity offered by SM should improve all component efforts before, during, and after disasters, including disseminating, sharing, communicating, and gathering information about emergency plans, and establishing and participating in emergency networks (Lim, 2016).

2.2.12 Challenges and risks associated with SM in health care:

Despite the benefits of using SM in health care. There are also some risks associated with the use of networking tools and SM:

2.2.12.1 Reliability of Content:

The reliability and trustworthiness of SM content is always an issue. People usually assess the reliability of online health information by looking at their sponsor or by Societies taking recommendations from health professionals (Khanum et al, 2016). The potential risk associated with the internet and SM is the distribution of un-moderated distribution of information, which may lead to wrong decisions by both health professionals and the general public.

Searching for and reading about medical and health care topics are common activities that people engage in on the internet (Castillo et al., 2013). However, the problem of receiving incorrect (or tainted) information regarding health issues and medical treatments on SM has been a major concern for many patients − that is, there is a high likelihood that inaccurate information exists in medical and health care information that is made available on various SM platforms (Greaves et al., 2013).

2.2.12.2 Privacy and Security Issues:

Respecting patient privacy and confidentiality at all times is extremely important in improving the quality of patient care. Breaches of privacy can occur in a variety of ways and may include describing a patient on social networks with sufficient details to be identified or talking about a patient in a degrading or embarrassing way. In a survey by Cronquist & Spector (2011) conducted by the National Council of State Boards of Nursing (NCSBN), 33 out of 46 state boards of nursing indicated breaches of patient privacy by nurses in SM. Twenty-six of those boards have taken disciplinary action against those nurses.

2.2.12.3 Violation of misuse:

A major risk associated with the use of SM is the posting of unprofessional content that can reflect unfavourably on health care providers, students, and affiliated institutions (Peck, 2014). SM conveys information about a person's personality, values, and priorities, and the first impression generated by this content can be lasting. Perceptions may be based on any of the information featured in an SM profile, such as photos, nicknames, posts, and comments liked or shared, as well as the friends, causes, organizations, games, and media that a person follows (Bernhardt et al, 2014).

2.2.12.4 Legal Issues

The widespread use of SM has introduced a new legal complexity. A number of constitutional rights can be applied to the use of SM, such as freedom of speech, freedom of search and seizure, and the right to privacy, however, these rights can be successfully challenged (Peck, 2014). Physicians and other healthcare providers should not discuss patients' illnesses, medical conditions, or personal information online without the patients' permission. The permission when obtained should be clearly stated in the post. Use a disclaimer to state your posted opinions which represent your own views, not those of your employer (Spector & Kappel, 2012). Legal cases should never be discussed on SM because most lawful current cases have dictated that such information is —discoverable, although this may depend on the purpose for which the information is sought (Peck, 2014).

2.2.13 Summary:

This chapter described the detailed adopted literature review of the research. It included the Conceptual framework, History and Concept, Classification of PHC facilities according MOH, Governmental PHC Services at Gaza Governorates, Health Care in Social Media, Nursing Role in PHC, Concept of Social Media, Usage of Social Media, Main SM Platform Use in Health Care, Benefits of Using SM in Health Care and Challenges and risks associated with SM in health care.

Therefore, through what was mentioned in the theoretical framework, the researcher concluded Establishing SM now has never been more important for the healthcare industry. With clients going online to discuss their health and research their conditions, it is essential for healthcare professionals and organizations to maintain a social web presence and have a voice in these conversations. Though there are many potential

benefits for SM in healthcare, there are also risks to be taken into consideration when planning to engage in these relatively new forms of media. SM is about dialogue, interactivity, spontaneity, people, and technology. One of the goals of SM is to help patients become better informed, equipped to participate in their care, and be able to partner with their healthcare providers to develop plans of care that meet their individual needs (Alsughayr, 2015).

Add to that the nurse's professional can use SM to promote clients' health care education. They tweet, make blog posts, record videos, and participate in disease-specific discussion forums focused on clients' education (Chretien & Kind, 2013). Such platforms provide an important opportunity for health providers to distribute evidence-based information to counter inaccurate material on the Internet. In some SM forums, the public is provided with an opportunity to participate in these discussions (Dizon et al, 2012).

Therefore, SM establishes a new communication method for health professionals, and they can share and exchange health information in an entirely new way which cannot be possible before. Nurses can also participate in online forums, pose questions, and discuss patients' health issues with peers who have similar interests. They can exchange ideas about treatment options with a broad range of communities, and acquire the latest information of clinical knowledge in this supportive environment as a result.

Chapter Three
Methodology

This chapter illustrates the study methodology used in conducting this study to answer the research questions. In this chapter, different items were explained which to include the study design, study population, sample size and sampling method, setting of the study, period of the study, inclusion and exclusion criteria, study tools, pilot study, validity and reliability, data collection, data management and analysis, ethical consideration. Furthermore, the data collection methods and instruments are illustrated, in addition to the measures followed to increase scientific rigor, data processing, and analysis and finally the limitation of the study.

3.1 Study design

This study has utilized a descriptive, analytical, cross-sectional design. This design is appropriate for describing the status of phenomena or for describing relationships among phenomena and involves the collection of data once the phenomena under study are being captured during a single period of data collection (Polit and Beck, 2012).

3.2 Setting of the Study

The study has conducted at the fourth level of PHC centers. In the GS, there are 9 centers classified as the fourth level and distributed in five governorates of GS (MOH 2019; Annex 5).

These fourth level centers were selected to apply the study because they provide all health services such as maternal and child health services, prenatal services, NCDs and other services. Level 4 primary care center offers services to a larger population compared to lower-level centers, and support services such as medical laboratories and radiology. In addition, health centers of the fourth level have internet access computers, technology information systems, and other infrastructures.

3.3 Study population

The study population has consisted of nurses who are working at Governmental PHC, level fourth centers in MOH in GS, in 2019, nearly (153) nurses (Annex 5).

3.4 Sample size and sampling method

The researcher has used the census sampling method. The researcher has selected all centers of the fourth level and all nurses who are working in this centers, the sample size is about (153) nurses.

3.5 Period of the study

The study has started after having the university academic approval of the proposal and obtaining ethical approval from the Helsinki committee on Oct. 2019. Data collection tools were prepared with the proposal and ready to apply data collection. in Oct. 2019 official MOH directorates were formally contacted to obtain their administrative approvals to start the study. The pilot study was conducted in mid of Oct. 2019. The data collection process started also in Oct. 2019. Data entry, data cleaning, and finally data analysis conducted in Oct. until the start of Nov. 2019. Finally, writing the research report completed at the mid of Nov 2019.

3.6 Eligibility Criteria for subject:

3.6.1 Inclusion Criteria:

− Governmental PHC centers.
− Level four PHCC.
− All formally employed nurses

3.6.2 Exclusion Criteria:

− All clinics of levels one, two and three.
− Clinics with special situations (psychiatric clinics, military clinics).
− Nurses not formally employed (volunteers, or on job creation programs).
− Internship nursing students

3.7 Ethical and Administrative Considerations

The researcher has used preserved all ethical and administrative requirements to conduct this study. Ethical approval obtained from human resources development directorate generally in the MOH (Annex 3). An admin approval obtained from the Director-General of MOH and the Director of PHC in GS. Another ethical approval obtained from the Helsinki committee to carry out the study (Annex 4).

To guarantee participants' rights, every participant provided a full explanatory form attached to the questionnaire. This form included the purpose of the study, assurance about the confidentiality of their information, and instruction to respond to the questionnaire. In addition, it included statements indicating that their participation is voluntary.

3.8   Study Tools

After a review of available literature and previous studies, the researcher has used self-administrative a questionnaire to collect the data. The questionnaire consists of questions concerning the nurses' perception of using SM to enhance nurses' roles.

3.8.1   Questionnaire design and contents

The self-developed questionnaire was designed in the Arabic language and consisted of close-ended questions. The questionnaire has included six parts of data which are:

- **First part:** consists of Personal data such as (gender, age, marital status, place of residence, educational level).
- **Second part:** consists of information about the health center such as (Center Name, Place of Clinic, Nursing experience, Experience in PHC, Job description, and Workplace in the center.
- **Third part:** consists of the current situation of the use SM and the Internet at work. This section shows how much participants use SM and Internet over the day, and what Institutions and personal possibilities are available .
- **Fourth part**: which is the scale of nurse's perception of using SM in promoting nurses' role of health education and communication, which is designed by the researcher, based on the previous studies and the researcher's own experience. this section consists of eight major domains; the First domain is the availability of technical equipment in the center, consisting of thirteen items. The second domain is Supporting the administration to use SM in nursing services, consisting of seven items. The third domain is the role of SM in developing the professional performance of nursing; consisting of thirteen items. The fourth domain is the role of SM in health education, consisting of twelve paragraphs. The fifth domain is the role of SM in communication between nurses and management, consisting of nine items. The sixth domain is the role of SM in communication between nurses and colleagues, consisting

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of ten items. The seventh domain is the importance of SM for patients and reviewers, consisting of eleven items. The eighth domain is the risks of using SM in PHC centers, consisting of eight items.

– **Fifth part:** consists of an open-ended question. In your opinion, what are the factors that help to employ SM to enhance the role of nurses in health education and communication?

– **The sixth part:** consists of open-ended question, in your opinion, what are the factors that hinder the use of SM to enhance the role of nurses in health education and communication?

The questionnaire's scale as in the following, where 1 represented "the lowest scale" and 5 represented "the highest scale".

Response	Very Low Degree (VLD)	Low Degree (LD)	Intermediate Degree (ID)	High Degree (HD)	Very High Degree (VH)
Degree	1	2	3	4	5
Mean	1-1.80	1.81-2.60	2.61-3.40	3.41-4.20	4.21-5
RII%	20-35%	36-51%	52-67%	68-83%	84-100%

3.9   Reliability of study instruments:

The reliability of an instrument is the degree of consistency that measures the attribute that is supposed to be measured. The test is repeated to the same sample of people on two occasions and then it compares the scores obtained by computing a reliability coefficient. For most purposes, reliability coefficients above 0.7 are considered to be satisfactory. In order to measure the reliability of the questionnaire, the researcher has used Cronbach's coefficient alpha using SPSS software.

3.9.1   Cronbach's Alpha Coefficient

The normal range of Cronbach's coefficient alpha (Cα) value is between 0.0 and +1 and the higher value reflects a higher degree of internal consistency (Garson, 2013).

Table (3.1): Cronbach's Coefficient Alpha for reliability (Cα) for all domains

No.	Fields	No of items	Cronbach's Alpha (Cα)
1.	Support the administration to use SM in nursing services.	7	0.732
2.	The role of SM in developing the professional performance of nursing.	13	0.789
3.	The role of SM in health education.	12	0.814
4.	The role of SM in communication between nurses and managers.	9	0.835
5.	The role of SM in communication between nurses and colleagues.	10	0.790
6.	The importance of SM for patients & reviewers.	11	0.917
7.	The risks of using SM in PHC centers	8	0.851
All items		**70**	**0.921**

As shown in table (3.1), the Cronbach's coefficient alpha (Cα) was calculated for each field, as well as all fields together. The general reliability for all items equals 0.921, this range is considered high since it is above 0.7 so, the result ensures the reliability of the questionnaire.

3.10 Validity of the study instruments:

3.10.1 Face Validity

To increase the response rate, it is important to maintain good face validity for the questionnaire. Face validity is important to see whether the questionnaire valid or not. So, the researcher asked the persons in the pilot study about their opinions about the structure, shape, clarity, and format; the comments received were considered.

3.10.2 Content Validity:

Assessment by the multi experts in health research, managers and statistics for face and judged content validity have done (Annex 6). Many useful and important modifications and comments were made and taken into consideration for the questionnaire.

3.10.3 Validity of the measure:

3.10.3.1 Internal validity

Internal consistency of the questionnaire was measured by the scouting sample (the sample of the pilot study), which consisted of 20 questionnaires. It was done by measuring the correlation coefficients (Pearson test) between each item in one field and the whole field (Annex 9) (Garson, 2013).

3.10.3.2 Structure validity test

Structure validity is the second statistical test used to test the validity of the whole questionnaire. It measures the correlation coefficient between one field and all of the other fields of the questionnaire that have the same level of the rating scale (Five-point Likert scale) (Weiers, 2011). As shown in table (3.2), the significance values are less than 0.05. Thus, it can be said that the fields are valid to be measured what it was set for to achieve the main aim of the study.

Table (3.2): Structure validity of the questionnaire.

No.	Fields	correlation coefficient	P-value
1.	Administration support using of SM in nursing services	0.558	0.000*
2.	The role of SM in developing the professional performance of nursing	0.729	0.000*
3.	The role of SM in health education	0.745	0.000*
4.	The role of SM in communication between nurses and management	0.784	0.000*
5.	The role of SM in communication between nurses and co-workers	0.779	0.000*
6.	The importance of SM for patients and reviewers	0.798	0.000*
7.	The risks of using SM in PHC centers	0.692	0.000*

3.11 Pilot study

A pilot study for the questionnaire has conducted before collecting the results of the sample. The researcher performed a pilot study in Al-Ramal Health Center after receiving the approval to perform it from the directorate of the PHC center. According to that, the researcher applying the instruments of this study on 20 nurses from level four of PHC. the

researcher included pilot study participants from the study sample. Cronbach's Alpha equation was used to compute the reliability coefficient for both questionnaires; it was 0.921; it is considered an excellent reliability coefficient. where this technique used to estimate and discuss the validity and reliability of instruments used in this study. The sample person answers to determine any ambiguity or misunderstanding in words or sentences to avoid it in the study. Some minor changes and modifications were performed without any effect on the main domains.

3.12 Data Collection

Data collected by using self-administered questionnaires for nursing in order to explore their Perception of using SM to enhance nurses' role in governmental PHC centers. The researcher distributed the questionnaires to the participants during the working hours in the day of work shifts and then received them after completion of the questionnaires. The average time for filling the questionnaire was 15 minutes. The covering letter attached to the questionnaires outlined the title and the purpose of the study and the identity of the researcher.

3.13 Response Rate

The total number of the target population was 153 persons. 139 of them are positively responded with an average of 91%. These response rates are considered satisfactory.

3.14 Data Management

3.14.1 Data Entry:

The collected data that have entered into the computer software "Statistical Package for Social Sciences" SPSS program by the researcher after coding the questions and then cleaning of the entered data.

3.14.2 Data Analysis:

Analysis of the data was undertaken using IBM SPSS Statistics (Statistical Package for the Social Science) Version 22 (IBM). The following quantitative measures were used for the data analysis:

- Descriptive analysis such as Mean, Standard deviation (SD) and percentage mean for describing the dimensions.

- Percentage weight for each factor

- Cronbach 's alpha to test the reliability of the measure, and the standard deviation to determine the frequency of the categories of variables.

- Pearson's Correlation Coefficient to test the validity and internal consistency between each paragraph of the measure and the total measure, and to study the relationship between variables.

- T-Test to determine the difference between the categories of variables (One sample t-test and independent sample t-test).

- One-Way ANOVA to study the difference between the categories of variables (three or more categories).

3.15 Limitation of the study:

- Scarcity of literature and access to published articles.

- Limited published up-to-date reports especially from the MOH due to political division between Gaza and West bank.

- Limited data about nursing activities in governmental hospitals.

- Unstable political situations.

- Continuous electrical current cutting.

3.16 Summary

This chapter described the detailed adopted methodology of the research. It included the primary research framework for the study, population, and sample size. The questionnaire design was detailed including the initial draft that was modified and refined through pilot study. Quantitative data analysis techniques, which include reliability test, and Pearson correlation analysis, were designed to be applied by the instruments of SPSS. For the purposes of testing the research validity, reliability, and adequacy of methods used in analysis, different statistical tests were used and explained in details. All the statistical tests confirmed the reliability and the validity of the questionnaire.

Chapter Four

Results and Discussion

This chapter has included the analysis and discussion of the results that have been collected from field surveys. The researcher has used tables and figures to make the results clearer and easier to understand. In addition, the researcher has discussed the results in relation to literature and previous studies.

4.1 Socio-demographic characteristics of study participants

The following table (4.1) shows the descriptive results of the socio-demographic variables of totally (139) of male and female nurses working at PHCC in MOH in GS.

Table 4.1 shows the frequencies and percentages of the demographic variables of the study participants. Most of the sample were females, representing 62.6% and 37.4% were males. According to age about 12.2% less than 30 years; 47.5% of participants between 31 to 40 years and 40.3% of the study sample for more than 40 years. Regarding marital status, the majority of the sample is married, representing 87.8% of participants were married and 12.2% were not- married (single, divorced and widows). Regarding the place of residency about 20.1 % of the sample from north of Gaza; 31.7 % from Gaza Governorate, 24.5% from mid-zone; 7.9% from Khan-Younis and 15.8% from Rafah.

According to academic qualifications, 48.9% of participants were holding 2 and 3 years diploma, while 44.6% had a bachelor degree and only 6.5 % had a postgraduate and this is consistent with Al-Halabi (2013) who reported that most of the PHC nurses had no a postgraduate qualification.

Table (4.1): Distribution of study participants by socio-demographic characteristics (n= 139)

No.	Variable	Categories	Count N= 139	%
1.	**Gender**	Male	52	37.4
		Female	87	62.6
2.	**Age**	20-30	17	12.2
		31-40	66	47.5
		More than 40	56	40.3
		Mean= 40.7 SD= 9.03		
3.	**Marital status**	Not married	17	12.2
		Married	122	87.8
4.	**Place of residency**	North of Gaza	28	20.1
		Gaza	44	31.7
		Mid-zone	34	24.5
		Khan-Younis	11	7.9
		Rafah	22	15.8
5.	**Academic qualification**	Nursing Diploma (2 & 3 Yeas)	68	48.9
		Bachelor	62	44.6
		Postgraduate	9	6.5
6.	**Nurse specialty**	General Nursing	106	76.3
		Midwife	20	14.4
		Dental Nursing	13	9.4
7.	**Place of graduation**	Islamic University	49	35.3
		Al Azhar university	9	6.5
		Palestine College of Nursing	56	40.3
		University College of Applied Sciences	7	5.0
		Egyptian universities	18	12.9
8.	**Nursing Experience**	Less than 10 Years	41	29.5
		From 11 to 20	63	45.3
		More than 20	35	25.2
		Mean= 15.8 SD=8.53		
9.	**Experience in PHC**	Less than 10 Years	75	54.0
		From 11 to 20	41	29.5
		More than 20	23	16.5
		Mean= 11.6 SD= 8.52		
10.	**Job description**	Yes	89	64.0
		No	50	36.0
11.	**Workplace in center**	Child Health	39	28.1
		NCD	32	23.0
		Oral and dental health	15	10.8
		Family Planning	14	10.1
		Natal Care	17	12.2
		Infectious diseases	8	5.8
		Head nurse and Emergency	14	10.0

Regarding nurse specialty, the majority of the sample is general nursing nearly 76.3%; Midwives 14.4% and Dental Nursing nearly 9.4% and most of them have graduated from Palestine College of Nursing 40.3%; Islamic University 35.3%; Egyptian universities 12.9%; Al Azhar university 6.5% and University College of Applied Sciences 5%.

