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Occupational pressures among doctors and nurses Working in Saudi hospitals in the Eastern Province.

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Abstract:

Occupational pressures are one of the most important and widespread sources of disease, which is the result of several different sources to which the individual is exposed, which cause pressures on him, including the Occupational pressures resulting from some professions in which a person works, especially sensitive professions that are related to determining the fate, life, and profession of a person.

This study focuses on male and female Saudi Doctors and nurses employed in various government hospitals in the Eastern Province, particularly in Ad-Dammām. The research sample comprises Doctors and nurses from prominent institutions The sample includes 500 participants, with 300 males and 200 females working in Ad-Dammām hospitals.

The primary objectives of the study were to construct a scale of occupational pressures for doctors and nurses in government hospitals and to identify occupational pressures among them. The first objective was achieved by ensuring the stability and discriminatory strength of the constructed scale applied to the research sample. For the second objective, a one-sample T-test was employed.

The study further explored occupational pressures based on gender through a T-test for two independent samples. Additionally, the fourth objective investigated occupational pressures on career progression, using a one-way analysis of variance.

In conclusion, the study recommends conducting comparative research on doctors and nurses in government and private hospitals, emphasizing field studies to assess the psychosocial needs of health sector workers, and investigating other Occupational stressors impacting doctors and nurses' performance. These recommendations aim to contribute to the advancement of the health sector in Saudi Arabia and enhance the well-being of healthcare professionals.

Keywords: Psychosocial pressures, Comparative research, Eastern Province, Health sector, Occupational stress, Saudi hospital.

Introduction:

Occupational stress is one of the most important and widespread sources of disease, which is the result of several different sources to which the individual is exposed, which cause pressures on him, including the Occupational pressures resulting from some professions in which a person

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works, especially sensitive professions that are related to determining the fate, life, and profession of a person. [1]

Medicine is one of the sensitive professions because it requires accuracy in work, diagnosis, and determining the appropriate treatment to heal a particular organ without affecting another organ. Any defect in the diagnosis by the doctor will affect the quality of treatment required for recovery and thus can lead to death or disability for the patient or even the effect on a functional process in the body. [2]

In recent decades, stress has been getting attention from researchers, academicians, social scientists, medical practitioners, and even managers because organizational stress has become a cause of concern in present-day organizations. Several studies have been conducted to explore the nature, sources, and consequences of organizational role stress (ORS). [3]

The subject of role stress among doctors has a rich theoretical and empirical background in the Western world. However, to the best of the researcher's knowledge, there is a dearth of such studies in India. Based on this, role stress and its coping were chosen for the study. [4]

Stress is an Occupational construct that people may experience daily. Some occupations, by definition, are more stressful than others. Doctors experience relatively high levels of Occupational stress in comparison to other professionals. [5]

The individual faces stress in his life inevitably, and this happens regardless of the nature of his life, its pattern, and its style. Life and its conditions are in a state of continuous change, and therefore this change creates stressful requirements for adapting to these changing conditions. Thus, the individual is in a continuous, interactive movement of stress and adaptation to this stress. These stressful stimuli can be positive or negative, depending on the emotional response they evoke. [6]

According to Giallonardo et al, 2020 [7], stress is a part of life for society and the individual, as the challenges imposed by our current era increase its requirements. Also, these stresses exist in all societies and affect all members of those societies, which drives these individuals to adapt to these stresses and try to face them. The impact of stress extends to the different aspects related to the individual, including his social and family relationships as well as his aspects. [7]

Abbasi [8] et al. (2017) believe that if Occupational stress is a life phenomenon that the individual must experience, then he is faced with the choice of adapting to it. Overcoming these stresses or the choice of not tolerating them, in which case he is exposed to illness, frustration, or collapse. [8]

Multiple perspectives have worked to define and interpret stress. One of the models that addressed stress is the Lazarus and Folkman model. This model focuses on the common cognitive components of interpreting the stressful events that the individual is exposed to. This model shows that stress occurs when environmental demands exceed the individual's coping abilities. It is also seen in this model that stressful events are interpreted based on two main processes: the initial assessment and the secondary assessment. The initial assessment refers to

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the individual's perception of the situation and his assessment of it. The secondary assessment, on the other hand, is the individual's process of assessing what he has in terms of resources to deal with the stressful event and what he has in terms of alternatives and options. Lazarus added a third process to the two processes mentioned above, namely reassessment, which includes the individual's re-assessment of how he perceives the stressful situation and how he deals with it. The individual develops his coping style for the situation by his perception of this style and its effectiveness. [9]

