

Coping Strategies And Occupational Hardiness As Predictors For Spiritual Quality Of Life Among Paramedics In The Emergency Centers During The Corona Pandemic

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Abstract

The current study aimed to discover the coping strategies used by rescuers in Palestinian emergency centers, as well as the extent to which the two variables of coping strategies and occupational hardiness could predict the quality of spiritual life among rescuers, and to discover differences in the spiritual quality of life, coping strategies, and occupational hardiness based on years of experience. The study's sample consisted of (159) male and female rescuers from various West Bank rescue and emergency centers. They were chosen using the simple random sample method. The study's findings revealed that positive re-evaluation and planning were among the paramedics' coping strategies. The study's findings also revealed that coping strategies and occupational hardiness were statistically significant predictors of the spiritual quality of life. The study also concluded that there were differences in coping strategies and spiritual quality of life that can be attributed to years of experience; however, there were no differences in occupational hardiness among rescuers that can be attributed to years of experience.

Keywords: coping strategies, occupational hardiness, spiritual quality of life

Introduction

On December 12, 2019, a new coronavirus (COVID-19) was discovered and announced in Wuhan, China (Satici et al., 2020). The World Health Organization (WHO) declared a public health emergency due to this virus on January 20, 2020, and a global pandemic was proclaimed on March 20, the same year, due to the infection's rapid spread. As of July 31, 2020, 17,000,000 instances of COVID-19 had been confirmed worldwide, according to the World Health Organization's official website (Wang et al., 2021). This pandemic presented an unprecedented challenge to science and society, necessitating a rapid variable response from countries to limit the pandemic's spread (Pai & Vela, 2021). As a result, many countries have implemented preventive measures to limit infection spread, such as physical separation, city closures, and self-isolation (Zammiti et al., 2021). The impact of the epidemic was not limited to physical health but also affected

psychological and social performance, which led to a rise in the rates of anxiety, depression, and trauma among people who undergo severe measures to contain the disease (Gao et al., 2020; Özdin & Özdin, 2020). Feelings of psychological distress and fear of possible exposure to infection, uncertainty, and clarity about this pandemic globally, as well as the outbreak of the disease and social isolation, have seriously affected public mental health (Al Dhaheeri et al., 2021; Eisenbeck et al., 2021). Stressful situations need appropriate strategies to cope with during the COVID-19 pandemic (Nia et al., 2021). Health care workers suffered from mental health problems (Vitorino et al., 2021), and social isolation as a result of spending most of the time watching news related to COVID-19 (Hannemann et al., 2022). They are more responsive to abnormal reactions to serious incidents to which they respond as part of their primary occupation, so they are vulnerable to trauma in disastrous situations (Jaeger et al., 2021).

Vagni et al. (2020) conducted a study that showed that health care workers have high levels of psychological stress. Moreno-Jiménez et al. (2021) study showed a high level of emotional exhaustion, suffering, and fear of infection. To cope with stress, health care workers used a confrontational approach that centers on the problem and emotion to manage the stress arising from the Coronavirus. The methods of confrontation, social support, and flexibility have shown positive results on mental health (Labrague, 2020).

Lazarus (1991) stressed that confrontation is a dynamic process with fundamental fluctuations between individuals, sometimes individuals may have to use different coping strategies at different stages, and he mentioned that the confrontation strategy with an individual might not be effective with another individual.

Coping strategies are defined as conscious and voluntary efforts through which the individual regulates emotions, behaviors, and cognition in response to the pressures of daily events (Rodríguez et al., 2016). These strategies are either negative methods such as avoidance, escape, and denial of the problem, or positive methods such as focusing on the problem and solving it (Furnham & Trainar, 1999). Folkman et al. (1986) identified eight coping strategies that individuals use to cope with stressors: confrontation, seeking social support, solving planned problems, positive re-evaluation, and taking responsibility are strategies that focus on emotion.