Regarding Nursing experience, 29.5% less than 10 years, while 45.3% from 11 to 20; and 25.2% more than 20. But most of the study samples have experience in PHC less than 10 Years representing 54%; while 29.5% from 11 to 20 years and 16.5% more than 20 years. It is worth mentioning, that nearly 64% of the PHC nurses have a clear job description illustrating their duties and responsibilities

Regarding Workplace in Centers, the majority of the sample works in Child Health and NCD representing 28.1% and 23% respectively. While oral and dental health, family planning and natal care representing 22.3%. While the infectious diseases 5.8%; emergency and head nurses who involved in the study is 10.0 %.

4.2 Information about primary health centers:

Table (4.2): Information about the primary health center

No.	Variable	Categories	Count N= 139	%
1.	**Distribution of nurses in PHCC**	Jabalia Martyrs Center	19	13.7
		Sheikh Radwan Martyrs Cent	11	7.9
		Al - Ramal Health Center	18	12.9
		Sourani Center	11	7.9
		Sabha Al Harazin Center	10	7.2
		Al-Zayton Center	18	12.9
		Deir El Balah Center	15	10.8
		Khan Younis Martyrs Center	18	12.9
		Rafah Martyrs Center	19	13.7

Above in table (4.2) shows the information about the primary health centers. So, regarding distribution of nurses on centers, nearly 13.7% of nurses in Jabalia Martyrs Center and the same ratio is Rafah Martyrs Center. 12.9% in Al Ramal Health Center and the same ratio in Khan Younis Martyrs Center and Al-Zayton Center. 7.9% in Sheikh Radwan Martyrs Center and the same ratio in Sourani Center. 10.8% in Deir El Balah Center and in Sabha Al Harazin Center about 7.2%.

4.3 The reality of nurses using SM and internet during working in PHCC:

Nurses as health providers all over the world take interest to involve the internet and SM in the healthcare sector. So due to accelerating the using of SM, it becomes important for health providers to have a presence on SM. So, in the table (4.3) nearly 71.2% of participants' answers have email or an account on SM; nearly 51% of participants use SM and the internet for work-related matters, nearly more half of the nurses use SM and the internet as continuously in work, and nearly 57.5% of participants whose the nature of their work as primary health nurses require using the Internet, Facebook, WhatsApp, YouTube as the main and important SM applications used in PHCC (Figure 4.1).
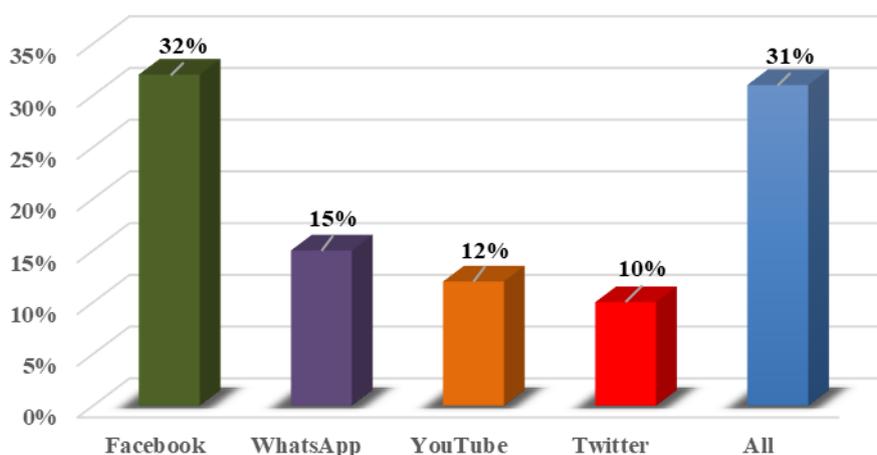
Figure (4.1): Participant distribution according to SM platforms usage

Nurses of the study sample reported that there are main reasons to use SM in PHC (Figure 4.2), the results showed that 19% of communication with nurses, colleagues, and reviewers is one of the reasons of using SM in health care centers, while 17% believe that the reason is to find scientific recommendations and opinions, while 17% believe that the reason for obtaining health information contributes to dealing with special health

conditions. 16% of participants said that the reason is sharing knowledge and experiences with colleagues in other health centers or different regions around the world.

Table (4.3): Reality of nurses using SM and internet during work in PHCC

No.	Variable	Categories	Count N= 139	%
1.	Do you have an email or an account on SM?	Yes	99	71.2
		No	40	28.8
2.	Do you use SM and the Internet for work-related matters?	Yes	72	51.8
		No	67	48.2
3.	How often do you use SM and the Internet at your work?	All-time	14	10.0
		Some time	51	37.0
		Little	24	17.0
		None	50	36.0
4.	Which of the following devices are available or used at your work?	PC	54	39.0
		Mobile	32	23.0
		PC & Mobile	14	10.0
		None	39	28.0
5.	Does the nature of your work require using the Internet?	Yes	80	57.5
		No	59	42.5
6.	Does the Center have a page on SM platforms?	Yes	124	89.0
		No	15	11.0

The use of SM is increasing all over the world especially in Europe to keep connections between patients and health providers. A study found that Europeans are more likely to trust SM with their health. SM is used by PHC, hospitals, consumers, and physicians to provide high-quality healthcare. In Europe PHCC and Hospitals have a high rate of SM adoption particularly in the United Kingdom and Netherland (Thaker et al, 2011). In the United States, urban, non-profit and private teaching hospitals and some children hospitals have the highest rate of SM adoption (Khan and Krishna, 2013).
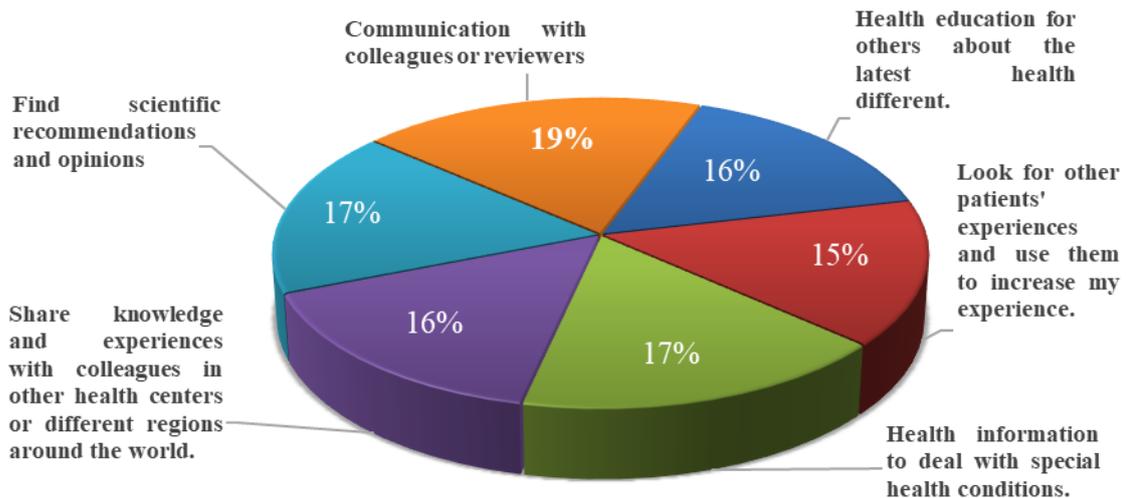
Figure (4.2): Participate distribution according to the reasons for using SM

In table 4.3, nearly 89% of center have page on SM platform that means 124 nurses say that they share & follow in SM pages and platforms of their health centers as Facebook and WhatsApp used in PHC. So nearly 16% of PHCC use WhatsApp only, while others use Facebook only 59% in PHCC and Facebook with WhatsApp 25% (Figure 4.3).
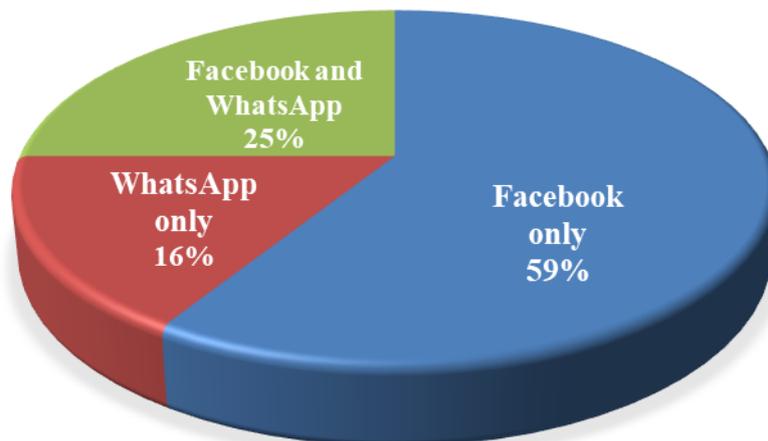
Figure (4.3): Distribution of Applications' Use

This result has agreed with Belt et al (2012) who reported in Denmark that 21 healthcare organizations use Facebook for healthcare information and services. In

Germany, 233 healthcare organizations use Facebook for finding related information. In the United Kingdom, 175 healthcare organizations use Facebook. In Sweden, 10 healthcare organizations use Facebook.
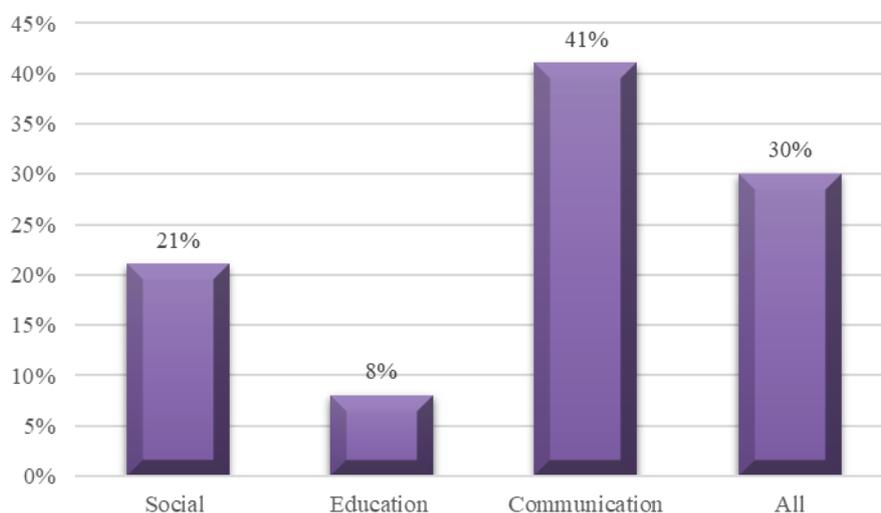
Figure (4.4): Distribution according to the purpose of create SM pages

Figure 4.4 shows the purpose of creating the PHC center pages and platforms, Therefore, 41% of nurses agreed that SM pages being created for the purpose of communication, while 21% of nurses showed that the purpose is to increase social relations, while 8% believe that these pages aim to develop education, and 30% emphasize that these pages are social, education and communication.

These results have agreed with Moorhead et al (2013) who emphasized seven key uses of SM for health communication which were identified for the public (Hu, 2010), patients, and health professionals (Liang & Scammon, 2011). SM provided health information on a range of conditions to the public, patients, and health professionals (Nordqvist et al, 2009). This communication can provide answers to medical questions (Greene et al, 2011). SM allows information to be presented in modes other than texts and can bring health information to audiences with special needs; for example, videos can be used to supplement or replace texts and can be used when literacy is low (Adams, 2010).

4.4 Nurses' perception of using SM to enhance nurses' role at governmental PHC centers:

To find out nurses' perception of using SM to enhance nurses' role the researcher calculated the descriptive statistics, i.e. Means, SD, weighted percentage, and finally ranks were established for each domain related to nurses' perception of using SM to enhance nurses' role.

Table (4.4): Nurses' perception of using SM to enhance nurses' role at governmental PHC centers

No.	Dimensions	Items	Mean	SD	%	Rank
1.	Support the administration to use SM in nursing services.	7	2.984	0.60	**59.68**	**6**
2.	The role of SM in developing the professional performance of nursing.	13	3.527	0.48	**70.54**	**3**
3.	The role of SM in health education.	12	3.823	0.48	**76.46**	**1**
4.	The role of SM in communication between nurses and management.	9	3.241	0.64	**64.82**	**5**
5.	The role of SM in communication between nurses and colleagues.	10	3.645	0.51	**72.9**	**2**
6.	The importance of SM for patients & reviewers.	11	3.398	0.72	**67.96**	**4**
7.	The risks of using SM in PHC centers	8	2.487	0.60	**49.74**	**7**
	Total		**3.301**	**0.35**	**66.2**	

Table (4.4) shows the relative weight and rankings of the nurses' perception of using SM to enhance nurses' role dimensions from the participants point of view. The role of SM in health education dimension ranked first with a relative weight of (76.46%), followed by the role of SM in communication between nurses and colleagues dimension (72.9%), followed by the role of SM in developing the professional performance of nursing (70.54%), followed by The importance of SM for patients and reviewers (67.96%). While the role of SM in communication between nurses and management ranked last with a relative weight of (64.82%), followed by support the administration to use SM in nursing services (59.68%), followed by the risks of using SM in PHC centers (49.74%).

In general, we conclude that there is a moderate degree of Nurses' perception of using SM to enhance nurses' role at governmental PHC centers (66.2%).

Therefore, the researcher believes that this percentage is good and acceptable, and this means that 66% of the study sample believe that using SM to improve the role of nursing is a positive step and a good start for developing nursing services in primary health care. Therefore, the researcher believes that this percentage is good and acceptable, and this means that 66% of the study sample believe that using SM to improve the role of nursing is a positive step and a good start for developing nursing services in primary health care. This percentage also indicates the nurses' awareness of their roles, and their awareness of the importance of SM in improving their roles towards auditors and patients. Despite differing opinions on the importance of using social media, approximately 76.46% of the study sample agreed on the importance of using SM in health education; in addition to 72.9% stressed the importance of social media in communicating with colleagues; this emphasizes the importance of using Social media in improving health education and communication. This is confirmed by many previous studies like study by (Casella et al, 2014) and (Khan & Krishna, 2013) which indicated the prominent role of social media in health education and communication.

The study of Lim (2015) indicated that the communication between nurses and management through SM increases confidence among them, and allows them to raise many topics for discussion through these applications and programs.

A study by Alsobayel (2016) has found that using SM for professional development was helpful in a number of domains, including most frequently, improving knowledge, and problem-solving.

4.4.1 What is the current reality of the readiness of PHC centers from technical equipment for using SM?

To answer this question, the researcher calculated the frequency and percentage of each paragraph of the field related to the availability of technical equipment in the center.

Table (4.5): The availability of technical equipment in the center

No.	Paragraph	Yes %	No%
1.	The center has suitable computers that meet its requirements to implement computerized software and SM platform.	79.9	20.1
2.	There is an Internet in the center	92.8	7.2
3.	The center has an Internet subscription that meets all its needs	60.4	39.6
4.	Computers are connected to the Internet	85.6	14.4
5.	The network speed used to transmit data and information is sufficient to complete the required work.	51.8	48.2
6.	The center has wireless internet	28.8	71.2
7.	There is a control system for databases that are shared on SM	45.3	54.7
8.	Internet is provided to all nurses on their mobile devices.	8.6	91.4
9.	Internet is provided to certain employees on their mobile devices to carry out work assigned to them in need of the Internet.	38.8	61.2
10.	The center has an integrated database of reviewers and a way to communicate with them.	54.0	46.0
11.	The center has a computer engineer.	63.3	36.7
12.	The center has a specialized department in managing the internet and networks.	61.2	38.8
13.	The center has computer programs that cover the activities and services of nurses and patients.	61.2	38.8

It is clear from the results above in table (4.5) that some positive points that help to employ SM in improving nursing roles. 79.9% of respondents indicated that adequate computers and internet in primary care centers; 92.8% of answers have good internet in the center.

While some other points need to be improved, like wireless internet in all center area; network speed used to transmit data and information is insufficient to complete the required work, internet is provided to certain employees on their mobile devices to carry out work assigned to them in need of the Internet, integrated database of reviewers and a way to communicate and communicate with them. A recent study conducted by Cordasev & Hjertqvist (2010) shows that Sweden is one of the tops for exploiting ICT implementation in the Healthcare sector, especially administrative and intra-professional applications. This country has a well-established infrastructure of communication technology with the state-of-the-art telecommunication sector (Khan & Krishna, 2013).

If we compare using healthcare facilities and types of equipment to the health care providers and patients, we find some of the countries is a bit behind in online (SM) on health issues among patients as well as health care providers. In contrast to these countries such as Denmark, the United Kingdom and Germany (Rahman et al, 2012) and some of the Arab countries (Hamouri, 2016) have realized to use SM as a communication tool for providing healthcare awareness. For instance, Denmark provides the services to the patients to communicate and discuss their diseases and treatment with each other (Health in Denmark, 2010). Therefore, these countries have equipped primary care centers with the latest capabilities, such as computers, Internet networks, databases, programmers, computer engineers and professionals who can use SM to reach the highest quality in PHC.

4.4.2 The extent to which the administration supports the use of SM in PHCC in GS?

To answer this question, the researcher calculated the descriptive statistics, i.e. Means, SD, weighted percentage, and finally ranks were established for each paragraph of the field related to administration supports for the use of SM in nursing services.

Table (4.6): Nurses' perception according to administration supports for the use of SM in nursing services.

