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Positive confrontation among workers in health institutions

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Abstract--The two researchers sought to identify the positive confrontation among workers in health institutions in Al-Diwaniyah Governorate through a set of objectives .1 :Know the positive confrontation of workers in health institutions .2 .Know the significance of the differences on the scale of positive confrontation according to the variables of gender and type of work among workers in health institution. To achieve the objectives of the research, the researcher built the positive confrontation scale according to Schwarzer theory (2003), which in its final form consisted of (28) items, and its validity, reliability and statistical analysis of its items were verified on the research sample of (400) nurses and doctors working in institutions After completing the procedures of the research scale, the researchers extracted the results of the research by analyzing the workers' answers using the Statistical Package for Social Sciences (SPSS) through the electronic calculator, and using a set of statistical methods, including (the t-test for one sample, the t-test for two independent samples, laboratories Pearson correlation, internal consistency alpha equation, Z-test). The research reached a number of results, the most important of which are: The employees are positively confrontational -.There are no differences between male and female workers on the scale of positive confrontation -.There are differences between the workers according to the variable of the type of work, doctors and nurses (in favor of doctors) on the scale of positive confrontation .Based on the results of the research, the researchers developed a set of recommendations and suggestions.

Keywords--positive confrontation, workers, health institutions.

Introduction

Research problem

Workers in health institutions usually suffer from a range of problems specific to their environment. For example, employees may experience job stress, which is broadly defined as assessing the situation as beyond coping resources, and is common among health care professionals. Stress and other negative factors may lead to a range of negative consequences for individuals working in these environments, including anxiety and depression; emotional exhaustion; And strained relationships, decreased job satisfaction, increased anxiety, and decreased quality of life (Dev et al, 2020, p. 1170). Positive coping factors for the stressful event may be among the most prominent factors that contribute to increasing the ability to overcome problems in stressful environments, including the institutional environment. health.

Focusing on the Iraqi environment, there are many indicators mentioned in the previous literature about the problems experienced by workers in the Iraqi medical sector. Salih (2010) indicates that workers in the Iraqi health sector suffer from problems of professional compatibility, and this problem affects the success of these individuals in Adaptation and achievement in the work environment, which is reflected in their therapeutic reading as well. Salih (2010) observed from actual cohabitation that there is a mismatch among health workers, and summarized its reasons as being due to work pressures, job insecurity, as well as authoritarianism from the administration. (Saleh, 2010: 166-167).

Positive confrontation is a positive approach to dealing with the pressures experienced by workers. Greenglass, Stokes & Fiskensbaum (2005) indicate that positive confrontation is initiated with the aim of preventing negative events, and creating the best conditions for the realization of future projects and ideas (Greenglass et al., 2002, p. 4). The inability to face events and pressures in a positive way prevents individuals from moving towards the future .Based on the above, the research problem can be identified by answering a main question: Are workers in health institutions characterized by positive confrontation?

Research importance

Psychological research related to stress and pressures in the workplace has developed greatly, as there has become a great focus on positive confrontation, and it has been extensively studied. A lot of information was provided about the complexity of this type of confrontation, the factors that contribute to it, and the intensity of the confrontation. It also studied the specificity of pressures in the workplace, and the types of professional groups that are exposed to it. The positive response to stress was an important factor in changing the results of these researches (Wirkus et al, 2021, p. 356).

The contribution of positive coping strategies to the quality of psychological and social adaptation to psychological stresses caused by physical factors, such as physical disability, has been verified. An example is the Livneh & Wilson (2003)

study, which discussed the relationships between four factors (functional limitations, perceived view of the situation, emotional responses associated with disability; stress factors—anxiety and depression—), based on the responses of a sample of undergraduate students with disabilities. The results of the study indicate that coping strategies greatly explain the variance in results, after controlling for the contribution of factors related to disability. However, the role of coping strategies as a mediator of changing outcomes is not often supported in this sample (Livneh & Wilson, 2003, p. 194).

Positive confrontation with stress and stress plays an active role in influencing both the emotional and cognitive state of individuals, as it may lead to optimism and positive feeling. The study of Rao, N. M., Yi, Yu, Husain, Sun, Munawar, ... Chang, (2021) showed the role of methods Confrontation in predicting negative emotional conditions, i.e. (depressive symptoms, stress, negative mood), and it was found that coping methods cause a lot of variation in negative emotional conditions after controlling for demographic factors (such as age, gender, parental education and monthly income) (Rao et al. ., 2021, p. 1).