The confrontation strategy focuses on solving the problem, by changing or managing the source of the problem to find an effective solution (Rabenu & Yaniv, 2017), and this can be considered a positive strategy (Pérez-Tarrés et al., 2017). The confrontation strategy that focuses on emotion and reducing feelings, aims to regulate emotion during difficult situations (Folkman & Lazarus, 1984). The individual also resorts to using this strategy only to remove unwanted feelings and thoughts from conscious awareness (i.e. avoidance strategies), and this is used for short-term relief (Eisenbeck et al., 2021), however, the use of cognitive and behavioral avoidance that is observed after the trauma, predicts greater psychological distress among firefighters and ambulances (Vagni et al., 2020). The evaluation modification strategy

aims to re-evaluate the problem (Pérez-Tarrés et al., 2017).

The stress that the individual feels depends on the cognitive assessment of events/conditions, ability to adapt, and some personality variables, such as hardiness and individual differences, play a role in the cognitive assessment of new, threatening situations, and subsequent reactions (Abel, 2002).

Referring to the literature on coping, problem-focused strategies to confront some aspects of stress are generally coping, for example, these strategies may be in the context of (Covid 19) by following the guidelines to limit the spread of the virus, and taking preventive measures (Gerhold, 2020).

Several studies have dealt with coping strategies. For example, a study (Zsido et al., 2022), which was conducted on university students during the Corona pandemic, showed that the adaptive emotion regulation strategy acts as a protective factor against the negative effects of long-term emergencies.

As for the study (Demir & Ataman, 2021), which was conducted on emergency department doctors in Turkey during the (Covid 19) pandemic, these doctors used effective problem-solving strategies instead of emotional orientation, and others looked for social support more than others during the pandemic.

Dehon et al. (2021) reported that emergency physicians suffering from high levels of psychological distress during the Corona pandemic using avoidance coping strategies, were more likely to develop depression, anxiety, and post-traumatic stress disorder, while positive re-evaluation was an effective strategy.

Munawar & Choudhry (2021) conducted a study on health care workers and found that they used different strategies to deal with stress and anxiety. Religious coping and their passion for serving humanity were among the most common coping strategies.

Miller & Brown (2021), which was applied to Texas Medical and Emergency Services Agency employees, confirmed a positive relationship between the use of religion as a coping mechanism and increased satisfaction with higher levels of secondary traumatic stress.

The study (Nasser & El. Mahalli, 2020) showed that emergency medical services employees in Saudi Arabia have high levels of emotional and psychological stress and low achievement, and the most used confrontation strategy was talking with colleagues, leaving work, and thinking positively about work.

A study (Tahara et al., 2020), which was conducted on health care workers in Japan, showed that participants chose an escape strategy, and workers with poor mental health were more likely to seek social support.

Baaleis & Ali (2018) study showed that students of the Faculty of Medicine at Al-Hasa University used different strategies to suffer from academic stress. Jan et al. (2017) study, showed that nurses use the problem-solving method more frequently and that they use religious adjustment more than others do. Spirituality may be related to this, and the strategy of accepting responsibility/escape and avoidance was the least common among nurses.

The concept of the hardiness of character was discovered as a factor of resistance to high levels of stress, as this concept focuses on a person who remains in relatively good health after exposure to large amounts of stressful life events. Kobasa notes that people who experience a high degree of stress without getting sick have, what is known as, hardiness (Azeem, 2010).

People who succeed in achieving positive changes after a traumatic experience have an increased sense of familiarity and control; develop positive feelings about their personality and competence, and a greater ability to give meaning to their experiences (Vagni et al., 2020). (Kobasa, 1979) explained that personal attitudes of commitment, challenge, and control helped individuals facing problems within their environment, and change stressful life situations.

The definition of hardiness could be a set of attitudes and beliefs about oneself that are characterized by courage and motivation to tolerate suppressed changes, and transform probable disasters into opportunities (Allison et al., 2020). It is a personality trait consisting of three interrelated traits (commitment, control, and defiance) that make individuals have a better deal with stress (Dursun et al, 2022).

Several studies confirmed that hardiness is a protective factor against the negative effects of stress on health and performance, and these studies showed that health workers with high levels of hardiness enjoy a better level of psychological well-being (Vagni et al., 2020).

In a study conducted on emergency workers in ambulances, it was found that workers who have high levels of hardiness have lower levels of fatigue, post-traumatic stress disorder, and psychopathological consequences (Alexander & Klein, 2001).