No.	Items	Very Low Degree	Low Degree	Intermediate Degree	High Degree	Very High Degree	Mean	SD	%	Rank
				N= 139 (%)						
1.	I think the administration supports the use of SM.	11 7.9	21 15.1	32 23.0	56 40.3	19 13.7	3.37	1.14	**67.4**	1
2.	The management provides training courses for computer and Internet workers	9 6.5	36 25.9	25 18.0	53 38.1	16 11.5	3.22	1.15	**64.4**	2
3.	I think the administration is preventing nurses from establishing contact groups and communicating with each other.	12 8.6	76 54.7	33 23.7	14 10.1	4 2.9	2.44	0.89	**48.8**	7
4.	I think the administration helps nurses use SM in the right way.	9 6.5	34 24.5	37 26.6	50 36.0	9 6.5	3.12	1.06	**62.4**	4
5.	The center's management participates in social networking pages created by nurses.	9 6.5	31 22.3	31 22.3	61 43.9	7 5.0	3.19	1.05	**63.8**	3
6.	In my view, the administration of the center does not use SM in the center's health services.	6 4.3	57 41.0	29 20.9	38 27.3	9 6.5	2.91	1.06	**58.2**	5
7.	The management of the center monitors the publications of its employees and prevents them from engaging in political matters.	14 10.1	57 41.0	37 26.6	26 18.7	5 3.6	2.65	1.01	**53.0**	6
Total							2.98	0.60	**59.68**	

Table (4.6) showed that 67.4% of nurses stated that the management supports the use of SM, 64.4% said that the department provides training courses for computer and Internet workers, 62.4% said that the administration helps nurses to use SM in the right

way. In addition, 63.8% stated that the center's management participates in social networking pages created by nurses. As presented in table (4.6) the results have shown that the administration's support for the use of SM in nursing services was moderate with a mean score of 2.98 and a weighted percentage of 59.68%.

 many studies have confirmed that administrative support for staff does not stop at a certain extent, but exceeds at all limits, PHC is characterized by the role of management in motivating nurses to more production and good communication with the public, so many studies (Cao et al, 2014) impro communication between nurses and reviewers   within health centers which starts with management and the way they communicate with staff through various channels, such as SM, platforms, mobiles, and others that can increase quality of health care.

While a study by (Casella et al, 2014) indicated that the use of SM by nursing departments in communication with nurses allows them to break barriers with managers, but more than that, it also allows them to innovate at their work.

The study of (Baruah et al, 2012) added that managers who encourage their employees to exploit SM are closer to their employees, and their organizations are successful and their employees are more compliant with the laws and regulations of the institution, especially health institutions.

The researcher believes that administrative support for nurses in the use of SM affects the improvement of services, and the speed of delivery, in addition to increasing the degree of trust between staff and management.

4.4.3 What is the role of SM in developing the professional performance of nursing in PHC centers?

To answer this question, the researcher calculated the descriptive statistics, i.e. Means, SD, weighted percentage, and finally ranks were established for each paragraph of the field related to the role of SM in developing the professional performance of nursing.

Table (4.7): Nurses' perception according to the role of SM in developing the professional performance of nursing.

No.	Items	Very Low Degree	Low Degree	Intermediate Degree	High Degree	Very High Degree	Mean	SD	%	Rank
				N= 139 (%)						
1.	SM helps nurse experience through what's new on SM platforms.	4 2.9	10 7.2	12 8.6	80 57.6	33 23.7	3.92	0.93	**78.4**	2
2.	SM contributes to the development of some of the nursing procedures used towards patients.	2 1.4	12 8.6	18 12.9	73 52.5	34 24.5	3.90	0.92	**78.0**	3
3.	SM communicates nursing experiences in other countries in an easy and simple way.	1 0.7	9 6.5	21 15.1	76 54.7	32 23.0	3.93	0.84	**78.6**	1
4.	I think that SM does not contribute to or affect the exchange of nurses' experiences with each other.	14 10.1	76 54.7	28 20.1	15 10.8	6 4.3	2.45	0.96	**49.0**	12
5.	SM helps to connect nurses with nurses in developed countries and benefit from their experience.	1 0.7	11 7.9	18 12.9	84 60.4	25 18.0	3.88	0.82	**77.6**	4
6.	SM contributes to communication with local nursing colleges and benefits from the professional development of nurses.	1 0.7	5 3.6	29 20.9	83 59.7	21 15.1	3.85	0.74	**77.0**	7
7.	SM helps to change the unacceptable behavior of nurses such as delays in working hours, lack of acceptance of others, lack of certain procedures at work, etc.	2 1.4	28 20.1	43 30.9	49 35.3	17 12.2	3.37	0.99	**67.4**	10

No.	Items	Very Low Degree	Low Degree	Intermediate Degree	High Degree	Very High Degree	Mean	SD	%	Rank
		N= 139 (%)								
8.	Using SM to get rare information, videos and more, easily and quickly.	1 0.7	7 5.0	25 18.0	83 59.7	23 16.5	3.86	0.77	**77.2**	6
9.	I think SM and the videos and information they offer have a negative impact on nurses' behavior in browsing books.	4 2.9	47 33.8	26 18.7	48 34.5	14 10.1	3.15	1.09	**63.0**	11
10.	SM contributes to my confidence in my health institution by comparing health center services with other centers.	4 2.9	13 9.4	28 20.1	74 53.2	20 14.4	3.67	0.94	**73.4**	9
11.	SM helps in identifying the values, beliefs, and cultures of different peoples and compare them with Palestinian culture.	3 2.2	11 7.9	9 6.5	94 67.6	22 15.8	3.87	0.85	**77.4**	5
12	I see that SM negatively affect my behavior and responsibilities towards others.	15 10.8	86 61.9	18 12.9	16 11.5	4 2.9	2.34	0.92	**46.8**	13
13.	SM helps me to understand my nursing role better and wider.	4 2.9	13 9.4	22 15.8	85 61.2	15 10.8	3.68	0.90	**73.6**	8
Total							**3.53**	**0.48**	**70.54**	

Table (4.7) showed that 78.6% of nurses stated that SM communicates nursing experiences in other countries in an easy and simplified way, 78.4% said that SM helps to develop nurses' experiences through what is new on SM platforms, 78.0% said that SM contributes to the development of some of the nursing procedures used towards patients. In addition, 77.6% stated that SM helps connect and connect with nurses in developed countries and benefit from their expertise. As presented in table (4.7), the results have shown that the role of SM in developing the professional performance of nursing was high with a mean score of 3.53 and a weighted percentage of 70.54%.

This result agrees with a study by (Erer & Çobaner, 2016) that the use of SM with the aim of professional development is also rather widespread in many world countries. The nurses accept that SM has a role in developing professional social networks and relationships within the profession of nursing (72.7%). Among are being informed of professional activities, getting information about developments related to health, sharing professional information, essays, legal issues and reaching nursing groups.

These findings support those of Almaiman et al (2015) who have found, among physicians in Saudi Arabia use Twitter for professional development, that it was reported as being beneficial for increasing medical knowledge and in improving clinical practice.

the researcher believes that SM and the content of reading, audio, and visual materials are the easiest ways to develop professional nursing, these platforms are exchanging experiences with other nurses, nursing teachers, and even patients to benefit from their pathological experiences.

4.4.4 What is the role of SM in increasing health education for colleagues, patients, and reviewers in PHC centers?

To answer this question, the researcher calculated the descriptive statistics, i.e. Means, SD, weighted percentage, and finally ranks were established for each paragraph of the field related to the role of SM in health education.

Table (4.8) has shown that 83.2% of nurses stated that SM can be better utilized in health education through formal and reliable channels, 82.8% said that SM platforms provide health information easily, 71.4% said that they use their page to publish many health topics that increase their experience. Furthermore, 71.8% stated that the center's management uses SM to develop nurses and improve their scientific and practical level. As presented in table (4.8), the results have shown that SM contributes to increase health education among workers in PHC centers. In other words, the contribution of SM in increasing health education among health care workers was **high** with a mean score of 3.82 and a weighted percentage of 76.46%.

Table (4.8): Nurses' perception according to the role of SM in health education

No.	Items	Very Low Degree	Low Degree	Intermediate Degree	High Degree	Very High Degree	Mean	SD	%	Rank
		N= 139 (%)								
1.	SM platforms provide health information easily.	1 0.7	1 0.7	11 7.9	90 64.7	36 25.9	4.14	0.64	**82.8**	2
2.	Look for health information on SM platforms.	1 0.7	6 4.3	12 8.6	81 58.3	39 28.1	4.09	0.78	**81.8**	4
3.	I discuss with my colleagues the health topics through SM platforms.	1 0.7	6 4.3)	25 18.0	80 57.6	27 19.4	3.91	0.78	**78.2**	8
4.	I develop and update my health information from SM platforms	3 2.2	2 1.4	19 13.7	85 61.2	30 21.6	3.99	0.78	**79.8**	7
5.	SM is a poor source of health and nursing information.	12 8.6	67 48.2	29 20.9	24 17.3	7 5.0	2.62	1.03	**52.4**	12
6.	I use my page to publish many health topics that increase the experience of nurses.	1 0.7	27 19.4	20 14.4	74 53.2	17 12.2	3.57	0.96	**71.4**	11
7.	I use my page to publish many health topics that increase the culture of patients.	1 0.7	23 16.5	20 14.4	78 56.1	17 12.2	3.63	0.93	**72.6**	9
8.	SM is an essential source of health education for patients.	2 1.4	6 4.3	9 6.5	94 67.6	28 20.1	4.01	0.76	**80.2**	6
9.	SM is the easiest method of health education, especially in primary care.	1 0.7	3 2.2	16 11.5	84 60.4	35 25.2	4.07	0.72	**81.4**	5
10.	SM can be better utilized in health education through formal and reliable channels.	1 0.7	3 2.2	11 7.9	82 59.0	42 30.2	4.16	0.72	**83.2**	1
11.	I encourage my colleagues to use SM to improve primary care.	1 0.7	2 1.4	17 12.2	80 57.6	39 28.1	4.11	0.72	**82.2**	3
12.	The center's management uses SM to develop nurses and improve their scientific and practical level.	8 5.8	23 16.5	17 12.2	61 43.9	30 21.6	3.59	1.17	**71.8**	10
Total							3.82	0.48	**76.46**	

SM is providing education to health provider. The efficient communication abilities provided by this medium can be used to deliver professional training for nursing (Casella, 2014). Nurses can also use SM to connect their patients and provide them healthcare education. Nowadays, SM can help patients easily to acquire healthcare information and other useful medical resources. Patients can participate in virtual seminars, receive healthcare support, and track their personal physical progress through SM. As the main connector between the patients and the healthcare system, nurses always have the responsibility to provide accurate health information to educate patients or their families to promote their health (Hao & Gao, 2017).

Through this platform, nurses can provide efficient communication and evidence-based information to enhance patient's overall health condition; patients also offer an opportunity to join the discussions and they can share their own experiences with others (Casella, 2014). The use of Facebook for medical reminders is another example of SM in patient education. Patients can receive alerts and reminders from nurses through private messages via Facebook. Healthcare information can be delivered efficiently to a broad community and eventually increase medicine compliance and reduce hospital re-admissions (Ventola, 2014).

4.4.5 Can SM be used as an active line of communication between nurses and nursing management in PHC centers in GS?

To answer this question, the researcher calculated the descriptive statistics, i.e. Means, SD, weighted percentage, and finally ranks were established for each paragraph of the field related to the role of SM in communication between nurses and nursing management.

Table (4.9): Nurses' perception according to the role of SM in communication between nurses and nursing management

No.	Items	Very Low Degree	Low Degree	Intermediate Degree	High Degree	Very High Degree	Mean	SD	%	Rank
		N= 139 (%)								
1.	SM can be used primarily to communicate with management.	4 2.9	23 16.5	30 21.6	68 48.9	14 10.1	3.47	0.98	**69.4**	2
2.	I think that SM contributes to communication with management easily and without restrictions.	3 2.2	26 18.7	29 20.9	71 51.1	10 7.2	3.41	0.95	**68.2**	4
3.	I see that SM helps create problems and animosities with the administration	12 8.6	58 41.7	39 28.1	24 17.3	6 4.3	2.67	1.00	**53.4**	9
4.	The Center's management encourages communication with them through SM	2 1.4	27 19.4	38 27.3	64 46.0	8 5.8	3.35	0.91	**67.0**	5
5.	I think that the administration of the center is seeking not to activate SM in communication.	4 2.9	51 36.7	33 23.7	41 29.5	10 7.2	3.01	1.04	**60.2**	8
6.	SM helps in communicating with nursing staff in emergencies.	3 2.2	20 14.4	41 29.5	65 46.8	10 7.2	3.42	0.90	**68.4**	3
7.	The center's management uses SM to assign some tasks for nurses.	6 4.3	42 30.2	32 23.0	52 37.4	7 5.0	3.09	1.03	**61.8**	7
8.	The center's management uses SM to improve the performance of a nurse.	3 2.2	36 25.9	40 28.8	52 37.4	8 5.8	3.19	0.96	**63.8**	6
9.	SM can help to reduce the gap between center management & nurses.	3 2.2	25 18.0	22 15.8	72 51.8	17 12.2	3.54	1.00	**70.8**	1
	Total						**3.24**	**0.64**	**64.82**	

Table (4.9) has shown that 70.8% of nurses stated that SM can help to reduce the gap between center's management and nurses, 69.4% said that SM can be used primarily to communicate with management, 53.4% of them said that SM enhances the relationship with the administration. In addition, 60.2% stated that the administration of the center is seeking not to activate SM in communication. As presented in table (4.9), the results have shown that the role of SM in communication between nurses and nursing management was a mean score of 3.24 and a weighted percentage of 64.82%.

A study by Khanum et al (2016) indicated that nurses need to adopt the develop ways on communication using information technology by SM. This will not only improve nurse-to-nurse cooperation but also nurse-to-manager interaction and will enhance the quality and safety of healthcare. Cooperation can help to move the profession forward & ultimately improve clinical care.

Another study by Singh et al. (2016) can use SM to potentially enhance health results, develop a professional network between nurses and supervisor, increase personal awareness of news and discoveries, motivate clients, and provide health information to the community.

The researcher emphasizes the importance of using SM between nurses and their management, which allows them to strengthen their relationships at work, in addition to the speed of access and communication between nursing in the upper and lower categories. This has been confirmed by several studies mentioned earlier.

4.4.6 Can SM promote communication between nurses and co-workers in PHCC in GS?

To answer this question, the researcher calculated the descriptive statistics, i.e. Means, SD, weighted percentage, and finally ranks were established for each paragraph of the field related to the role of SM in communication between nurses and co-workers.

Table (4.10) has shown that 79.2% of nurses stated that SM facilitates communication with co-workers, 78.2% said that SM helps easily to share health information among colleagues, 59.6% said that SM contributes to wasting time and effort. In addition, 78.0% stated that SM is an essential channel of communication between co-workers from other professions. As presented in table (4.10), the results have shown that the role of SM in communication between nurses and co-workers was **high** with a mean score of 3.65 and a weighted percentage of 72.9%.

Table (4.10): Nurses' perception according to the role of SM in communication between nurses and co-workers

No.	Items	Very Low Degree	Low Degree	Intermediate Degree	High Degree	Very High Degree	Mean	SD	%	Rank
				N= 139 (%)						
1.	SM facilitates communication with co-workers.	2 1.4	8 5.8	14 10.1	85 61.2	30 21.6	3.96	0.82	79.2	1
2.	SM is essential channel of communication between co-workers from other professions.	2 1.4	5 3.6	21 15.1	87 62.6	24 17.3	3.90	0.77	78.0	3
3.	SM helps easily to share health information among colleagues.	2 1.4	6 4.3	17 12.2	92 66.2	22 15.8	3.91	0.76	78.2	2
4.	I think SM contributes in wasting time and effort.	9 6.5	51 36.7	25 18.0	42 30.2	12 8.6	2.98	1.13	59.6	9
5.	SM saves money by communicating with colleagues quickly & easily.	1 0.7	12 8.6	27 19.4	81 58.3	18 12.9	3.74	0.82	74.8	8
6.	Colleagues prefer to use SM to communicate with each other.	1 0.7	12 8.6	24 17.3	86 61.9	16 11.5	3.75	0.80	75.0	7
7.	SM contributes to the demolition of relationships between co-workers.	13 9.4	55 39.6	36 25.9	22 15.8	13 9.4	2.76	1.12	55.2	10
8.	SM helps you easily to communicate with co-workers in one and other centers in times of emergency.	2 1.4	10 7.2	23 16.5	81 58.3	23 16.5	3.81	0.85	76.2	5
9.	SM helps to provide sophisticated ways of communication between co-workers.	1 0.7	10 7.2	17 12.2	93 66.9	18 12.9	3.84	0.76	76.8	4
10.	SM helps to develop the center's communication capabilities and improve services.	1 0.7	10 7.2	21 15.1	91 65.5	16 11.5	3.80	0.76	76.0	6
	Total						3.65	0.51	72.9	

SM can be a useful tool for collaboration. It provides opportunities for healthcare practitioners to dialogue with their colleagues and peers and keeps pace with the latest healthcare developments even they were separated by a long distance (Casella, 2014). For example, it can connect healthcare practitioners in third world countries specially from advanced locations, and they can stream the surgical procedures and ask questions via the Internet (Ventola, 2014). Nurses can also participate in online forums, pose questions, and discuss patients' health issues with peers who have similar interests. They can exchange ideas about treatment options with a broad range of communities, and acquire the latest information about clinical knowledge in this supportive environment as a result (Piscotty et al, 2015). Therefore, SM establishes a new communication method for health professionals, and they can share and exchange health information in an entirely new way which cannot be possible before.

4.4.7 What is the importance of SM for patients and reviewers?

To answer this question, the researcher calculated the descriptive statistics, i.e. Means, SD, weighted percentage, and finally ranks were established for each paragraph of the field related to the importance of SM for patients and reviewers.

Table (4.11) has shown that 72.8% of nurses stated that SM helps to save time for nurses and reviewers, 71.4% said that communication with reviewers through SM relieves work pressure at the center, 70.5% think that SM contributes to the saving cost of attending the clinic in case of communication with patients at home. Furthermore, 62.0% stated that SM is used to communicate with patients outside office hours. In general, as shown in table (4.11), there is high importance of SM for patients and reviewers with a mean score of 3.41 and a weighted percentage of 67.96%.

SM of communication can be used to improve patients' clients and reviewers' feedback. patients and reviewers often use SM platforms to narrate their experiences of illness and speak about the healthcare provided to them (Kuhns, 2012). Nurses may be scan and analyse these narratives to support their own reflective practice, thereby breaking through social norms and nurse/patient power relations to better understand client experiences. Some hospitals from Illinois, in USA, use internal SM tools to disseminate client feedback to staff to improve morale and encourage client-centered care (Thielst, 2011).