The literature also found positive correlations between positive (proactive) coping strategies and the social well-being of families, and this was discussed by Zambianchi & Ricci Bitti (2014). The study analyzed the effect of other additional variables such as the effect of time perspective, perceived self-efficacy in organizational influence, and divergent thinking and the perceived quality of family communication on social well-being in a sample of 232 adults. The results showed that the negative family communication and the present-oriented temporal perspective (which is opposite to the positive confrontation) were negatively related to social well-being. The results indicated that anticipatory coping (positive coping) can provide important positive predictors of social well-being, as well as influence regulation and open communication with parents; On the contrary, a time-oriented perspective of the present contributes significantly but negatively to social well-being.

From a professional point of view, studies have found a strong relationship between the individual's confrontational style and the pressures he is exposed to while performing his work. An example of this is shown in the study of Wirkus, Babicka-Wirkus, Opora & Stasiak (2021), and the main purpose of the study was to evaluate the relationship Between levels of occupational fatigue among probation officers and their preferred stress management patterns. The study showed a statistically significant relationship between the preferred styles of coping with stress, and the occupational fatigue of the probation officers. The results explained that the confrontational style that focuses on emotions facilitates emotional exhaustion. Thus, effective and rational confrontation aimed at removing or reducing stressors should be promoted rather than wishful thinking (Wirkus et al, 2021, pp. 355-364.)

It can also be a positive (proactive) confrontation; its positive effects on adapting to the new workplace; To be affected by positive interventions to improve rapid adaptation in the job environment. As the promotion of positive confrontation can happen through the accumulation of resources for individuals, and the interventions provided by the new environment for new entrants to the job. The

effectiveness of the intervention for newcomers was evaluated in the study of Slebarska, Soucek & Moser (2019), where the intervention (giving manuals) improved proactive confrontation, enhanced their work quality, and job role clarity. The intervention also resulted in positive interpersonal behaviors (intent to quit smoking) especially among these newcomers with previous job experience. Overall, the study demonstrates that increased proactive confrontation improves adaptation of new employees (Slebarska et al., 2019, p. 295).

Research aims

The research aims to identify:

1. Know the positive confrontation of workers in health institutions
2. The differences on the scale of positive confrontation according to the variables of gender and type of work among workers in health institutions.

Define terms

Positive coping

Schwarzer & Knoll (2003) defines it as: an effort by an individual to manage and overcome critical demands and events that pose a challenge, threat, harm, loss or benefit to a person, and include reactive coping strategies, anticipatory coping; preventive confrontation; and proactive coping, to achieve self-organized goals and personal growth.

Theoretical background

The concept of positive confrontation is one of the concepts that has expanded its use relatively recently. The term confrontation is often used in a narrower sense as a response required by the organism to adapt to adverse conditions. In the context of the recent positive psychology movement, the concept of positive coping is expanding to include strategies for achieving self-organized goals and personal growth as well. (Schwarzer & Knoll, 2003, p. 2).

The term confrontational was first used by Lazarus and Folkman (1984) to describe the "cognitive and behavioral efforts" a person uses to manage stress, which are generally categorized as focusing on dealing with emotions or dealing with a problem. It is not an individual trait, instead, Lazarus and Folkman envision confrontation as an ongoing process. Stress and coping models such as the stress coping process introduced by Lazarus (1990) and Moos (2002) model of context, adaptation and coping (transactional model) and the theoretical work of Carver and colleagues (Carver, Scheier & Weintraub, 1989) contributed to the development of theoretical literature related to stress, adaptation and measurement. These combinations (Garcia, 2010, p. 169).

Schwarzer & Knoll (2003), based on the hypothesis that stressful events can reflect an early painful loss, an ongoing harmful confrontation, or events in the near or distant future, suggest which may threaten a person who feels unable to match the upcoming tasks with the available coping resources. The confrontation

that the individual determines depends on the temporal perspective of the demands and the subjective vision of events. (Schwarzer & Knoll, 2003.3).

In order to face these stressful conditions, the individual tends to mastery and to meaning, as mastery relates to focusing on the problem or assimilating the demands, while meaning refers to appropriate adaptation, such as cognitive restructuring and discovering benefits. The two processes may occur more or less simultaneously, or in a particular temporal order, for example, when individuals fail to change hazardous environmental conditions, they turn inward to reinterpret and find meaning in their plight (Schwarzer & Knoll, 2003,4).