Several studies have shown that using coping strategies and hardiness can help medical staff and emergency workers better deal with emergencies and that these factors can protect them from complications caused by traumatic events (Maiorano et al., 2020).

Moreover, it has been confirmed that there is a negative relationship between hardiness and personal characteristics that increase stress, and reduce coping strategies and that lower levels of hardiness are associated with higher degrees of psychosomatic complaints (Morale s-Rodriguez et al., 2021).

A few studies have addressed the issue of the hardiness of health workers during epidemic outbreaks; where the study of (Vagni et al., 2020) showed that hardiness affects mental health, both, directly and indirectly. The study (Maiorano et al., 2020), aimed to verify the direct and intermediate effects of coping strategies and hardiness on secondary psychological trauma among members of the Italian medical staff. The results showed that the nurses and doctors experienced high levels of stress, and coping strategies and hardiness were protective factors to reduce the effect of stress on secondary trauma.

There are four dimensions of human health: physical, psychological, social, and spiritual well-being, where spiritual well-being improves general health and promotes harmony and psychological well-being (Heng et al., 2021).

The quality of life is characterized by a multi-dimensional structure that includes physical and mental health, and social and cognitive functions (Mohebbifar et al., 2015).-The World Health Organization has defined the concept of quality of life as the individual's perceptions of

his place in life in the context of culture and civilization, and the value system in which the individual lives, which is related to his goals, opportunities, principles, standards, and interests (Shahbaz & Shahbaz, 2015). It is considered the strength and energy for a successful individual's compatibility with challenges (Seraji et al., 2016).

Spirituality is an integral part of the quality of life, health, and well-being of all people, especially those affected by diseases. As studies have shown, families depend on spirituality for emotional, psychological, and physical well-being (Roman et al. 2020), as individuals seek well-being to achieve happiness and harmony in life in all fields (Hutabarat & Hutabarat, 2021). It is also a source of comfort, support, and meaning (Coppola et al., 2021). Some see it as representing the dynamic dimension of human life, through which the individual searches for meaning, purpose, and transcendence (de Diego-cordero et al., 2022; Yavuz & Dilmaç, 2020). It also represents a state of happiness, peace, contentment, and achievement (Negi, 2020), an individual and internal subjective experience that transcends biological, psychological, and social factors (Esteban et al., 2021). Therefore, spirituality and existential concerns have been embedded in health care settings within the psychosocial model (Krägeloh et al., 2015).

Recently, the concept of the spiritual quality of life has become of great importance in health care centers, where the spiritual quality of life is a component of health-related quality of life (Bredle et al., 2011). The World Health Organization (WHO) has added the need for spiritual well-being as the fourth dimension of health (Mirghafourvand et al., 2016), therefore, the spiritual quality of life is one of the dimensions taken into account in a health assessment (Cherblanc et al., 2021).

Several studies have shown the importance of the spiritual aspect of man. A study conducted by (Esteban et al., 2021), aimed at determining if religiosity and spirituality lead to life satisfaction among (734) Peruvians during the Corona pandemic, and the results showed that there is a positive correlation between spirituality and life satisfaction.

Cherblanc et al., (2021) study showed that spirituality played an active and positive role in

the quality and health of respondents during the Corona pandemic, and was associated with better general mental health.

The study of (Heng et al., 2021) indicated a positive relationship between spiritual well-being and quality of life.

The study (Božek et al., 2020), aimed to explore the relationship between spirituality and behaviors related to the health and psychological well-being of (595) university students. The results showed that spirituality and health-related behaviors are positively related to psychological well-being.

The current study aimed to answer the following questions:

- What are the coping strategies used by paramedics in ambulances and emergency centers?
- Is it possible to predict the spiritual quality of life of paramedics in light of the variables of coping strategies and occupational hardiness?
- Are there statistically significant differences at the significance level ($\alpha = 0.05$) in coping strategies, occupational hardiness, and spiritual quality of life according to the variable years of experience among paramedics?