Table (4.11): Nurses' perception according to the importance of SM for patients and reviewers

No.	Items	Very Low Degree	Low Degree	Intermediate Degree	High Degree	Very High Degree	Mean	SD	%	Rank
		N= 139 (%)								
1.	SM is used to communicate with patients.	2 1.4	41 29.5	30 21.6	57 41.0	9 6.5	3.22	0.99	**64.3**	10
2.	SM is used to communicate with patients outside office hours.	3 2.2	50 36.0	27 19.4	48 34.5	11 7.9	3.10	1.05	**62.0**	11
3.	SM contributes in responding to patients' questions about a issue without the need to attend the center.	6 4.3	34 24.5	33 23.7	54 38.8	12 8.6	3.23	1.05	**64.6**	9
4.	SM helps to book or cancel reviewers' appointments easily.	3 2.2	33 23.7	18 12.9	75 54.0	10 7.2	3.40	1.00	**68.1**	6
5.	SM helps you to communicate with reviewers in times of emergency.	2 1.4	33 23.7	22 15.8	67 48.2	15 10.8	3.43	1.01	**68.6**	5
6.	SM can be used to communicate between reviewers.	1 0.7	30 21.6	33 23.7	66 47.5	9 6.5	3.37	0.92	**67.5**	8
7.	Communication with reviewers through SM relieves work pressure at the center.	1 0.7	22 15.8	26 18.7	77 55.4	13 9.4	3.57	0.89	**71.4**	2
8.	SM helps to reduce the number of patients visiting the clinic by answering their queries through SM	1 0.7	27 19.4	25 18.0	74 53.2	12 8.6	3.50	0.93	**69.9**	4
9.	SM contributes to the saving cost of attending the clinic in case of communication with patients at home.	3 2.2	21 15.1	27 19.4	76 54.7	12 8.6	3.53	0.93	**70.5**	3
10.	SM helps to save time for nurses and reviewers.	4 2.9	17 12.2	21 15.1	80 57.6	17 12.2	3.64	0.95	**72.8**	1
11.	SM fosters confidence among nurses, patients and reviewers.	4 2.9	31 22.3	21 15.1	72 51.8	11 7.9	3.39	1.01	**67.8**	7
Total							**3.41**	**0.72**	**67.96**	

This large-scale sharing of feedback gives staff an impression of how clients feel about the healthcare being delivered and highlights an organization's strengths and areas for improvement. A hospital in Cleveland, USA, has developed public Facebook pages, making client feedback transparent (Casella, 2014). Transparency has led to better client care, resulting in an increase in positive feedback and bolstering the reputation and image of the hospital. Moreover, the hospital analyses the profiles of its Facebook fans each year to find out what they value in healthcare. As a result, the hospital's service is more-easily tailored to the consumer. Ward specific Twitter accounts could expand SM use and improve evaluation of client care. Present and past clients could tweet their feedback directly to the ward. This strategy would result in ward-level transparency of client care, allowing nurses to constantly adapt their care strategies to suit changing client needs (Kuhns, 2012).

4.4.8   What is the risk of using SM at PHC centers in GS?

To answer this question, the researcher calculated the descriptive statistics, i.e. Means, SD, weighted percentage, and finally ranks were established for each paragraph of the field related to the importance of SM for patients and reviewers.

Table (4.12) showed that 54.4% of nurses stated that SM contribute to spreading false news and rumours, 52.4% think that SM sites help spread false health information that affects the health of the reviewers, 45.6% of them think that SM is a tool for exploitation and blackmail by health care providers. Furthermore, 47.8% think that SM is increasing the gap between nurses and reviewers. In general, as shown in table (4.12), there are few risks to using SM in PHC centers with a mean score of 2.49 and a weighted percentage of 49.74%.

Table (4.12): Nurses' perception according to the risks of using SM in PHC centers

No.	Items	Very Low Degree	Low Degree	Intermediate Degree	High Degree	Very High Degree	Mean	SD	%	Rank
		N= 139 (%)								
1.	I believe that the use of SM is a violation of the privacy of the reviewers.	7 5.0	80 57.6	32 23.0	20 14.4	0 0.0	2.47	0.80	49.4	4
2.	I think SM sites help spread false health information that affects the health of the reviewers	6 4.3	71 51.1	36 25.9	22 15.8	4 2.9	2.62	0.90	52.4	2
3.	I see that SM contribute to spreading false news and rumors.	4 2.9	60 43.2	48 34.5	25 18.0	2 1.4	2.72	0.84	54.4	1
4.	I think SM contributes to reducing trust in health staff.	5 3.6	76 54.7	35 25.2	19 13.7	4 2.9	2.58	0.88	51.6	3
5.	I think SM is a tool for exploitation and blackmail by health care providers.	13 9.4	86 61.9	29 20.9	10 7.2	1 0.7	2.28	0.76	45.6	8
6.	I see SM as a tool that preoccupies health care providers about delivering their services best.	9 6.5	81 58.3	29 20.9	17 12.2	3 2.2	2.45	0.87	49.0	5
7.	I think SM is increasing the gap between nurses and reviewers.	12 8.6	81 58.3	27 19.4	18 12.9	1 0.7	2.39	0.85	47.8	7
8.	SM interrupts direct contact between reviewers and health providers.	15 10.8	75 54.0	30 21.6	17 12.2	2 1.4	2.40	0.89	48.0	6
Total							2.49	0.60	49.74	

A study by Ventola (2014) found A most risk correlate with the use of SM is the posting of inaccurate content that can reflect unfavorably on health professional and institutions. study of Peck (2014) shows other Behavior that could be construed as unprofessional concest violations of clients' privacy; the use of profanity or discriminatory language and negative comments about clients, an employer, or a school. Concerns from Chretien & Kind (2013) regarding the use of SM by nurses frequently center on the potential for negative repercussions resulting from the breach of client's confidentiality. Such infractions may expose health providers and health care entities to liability.

Butt (2012) adds that frivolous comments and chat maybe entertaining at an individual level, but maybe captured and disseminated to the public and thus tarnishes the image of the nurses or the medical institution. In other words, SM activities have the potential to cause unwanted defamation, which can consequently lead to loss of employment, the filing of civil claims, and placing public confidence in the profession at risk (Mansfield et al., 2011).

study by Bode & Vraga (2018) think about a growing fear and some controversies in relation to extending the use of social networks in health data communication contexts, which have their origin in the threat to privacy and confidentiality and the risk of misinformation, fake news, and the impersonation of professionals as recently reported in some media stories. The increase in reports of these situations shows that these are risks to be taken into serious consideration (Al Khaja et al, 2018). The researcher adds to this the risks correlate with storing and transporting images, multimedia files, or text files on these mobile devices that go wherever the user goes and that often connect through decrease reliability Wi-Fi networks, security risks rise exponentially. low of clarity on the boundaries between personal and professional life, high risk of liability arising from the use of SM for professional purposes, decrease methodological rigor in studies on the use of SM, and poor accuracy, quality, and reliability of information are creating serious doubts about extending SM use among health provider.

A study by Erer & Çobaner (2016) found that 80% of participants believe that using SM has various risks. Of these risks it was expressed that 'inaccurate information' posed the greatest risk 62.7%; followed by 'unprofessional behavior' at 58.1%; 'the violation of patient privacy' at 53.8% and on the other hand 'the organizational risks' at 33.8%.

4.4.9 Is there a relationship between nurses' perception of using SM to enhance nurses' role in governmental PHC centers and socio-demographic variables?

This question was to analyze the differences among respondents' opinions about their perception of using SM to enhance nurses' role in governmental PHC centers due to respondents' profiles (gender, age, marital status, place of residence, academic qualification and place of graduation).

4.4.9.1 Analysis according to gender

To test the variables we used the independent samples T-test and the result illustrated in the table (4.13) shows that there is a significant difference among the respondents in favor of females.

Table (4.13): Differences in nurses' perception of SM dimensions by gender (n=139)

No.	Dimension	T-test	P-value (Sig.)	Means Male	Means Female
1.	Administration support for the use of SM in nursing services	1.667	0.096	2.87	3.04
2.	The role of SM in developing the professional performance of nursing	1.186	0.238	3.46	3.56
3.	The role of SM in health education	2.185	0.031*	3.70	3.88
4.	The role of SM in communication between nurses and management	1.991	0.048*	3.10	3.32
5.	The role of SM in communication between nurses and co-workers	2.491	0.014*	3.50	3.72
6.	The importance of SM for patients and reviewers	0.746	0.457	3.33	3.43
7	The risks of using SM in PHC centers	1.481	0.141	2.58	2.42
	Total	**2.017**	**0.046***	**3.29**	**3.43**

*Statistically significant (P-value < 0.05)

In other words, there is a relationship between nurses' perception of using SM to enhance nurses' role in governmental PHC centers and their gender. this difference in the role of SM in health education, communication between nurses and management and communication between nurses and co-workers.

Agreed with the results of the study (Erer & Çobaner, 2016) (Chou et al, 2012), where these studies indicated that females prefer to use SM more than males, especially if it is related to health, so the female remains privacy in dealing with males, so they prefer to Use these platforms to communicate with others whether colleagues, patients or clients.

4.4.9.2 Analysis according to age group:

One-way ANOVA was used to examine the variable. According to the results of the test as shown in table (4.14), the P-value for all dimensions together is not significant (P-value > 0.05). But there are statistically significant differences attributed to age in role of SM in communication between nurses and co-workers and importance of SM for patients and reviewers favor of the age group 31-40. . In other words, there is relationship between nurses' perception of using SM to enhance nurses' role in governmental PHC centers and their age.

Table (4.14): Differences in Nurses' perception of SM dimensions according to age group (n=139).

No.	Dimension	F-test	value (Sig.)	Means		
				20-30	31-40	More 40
1.	Administration support for the use of SM in nursing services	1.437	0.241	2.76	2.98	3.04
2.	The role of SM in developing the professional performance of nursing	0.402	0.670	3.60	3.53	3.48
3.	The role of SM in health education	2.001	0.139	3.96	3.86	3.73
4.	The role of SM in communication between nurses and management	0.005	0.995	3.25	3.24	3.24
5.	The role of SM in communication between nurses and co-workers	4.468	0.013*	3.70	3.76	3.49
6.	The importance of SM for patients and reviewers	4.020	0.020*	3.35	3.57	3.21
7.	The risks of using SM in PHC centers	0.380	0.685	2.39	2.47	2.53
	Total	**1.654**	**0.195**	**3.37**	**3.43**	**3.31**

*statistically significant (P-value < 0.05)

Therefore, the researcher believes that this result indicates that the interest of the adult group in social media is more than that of the youth and adolescents, as adults are more interested in their health matters and try to find ways that direct them towards caring for their health and nurturing it, and even building their health image in their minds in the way they prefer. Therefore, considering SM, these platforms represent a good opportunity for everyone to increase a healthy culture, communicate with experienced people easily, and even always consult them without obstacles, and this makes SM a fertile environment for teaching, learning, and communication.

The results of the study Confirmed by (Hao & Gao, 2017); (Joseph & Festus, 2015) found that age has no correlation in the nature of communication on SM, and that age is just a number of these platforms, so this result confirms that the use of the means of social communication in nursing services is important and necessary, and age is not an obstacle to this service in PHC

4.4.9.3 Analysis according to academic qualification

One-way ANOVA was used to examine the variable. According to the results of the test as shown in table (4.15), the P-value for all dimensions together is not significant (P-value > 0.05). Thus, there are no statistically significant differences attributed to an academic qualification. In other words, there is no relationship between nurses' perception of using SM to enhance nurses' role in governmental PHC centers and their academic qualifications.

Therefore, the researcher attributed that the awareness of the respondents about the use of SM in nursing services, represents positive trends and that academic certificates do not affect the use of SM, and this indicates the awareness of the sample and good knowledge of the nature of these platforms in addition to the nature of their work in PHC centers.

Table (4.15): Differences in Nurses' perception of SM dimensions according to an academic qualification (n=139).

No.	Dimension	F-test	value (Sig.)	Means		
				Nursing Diploma	Bachelor	Postgraduate
1.	Administration support for the use of SM in nursing services	0.101	0.904	2.98	2.96	3.06
2.	The role of SM in developing the professional performance of nursing	1.510	0.225	3.53	3.47	3.76
3.	The role of SM in health education	0.794	0.454	3.85	3.77	3.95
4.	The role of SM in communication between nurses and management	0.042	0.959	3.24	3.22	3.28
5.	The role of SM in communication between nurses and co-workers	0.697	0.500	3.68	3.59	3.73
6.	The importance of SM for patients and reviewers	1.053	0.352	3.48	3.32	3.22
7.	The risks of using SM in PHC centers	0.081	0.922	2.47	2.51	2.45
	Total	**0.507**	**0.603**	**3.40**	**3.34**	**3.42**

*statistically significant (P-value < 0.05)

The study (Erer & Çobaner, 2016) (Joseph & Festus, 2015) confirmed the absence of any statistical significance between the education level of participants, and the perception of health care providers in the use of SM in health services.

4.4.9.4 Analysis according to marital status

To test the variable we used independent samples t-test and the result illustrated in the table (4.16) shows that there is significant difference among the respondents in role of SM in health education in favor of not married . In other words, there is relationship between nurses' perception of using SM to enhance health education in governmental PHC centers and their marital status.

Table (4.16): Differences in Nurses' perception of SM dimensions according marital status

No.	Dimension	T-test	P-value (Sig.)	Means Not married	Means Married
1.	Administration support for the use of SM in nursing services.	1.167	0.245	3.14	2.96
2.	The role of SM in developing the professional performance of nursing.	1.146	0.254	3.65	3.50
3.	The role of SM in health education.	2.844	0.005*	4.12	3.78
4.	The role of SM in communication between nurses and management.	0.863	0.390	3.36	3.22
5.	The role of SM in communication between nurses and co-workers.	1.454	0.148	3.81	3.62
6.	The importance of SM for patients and reviewers.	0.864	0.389	3.54	3.37
7.	The risks of using SM in PHC centers.	0.935	0.351	2.36	2.50
	Total	**1.432**	**0.155**	**3.50**	**3.36**

*statistically significant (P-value < 0.05)

Therefore, the researcher attributes this result that the marital status can affect the attitudes of nurses towards the use of SM, everyone uses these platforms without restrictions or limits, and are available to all without exception. Especially if the matter is related to education in general, or health education in particular, married people have many obligations, unlike unmarried people who have enough time for education and follow up on various social media pages to find out what is new in health education, and even increase their experience about certain diseases or promote public health.

4.4.9.5 Analysis according to the place of residence

One-way ANOVA was used to examine the variable. According to the results of the test as shown in table (4.17), the P-value for role of SM in developing the professional performance of nursing and role of SM in communication between nurses and co-workers is significant (P-value > 0.05). Thus, there are statistically significant differences attributed to the place of residency favor to Gaza city. In other words, there is relationship between nurses' perception of using SM to enhance developing the professional performance of nursing and role of SM in communication between nurses and co-workers in governmental PHC centers and their place of residency.

Table (4.17): Differences in Nurses' perception of SM dimensions according to the place of residence (n=139)

No.	Dimension	F-test	value (Sig.)	Means				
				North of Gaza	Gaza	Mid-zone	Khan-Younis	Rafah
1.	Administration support for the use of SM in nursing services	1.988	0.100	3.13	3.08	2.97	2.74	2.75
2.	The role of SM in developing the professional performance of nursing	2.545	0.042 *	3.62	3.66	3.42	3.45	3.34
3.	The role of SM in health education	0.947	0.439	3.79	3.91	3.83	3.85	3.67
4.	The role of SM in communication between nurses and management	0.902	0.465	3.37	3.28	3.19	3.31	3.05
5.	The role of SM in communication between nurses and co-workers	2.474	0.047*	3.60	3.80	3.67	3.45	3.45
6.	The importance of SM for patients and reviewers	0.614	0.653	3.50	3.42	3.45	3.33	3.20
7.	The risks of using SM in PHC centers	0.386	0.818	2.52	2.52	2.43	2.61	2.39
All dimensions		**2.141**	**0.079**	**3.46**	**3.45**	**3.36**	**3.36**	**3.19**

*Statistically significant (P-value < 0.05)

The researcher has attributed this result to the fact that the Gaza governorate of the GS are a limited area, The main governorate among the southern governorates of Palestine, in addition to that it represents the largest population gathering for citizens, and it has 5 primary care clinics of the fourth level, therefore, SM represents a good environment for the professional development of patients, and a good opportunity to compete with them, as it represents the presence of 5 clinics in the Gaza governorate is to use SM to communicate between nurses and their colleagues. Therefore, SM is a tool for excellence and creativity if it is used well.

4.4.9.6 Analysis according to nurse specialty:

One-way ANOVA was used to examine the variable. According to the results of the test as shown in table (4.18), the P-value for all dimensions together is not significant (P-value > 0.05). Thus, there are no statistically significant differences attributed to nurse specialty. In other words, there is no relationship between nurses' perception of using SM to enhance nurses' role in governmental PHC centers and their nurse specialty.

Table (4.18): Differences in Nurses' perception of SM dimensions according to nurse specialty (n=139)

No.	Dimension	F-test	value (Sig.)	Means General Nursing	Means Midwife	Means Dental Nursing
1.	Administration support for the use of SM in nursing services	0.549	0.579	2.98	3.07	2.84
2.	The role of SM in developing the professional performance of nursing	2.321	0.102	3.50	3.73	3.42
3.	The role of SM in health education	2.149	0.121	3.78	4.02	3.79
4.	The role of SM in communication between nurses and management	1.687	0.189	3.23	3.42	3.01
5.	The role of SM in communication between nurses and co-workers	0.061	0.940	3.65	3.66	3.60
6.	The importance of SM for patients and reviewers	0.833	0.437	3.35	3.54	3.53
7.	The risks of using SM in PHC centers	0.053	0.949	2.48	2.53	2.50
	Total	**1.858**	**0.160**	**3.36**	**3.52**	**3.31**

*statistically significant (P-value < 0.05)

The researcher believed t that nursing is like one body no matter what different disciplines, or different nature of work. Therefore, the employment of SM in nursing services is important not related to a particular specialty or work. Therefore, many studies have indicated that the use of SM is not related to a particular specialty or profession. one of these studies is (Khanum et al, 2016), (Lim, 2015).