Schwarzer (2000), put forward four types of confrontation: reactive (stressful events have already occurred); Anticipatory confrontation (an effort to deal with imminent threats); preventive coping (an effort to build public resources that reduce the severity of the consequences of stress); Proactive coping (efforts to build public resources that facilitate the achievement of challenging goals and promote personal growth). Proactive coping is a process by which one prepares for, and perhaps avoids, potential future stresses, not just a strategy for successfully managing the challenges posed by the environment. (Chang et al., 2021, 4).

To provide a new perspective on positive confrontation, Schwarzer & Knoll (2003) distinguished between reactive, anticipatory, preventive and proactive, and how each type of confrontation can help in dealing with past, present and future events. Reactive confrontation refers to the damage or loss that occurred in the past, while anticipatory confrontation relates to the imminent threat in the near future. Preventive confrontation relates to potential uncertain threats in the distant future, while preemptive confrontation involves upcoming challenges that are likely to reinforce themselves.

Reactive coping can be defined as an attempt to deal with a past or present stressful encounter, or to compensate for or accept damage or loss. All events have already happened in the past. Thus, the individual who needs to cope must either compensate for the loss or mitigate the damage. Another option is to readjust goals, find utility, or find meaning to reimagine one's life. Reactive coping may be problem-focused, emotion-focused, or social relations focused. To deal with loss or damage, people need endurance. Since they aim to compensate or recover, they need "recovery self-efficacy," an optimistic belief in their ability to overcome setbacks.

Anticipatory coping is fundamentally different from reactive coping because the critical event has not yet occurred. It can be seen as an attempt to deal with the pending threat. In an anticipatory confrontation, individuals are faced with a dangerous event that is certain or certain to occur in the near future. A person must manage these perceived risks. The situation is assessed as either threatening, challenging, beneficial, or some of both. The function of coping may lie in solving the actual problem, such as increasing the effort, asking for help, or investing other resources. Another function may lie in being satisfied despite the risks, for example by redefining the situation as less threatening, by distraction, or by gaining reassurance from others. Thus, anticipatory adaptation can be

understood as the management of known risks, which includes investing one's resources to prevent or fight stressors or to maximize the expected benefit. One factor in personal resources is situation-specific "self-efficacy adjustment", which is an optimistic subjective belief in the ability to successfully deal with a particular situation.

Preventive coping is an attempt to prepare for long-term uncertain events. The goal is to build general resistance resources that lead to less stress in the future by decreasing the severity of the impact. Thus, the consequences of stressful events, if they do occur, will be less severe. In protective adaptation, individuals consider a critical event that may or may not occur in the distant future. Examples of such events include job loss, forced retirement, crime, illness, physical disability, disaster or poverty. When people carry a spare key, lock their doors twice, have good health insurance etc., they act in a precautionary manner and build protection without knowing if they will ever need it.

Proactive coping reflects efforts to build public resources that facilitate promotion toward challenging goals and personal growth. In proactive adaptation, people have a vision. They see risks, demands, and opportunities in the distant future, but do not rate them as potential threat, harm, or loss. Instead, they see difficult situations as personal challenges. Adaptation becomes goal management rather than risk management. People are not reactive, but rather proactive in the sense that they embark on a constructive course of action and create opportunities for growth. The proactive individual seeks to improve life and build resources that ensure progress and quality of performance. Better living conditions and higher levels of performance are proactively created as an opportunity to make life meaningful or to find purpose in life. Stress is interpreted as arousal of production and vital energy (Schwarzer & Knoll, 2003, pp. 3-6).

Research community and sample

The current research community identified workers in health institutions for both sexes, who numbered (7798) doctors and nurses distributed over all health centers, with (3538) males, (4260) females, (1133) doctors, and (6485) nurses. The sample was chosen by the Stratified Random Sample with a proportional method, as this type of samples is used in heterogeneous societies whose vocabulary varies according to certain characteristics, such as the educational level of the vocabulary of the study community, gender, specialization, and the study population can be divided into classes according to For these properties (Abu Tahoun, 1998: 6), 400 doctors and nurses were chosen in proportionate manner, and this size is considered appropriate in constructing psychological scales (Al-Zoba'i et al. 1981: 73) at a rate of (24,75%) of the research community and by (182) males, Of them (34) are doctors and (148) nurses, and from females (218), by (33) of them are doctors and (185) are nurses, and the percentage of males is (46%), while the percentage of females is (54%) of the research sample and a table 1) shows that.