Method

Participants and Procedure

The researchers used the descriptive-analytical method for its relevance to the nature of the study. The study sample consisted of (159) paramedics of both sexes from all ambulance and emergency centers on the West Bank. They were selected by a simple random sampling method, of whom (130) were males (81.8%), and (29) were females (18.2%). The years of experience for the sample were: less than five years 51 paramedics (32.1%), 5-10 years paramedics 81 (50.9%), more than 10 years 27 paramedics (17%).

Instrument of the Study

- Coping Strategies Scale:

The researchers used the coping strategies scale prepared by (Richard Lazarus et al., 1986), Arabization and codification (Samir Qouta 1997), where it was Arabized and

codified to suit the Palestinian environment. The scale in its codified form consists of (44) items according to a quadrilateral scale (1-4), and the examiner must determine the extent to which each statement applies to him according to the quadruple scale. Cronbach for the scale in the current study (0.896), which is a high stability value.

The scale consists of (7) methods of coping:

1. The wishful thinking and avoidance method: This method covers (7) paragraphs on the scale and is considered a negative method. It describes the behavioral efforts that the individual makes with the aim of not thinking about stressful situations.
2. Planning method to solve problems: This method covers (6) paragraphs on the scale and is considered one of the positive methods, and describes the cognitive efforts to confront stressful situations in a scientific way to overcome the problem.
3. Positive re-evaluation method: This method covers (9) paragraphs on the scale and is considered one of the positive methods. It describes the cognitive efforts made by the individual to discover new and bright meanings in the situation and evaluate it positively.
4. Affiliation style: This method covers (5) items on the scale and is considered one of the positive methods because it describes the behavioral efforts of the individual in seeking support and advice from others.
5. The method of taking responsibility: This method covers (5) paragraphs on the scale and is considered a negative method, and describes the extent to which the individual understands his role in solving the problem or facing a stressful situation.
6. Self-control method: This method covers (5) paragraphs on the scale and is considered one of the positive methods, because it describes the efforts made by the individual to control and control his feelings during a stressful situation.

- Occupational Hardiness

The researchers used the Occupational Hardiness Scale prepared by (Moreno-Jimenez., 2014). The scale consisted of (15) items, according to a five-step scale (1-5). To verify the psychometric properties of the scale, it was applied to the sample members. The values of the correlation coefficients between each phrase and the total score of the scale ranged between (0.465-0.802), which are statistically significant values at the significance level ($\alpha = 0.05$). The value of Cronbach's alpha coefficient of the scale was (0.931), which is a high stability value that indicates that the scale has psychometric properties that meet the purposes of scientific research.

[1] - Spirituality Index of Well Being

The researchers used the measure of the quality of spiritual life prepared by (Daaleman & Frey, 2004), where they translated the paragraphs of the scale into Arabic and presented it to a group of specialists in the field of psychology and scientific research to ensure the validity and comprehensiveness of the content. The scale may consist of (12) statements and this scale reflects the individual's perceptions of the quality of spiritual life. A five-point Likert scale, which ranges from (1) strongly agree to (5) strongly disagree responds to the items. The scale, in its original and codified version, had good psychometric properties in terms of validity and stability. To verify the psychometric properties of the scale, it was applied to the sample members. The values of the correlation coefficients between each phrase and the total score of the scale ranged between (0.475-0.721), which are statistically significant values at the significance level ($\alpha = 0.05$). The value of the scale's alpha-Cronbach coefficient (0.87) is a high stability value that indicates that the scale has psychometric properties that meet the purposes of scientific research.

The researchers used a normal distribution test for the data (Kolmogorov-Smirnov) to examine

whether the data distributed normally or not and Table 1 clarifies this:

Table (1): the Result of Normal Distribution

Scale Name	Test Value	Statistical Significance
Coping strategy	.919	.368
Occupational Hardiness	1.261	.083
Spiritual index of well being	1.576	.054

Table (1) shows that the statistical significance sig. is for all study variables greater than the significance level (0.05). The data distribution for these variables follows a normal distribution; moreover, the validity and integrity of the data are verified for the application of regression analysis and the use of parametric tests.

Statistical Analysis

The current study used frequencies, percentages, arithmetic averages, and standard deviations. The methods used to test the hypotheses were One Way

Analysis of Variance, Pearson Correlation, and simple and multiple linear regression analysis.