4.4.9.7 Analysis according to experience in PHC

One-way ANOVA was used to examine the variable. According to the results of the test as shown in table (4.19) the P-value for all dimensions together are not significant (P-value > 0.05). But, there are statistically significant differences attributed to experience in role of SM in communication between nurses and co-workers and risks of using SM in PHC centers. In other words, there is relationship between nurses' perception of using SM to enhance role of SM in communication between nurses and co-workers and risks of using SM in PHC centers.

Table (4.19): Differences in Nurses' perception of SM dimension according to experience in PHC (n=139)

No.	Dimension	F-test	value (Sig.)	Means		
				1-10	11-20	More 20
1.	Administration support for the use of SM in nursing services	0.649	0.524	3.01	2.89	3.06
2.	The role of SM in developing the professional performance of nursing	2.284	0.106	3.59	3.39	3.53
3.	The role of SM in health education	2.531	0.083	3.87	3.84	3.62
4.	The role of SM in communication between nurses and management	0.394	0.675	3.28	3.22	3.15
5.	The role of SM in communication between nurses and co-workers	3.592	0.030 *	3.74	3.56	3.46
6.	The importance of SM for patients and reviewers	1.946	0.147	3.51	3.26	3.27
7.	The risks of using SM in PHC centers	4.054	0.019*	2.38	2.51	2.78
	Total	**2.105**	**0.126**	**3.43**	**3.30**	**3.31**

*statistically significant (P-value < 0.05)

Experience is a positive factor that adds characteristics to nursing services, and in this study, the experience had effect on the perception of nurses to use SM in communication between nurses and co-workers and risks of using SM in PHC centers. the researcher has attributed that the use of SM is related to age, specialization or experience, but is an easy tool to deal with everyone.

4.5 The results of the open-ended question in the questionnaire:

4.5.1 What are the factors that help to employ SM enhancing the role of nurses in health education & communication?

To answer the open question, the answers of the study sample were collected, arranged, refined, categorized and adopted the most frequent answers and placed in the following table by the number of repetitions.

Table (4.20): Emptying the responses of primary care nurses for the open question: What are the factors that help to employ SM enhancing the role of nurses in health education & communication? (n=139)

No.	Items	Frequency	Percentage %	Ranking
1.	Providing high quality and interne network in PHC centers through which SM can be employed in nursing roles.	98	70	1
2.	The provision of computers or tablets for the purpose of communication with others, where these devices are especially for the use of SM in the services of the Center.	95	68.4	2
3.	Work to spread the culture of using SM with patients, reviewers, colleagues, and management.	91	65.5	3
4.	Establishing platforms for PHC centers, following them by specialists, and encouraging others to deal with these pages.	85	61.2	4
5.	Conduct training courses for employees on how to use SM to improve nursing services and roles	83	59.7	5
6.	Providing reliable and credible cultural materials that contribute and encourage others to follow the SM platforms of the center.	78	56.1	6
7.	Separated the SM platforms of the staff from the platforms of centers, and do not name the platforms for the staff as the health center.	75	54	7
8.	Encouragement reviewers to use SM platforms to communicate with the Center's staff. Help them to use these platforms in case it is not necessary to come to the center.	73	52	8
.9	Spreading awareness among patients on the importance of these platforms and the scientific, cultural and health materials that may prevent them from attending the center	67	48.2	9
10.	Providing high-quality internet to meet all the needs of the center using SM to improve the center's services	65	46.7	10

Table 4.20 shows that the study sample's response to the open question is consistent with the results of current reality of readiness of PHC centers from technical equipment for using SM, 70% of nurses agreed that PHC centers need a good internet network to employ SM in nursing roles, and 68.2% said that health centers need enough computers to accomplish their tasks in general. In addition, the need to train nursing staff on the effective use of SM platforms reached 59.7%. The nurses agreed that promoting and encouraging patients, reviewers, and colleagues to use SM platforms requires intensive efforts.

Where I agreed with the results of the study, the study Khan & Krishna (2013) found building PHC awareness and interaction with people is the reason that PHC takes initiative and creates its platform page. Peoples also want and appreciate such useful appearance of PHCC on the SM platform, as found in the interviews with people. Our research findings show that only the governmental pages are not enough, so the appearance on SM sites is also important to reach more and more people and to know that what people are talking about.

SM platform are using in health sector worldwide to guide people about their health and fitness and people along with health providers are showing interest to use it. We find out that the social platform involvement is useful for both the people and health professional. For instance, health professional can keep track of their clients through SM sites which could be helpful in their clients' treatment. People will get trustworthy healthcare information and can interact socially and discuss their health issues while sitting at home (Khan & Krishna, 2013).

4.5.2 What are the factors that barrier the use of SM in enhancing the role of nurses in health education, communication?

To answer the open question, the answers of the study sample were collected, arranged, refined, categorized and adopted the most frequent answers and placed in the following table by the number of repetitions.

Table (4.21): Emptying the responses of primary care nurses for the open question: What are the factors that barrier the use of SM in enhancing the role of nurses in health education, communication? (n=139)

No.	Items	Frequency	Percentage %	Ranking
1.	Not allowing nurses to use SM while working, and restricting the use of the Internet by the administration.	106	76.3	1
2.	Lack of devices for the use of SM in the centers, in addition to the lack of enough Internet to accomplish many of the tasks and roles of nursing	97	69.8	2
3.	Inadequate use of SM from some patients.	86	61.9	3
4.	Customs and traditions do not allow freedom communication with others, especially since the culture of the Palestinian people places restrictions on communication with females.	82	56	4
5.	Many employees and decision-makers lack confidence in the use of SM platforms in health services.	71	51	5
6.	Working pressure within health centers, with frequent patients and patients and lack of nursing staff.	66	47.5	6
7.	Psychological Burnout leads nurses not to seek ways and means of creativity in the work.	63	45	7
8.	Lack of confidentiality in patients' private information and history, as well as the possibility of penetrating some SM platforms.	58	41.7	8
.9	Insufficient awareness of the importance and benefits of SM platforms for nurses and reviewers	54	38.9	9
10.	The cost of using the Internet to access SM platforms is high for many patients.	53	25.2	12
11.	Lack of protocol or laws governing the use of SM platforms in health and nursing services	50	36	10
12.	The abuse of SM influenced the confidence of others in the use of these platforms in matters of personal and health.	48	34.5	11

The table (4.21) above shows that the barrier that It may affect the employment of SM in nursing roles are reported in many other research studies such as Khan & Krishna (2013) found SM platform have some barriers which hindered its use in healthcare, for instance, low of privacy of clients, data security and urgent response handling in case of emergency are the major ones but still we cannot ignore the importance of social platform in healthcare.

A study by Singh et al (2016) found a time barrier is the main barrier in use SM in health care. Time is valuable, especially for nurses and other healthcare providers. Other studies by Alsughayr (2015) indicate to many several challenges and barriers in use SM in health care from them Return on investment barriers. So, SM should be treated like any other form of marketing, and success starts with the identification of service lines with excess capacity and the development of a strategy to fill them. A report by the research organization YouGov indicated that 57% of consumers said that an SM connection with a hospital was likely to have a strong impact on their decision to seek treatment at that hospital.

Legal and regulatory barriers show from Singh et al (2016) and Alsughayr (2015). So, nurses and other healthcare providers should not discuss patients' illnesses, medical conditions, or personal information online without the patients' permission. The permission when obtained should be clearly stated in the post. Use a disclaimer to state that the posted opinions represent your own views, not those of employer.

Chapter Five

Conclusion and Recommendation

5.1 Conclusion

This study aims to assess the nurses' perception of using of SM to enhance nurses' role: health education and communication at governmental PHC centers in GS from the. It was a descriptive, analytical and cross-sectional study. The researcher used the census sampling method. The researcher selected all centers of level four and all nurses working in this center, the total number of the target population was 153 participants. 139 of them are positively responded with the response rate of 91%.

The study tool was a self-questioning primary health nurse. The questionnaire included the six parts of the data: The first part shows the personal data of the participants. The second part was about information about the primary health centers. The third part represents the measurement of the current situation of using SM and the internet at work.

Part Four measures nurses' perception of using SM to enhance the nurse's role at: health education and communication. and finally Parts 5 and 6 consist of two open questions that summarize: The factors that help employ SM in enhancing the role of nurses in education and health communication and the factors that impede the use of SM in enhancing the role of nurses in Health education and communication, according to the frequency of the participants 'answers.

Most of the sample were females, representing 62.6% and 37.4% were males. According to age about 12.2% less than 30 years; 47.5% of participants between 31 to 40 years and 40.3% of the study sample for more than 40 years. Regarding marital status, most of the sample are married, represented 87.8% of participants were married and 12.2% were not- married (single, divorced and widows). Regarding place of residency about 20.1 % of the sample from north of Gaza; 31.7 % from Gaza Governorate, 24.5% from mid-zone; 7.9% from Khan-Younis and 15.8% from Rafah.

According to academic qualifications, 48.9% of participants were holding a 2 & 3 years diploma, while 44.6% had a bachelor's degree and only 6.5 % holding postgraduate.

Regarding nurse specialty, most of the sample are   general nursing about 76.3%; Midwife 14.4% and Dental Nursing 9.4%. And almost of them graduation from Palestine College of Nursing about 40.3%; Islamic University 35.3%; Egyptian universities 12.9%; Al Azhar university 6.5% and University College of Applied Sciences 5%.

Regarding distribution of nurses on centers, represented 13.7% of nurses in Jabalia Martyrs Center and the same ratio is Rafah Martyrs Center. 12.9% in Al Ramaal Health Center and the same ratio in Khan Younis Martyrs Center and Al-Zayton Center. 7.9% in Sheikh Radwan Martyrs Center and the same ratio in Sourani Center. 10.8% in Deir El Balah Center and in Sabha Al Harazin Center about 7.2%.

Regarding Nursing experience, 29.5% less than 10 years, while 45.3% from 11 to 20; and 25.2% More than 20. But most of the study samples have experience in PHC less than 10 Years as percent 541; while 29.5% from 11 to 20 years and 16.5% more than 20 years. It is worth mentioning, about 64% of the PHC nurse's reported having clear job description illustrating their duties and responsibilities

Regarding Workplace in Center, most of the sample work in Child Health and NCD as percent 28.1% and 23% respectively. while Oral and dental health, Family Planning and Prenatal Care represented 10% for each department. Whilst Postnatal Care department about 2.2%; Infectious diseases 5.8%; Dressing and injection 3.6%; Emergency 3.6%. While the percent of heads nurses involved in the study about 2.9% and it is represented a very small participant.

About reality of employing SM and the Internet at work, 71.2% of participant have email or an account on SM; about 51% of participant uses SM and the Internet for work-related matters, about more half of the nurses reported having use SM and the Internet as continuously in work and reported 57.5% of participant the nature of your work as primary health Nurse requires the use of the Internet; and Facebook, WhatsApp, YouTube the main and importance of SM applications use in PHCC.

About 89% of nurses said they shared & follow in the SM pages and platforms of their health centers as Facebook and WhatsApp reached used in PHCC. So about 16% from PHCC her more than the page in this platform, While, where use Facebook alone 59% in PHCC and WhatsApp 25%.

Study participants mentioned some positive points the employ SM in improving nursing roles. where indicated 79.9% of respondents that adequate computers and internet in primary care centers; and 92.8% answered have good internet in the center.

While some points that participants agreed need to improve, like wireless internet in all center area; network speed used to transmit data and information is insufficient to complete the required work, internet is provided to certain employees on their mobile devices to carry out work assigned to them in need of the Internet, integrated database of reviewers and a way to communicate and communicate with them.

About administration's support for the use of SM in nursing services was moderate with a mean score of 2.98 and weighted percentage 59.6%, about role of SM in developing the professional performance of nursing was high with a mean score of 3.53 and weighted percentage 70.6%, that SM contributes to increased health education among workers in PHC centers. In other words, the contribution of SM in increasing health education among health care workers was high with a mean score of 3.82 and weighted percentage 76.4%, about that the role of SM in communication between nurses and nursing management was moderate with a mean score of 3.24 and weighted percentage 64.8%, about the role of SM in communication between nurses and co-workers was high with a mean score of 3.65 and weighted percentage 73.0%, about importance of SM for patients and reviewers study found there is a high importance of SM for patients and reviewers with a mean score of 3.41 and weighted percentage 68.2%. about the risk of using SM at PHC centers. Study participants mentioned there are few risks to using SM in PHC centers with a mean score of 2.49 and a weighted percentage of 49.8%.

The relationship between nurses' perception of using SM to enhance nurses' role in governmental PHC centers and socio-demographic variables, analyze according to gender that there is a significant difference among the respondents in favor of females. about other variables (age, academic qualification, marital status, place of residency, nurse specialty, experience in PHC) there is no relationship between nurses' perception of using SM to enhance nurses' role in governmental PHC centers and their variables.

5.2   Recommendations

As per the review of the literature and the findings for this study and after data collection and analyses with PHC nurses, we formulated some recommendations in order to Using SM to Enhance Nurses' Role at Governmental PHC Centers. show that SM use in nurses' role is very beneficial and supportive in health education and communication. So, it is recommended that:

− Engaging in a dialogue at the policy-making level to sensitize especially, managers and health providers about the concept, importance, and functions of SM is necessary.

− Work hard to employ SM to improve nursing roles according to current possibilities, and develop them later according to available possibilities.

− Development of Internet networks in primary care centers, and the provision of computers to meet the quality of services provided, and work pressure.

− Work on drafting a law regulating the use of SM in health care services in general, and PHC centers, and finding a body to monitor health publications on these platforms.

− It is important that the nurses be supported regarding the use of the Internet and SM. In this matter, it is necessary to conduct courses, workshops, and meetings aimed at educating nurses and knowing them about the correct ways in using the Internet and SM effectively.

− Should develop a legal mechanism for screening the information though SM to verify the authenticity of the published information, without interfering with the freedom of expression guaranteed by the law.

− Providing computer programmers to make special pages for health care centers that reflect the objectives of the Ministry of Health,

5.3   Recommendations for Further Research:

− Further studies on client perception of using SM on the health services, nurse's roles .... etc. may be necessary.

− More objective studies of SM in health education and communication among nursing students.

− Evaluating the SM pages and platforms of PHC centers, knowing its health content, evaluating its objectives and the target group of creating these pages.

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Annexes

Annex (1) Map of Palestine
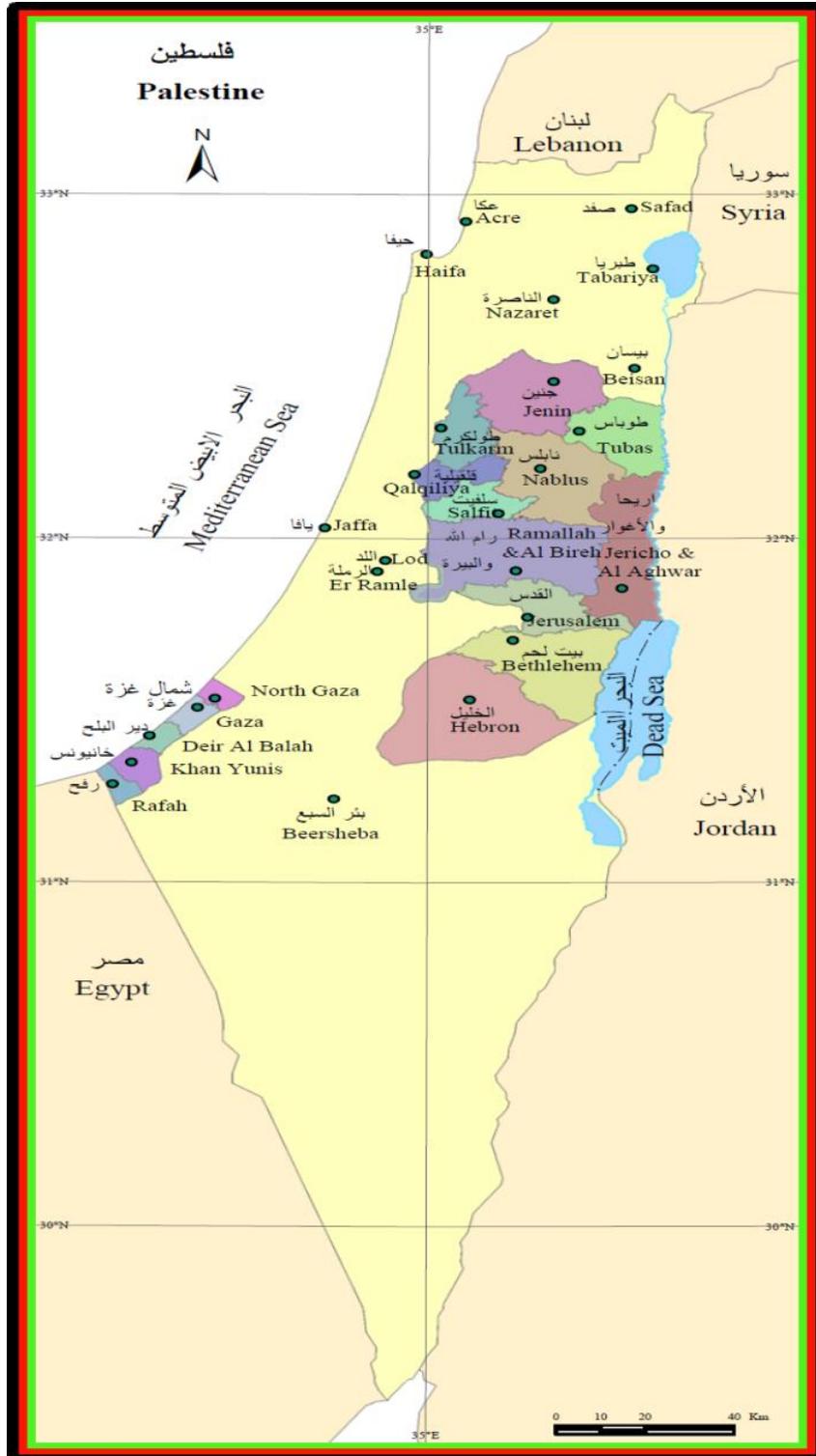
From (PCBS, 2018)