Table (1)
The research sample is distributed according to gender (male-female) and specialty (doctor-nurse)

Total	nurse	doctor	ex
182	148	34	male
218	185	33	femal
400	333	67	Total

Search tool

In order to measure the research variable, the appropriate procedures were determined to build an appropriate scale by making use of the theoretical framework and previous relevant studies, and accordingly (28) paragraphs were formulated to measure positive confrontation, and in order to verify and reassure the suitability of this scale to measure positive confrontation among workers in institutions health, the researchers carried out a number of measures, which are:

Defining the concept theoretically

The researchers adopted the definition of Schwarzer & Knoll (2003), which defined positive confrontation as (an effort made by an individual to manage and overcome critical demands and events that pose a challenge, threat, harm, loss or benefit to a person, and include interactive coping strategies, and anticipatory confrontation preventive coping, and proactive coping, to achieve self-regulatory goals and personal growth).

Collection and preparation of paragraphs

- To cross any
- That any paragraph express one idea, and be open to one interpretation.
- The content of any paragraph should be clear, explicit and direct.
- That any paragraph stay away from suggestive.
- That the scale includes positive and negative paragraphs, and the reason for this diversity is in order to reduce the tendency of the respondent to the first answer.
- Avoid negating the negation, in order to avoid confusing the respondent to the paragraphs. (Samara, 1989: 81).

Scale correction

Likert Method was used in distributing the alternatives to the positive confrontation scale, as the researcher put appropriate alternatives in front of the items, which are (strongly agree, agree a lot, agree sometimes, agree rarely, do not agree), if the answer of workers in health institutions is about items The scale with a positive attitude (strongly agree) is given to him (five marks), while if his answer to the paragraphs of the scale is (do not agree) he is given (one point), but if the answer to the items with the opposite direction is (strongly agree) it will be

given He has (one mark) and if his answer to the scale items is (I do not agree), he will be given (five marks).

Validity of the paragraphs and instructions of the scale:

Ebel (1972) believes that the best means used to ascertain the validity of paragraphs is for a number of specialized experts to assess their validity in measuring the feature or characteristic for which they were developed. (Abbas et al., 2009: 264) .In order to identify the validity of the scale, its instructions and its alternatives, the scale consisting of (32) items was presented with five alternatives represented (strongly agree, agree a lot, agree sometimes, agree rarely, disagree) on (10) experts in the field of psychology to express their opinions And their observations (Appendix 3) regarding the validity of the scale, and its suitability for the purpose for which it was set, after collecting and analyzing the opinions of experts and by adopting an agreement percentage (80%) or more among the experts' estimates (Awda, 1985: 157), as the percentage of arbitrators' opinions regarding the validity of the paragraphs was extracted. . Paragraphs were considered valid if the approval rate was more than 80%, and accordingly, all clauses were retained except for clause (4, 13, 19, 25), as it obtained a percentage of less than 80%. Thus, the scale after being presented to the experts consists of (28) paragraph, and Table (2) illustrates this.

Table (2)

It shows the percentage of approval of the paragraphs of the positive confrontation scale

do not agree		Agrees		Paragraph numbers	
The ratio	the number	The ratio	the number		
%0	0	100%	10	1,2, 5 ,6 ,8 ,10 ,11, 12 ,13 14 ,15 ,17 , 18 ,20 ,22 ,23 26 ,27 ,28, 29,30,31	1
%20	2	%80	8	3 ,7 ,9 ,21,16, 24, 32	2
%30	3	%70	7	4 ,13 ,19 ,25	3

With this procedure, the positive confrontation scale prepared for statistical analysis remained consisting of (28 items).nC / the relationship of the degree of the paragraph with the total degree of the field (internal consistency) :The correlation of the paragraph's score with the total score of the domain is one of the criteria that can be relied upon in judging the validity of the paragraphs, as it is evidence indicating that the paragraph measures the same concept as the total score of the domain, and in light of this indicator, the paragraphs are kept (Lindauist, 1957: p 286), and for this, the researcher used the Pearson Product-Moment Correlation coefficient to extract the correlation between the score of each paragraph and the total score of the scale domains, and the results showed that all correlation coefficients are significant at the critical value of (0.098) and the level of significance (0.05). And a degree of freedom (398), and Table (3) shows the Pearson correlation coefficients between the paragraph score and the total score for the domains of the positive confrontation scale:

Table (3)
Pearson's correlation coefficients between the item's score and the total score in the Positive Confrontation Scale

responsive		Preventive		Anticipation		proactive	
Degree of correlation coefficient		Degree of correlation coefficient		Degree of correlation coefficient		Degree of correlation coefficient	
0.309	1	0.361	1	0.503	1	0.474	1
0.315	2	0.394	2	0.543	2	0.508	2
0.393	3	0.384	3	0.536	3	0.575	3
0.404	4	0.410	4	0.523	4	0.529	4
0.426	5	0.477	5	0.491	5	0.533	5
0.321	6	0.477	6	0.368	6	0.331	6
-	7	0.405	7	0.159	7	0.458	7
-	8	-	8	0.335	8	-	8

D. Relationship of the degree of the field to the degree of other fields and the total degree of the scale :This was verified by using the Pearson correlation coefficient to find the relationship between the scores of each domain and the score of the other domains and the total score of the positive confrontation scale, which measures the homogeneity of the domains of the scale and their consistency with the total score of the scale (Anastasi, 1976:155) .To achieve this, the researcher relied on a statistical analysis sample of (400) doctors and nurses, and the results indicated that the correlation coefficients of the degree of each field with the degree of other fields and the total degree are statistically significant when compared with the critical tabular value of (0.098), the degree of freedom (398) and the level of statistical significance (0.05). Table (5) illustrates this.

Table (4)
Pearson correlation coefficients between the degree of the factor and the total degree of the other factors of the scale of positive confrontation

TOTAL	RESPONSIVE	PREVENTIVE	ANTICIPATION	PROACTIVE	THE FIELD
0.796	0.349	0.460	0.580	1	proactive
0.801	0.349	0.453	1	-	Anticipation
0.763	0.389	1	-	-	Preventive
0.665	1				responsive
1		-	-	-	total

After using the previous procedures, the scale became composed of (28) items distributed over four domains that constitute the positive confrontation scale, with (7) items in the first domain, (7) items in the second domain, (7) items in the third domain, and (7) Paragraphs in the fourth field.

Indicators of honesty and constancy

Psychometrics specialists see the need to verify some standard characteristics in the numbers of the scale that is built or adopted, whatever the purpose of its use,

such as honesty and stability (Allam, 1986: 209), as these characteristics provide the conditions for accuracy and validity of what the scale is interested in knowing and measuring (Abdul Rahman, 1983: 159) The truthful scale is the scale that measures what was prepared to measure or achieves the purpose for which it was prepared, and the fixed scale is the scale that measures with an acceptable degree of accuracy. (Odeh, 2002: 335).

Honesty. Validity

Oppenheim points out that honesty indicates that items measure what they are supposed to measure (Oppenheim, 1973: p. 69-70) and the level or degree to which he is able to achieve certain goals (Stanley & Hopkins, 1972: p. 101). There are several methods. To estimate the validity of the tool, as it is possible to obtain a quantitative estimate, and in other cases a qualitative estimate for the measurement is obtained (Faraj, 1980: 360). In this regard, the researcher used several indicators of validity, which are:

Face Validity

The best way to calculate the apparent validity is through the researcher's presentation of the paragraphs of the scale before applying it to a group of arbitrators who are characterized by experience that enables them to judge the validity of the test paragraphs in measuring the property to be measured, so that it makes the researcher confident in their opinions and takes the judgments that most of them agree on or in a percentage (80). % or more (Al Kubaisi, 2010: 265). This type of honesty was achieved in the current scale, when its paragraphs were presented to a group of arbitrators specialized in the field of psychology. As mentioned earlier.

The validity of the construction

Contract Validity is the most acceptable type of honesty, as a large number of specialists see that it agrees with the essence of the Ebel concept of honesty in terms of saturation of the scale in the general sense (Al-Imam, 1990:131), and this type of honesty is achieved, when we have A criterion on the basis of which we decide that the scale measures a specific theoretical construct. This type of honesty was provided in this scale through the following indicators:

1. Correlation of the degree of the paragraph with the total degree of the factor of the scale.
2. The degree of the paragraph relates to the domain to which it belongs.
3. The relationship of the degree of the domain to other domains and the total score of the scale.