Results and Discussion

The first question: What are the coping strategies used by paramedics in ambulances and emergency centers?

To answer this question, the researchers used the arithmetic means, standard deviations, and the percentage of coping strategies for the study sample, and table (2) shows these results.

Table (2): Arithmetic Means and Standard Deviations of Coping Strategies

NO	Strategy	Mean	Standard Deviation	Percent
1	Wishful and avoiding thinking	2.47	0.46	%61.86
2	Planning for problem-solving	2.76	0.60	%68.95
3	Positive Re-evaluation	2.82	0.54	%70.41
4	Affiliation	2.67	0.57	%66.79
5	Take Responsibility	2.65	0.57	%66.26
6	Self-control	2.73	0.51	%68.33
7	Confusion and Escape	2.42	0.55	%60.41

The results in a table (2) indicate a convergence between the coping strategies used by paramedics in emergency centers, and the arithmetic

means ranged from 2.82 - to 2.42. The results also show that the highest coping strategies used are the strategy (positive re-evaluation), followed by

the strategy (planning to solve problems), while the least coping strategies used by paramedics in emergency centers were (confusion and escape).

The researchers believe that health care systems, especially emergency services in Palestine, have been exposed to many risks and challenges due to the Corona pandemic. Paramedics in emergency centers were the most vulnerable individuals at risk of infection (COVID-19), due to their direct contact with patients, and working long hours full of fear and tension. Over they experienced feelings of helplessness toward the rapidly increasing number of patients, which made them vulnerable to many physical and psychological pressures during their work.

The impact (Covid 19) was not limited to people's feelings only but also changed their coping strategies. Coping is the thoughts and actions that individuals use to deal with stressful events (Huang et al., 2020).

The results of the current study showed that the most coping strategies used by paramedics in emergency centers are the strategies (positive re-evaluation), (planning to solve problems), and the strategy of self-control, while the least coping strategies used by paramedics in emergency centers are the strategies (confusion and escape).

The paramedics use the strategy of facing problems, such as the positive re-evaluation strategy, to overcome difficult circumstances and be able to continue their work with optimism and satisfaction. In addition, believing in their duties and their ability to assume responsibility in a society dominated by many political, social, and economic problems, and lack many financial capabilities in the workplace. Despite these stressful conditions,—they continue to work and indicate positive feelings and a positive emotional response to the situations they are going

through, which in return had a positive impact on their ability to withstand and adapt to stressful conditions. Personal traits of individuals may have a role in this strategy, such as a sense of self-efficacy in dealing with stressful situations, and hardiness, which is one of the components of resilience that is activated in emergencies (Maiorano et al., 2020).

Veer et al. (2021) study showed that people's use of this mechanism tends to evaluate existing stress realistically and flexibly, which reduces the manifestations of psychological distress, anxiety, and depression, as well as reduces the risk of mental problems related to stress.

Varela et al. (2021) emphasized that positive evaluation is a task-oriented method and an active form of confrontation because it requires thinking to find a positive and appropriate meaning in a negative and stressful situation. Also, this strategy is the most adaptive to face stressful situations, as it is linked to positive concepts such as psychological well-being, life satisfaction, emotional regulation, and low levels of psychological stress (Chew et al., 2020).

Dehon et al. (2021) study showed that the use of the positive re-evaluation strategy was an effective strategy for emergency physicians to confront psychological stress. Coping strategies and flexibility also played a preventive role to reduce the consequences of stressful situations. (Maiorano et al., 2020). Varela et al. (2021) indicated that confrontation strategies, especially the positive re-evaluation strategy, are the most effective coping strategies in unusual events. This strategy does not require changing negative attitudes, but rather finding a positive meaning for them. According to the existing literature, people who assess stress as a challenge or an opportunity to seek goals, deal with stress more effectively and with greater psychological well-

being during and after a stressful experience.

The results of some studies showed a difference from the results of the current study, such as (Munawar & Choudhry, 2021), which showed that religious adaptation was the most common coping strategy.

Tahara et al. (2020) study showed that the participants who chose the escape strategy and were suffering from poor mental health were more inclined to seek social support.