Annex (2) Distribution of PHCC in GS

Population pyramid for the Gaza Strip & West Bank by age group

No.	Code	Centers	Level	Catchment area
		North Gaza		
1	N1	Shohadaa Al Atatrah &siafah	2	25,961
2	N2	New Shohadaa Biet Lahia (Al shima)	3	42,614
3	N3	Ezbet Biet Hanoun	2	8,811
4	N4	Shohadaa Biet Hanoun	3	50,657
5	N5	Jamilah Al Ashi	3	15,721
6	N6	Hala AlShawa(2)	2	
7	N7	Shohadaa jabalya	4	72,982
8	N8	Abo Shbak	3	58,530
9	N9	Hijazi		Sharing
		Gaza		
10	G1	Shohadaa Al Shateëa	3	39,447
11	G2	Alshik Redwan	4	89,863
12	G3	Al Darag	3	47,966
13	G4	Al Houriah	2	36,562
14	G5	Shohadaa Al Remal	4	83,712
15	G6	Al Falah	3	21,454
16	G7	Al Salam	3	30,169
17	G8	Al Sorani	4	97,641
18	G9	Sabha AL Harazin	4	81,002
19	G10	Al Rahma	3	83,111
20	G11	Physical Disability Center	2	12,538
21	G12	Shohadaa AlZiton	4	82,291
22	G13	Ata Habib	2	16,023
23	G14	Alqubah	2	12,663
24	G15	Hala AlShawa(1)	2	6,967
25	G16	Al Moghraqa	2	9,201
26	G17	Joher Al Diek	2	1,665
		Midzone		
27	M1	Western Al Nusirat	2	9,104
28	M2	Central Burieg	2	21,910
29	M3	Old Al Nusirat	3	46,070
30	M4	Shohadaa Al Nusirat	3	22,126
31	M5	Al Burieg	2	19,495
32	M6	Al Swarha	2	7,070
33	M7	Al Zwaidah	2	13,285
34	M8	Al Mghazi	2	18,291
35	M9	AlMsadar	2	5,133
36	M10	Dier Al Balah	4	75,367
37	M11	Heker Al jameëe	2	10,935
38	M12	Al Berka	2	5,931
39	M13	Wadi Al Salqa	2	8,430
		Khan younis		
40	K1	Al Qararah	3	46,877
41	K2	Al Zana	2	10,380
42	K3	Shohadaa Khan younis	4	64,719
43	K4	Shohadaa Bani Souhaila	3	43,082
44	K5	Joret Allot	2	19,639
45	K6	Abasan	3	23,109
46	K7	Khaldiah Al Agha	2	9,783
47	K8	Shohadaa Abasan	3	26,908
48	K9	Khouzaa	2	15,567
49	K10	Al Foukhari	2	3,392
		Rafah		
50	R1	Al Mwasi Rafah	2	4,353
51	R2	Shohadaa Tal Alsoltan	3	43,125
52	R3	Al Shabora	2	11,010
53	R4	Shohadaa Rafah	4	98,582
54	R5	Al Shouka	2	15,547

From (MOH, 2019)

Annex (3) MOH Approval Letter

State of Palestine
Ministry of health

☒

دولة فلسطين
وزارة الصحة

السيد : رامي عبد سليمان العبادله   المحترم

التاريخ:10/10/2019
رقم المراسلة:377940

مدير عام بالوزارة /الإدارة العامة لتنمية القوى البشرية ـ /وزارة الصحة

السلام عليكم ...

<u>الموضوع/ تسهيل مهمة الباحث// احمد جنينة</u>

التفاصيل //
بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحث/ **أحمد درويش جنينة**
الملتحق ببرنامج ماجستير التمريض – تخصص إدارة التمريض – جامعة القدس أبوديس في إجراء بحث بعنوان:-
"Nurses' Perception of Using Social Media to Enhance Nurses' Role In Governmental
Primary Health Care Centers"
حيث الباحث بحاجة لتعبئة استبانة لتقييم تصور الممرضين والممرضات عن استخدامهم وسائل التواصل الاجتماعي في
تعزيز دور الممرضين في مراكز الرعاية الصحية الأولية في محافظات قطاع غزه، بما لا يتعارض مع مصلحة العمل
وضمن أخلاقيات البحث العلمي، ودون تحمل الوزارة أي أعباء أو مسئولية.
ونفضلوا بقبول التحية والتقدير...
ملاحظة / تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة 3 أشهر من تاريخه.

محمد ابراهيم محمد السرساوي
مدير دائرة/الإدارة العامة لتنمية القوى البشرية ـ

التحويلات

■ محمد ابراهيم محمد السرساوي(مدير دائرة)	← رامي عبد سليمان العبادله(مدير عام بالوزارة)	إجراءاتكم بالخصوص(10/10/2019)
■ رامي عبد سليمان العبادله(مدير عام بالوزارة)	← مدحت عباس خضر حسن(مدير عام بالوزارة)	إجراءاتكم بالخصوص(10/10/2019)
■ مدحت عباس خضر حسن(مدير عام بالوزارة)	← معتصم سعيد زهدي صلاح(مستشار)	لعمل اللازم(10/10/2019)
■ مدحت عباس خضر حسن(مدير عام بالوزارة)	← صلاح الدين علي عبد الحفيظ الرئيسي(مدير دائرة)	لعمل اللازم(10/10/2019)
■ مدحت عباس خضر حسن(مدير عام بالوزارة)	← عبد الكريم سعيد العبد اللجار(مدير دائرة)	لعمل اللازم(10/10/2019)
■ مدحت عباس خضر حسن(مدير عام بالوزارة)	← فواز ادريس محمد أبو زيادة(طبيب مدير)	لعمل اللازم(10/10/2019)
■ مدحت عباس خضر حسن(مدير عام بالوزارة)	← ناهض عبد حسن جودة(مدير دائرة)	لعمل اللازم(10/10/2019)
■ مدحت عباس خضر حسن(مدير عام بالوزارة)	← خليل محمد محمود صهام(مدير دائرة)	لعمل اللازم(10/10/2019)

Annex (4) Helsinki Committee Approval Letter

المجلـس الفلسطيـني للبحـث الصحـــي
Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار

Developing the Palestinian health system through institutionalizing the use of information in decision making

Helsinki Committee
For Ethical Approval

Date: 2019/10/7

Number: PHRC/HC/606/19

الاسم:

Name: Ahmad Darwish Jenenah

We would like to inform you that the committee had discussed the proposal of your study about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:

Nurses' Perception of Usage of Social Media To Enhance Nurses' Role in Governmental Primary Health Care Centers

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/606/19 in its meeting on 2019/10/7

و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

Signature

Member

Member

Chairman

Genral Conditions:-
1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-

E-Mail:pal.phrc@gmail.com

Gaza - Palestine

غزة - فلسطين

شارع النصر - مفترق العيون

107

Annex (5) PHC Centers in GS

No.	Name	Governorate	Number Nurse
Level four center			
1.	Jabalia Martyrs Center	North	20
2.	Sheikh Radwan Martyrs Center	Gaza	13
3.	Al – Ramal Health Center	Gaza	22
4.	Sourani Center	Gaza	13
5.	Sabha Al Harazin Center	Gaza	11
6.	Al-Zayton Center	Gaza	20
7.	Deir El Balah Center	Mid-zone	15
8.	Khan Younis Martyrs Center	Khan Younis	20
9.	Rafah Martyrs Center	Rafah	19
Total Nurses: 153			

No.	Name	Governorate	Number Nurse
Level Three Center			
1.	Shaimaa Center	North	11
2.	Abushbak Health Center	North	11
3.	Beit Hanoun Martyrs' Center	North	8
4.	Jamila Ashi Center	North	4
5.	Al Falah Center	Gaza	6
6.	Al Rahma Center	Gaza	14
7.	Al-Salam Center	Gaza	8
8.	Al – Daraj Martyrs Center	Gaza	13
9.	Shohadaa Al-Shatea Center	Gaza	4
10.	Nusseirat Martyrs Center	Midzone	6
11.	Old Nusseirat Center	Midzone	12
12.	Al Qarara Center	Kahn Younis	10
13.	Shohadaa Bani Suhaila Center	Kahn Younis	8
14.	Shohadaa Abasan Center	Kahn Younis	7
15.	Shohadaa Tel Sultan Center	Rafah	11
Total Nurses: 133			

No.	Name	Governorate	Number Nurse
Level Tow Center			
1.	Al Atatra & Sifa Center	North	4
2.	Ezbet Beit Hanoun Center	North	5
3.	Hala Al Shawa Center (2) Bit Lahea	North	2
4.	Al Huria Center	Gaza	5
5.	Physically disabled Center	Gaza	1

6.	Atta Habib Center	Gaza	6
7.	Hala Al Shawa Center (1)	Gaza	3
8.	Al Qubah Center	Gaza	5
9.	Juhr Al Deek Center	Gaza	2
10.	Al Mughraqa Center	Gaza	3
11.	Western Nusseirat Center	Midzone	8
12.	Central Al Bureij Center	Midzone	6
13.	Al Bureij Center	Midzone	5
14.	Al Swarha Center	Midzone	4
15.	Al Zawaidah Center	Midzone	3
16.	Al Magazy Center	Midzone	3
17.	Al Mosader Center	Midzone	3
18.	Hakeer Al Jameaa Center	Midzone	3
19.	Al Berka Center	Midzone	3
20.	Wadi Al – Salqa Center	Midzone	3
21.	Alzenh Center	Kahn Younis	2
22.	Jort Loot Center	Kahn Younis	7
23.	Khalidiya Al-Agha Center	Kahn Younis	2
24.	Kuza'a Center	Kahn Younis	3
25.	Al Foukhari Center	Kahn Younis	3
26.	Al Shabora Center	Rafah	3
27.	Al Shawkah Center	Rafah	2
Total Nurses: 98			

Annex (6) List of expert's names who reviewed the study questionnaire:

No.	Name	Scientific Degree	Workplace
1-	Dr. Ahmed A. Najim	Assistant Professor, Community Health Nursing	Head of Nursing Department, Faculty of Applied Sciences, Al-Azhar University
2-	Dr. Ahmed EL Shear	Ph.D. – Community Health Nursing	Head of Practical Training Department, Faculty of Nursing, Islamic University
3-	Dr. Mohamed Emad Kuhail	Ph.D. in nutritional sciences	Clinical nutritionist at Al Shifa hospital
4-	Dr. Motasem S. Salah	BSN, MSN, PhD Assistant Prof. in Nursing Management	Director of Nursing Primary Health Care in Gaza Strip, MOH
5-	Dr. Kalial shaip	PhD – Community Health Nursing	Dean of Palestine College of Nursing, MOH
6-	Dr. Khalid Jamal Khadoura	Ph.D. of Epidemiology and Biostatistics Department, TUMS	Head Nurse, Shifa Complex, Gaza -MOH
7-	Dr. Khalil Shakfa	Ph.D.- Management Planning & Development	Director-General of General Administration of Nursing – MOH
8-	Dr. Yousef Fahjan	Ph.D. – Community Health Nursing	MOH
9-	Dr. Helmy J. Abu Dalal	RN, BSN. MPH, Ph.D. Candidate Nursing Science Faculty of Medicine University of Malay	MOH Al-Quds Open University PRCS
10-	Dr. Samer Khader Alnawajha	Assistant Professor, UCAS	University College of Applied Sciences
11-	Dr. Hala Ayyash	Ph.D.- Management Planning and Development	Planning and Policy Development Unit, MOH
12-	Dr. Mohammed Mushtahaa	Ph.D. – Nursing	EL Asraa University
13-	Mr. Abdel Rahim Shaqoura	Master of Psychology	MOH
14-	Mr. Mohammed Omar Al Kahlout	Master of Public health	MOH

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الموافقة على إجراء دراسة علمية

" توجه الممرضين نحو استخدام وسائل التواصل الاجتماعي في تعزيز دور الممرضين

في مراكز الرعاية الصحية الأولية الحكومية."

in "Nurses' Perception of Using SM to Enhance Nursing Role Governmental PHC Centers"

الإخوة والأخوات الحكماء الأفاضل.......

تحية طيبة وبعد ....

أنا الباحث/ أحمد جنينة أقوم بعمل دراسة كمتطلب لنيل درجة الماجستير في إدارة التمريض من جامعة القدس كلية المهن الصحية، حيث تهدف الدراسة إلى تقييم توجه الممرضين نحو استخدام وسائل التواصل الاجتماعي في تعزيز دور الممرضين في مراكز الرعاية الصحية الأولية الحكومية في قطاع غزة.

يود الباحث التأكيد على أنه تم اختياركم للمشاركة في الدراسة ولكم كل الحق بقبول أو رفض المشاركة في هذه الدراسة.

الباحث يشكر لكم حسن تعاونكم وتكرمكم بالمشاركة في هذه الدراسة التي نأمل أن تأتي بالفائدة لتحسين الخدمات التمريضية التثقيفية المقدمة في مراكز الرعاية الصحية الأولية الحكومية بقطاع غزة.

ونعلمكم انه لا داعي لكتابة الاسم ونؤكد على ضمان سرية المعلومات واستخدامها لأغراض البحث العلمي فقط.

شكرا لمشاركتكم الفاعلة

شكراً لكم حسن المشاركة

الباحث

أحمــد درويش جنينــة
0599148182
ahmad-jenenah@hotmail.com

</div>

الاستبانة

"توجه الممرضين نحو استخدام وسائل التواصل الاجتماعي في تعزيز دور الممرضين
في مراكز الرعاية الصحية الأولية الحكومية"

يقصد بوسائل التواصل الاجتماعي: بأنها منصات إنترنت ديناميكية (يكون التواصل في اتجاهين) حيث تتيح للمستخدمين مشاركة وإنشاء ومناقشة المحتوى عبر هذه المنصات مثل المعلومات والأخبار والمناسبات والآراء والتجارب الشخصية والصور ومقاطع الفيديو مثل الفيس بوك، تويتر، اينستاجرام، واتس أب واليوتيوب.

تتضمن الأسئلة التالية معلومات خاصة بك. حيث الباحث يستفيد منها في أغراض المعالجة الإحصائية، لذا يرجى وضع أشارة (√) في المكان الذي يلاءم كل جملة تتوافق مع المعلومات الشخصية الخاصة بك.

أولاً: المعلومات الشخصية:

1- **الجنس:** ذكر ☐   أنثى ☐

2- **العمر:** ☐   سنة

3- **الحالة الاجتماعية:** أعزب/ة ☐   متزوج/ة ☐   مطلق/ة ☐   أرمل/ة ☐

4- **السكن:** محافظة شمال غزة ☐   محافظة غزة ☐   محافظة الوسطى ☐   محافظة خانيونس ☐   محافظة رفح ☐

5- **المؤهل العلمي:** دبلوم سنتان ☐   دبلوم 3 سنوات ☐   بكالوريوس ☐   ماجستير ☐   دكتوراه ☐   أخرى ☐

6- **التخصص:** تمريض عام ☐   قبالة ☐   تمريض أسنان ☐

7- **مكان وسنة التخرج:** الجامعة ☐

8- **المسمى الوظيفي:** ☐

ثانياً: معلومات عن المركز الصحي:

9- **مكان العمل:** اسم المركز ☐   المحافظة ☐

10- **سنوات الخبرة في مهنة التمريض:** ☐   سنة

11- **سنوات الخبرة في الرعاية الأولية:** ☐   سنة

12- **هل لديك وصف وظيفي لمهنتك:** نعم ☐   لا ☐

13- **مكان عملك في المركز الصحي:** صحة الطفل ☐   الأمراض الغير منقولة ☐   صحة الفم والأسنان ☐   قسم تنظيم الأسرة ☐   قسم رعاية الحوامل ☐   قسم رعاية ما بعد الولادة ☐   الأمراض المنقولة ☐   الطوارئ ☐   رئيس قسم ☐   الغيارات والحقن ☐

ثالثاً: واقع استخدام وسائل التواصل الاجتماعي والإنترنت في العمل

14- **هل لديك إيميل أو حساب على مواقع التواصل الاجتماعي؟**   نعم ☐   لا ☐

15- **هل تستخدم وسائل التواصل الاجتماعي والإنترنت لأمور تتعلق بالعمل؟**   نعم ☐   لا ☐

16- **ما مدى استخدامك لوسائل التواصل الاجتماعي والأنترنت في عملك؟**

معظم الوقت ☐   أحيانا ☐   قليل جدا ☐   لا استخدم ☐

17- **أي من الأجهزة التالية متوفرة أو تستخدمها في عملك؟ (حدد كل ما يتناسب معك)**

جهاز كمبيوتر ☐   حاسوب محمول ☐   الهاتف المحمول ☐   حاسوب لوحي (tab) ☐   لا شيء ☐

18- **هل طبيعة عملك تستوجب استخدام الإنترنت؟**   نعم ☐   لا ☐

19- **إذا كانت الإجابة في السؤال السابق (نعم)، من وجهة نظرك ما الأسباب الرئيسية التي تتطلب استخدام وسائل التواصل الاجتماعي في مراكز الرعاية الصحية الأولية؟ (حدد كل ما يتناسب معك).**

☐ التثقيف الصحي للآخرين حول أحدث صحية مختلفة.

☐ البحث عن تجارب المرضى الآخرين والاستفادة منها في زيادة خبرتي.

☐ للحصول على معلومات صحية أسعى من خلالها للتعامل مع حالات صحية خاصة.

☐ تبادل المعارف والخبرات مع زملاء العمل في مراكز صحية أخرى أو مناطق مختلفة حول العالم.

☐ العثور على توصيات وأراء علمية.

☐ الاتصال والتواصل مع الزملاء أو المراجعين.

☐ أخرى..