The previous methods are concerned with knowing that the paragraph or domain measures the same concept that the scale measures as a whole, and this provides one of the indicators of construct validity. (Lindquist, 1951, p. 282).

				n				
Significant	399	1,96	44.310	84	10.737	107.790	400	positive confrontation

From the above table, it is clear that workers in health institutions enjoy positive confrontation, and this result can be explained according to Schwarzer's positive confrontation theory that individuals do not look at work pressures and stressful events that occurred according to the principle of compensation for loss. Rather, they view it from a future perspective. That is, the sample members are working on goal management rather than risk management. They also rely on their own and other resources to cope with stress. This result is consistent with the results of studies (Yazid, 2014; Bagana et al., 2011; Surujlal et al., 2011; Verešová & Malá, 2012; Zambianchi et al., 2013; Saleh, 2017). While no other study was presented. Contrasting results with what was found in the current research.

The second objective: the differences on the scale of positive confrontation according to the variables of sex and type of work among workers in health institutions

For the purpose of identifying the significance of the differences between the average degrees of workers in health institutions on the scale of positive confrontation according to the variable of gender (males, females) and type of work (doctors-nurses), the researcher used the two-way analysis of variance (Two way ANOVA) according to the level of significance (0.05). Table (6):

Table (6)
Differences in gender and type of work on the positive confrontation scale

S-g	القيمة الجدولية	F	M-S	D-F	S-S	Contrast source
0.05	3.84	0.391	44.405	1	44.405	Sex
		6.335	719.173	1	719.173	type of employment
		0.743	84.339	1	84.339	Interaction (sex x type of work)
		113.531		396	44958.161	The error
		400			4693480.000	Total

The difference according to the gender variable (males, females)

It is clear from the previous table that the difference between males and females on the scale of positive confrontation does not rise to the level of statistical significance when we compare the calculated value of (0.391) with the tabular value of (3,84) at the level of statistical significance At (0.05), the arithmetic mean of male workers in health institutions was (106.9286) with a standard deviation of (10.60649), which is not very different from the arithmetic mean of female workers of (108.5092) with a standard deviation of (10.81825). This result indicates that both male and female workers enjoy positive confrontation.

The previous results show that there are no differences between males and females in the positive confrontation. The result contradicts what was reached (Bagana et al., 2011; Smith et al., 2008) that females are higher in the positive confrontation than males; And the study (Verešová & Malá, 2012), which reached the opposite conclusion that females face less stress compared to males, and the current result matches the findings of studies (Surujlal et al., 2011; Zambianchi et al., 2013); This can be explained by the fact that the work environment constitutes the same degree of stress for individuals of both sexes, as it allows both sexes to use the same positive coping strategies.

Type of work (doctors - nurses)

It is clear from the previous table that the difference between workers in health institutions according to the work type variable is statistically significant when we compare the calculated value of (6.335) with the tabular value of (3,84) at the level of statistical significance at (0.05), as the arithmetic mean of doctors in health institutions was (110.6866) with a standard deviation of (12.10461), which is higher than the arithmetic mean of nurses of (107.2072) with a standard deviation of (10.36396).

That is, there is a statistically significant relationship between positive confrontation and the type of work (for the benefit of doctors), that is, doctors may be more capable of confrontation compared to nurses, which indicates that the nature of the profession and professional readiness may constitute important factors in developing the ability to confront and positivity. Which implies that the doctors were more prepared professionally, and the current result is consistent with what he found (Bagana et al., 2011) and what he indicated (Verešová & Malá, 2012, p. 295) and what he indicated (Surujlal et al. , 2011, p. 2) that "working pattern, long working hours, and limited time for rest; are factors that contribute to increased levels of stress among individuals, and they appear to be greater among nurses than among doctors.

The interaction of gender and type of work

It is clear from the previous table that the differences between male and female workers in health institutions of less than and more than ten years of work type do not reach the level of statistical significance when we compare the calculated value of (0.743) with the tabular value of (3.84) at the level of statistical significance. Significance (0.05), and thus there was no interaction of gender with type of work in affecting the scale of positive confrontation as shown in the previous table.

Recommendations

1. The researcher recommends the relevant authorities to adopt some organizational strategies (in the workplace) that create a healthy work environment that pushes individuals to achieve the maximum amount of self-resources, which contributes to raising their psychological fitness, thus affecting their mental health.

2. The current research also recommends paying attention to the psychological aspect of workers, by providing psychologists in work environments, or conducting a periodic examination of the levels of mental health and psychological well-being of individuals, and providing psychological guidance to everyone who needs

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