The difference between the results of this study with other studies may be due to cultural and social differences between societies. For example, the study of (Rojas et al., 2022) indicated that the positive re-evaluation of emergency service workers was not related to their psychological well-being, and the re-evaluation strategy may be positive means to relieve the pressure on these paramedics.

Jan et al. (2017) study showed the results indicated that nurses use the problem-solving method more frequently, use religious adjustment more than others, and that the strategy of accepting responsibility/escape and avoidance was the least common among nurses.

Nasser & El.Mahalli, (2020) study showed that emergency medical services employees in Saudi Arabia used the confrontation strategy the most to talk with colleagues, get out of work, and think positively about work.

The second question: Is it possible to predict the spiritual quality of life of paramedics in light of the variables of coping strategies and occupational hardiness?

To answer the second question, the researchers used multiple linear regression analysis to study the degree to which each coping strategy affects the quality of spiritual life, and simple linear regression analysis to study the impact of occupational hardiness on the spiritual quality of life.

- **The degree of impact of coping strategies on the spiritual quality of life.**

Table (3) shows the analysis of variance via regression and the correlation coefficients between coping strategies as a predictive (independent) variable (X), and spiritual quality of life as a predictive variable (dependent).

Table (3): Multiple regression analysis results and correlation coefficients for coping strategies and spiritual quality of life

	Sum of Squares	df	Mean Square	F	Sig.	R	R Square
Regression	12.124	7	1.732	3.855	0.001	0.389	0.152
Residual	67.843	151	0.449				
Total	79.967	158					

The results presented in table (3) indicate that the value of (F) reached (3.855) at the significance level (0.001), which is less than the significance level (= 0.05). This indicates that coping strategies, as a predictive variable, affect a statistically significant degree in determining the

spiritual quality of life of paramedics in emergency centers, and explains (15.2%) of the variance in the spiritual quality of life. The rest of the variance was due to other variables that were not taken into account in the regression equation.

The results of the multiple regression showed that coping strategies, as a predictive variable, affect a statistically significant degree in determining the spiritual quality of life, where positive spiritual beliefs work to develop confidence. This helps individuals resist stressful conditions, and spiritual quality of life gives paramedics patience, faith, and endurance energy because this pandemic is one of the difficult tests that a person can face in his life. These spiritual beliefs make a person able to adapt and overcome stress, as well as help in terms of searching for meaning and purpose in life by providing support and assistance to patients.

A sense of hope and a healthy spiritual connection strengthen coping strategies and enhance an individual's general mental well-being (Jaeger et al., 2021). This is what (Rathakrishnan et al., 2022) indicated to the importance of spiritual values to control mental health. Spirituality also promotes reformulation of problems, and resilience in the face of psychological and social stress (Amjad & Bokharey, 2014).

Recent studies have indicated that the spiritual strategy is a tool to confront psychological and physical challenges, as this includes a spiritual and moral relationship with God, especially in times of crisis (Soola et al., 2022). Religious adaptation can also reduce the impact of stress on behavioral disorders, and maintain and protect the health of societies, especially in times of crises such as the Corona crisis (Pirutinsky et al., 2020.)

Widayati et al.(2018) indicated that the confrontation strategy can be done

through practice and belief as part of spirituality, where spirituality can be integrated into methods of thinking and problem solving as a kind of coping strategy to reduce stress and pain.

In a study conducted by (Ibrahim et al., 2020), the majority of emergency workers had positive religious adjustment as a stress-reducing approach.

Widayati et al. (2018) indicated that there is a positive, statistically significant relationship between spirituality and coping strategies. Soola et al. (2022) pointed out that the positive religious strategy is the first way to adapt, followed by social, personal, and environmental strategies to deal with stress. The study concluded that strengthening the spiritual side helps relieve occupational stress among health care workers, especially during the Corona crisis. Arslan & Yildirim (2021) indicated that the coping Strategies based on meaning and spirituality mitigate the negative effects of the Coronavirus and that there must be interventions that focus on meaning and spirituality to improve mental health, as the spiritual aspects and the use of correct coping strategies work to reduce stress.