20- **اي من تطبيقات وسائل التواصل الاجتماعي التالية التي تستخدمها أو تزورها؟ (حدد كل ما ينطبق معك)**

فيس بوك ☐   تويتر ☐   اينستاجرام ☐   واتس أب ☐   يوتيوب ☐

21- **هل يوجد للمركز صفحة على منصات التواصل الاجتماعي؟**   نعم ☐   لا ☐

22- **اذا كان نعم، ما هو التطبيق الذي يستخدمه المركز؟**   ☐   ☐

فيس بوك ☐   تويتر ☐   اينستاجرام ☐   واتس أب ☐   يوتيوب ☐

23- **ما هو الهدف من أنشاء صفحة المركز؟ (حدد كل ما ينطبق معك).**

اجتماعية ☐   تعليمي ☐   الاتصال والتواصل ☐

☐   ☐   ☐

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رابعاً: مقياس توظيف وسائل التواصل الاجتماعي في مهنه التمريض

الرقم	الفقرات	نعم	لا	ملاحظـــــات
أولاً: توفر التجهيزات التقنية في المركز			
1−	تتوفر في المركز أجهزة حاسوب مناسبة تلبي احتياجاته لتطبيق البرامج المحوسبة			
2−	توجد شبكة انترنت في المركز			
3−	يوجد لدى المركز اشتراك انترنت يلبي كامل احتياجاته			
4−	يتم ربط أجهزة الحاسوب بالإنترنت			
5−	سرعة شبكة الاتصال المستخدمة لنقل البيانات والمعلومات كافية لإنجاز الأعمال المطلوبة.			
6−	يوجد بالمركز شبكة انترنت هوائية Wireless			
7−	يوجد نظام رقابة على قواعد البيانات التي يتم تبادلها على وسائل التواصل الاجتماعي			
8−	يتم توفير انترنت لجميع الممرضين على أجهزتهم المحمولة.			
9−	يتم توفير انترنت لموظفين معينين على أجهزتهم المحمولة لإنجاز أعمال مكلفين بها بحاجة للإنترنت.			
10−	يوجد بالمركز قاعدة بيانات متكاملة عن المراجعين وطريقة للاتصال والتواصل معهم.			
11−	يوجد في المركز مهندس حاسوب.			
12−	يوجد بالمركز جهة متخصصة بإدارة الانترنت والشبكات			
13−	يتوفر في المركز برامج حاسوب تغطي أنشطة وخدمات المركز الخاصة بالممرضين والمرضى.			

الرقم	الفقرات	درجة كبيرة جداً	درجة كبيرة	درجة متوسطة	قليلة	قليلة جداً
ثانياً: دعم الادارة لاستخدام وسائل التواصل الاجتماعي في خدمات التمريض						
14−	أرى أن الإدارة تدعم استخدام وسائل التواصل الاجتماعي.					
15−	توفر الإدارة دورات تدريبية للعاملين في مجال الحاسوب والانترنت					
16−	أعتقد أن الإدارة تمنع الممرضين من إنشاء مجموعات اتصال وتواصل فيما بينهم.					
17−	أعتقد أن الإدارة تساعد الممرضين على استغلال وسائل التواصل الاجتماعي بالطريقة الصحيحة.					
18−	تشارك إدارة المركز في صفحات التواصل الاجتماعي التي ينشئها الممرضين.					
19−	من وجهة نظري فان ادارة المركز لا تستخدم وسائل التواصل الاجتماعي في الخدمات الصحية الخاصة بالمركز.					
20−	تراقب إدارة المركز منشورات موظفيها وتمنعهم من الخوض في الأمور السياسية.					

قليلة جداً	قليلة	درجة متوسطة	درجة كبيرة	درجة كبيرة جداً	ثالثاً: دور وسائل التواصل الاجتماعي في تطوير الأداء المهني للتمريض	
					تساعد وسائل التواصل الاجتماعي في تنمية خبرات الممرضين من خلال ما هو جديد على منصات التواصل الاجتماعي.	21-
					تسهم وسائل التواصل الاجتماعي في تطوير بعض الإجراءات التمريضية المستخدمة تجاه المرضى.	22-
					تنقل وسائل التواصل الاجتماعي خبرات التمريض في الدول الأخرى بشكل سهل ومبسط.	23-
					أعتقد أن وسائل التواصل الاجتماعي لا تسهم ولا تؤثر في تبادل خبرات الممرضين بين بعضهم البعض.	24-
					تساعد وسائل التواصل الاجتماعي في الاتصال والتواصل مع ممرضين في دول متقدمة والاستفادة من خبراتهم.	25-
					تسهم وسائل التواصل الاجتماعي في الاتصال والتواصل مع كليات التمريض المحلية والاستفادة مما تقدمه من تطوير مهني للمرضين.	26-
					تساعد وسائل التواصل الاجتماعي في تغيير سلوك الممرضين غير المقبول كالتأخير عن مواعيد العمل، عدم تقبل الآخرين، عدم إتقان بعض الإجراءات في العمل...إلخ.	27-
					تستخدم وسائل التواصل الاجتماعي للحصول على المعلومات النادرة والفيديوهات وغيرها بسهولة وبسرعة.	28-
					أعتقد أن وسائل التواصل الاجتماعي وما تقدمه من فيديوهات ومعلومات تؤثر بالسلب على سلوك الممرضين في تصفح الكتب.	29-
					تسهم وسائل التواصل الاجتماعي في زيادة ثقتي بالمؤسسة الصحية التي أعمل بها، من خلال مقارنة خدمات المركز الصحي بمراكز أخرى.	30-
					تساعد وسائل التواصل الاجتماعي في التعرف على قيم ومعتقدات وثقافات شعوب مختلفة ومقارنتها بالثقافة الفلسطينية.	31-
					أرى أن وسائل التواصل الاجتماعي تؤثر بالسلب في سلوكي ومسئولياتي تجاه الآخرين.	32-
					تساعدني وسائل التواصل الاجتماعي على فهم دوري التمريضي بشكل أفضل وأوسع.	33-
قليلة جداً	قليلة	درجة متوسطة	درجة كبيرة	درجة كبيرة جداً	رابعاً: دور وسائل التواصل الاجتماعي في التثقيف والتعليم الصحي.	
					تقدم منصات التواصل الاجتماعي معلومات صحية بشكل سهل.	34-
					ابحث عن المعلومات الصحية في منصات التواصل الاجتماعي.	35-
					اتناقش مع زملائي في المواضيع الصحية من خلال منصات التواصل الاجتماعي.	36-
					أطور وأحدث معلوماتي الصحية من منصات التواصل الاجتماعي	37-
					تمثل وسائل التواصل الاجتماعي مصدر ضعيف للمعلومات الصحية والتمريضية.	38-

قليلة جداً	قليلة	درجة متوسطة	درجة كبيرة	درجة كبيرة جداً		
					أستخدم صفحتي الشخصية في نشر العديد من المواضيع الصحية التي تزيد من خبرات الممرضين.	39-
					أستخدم صفحتي الشخصية في نشر العديد من المواضيع الصحية التي تزيد من ثقافة المرضى.	40-
					تمثل وسائل التواصل الاجتماعي مصدر أساسي ومهم في التثقيف الصحي للمرضى.	41-
					تعد وسائل التواصل الاجتماعي أسهل طرق التثقيف الصحي خصوصاً في الرعاية الأولية.	42-
					يمكن استغلال وسائل التواصل الاجتماعي في التثقيف الصحي بشكل أفضل ومن خلال قنوات رسمية وموثوقة.	43-
					أشجع زملائي على استخدام وسائل التواصل الاجتماعي في تحسين خدمات الرعاية الأولية.	44-
					تستخدم إدارة المركز وسائل التواصل الاجتماعي في تطوير الممرضين وتحسين مستواهم العلمي والعملي.	45-
قليلة جداً	قليلة	درجة متوسطة	درجة كبيرة	درجة كبيرة جداً	**خامساً: دور وسائل التواصل الاجتماعي في الاتصال بين الممرضين والإدارة**	
					يمكن استخدام وسائل التواصل الاجتماعي في الاتصال مع الإدارة بشكل أساسي.	46-
					أعتقد أن وسائل التواصل الاجتماعي تسهم في الاتصال مع الإدارة بشكل سهل وبدون قيود.	47-
					أرى أن وسائل التواصل الاجتماعي تساعد في خلق مشكلات وعداوات مع الإدارة.	48-
					تشجع إدارة المركز الاتصال معهم من خلال وسائل التواصل الاجتماعي	49-
					أعتقد أن ادارة المركز تسعى إلى عدم تفعيل وسائل التواصل الاجتماعي في الاتصال والتواصل.	50-
					تساعد وسائل التواصل الاجتماعي في الاتصال والتواصل مع الطواقم التمريضية في حالات الطوارئ.	51-
					تستخدم إدارة المركز وسائل التواصل الاجتماعي في تكليف الممرضين ببعض المهمات.	52-
					تستخدم إدارة المركز وسائل التواصل الاجتماعي في تحسين أداء شخص معين من الممرضين.	53-
					يمكن لوسائل التواصل الاجتماعي ان تساعد في تقليل الفجوة بين إدارة المركز والممرضين.	54-
قليلة جداً	قليلة	درجة متوسطة	درجة كبيرة	درجة كبيرة جداً	**سادساً: دور وسائل التواصل الاجتماعي في الاتصال بين الممرضين والزملاء الأخرين**	
					تسهل وسائل التواصل الاجتماعي عملية التواصل مع زملاء العمل.	55-
					تمثل وسائل التواصل الاجتماعي قنوات أساسية للتواصل بين زملاء العمل من المهن الأخرى .	56-
					تساعد وسائل التواصل الاجتماعي في تبادل المعلومات الصحية بين الزملاء بسهولة .	57-

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قليلة جداً	قليلة	درجة متوسطة	درجة كبيرة	درجة كبيرة جداً		
					أعتقد أن وسائل التواصل الاجتماعي تساهم في هدر الوقت والجهد.	58-
					تساهم وسائل التواصل الاجتماعي في توفير المال من خلال سرعة وسهولة الاتصال مع الزملاء.	59-
					يفضل الزملاء استخدام وسائل التواصل الاجتماعي في الاتصال والتواصل مع بعضهم البعض.	60-
					تسهم وسائل التواصل الاجتماعي في هدم علاقات بين زملاء العمل.	61-
					تساعد وسائل التواصل الاجتماعي في الاتصال والتواصل مع زملاء العمل في المركز الواحد والمراكز الأخرى بسهولة في أوقات الطوارئ.	62-
					تساعد وسائل التواصل الاجتماعي في توفير أساليب راقية في الاتصال والتواصل بين زملاء العمل.	63-
					تساعد وسائل التواصل الاجتماعي في تنمية وتطوير قدرات المركز في الاتصال والتواصل وتحسين الخدمات .	64-
قليلة جداً	قليلة	درجة متوسطة	درجة كبيرة	درجة كبيرة جداً	**سابعاً: أهمية وسائل التواصل الاجتماعي للمرضى والمراجعين**	
					تستخدم وسائل التواصل الاجتماعي في الاتصال والتواصل مع المرضى.	65-
					تستخدم وسائل التواصل الاجتماعي في التواصل مع المرضى في خارج أوقات الدوام الرسمي للعيادة.	66-
					تسهم وسائل التواصل الاجتماعي في الاستجابة لتساؤلات المرضى حول قضية معينة دون الحاجة لحضور للمركز .	67-
					تساعد وسائل التواصل الاجتماعي في حجز أو إلغاء مواعيد المراجعين بشكل أسهل.	68-
					تساعد وسائل التواصل الاجتماعي في الاتصال والتواصل مع المراجعين في أوقات الطوارئ.	69-
					ممكن استخدام وسائل التواصل الاجتماعي في الاتصال والتواصل بين المراجعين بعضهم البعض.	70-
					الاتصال والتواصل مع المراجعين من خلال وسائل التواصل الاجتماعي يخفف من ضغط العمل في المركز.	71-
					تساعد وسائل التواصل الاجتماعي في تقليل عدد زيارة المراجعين للعيادة وذلك من خلال الإجابة على استفساراتهم من خلال وسائل التواصل الاجتماعي	72-
					تسهم وسائل التواصل الاجتماعي في توفير مصاريف الحضور إلى العيادة في حال التواصل مع المرضى والمراجعين وهم في منازلهم.	73-
					تساعد وسائل التواصل الاجتماعي على توفير الوقت لدى الممرضين والمراجعين.	74-
					تعزز وسائل التواصل الاجتماعي الثقة بين الممرضين والمرضى والمراجعين.	75-
قليلة جداً	قليلة	درجة متوسطة	درجة كبيرة	درجة كبيرة جداً	**ثامناً: مخاطر استخدام وسائل التواصل الاجتماعي في مراكز الرعاية الصحية الأولية**	
					أعتقد أن استخدام وسائل التواصل الاجتماعي تعد انتهاك لخصوصية المراجعين.	76-

					أعتقد أن مواقع التواصل الاجتماعي تساعد في نشر معلومات صحية خاطئة مما يؤثر على صحة المراجعين	77-
					أرى أن وسائل التواصل الاجتماعي تسهم في نشر الاخبار الخاطئة والاشاعات.	78-
					أعتقد أن وسائل التواصل الاجتماعي تسهم في تقليل الثقة في الطواقم الصحية.	79-
					أعتقد أن وسائل التواصل الاجتماعي تعد أداة للاستغلال وابتزاز المراجعين والمتابعين من قبل مقدمي الرعاية الصحية.	80-
					أرى أن وسائل التواصل الاجتماعي أداة تشغل مقدمي الرعاية الصحية عن تقديم خدماتهم على أفضل وجه.	81-
					أعتقد أن وسائل التواصل الاجتماعي تزيد الفجوة بين الممرضين والمراجعين.	82-
					تقطع وسائل التواصل الاجتماعي الاتصال المباشر بين المراجعين ومقدمي الخدمات الصحية بشكل كامل.	83-

خامساً: من وجهة نظرك ماهي العوامل المساعدة لتوظيف وسائل التواصل الاجتماعي في تعزيز دور الممرضين في التثقيف الصحي والاتصال والتواصل؟ (حدد الإجابة في نقاط)

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....
7. ....

سادساً: من وجهة نظرك ماهي العوامل التي تعيق توظيف وسائل التواصل الاجتماعي في تعزيز دور الممرضين في التثقيف الصحي والاتصال والتواصل؟ (حدد الإجابة في نقاط)

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....
7. ....

Annex (8) The final form of a questionnaire (English Version)

"Nurses' Perception of Using SM to Enhance Nursing Role in Governmental PHC Centers"

Dear participant:

This study aims to assess the nurses' perceptions of usage of SM to enhance nurses' role: health education and communication at governmental PHC centers in GSas a requirement to obtain a master's degree in nursing management – faculty of Health Professions at the Al-Quds University – Palestine.

The researcher ascertains that you are selected randomly and you have the right to refuse participation in this study.

Researcher thanks you for your participation and collaboration in this study that we hope to improve the nursing care at governmental PHC center.

The researcher would like to emphasize that the information will remain confidential and for the purpose of scientific research that does not need to mention your name.

Thank you for your participation

Researcher
Ahmad Darwish Jenenah
0599148182
ahmad-jenenah@hotmail.com

QUESTIONNAIRE

"Nurses' Perception of Using SM to Enhance Nursing Role in Governmental PHC Centers"

SM means: it is a dynamic internet platform (two-way communication) that allows users to share, create and discuss content through these platforms such as information, news, events, opinions, personal experiences, photos and videos such as Facebook, Twitter, Instagram, WhatsApp, and YouTube.

The following questions include your own information. Where the researcher uses them for statistical processing purposes, so please put a reference (√) in the place that suits each sentence corresponds to your personal information.

First: Personal Information:

1- **Gender:** Male ☐   Female ☐   **2- Age:** [_____] year

3- **Marital status:** Single ☐   Married ☐   Divorced ☐   Widowed ☐

4- **Place of Residence:**   North Gaza ☐   Gaza city ☐   Mid-Zone ☐

            Khan Younis ☐   Rafah ☐

5- **Educational Level:** 2 years Diploma ☐   3 years Diploma ☐   Bachelor ☐

               Master ☐   PhD ☐

6- **Nursing specialty:** General Nursing ☐   Dental Nursing ☐   Midwife Nurse ☐

7- **Place and Year of Graduation:** [_____]

8- **Job Title:** [_____]

     Second: Information of PHC Center:

9- **Place of work:** Center Name [_____]   Governorate [_____]

10- **Total Experience in the nursing:** [_____]   Year

11- **PHC Experience**: [_____]   Year

12- **Do you have a job description?**   Yes ☐   No ☐

13- **Workplace in the Health Center**: Child Health ☐   Non-Communicable Diseases ☐

     Mouth and teeth's health ☐   Family Planning ☐   Prenatal Care ☐

       Postnatal Care ☐   Infectious Diseases ☐   Dressing and injection ☐

         Head nurse ☐   Emergency ☐

Third: Current situation of the use of SM and the Internet at work:

14- Do you have an email or a SM account? Yes ☐ No ☐

15- Do you use SM and Internet for work-related matters? Yes ☐ No ☐

16- How much do you use SM and the Internet in your work?

All Time ☐   Sometimes ☐   Very little ☐   Do not use ☐

17. Which of the following devices is available or used in your work? (Select all that suits you)

PC ☐   Laptop ☐   Mobile ☐   Tablet ☐   Nothing ☐

18- Does the nature of your work require the use of the Internet? Yes ☐ No ☐

If the answer in the previous question (Yes);

19- What are the main reasons that require the use of SM in PHC centers? (Select all that suits you)

☐ Health education for others about the latest health different.

☐ Look for other patients' experiences and use them to increase my experience.

☐ Health information to deal with special health conditions.

☐ Share knowledge and experiences with colleagues in other health centers or different regions around the world.

☐ Find scientific recommendations and opinions.

☐ Communication with colleagues or reviewers.

☐ Others …………………………………………………………………………………

20- Which of the following SM applications do you use or visit? (Check all that apply):

Facebook ☐   Twitter ☐   Instagram ☐   WhatsApp ☐   YouTube ☐

21- Does the Center have a page on SM platforms? Yes ☐ No ☐

22- If Yes, what application does the Center use?

Facebook ☐   Twitter ☐   Instagram ☐   WhatsApp ☐   YouTube ☐

23- What is the purpose of creating the center page? (Check all that apply).

Social ☐   Educational ☐   Communication ☐

Fourth: The measure of employing SM in the nursing profession

Explain your agreement with the following items:

Very High Degree (VH); **High Degree** (HD); **Intermediate Degree** (ID);
Low Degree (LD); **Very Low Degree** (VLD)

No.	Item	Yes	No	Notes		
1. Availability of technical equipment in the center.						
1-	The center has suitable computers that meet its requirements to implement computerized software and SM platform.					
2-	There is internet in the center.					
3-	The center has an Internet subscription that meets all its needs					
4-	Computers are connected to the Internet					
5-	The network speed used to transmit data and information is sufficient to complete the required work.					
6-	The center has wireless internet.					
7-	There is a control system for databases that are shared on SM					
8-	Internet is provided to all nurses on their mobile devices.					
9-	Internet is provided to certain employees on their mobile devices to carry out work assigned to them in need of the internet.					
10-	The center has an integrated database of reviewers & a way to communicate & communicate with them.					
11-	The center has a computer engineer.					
12-	The center has a specialized department in managing the internet and networks					
13-	The center has computer programs that cover the activities and services of nurses and patients.					
2. Support the administration to use SM in nursing services.	**VHD**	**HD**	**ID**	**LD**	**VLD**
14-	I think the administration supports the use of SM.					
15-	The management provides training courses for computer and Internet workers					
16-	I think the administration is preventing nurses from establishing contact groups and communicating with each other.					
17-	I think the administration helps nurses use SM in the right way.					

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		VHD	HD	ID	LD	VLD
18-	The Center's management participates in social networking pages created by nurses.					
19-	In my view, the administration of the center does not use SM in the center's health services.					
20-	The management of the Center monitors the publications of its employees and prevents them from engaging in political matters.					
3. The role of SM in developing the professional performance of nursing.		VHD	HD	ID	LD	VLD
21-	SM helps nurses experience through what's new in SM platforms.					
22-	SM contributed to the development of some of the nursing procedures used towards patients.					
23-	SM communicates nursing experiences in other countries in an easy and simple way.					
24-	I think that SM does not contribute to or affect the exchange of nurses' experiences with each other.					
25-	SM helps connect and connect with nurses in developed countries and benefit from their expertise.					
26-	SM contribute to communication with local nursing colleges and benefit from the professional development of nurses.					
27-	SM helps to change the unacceptable behavior of nurses such as delays in working hours, lack of acceptance of others, lack of certain procedures at work, etc.					
28-	Use SM to get rare information, videos and more easily and quickly.					
29-	I think SM and the videos and information they offer have a negative impact on nurses' behavior in browsing books.					
30-	SM contributes to my confidence in my health institution by comparing health center services with other centers.					
31-	SM helps identify the values, beliefs, and cultures of different peoples and compare them to Palestinian culture.					
32-	I see that SM negatively affect my behavior and responsibilities towards others.					
33-	SM helps me understand my nursing role better and wider.					
4. The role of SM in health education.		VHD	HD	ID	LD	VLD
34-	SM platforms provide health information easily.					
35-	Look for health information on SM platforms.					

		VHD	HD	ID	LD	VLD
36-	I discuss with my colleagues on health topics through SM platforms.					
37-	I develop and update my health information from SM platforms					
38-	SM is a poor source of health and nursing information.					
39-	I use my page to publish many health topics that increase the experience of nurses.					
40-	I use my page to publish many health topics that increase the culture of patients.					
41-	SM is an essential source of health education for patients.					
42-	SM is the easiest method of health education, especially in primary care.					
43-	SM can be better utilized in health education through formal and reliable channels.					
44-	I encourage my colleagues to use SM to improve primary care.					
45-	The center's management uses SM to develop nurses and improve their scientific and practical level.					
5. The role of SM in communication between nurses and management.		VHD	HD	ID	LD	VLD
46-	SM can be used primarily to communicate with management.					
47-	I think that SM contribute to communication with management easily and without restrictions.					
48-	I see that SM helps create problems and animosities with the administration					
49-	The Center's management encourages communication with them through SM					
50-	I think that the administration of the center is seeking not to activate SM in communication.					
51-	SM helps in communicating with nursing staff in emergencies.					
52-	The center's management uses SM to assign nurses some tasks.					
53-	The center's management uses SM to improve the performance of a particular nurse.					
54-	SM can help reduce the gap between center management and nurses.					
6. The role of SM in communication between nurses and colleagues.		**VHD**	**HD**	**ID**	**LD**	**VLD**
55-	SM facilitates communication with co-workers.					
56-	SM are essential channels of communication between co-workers from other professions.					

		VHD	HD	ID	LD	VLD
57-	SM helps to easily share health information among colleagues.					
58-	I think SM contributes to wasting time and effort.					
59-	SM saves money by quickly and easily communicating with colleagues.					
60-	Colleagues prefer to use SM to communicate with each other.					
61-	SM contribute to the demolition of relationships between co-workers.					
62-	SM helps you easily communicate with co-workers in one and other centers in times of emergency.					
63-	SM helps to provide sophisticated ways of communication between co-workers.					
64-	SM helps to develop the center's communication capabilities and improve services.					
7. The importance of SM for patients and reviewers.		**VHD**	**HD**	**ID**	**LD**	**VLD**
65-	SM is used to communicate with patients.					
66-	SM is used to communicate with patients outside the office hours.					
67-	SM contribute to responding to patients' questions about a particular issue without the need to attend the center.					
68-	SM helps to book or cancel reviewers' appointments easier.					
69-	SM helps you communicate with reviewers in times of emergency.					
70-	SM can be used to communicate between reviewers.					
71-	Communication with reviewers through SM relieves work pressure at the center.					
72-	SM helps reduce the number of patients visiting the clinic by answering their queries through SM					
73-	SM contributes to the saving cost of attending the clinic in case of communication with patients at home.					
74-	SM helps save time for nurses and reviewers.					
75-	SM foster confidence among nurses, patients and reviewers.					

8. The risks of using SM in PHC centers	VHD	HD	ID	LD	VLD
76- I believe that the use of SM is a violation of the privacy of the reviewers.					
77- I think SM sites help spread false health information that affects the health of the reviewers					
78- I see that SM contributes to spreading false news and rumors.					
79- I think SM contributes to reducing trust in health staff.					
80- I think SM is a tool for exploitation and blackmail by health care providers.					
81- I see SM as a tool that preoccupies health care providers about delivering their services best.					
82- I think SM is increasing the gap between nurses and reviewers.					
83- SM interrupts direct contact between reviewers and health providers.					

Fifth: From your point of view. What are the factors that help to employ SM in enhancing the role of nurses in health education & communication? (Select answer in points).

1. …………………………………………………………………………………………
2. …………………………………………………………………………………………
3. …………………………………………………………………………………...…....……
4. …………………………………………………………………………………………
5. …………………………………………………………………………………….……
6. …………………………………………………………………………………….……
7. …………………………………………………………………………………………

Sixth: In your opinion, what are the factors that barrier the use of SM in enhancing the role of nurses in health education, communication? (Select answer in points)

1. …………………………………………………………………………………………
2. …………………………………………………………………………………………
3. …………………………………………………………………………………...…..…….
4. …………………………………………………………………………………………
5. …………………………………………………………………………………….……
6. …………………………………………………………………………………….……
7. …………………………………………………………………………………………

Annex (9) Internal validity of the field (Correlation coefficient between each item in the field and the whole field):

No.	Fields	correlation coefficient	p-value
Administration support for the use of SM in nursing services			
1.	I think the administration supports the use of SM.	0.689	0.000*
2.	The management provides training courses for computer and Internet workers	0.649	0.000*
3.	I think the administration is preventing nurses from establishing contact groups and communicating with each other.	0.721	0.000*
4.	I think the administration helps nurses use SM in the right way.	0.593	0.000*
5.	The Center's management participates in social networking pages created by nurses.	0.745	0.000*
6.	In my view, the administration of the center does not use SM in the center's health services.	0.634	0.000*
7.	The management of the Center monitors the publications of its employees and prevents them from engaging in political matters.	0.642	0.000*
The role of SM in developing the professional performance of nursing			
8.	SM helps nurses experience through what's new in SM platforms.	0.671	0.000*
9.	SM contributed to the development of some of the nursing procedures used towards patients.	0.662	0.000*
10.	SM communicates nursing experiences in other countries in an easy and simple way.	0.705	0.000*
11.	I think that SM does not contribute to or affect the exchange of nurses' experiences with each other.	0.741	0.000*
12.	SM helps connect and connect with nurses in developed countries and benefit from their expertise.	0.650	0.000*
13.	SM contribute to communication with local nursing colleges and benefit from the professional development of nurses.	0.637	0.000*
14.	SM helps to change the unacceptable behavior of nurses such as delays in working hours, lack of acceptance of others, lack of certain procedures at work, etc.	0.639	0.000*
15.	Use SM to get rare information, videos and more easily and quickly.	0.648	0.000*
16.	I think SM and the videos and information they offer have a negative impact on nurses' behavior in browsing books.	0.643	0.000*
17.	SM contributes to my confidence in my health institution by comparing health center services with other centers.	0.637	0.000*
18.	SM helps identify the values, beliefs, and cultures of different peoples and compare them to Palestinian culture.	0.632	0.000*
19.	I see that SM negatively affect my behavior and responsibilities towards others.	0.741	0.000*
20.	SM helps me understand my nursing role better and wider.	0.588	0.000*
The role of SM in health education			
21.	SM platforms provide health information easily.	0.628	0.000*
22.	Look for health information on SM platforms.	0.643	0.000*
23.	I discuss with my colleagues on health topics through SM platforms.	0.571	0.000*
24.	I develop and update my health information from SM platforms	0.575	0.000*
25.	SM is a poor source of health and nursing information.	0.751	0.000*

No.	Fields	correlation coefficient	p-value
26.	I use my page to publish many health topics that increase the experience of nurses.	0.664	0.000*
27.	I use my page to publish many health topics that increase the culture of patients.	0.667	0.000*
28.	SM is an essential source of health education for patients.	0.672	0.000*
29.	SM is the easiest method of health education, especially in primary care.	0.718	0.000*
30.	SM can be better utilized in health education through formal and reliable channels.	0.692	0.000*
31.	I encourage my colleagues to use SM to improve primary care.	0.736	0.000*
32.	The center's management uses SM to develop nurses and improve their scientific and practical level.	0.580	0.000*
The role of SM in communication between nurses and management			
33.	SM can be used primarily to communicate with management.	0.753	0.000*
34.	I think that SM contributes to communication with management easily and without restrictions.	0.704	0.000*
35.	I see that SM helps create problems and animosities with the administration	0.655	0.000*
36.	The Center's management encourages communication with them through SM	0.743	0.000*
37.	I think that the administration of the center is seeking not to activate SM in communication.	0.517	0.000*
38.	SM helps in communicating with nursing staff in emergencies.	0.694	0.000*
39.	The center's management uses SM to assign nurses some tasks.	0.738	0.000*
40.	The center's management uses SM to improve the performance of a particular nurse.	0.726	0.000*
41.	SM can help reduce the gap between center management and nurses.	0.655	0.000*
The role of SM in communication between nurses and co-workers			
42.	SM facilitates communication with co-workers.	0.705	0.000*
43.	SM are essential channels of communication between co-workers from other professions.	0.697	0.000*
44.	SM helps to easily share health information among colleagues.	0.746	0.000*
45.	I think SM contributes to wasting time and effort.	0.674	0.000*
46.	SM saves money by quickly and easily communicating with colleagues.	0.636	0.000*
47.	Colleagues prefer to use SM to communicate with each other.	0.723	0.000*
48.	SM contributed to the demolition of relationships between co-workers.	0.734	0.000*
49.	SM helps you easily communicate with co-workers in one and other centers in times of emergency.	0.664	0.000*
50.	SM helps to provide sophisticated ways of communication between co-workers.	0.776	0.000*
51.	SM helps to develop the center's communication capabilities and improve services.	0.729	0.000*
The importance of SM for patients and reviewers			
52.	SM is used to communicate with patients.	0.702	0.000*
53.	SM is used to communicate with patients outside office hours.	0.660	0.000*
54.	SM contribute to responding to patients' questions about a particular issue without the need to attend the center.	0.741	0.000*

No.	Fields	correlation coefficient	p-value
55.	SM helps to book or cancel reviewers' appointments easier.	0.723	0.000*
56.	SM helps you communicate with reviewers in times of emergency.	0.808	0.000*
57.	SM can be used to communicate between reviewers.	0.802	0.000*
58.	Communication with reviewers through SM relieves work pressure at the center.	0.740	0.000*
59.	SM helps reduce the number of patients visiting the clinic by answering their queries through SM	0.867	0.000*
60.	SM contributes to the saving cost of attending the clinic in case of communication with patients at home.	0.789	0.000*
61.	SM helps save time for nurses and reviewers.	0.811	0.000*
62.	SM fosters confidence among nurses, patients, and reviewers.	0.519	0.000*
The risks of using SM in PHC centers			
63.	I believe that the use of SM is a violation of the privacy of the reviewers.	0.614	0.000*
64.	I think SM sites help spread false health information that affects the health of the reviewers	0.707	0.000*
65.	I see that SM contributes to spreading false news and rumors.	0.726	0.000*
66.	I think SM contributes to reducing trust in health staff.	0.723	0.000*
67.	I think SM is a tool for exploitation and blackmail by health care providers.	0.689	0.000*
68.	I see SM as a tool that preoccupies health care providers about delivering their services best.	0.685	0.000*
69.	I think SM is increasing the gap between nurses and reviewers.	0.764	0.000*
70.	SM interrupts direct contact between reviewers and health providers.	0.691	0.000*

عنوان الدراسة: توجه الممرضين نحو استخدام وسائل التواصل الاجتماعي في تعزيز دور الممرضين

في مراكز الرعاية الصحية الأولية الحكومية.

إعداد: أحمد درويش جنينة

إشراف: د. يوسف محمود عوض

ملخص الدراسة:

إن استخدام الوسائط الاجتماعية يتطور يومًا بعد يوم في جميع أنحاء العالم والرعاية الصحية أحد القطاعات المهمة التي استخدمتها لتحسين خدماتها. لذا هدفت الدراسة الحالية إلى تقييم توجه الممرضين حول استخدام وسائل التواصل الاجتماعي لتعزيز دور الممرضات: التثقيف الصحي والتواصل في مراكز الرعاية الصحية الأولية الحكومية في قطاع غزة. وقد استخدم الباحث المنهج الوصفي التحليلي (دراسة وصفية وتحليلية مستعرضة). وقد تكونت عينة الدراسة من جميع الممرضين الذين يعملون في مراكز الرعاية الصحية الأولية من المستوى الرابع، حيث كان العدد الإجمالي 153 ممرض، وبلغت نسبة الاستجابة للمشاركة في الدراسة 91 ٪.

لجمع البيانات قام الباحث بإعداد أداة الدراسة وهي مكونة من استبيانًا يعكس توجه الممرضين نحو استخدام وسائل التواصل الاجتماعي لتعزيز دور الممرضات. حيث شمل الاستبيان: البيانات الشخصية. معلومات عن المركز الصحي؛ وواقع توظيف وسائل التواصل الاجتماعي والإنترنت في العمل، ومقياس توجه الممرضين لاستخدام وسائل التواصل الاجتماعي في تعزيز دور الممرضات: التثقيف الصحي والاتصال. وقد تم عرض أداة الدراسة على مجموعة من المحكمين للتأكد من مدى صلاحيتها كأداة دراسة، كما تم إجراء دراسة استطلاعية وتبين أن معامل الثبات ألفا كرونباخ بلغ 0.921، وقد تم استخدام برنامج الرزم الإحصائية للعلوم الاجتماعية (SPSS) لتحليل البيانات، والتي تضمنت التكرارات، والمتوسطات الحسابية، والنسب المئوية، واختبار (T)، وغيرها.

أظهرت نتائج الدراسة أن معظم أفراد العينة كانوا من الإناث بنسبة 62.6 ٪، بينما كانت 47.5 ٪ من المشاركين بين 31 إلى 40 سنة. وفقًا للمؤهلات العلمية كان 48.9٪ من المشاركين يحملون دبلوم سنتان وثلاث سنوات، بينما حصل 44.6٪ على درجة البكالوريوس. وفيما يتعلق بالتخصص

فإن غالبية العينة يحملون درجة التمريض العام بنسبة 76.3 %. بينما 14.4% قابلات، وتمريض الأسنان 9.4%. وكان معظم أفراد عينة الدراسة لديهم خبرة في الرعاية الصحية الأولية تقل عن 10 سنوات بنسبة 54%. وبينت نتائج الدراسة أن 71.2% من إجابة المشاركين لديهم بريد إلكتروني أو حساب على وسائل التواصل الاجتماعي؛ ويستخدم حوالي 51% من المشاركين وسائل التواصل الاجتماعي والإنترنت من أجل أمور متعلقة بالعمل، وأفاد أكثر من نصف الممرضين بأنهم يستخدمون وسائل التواصل الاجتماعي والإنترنت بشكل مستمر في العمل، وأفاد 57.5% من المشاركين أن طبيعة عمل التمريض تتطلب استخدام الإنترنت، وحوالي 89% من الممرضين قالوا إنهم يشاركون ويتابعون في صفحات وسائل التواصل الاجتماعي ومنصات مراكزهم الصحية.

وحول دعم الإدارة لاستخدام وسائل التواصل الاجتماعي في خدمات التمريض كان معتدلاً مع نسبة 59.6%، ودور وسائل التواصل الاجتماعي في تطوير الأداء المهني للتمريض كان مرتفعا مع نسبة 70.6%، كما أن وسائل التواصل الاجتماعي تسهم في زيادة التثقيف الصحي بين العاملين والمرضى والمراجعين لمراكز الرعاية الصحية الأولية. وبعبارة أخرى، كانت مساهمة وسائل التواصل الاجتماعي في زيادة التثقيف الصحي كانت مرتفعة بنسبة 76.4%، ولكن حول دور وسائل التواصل الاجتماعي في التواصل بين الممرضين وإدارة التمريض كان معتدلا بنسبة 64.8%، حول دور وسائل التواصل الاجتماعي في التواصل بين الممرضين وزملاء العمل عالية بنسبة 73.0 %، وحول أهمية وسائل التواصل الاجتماعي للمرضى والمراجعين وجدت الدراسة أن هناك أهمية عالية لوسائل التواصل الاجتماعي للمرضى والمراجعين وبنسبة 68.2%. وحول مخاطر استخدام وسائل التواصل الاجتماعي في مراكز الرعاية الصحية الأولية. ذكر المشاركون في الدراسة أن هناك القليل من المخاطر لاستخدام وسائل التواصل الاجتماعي في مراكز الرعاية الصحية الأولية بنسبة 49.8%.

وبذلك يوصي الباحث بأن استخدام وسائل التواصل الاجتماعي في تحسين دور الممرضين مفيد للغاية وداعم في التثقيف الصحي والتواصل. لذلك يجب أن العمل بجد لتوظيف وسائل التواصل الاجتماعي لتحسين أدوار التمريض وفقًا للإمكانيات الحالية، وتطويرها لاحقًا وفقًا للإمكانيات المتاحة.

الكلمات المفتاحية: وسائل التواصل الاجتماعي، الممرضات، الرعاية الصحية الأولية. التثقيف الصحي.