- The degree of impact of occupational hardiness on the spiritual quality of life.

Table (4) shows the analysis of variance across the regression and the correlation coefficients between occupational hardiness as a predictor variable (X), and spiritual quality of life as a predictor variable (dependent).

Table (4): Results of simple regression analysis and correlation coefficients for occupational hardiness and spiritual quality of life

	Sum of Squares	df	Mean Square	F	Sig.	R	R Square
Regression	4.924	1	4.924	10.302	.002	.248	.062

Residual	75.042	157	.478				
Total	79.967	158					

The results in table (4) indicate that the value of (F) reached (10.302) at the significance level (0.002), which is less than the significance level (= 0.05). This indicates that occupational hardiness, as a predictor variable, affects a statistically significant degree in determining the spiritual quality of life and the percentage of spirituality among paramedics in emergency centers, and explains (6.2%) of the variance in the spiritual quality of life. The rest of the variance is due to other variables that were not taken into account in the regression equation.

The results of the simple regression analysis indicated that occupational hardiness affects a statistically significant degree in determining the spiritual quality of life, where occupational hardiness in the workplace is one of the protective factors that help to feel psychological reassurance in times of crisis. The ability to face stress in the workplace has a role in maintaining good levels of mental health, especially since some professions require psychological and individual capabilities to face difficult situations. The workers in ambulance centers are motivated, loved, satisfied, and belong to the society in which they live. They are an integral part of a social system that suffers from low health services and a lack of medical resources, so fear during the Corona pandemic led to a search for psychological stability and social support to deal with stressful situations. It was necessary to invest internal psychological resources to deal with stress cases, and it must be noted that paramedics have personal characteristics that helped their endurance and patience in facing difficult situations, especially since they are always in the vanguard of any emergency.

Dehghani et al. (2019) confirmed that occupational hardiness in the workplace enhances people's ability to deal with work stress and is a protective factor against the factors that cause work stress. The spiritual aspects and occupational hardiness are effective factors in empowering individuals in the workplace. As indicated by Akbarizadeh et al. (2013), spiritual intelligence, higher awareness, spiritual experiences, and patience had a great relationship with hardiness, and spirituality in the workplace, which reduced stress and fatigue (Dal Corso et al., 2020).

Although there is a dearth of studies that have examined the issue of occupational hardiness and the spiritual quality of life in the Arab environment, especially in the Palestinian society, there are studies that dealt with these two variables from several aspects. Akbarizadeh et al. (2013) indicated that people who have spiritual inclinations during stressful situations show better responses and better manage stress-related conditions

Sims's (2000) study showed that psychological hardiness and spiritual well-being are negatively related to fatigue. Damari's (2009) study also indicated that the spiritual aspect of work has positive effects on creativity and satisfaction, and the study (Mazidi & Ostovar, 2006) showed that there is a positive relationship between spirituality and job satisfaction among workers.

The third question: Are there statistically significant differences at the significance level ($\alpha = 0.05$) in coping strategies, occupational hardiness, and spiritual quality of life according to the variable years of experience?

Table (5): One-Way ANOVA test results to examine the significance of the differences according to the variable years of experience.

Scale	Sum of Squares	df	Mean Square	F	Sig.	Sum of Squares
Coping Strategies	Between Groups	1.095	2	.5470	3.390	0.036
	Within Groups	25.189	156	.1610		
	Total	26.284	158			
Occupational Hardiness	Between Groups	.679	2	.3390	0.490	0.613
	Within Groups	107.995	156	.6920		
	Total	108.674	158			
Spiritual Quality of Life	Between Groups	3.036	2	1.518	3.078	0.049
	Within Groups	76.931	156	0.493		
	Total	79.967	158			

Statistically significant at the level of significance ($\alpha = 0.05$)

The results presented in table (5) indicate that there are statistically significant differences at the level ($\alpha = 0.05$) in the scale of coping strategies, and the measure of the spiritual quality

of life due to the variable years of experience. The results also indicate that there are no statistically significant differences at the level ($\alpha = 0.05$) in the occupational hardiness scale due to the variable years of experience. For dimensional comparisons, table (6) shows these differences.

Table (6): LSD dimensional comparison test

Scale	Years of Experience	Less than 5 Years	5- 10 Years	More than 10 Years
Coping Strategies	Less than 5 Years		-0.15695*	-0.02389
	5- 10 Years			-0.18084*
	More than 10 Years			
Spiritual Quality of Life	Less than 5 Years		-0.25920*	-0.36311*
	5- 10 Years			-0.10391
	More than 10 Years			

The results presented in table (6) indicate that the differences were in the scale of coping strategies, and the measure of the spiritual quality of life for those who have more years of experience in emergency centers, that is, in favor of those who have more than

(10) years, for those who have years of experience from (5 - 10 years).

The results of the one-way analysis of the variance test indicated that there were differences in coping strategies and spiritual quality of life in favor of those who had experience (10) years or

more. This means that the employees' years of service have a significant impact on forming their coping strategies, given the experience, they have gained from the work environment, the difficult situations and the psychological stress they faced made them able to accomplish their tasks with satisfaction and motivation.

Doubtless, the circumstances of work during the Corona pandemic made them acquire many psychological characteristics such as patience, tolerance, faith, aim in life, and acceptance. The positive experiences at work, the increase in feelings that have societal value, the increase in estimation, and the increase in appreciation and the feelings of intimate friendship have added to the many spiritual meanings, which enabled them to confront and be steadfast under the existing challenges. Kumar et al., (2019) study indicated that the persons who enjoy a hardy personality and a high occupational commitment could deal effectively with the occupational stress.

Some studies indicated that individuals with longer work experience had a higher self-efficacy, which contributed to alleviating fatigue and increasing feelings of satisfaction and empathy (Rojas et al., 2022). In addition, optimism and access to social support are linked to the quality of life, which helps to overcome stress and improve quality of life (Fathi & Simamora, 2019). The adaptive behavior of emergency workers may change with increased professional experience or through repeated exposure to stress and traumatic events (Essex & Scott, 2008). In addition, thorough familiarity with their work will increasingly share coping strategies they experience as helpful in relieving stress (Figley, 2008). Therefore, the development of effective coping strategies needs education and experience (Fathi & Simamora, 2019). However, the result of the study differed from a study that showed that there are no differences in

coping strategies according to the variable years of experience (Jose & Bhat, 2013).

The results of the study also indicated that there are no differences in the occupational hardiness of workers according to the variable years of experience. Researchers believe that emergency workers have personal characteristics and resources that made them face stressful conditions in the work environment. Perhaps this stems from the nature of their work, which is characterized by risk, challenge, and the ability to make decisions, which helped them develop their strengths. This is evident from their successful use of coping strategies that made them able to face crises such as the Corona pandemic.

However, the results of the study (Morales-Rodriguez et al., 2021) have shown the factor that enhances resilience, especially the commitment and challenges of nurses participating in the care of Covid 19 patients, is the length of service.

Despite the availability of literature that deals with coping strategies, spiritual quality of life, and occupational hardiness, there are not enough studies to research the impact of the experience variable on these variables, which allows for more extensive research.

Conclusion

The current study concluded that the coping strategies used by paramedics in ambulances and emergency centers were positive re-evaluation and planning to solve problems. It also showed that coping strategies and occupational hardiness have a role in predicting the spiritual quality of life. On the contrary, occupational hardiness had no statistically significant differences according to years of experience.

These results clarify for us the necessity of developing the coping strategies and

the occupational hardiness due to the big effect they have on the spiritual quality of life which is reflected positively on the work of the rescuers especially at the time of crises such as the Corona pandemic, in addition to the necessity of being interested in the psychological performance and social support to confront the difficult situations.

This study could be an introduction to future predictive studies looking at other variables, taking into consideration the social, political, and economic factors that may affect their psychological characteristics.

The current study has limitations because the sample was made up of rescuers, and this sample is considered small. Furthermore, the number of females is significantly lower than the number of males. There may be differences in the study's variables depending on the variable of gender.

In addition, the study was not conducted from the beginning of the pandemic. This perhaps has affected the results of the study in terms of the frequency of the difficult situations, so the sample of the study had more resistance and better adaptation strategies.

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