When an organism responds to a stressful event, it experiences an immediate increase in physiological arousal as the body prepares to respond to the threat. This alarm reaction is caused by the sudden activation of the sympathetic nervous system and the release of stress hormones by the endocrine system. This alarm stage cannot continue indefinitely. After that, the body's natural tendency to maintain a stable internal state of equilibrium activates the parasympathetic nervous system, which in turn works to reduce arousal. However, the body remains in a state of alarm and enters the second stage of response, which is resistance. In this stage, the body's resources are mobilized by the continuous flow of adrenaline and other stress hormones released by the endocrine system, especially the adrenal glands. The resistance stage can last for a relatively long period, but by this time, the body's resources have been depleted, and the immune system's function has been partially impaired by stress hormones. If the stressful event is severe and continues for a very long time, the body may enter the exhaustion stage, in which the body is vulnerable to disease. and in some extreme cases, it is susceptible to collapse and death. Seley believes that the somatic system is the one that is first affected. [10]

Stress occurs when self-generated or environmental and social pressures affect the individual's ability to cope and threaten to collapse his Occupational and physical systems. The individual's perception of the threat is accompanied by physiological changes such as increased sweating, increased heart rate, increased breathing, and decreased blood flow to the stomach. These changes, caused by the adrenal glands, direct oxygen to the muscles to prepare the body for a physical attack or withdrawal. This type of continuous arousal can cause some biological changes in the body, such as peptic ulcers.[11]

Different upbringing, social class, environment, and culture also lead to differences in the response to Occupational stress. High blood pressure is a disease that accompanies stress and is not caused by a biological source. High blood pressure is common among black people in North American cities, while the disease is rare among the population in South and Central America. This is because black people in North America live in conditions that involve repressed aggression and high levels of stress. Also, one of the diseases that causes death in middle-aged men in the West is heart disease, and it is believed to be partially caused by competition, self-control, and conflict imposed by Western culture, both at home and at work. [12]

In this context, the study of Pun [13] et al. (2017) entitled Occupational Stress and its Impact on Mental and Physical Health and its Relationship with some demographic factors among faculty members at Mu'tah University. One of the objectives of the study was to identify the impact of Occupational stress on mental health and physical health among faculty members

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at Mu'tah University in Jordan. The results of the study indicated a positive correlation between Occupational stress and the associated physical and Occupational symptoms. [13]

The study of Makwana 2019 [14] was conducted in the United States. The study aimed to identify the relationship between stress and physical symptoms. The study was conducted on 1,030 males and females in adolescence. The results of the study showed a statistically significant relationship between Occupational stress and physical complaints among the sample members of both sexes. The most common symptoms among individuals were headaches and stomach pains. These physical symptoms increase in frequency with increasing levels of Occupational stress. [14]

Doctors conducted a study to identify the effect of stressful life events on the incidence of peptic ulcer disease. The sample consisted of 100 patients with peptic ulcer disease. The results showed that stressful life events are a confirmed variable that is related to the incidence of peptic ulcer disease. [15]

In this regard, Tosun and Ulusoy (2017) [16] point out that the results of studies by several researchers, as well as the clinical observations of psychiatrists, indicate that Occupational stress is a major cause of many organic diseases such as joints, the digestive system, and circulation, in addition to exposure to various Occupational disorders. In this context, many studies have addressed stress through changes that occur in body functions or through behavioral disorders or diseases that occur in individuals. [16]

Pascoe et al. (2020) [17] developed the Social Readjustment Rating Scale, which measures stressful life events. The scale includes forty-three events such as the death of a loved one, marriage, and divorce. Each stressful event is assigned a value, and the scale is measured by the participant checking the event he was exposed to. [17]

The term "stress" is defined as a specific relationship between a person and the environment that is evaluated by the person as demanding or that exceeds his or her resources and poses a threat to his or her well-being. [18]

The effects of stress on mental well-being (well-being) are most evident in people who experience life-changing events. For example, a study by Romeo (2017) [19] found that after a natural disaster, the rate of mental disorders, such as anxiety and depression, increased by 17%. [19]

Rose et al. (2017) [20] believe that individuals who are exposed to Occupational stress regularly show a deterioration in their self-concept as well as a disturbance in their cognitive functions, which may lead to distortions in their perception of their external world, in addition to the increased possibility of them being infected with mental disorders. [20]

When an individual faces stress, a feeling of anxiety is often present. If this anxiety exceeds the limits that the individual can tolerate, it becomes a source of suffering for him, regardless of whether the individual has directly perceived it as anxiety or whether these individuals view anxiety and perceive it in a way that helps the person to tolerate anxiety or reduce it. Therefore, the common emotional responses to stressful events include anxiety, depression, and fear. The behavioral responses that are controlled by the somatic nervous system,

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which regulates our conscious actions, are under our control. If our behavioral responses to stress are not effective, they can weaken our mental health, and these responses can become stressors in turn. [21]

Studies have shown that there is a negative correlation between stress and life satisfaction. For example, a study by Sander et al, (2020) that was conducted on teachers in Pakistan found a significant inverse correlation between Occupational stress and life satisfaction among the sample members. [22]

In the same context, the study by Vehko et al (2019), among other things, aimed to identify the relationship between the sources of Occupational stress and their relationship to anxiety about the future. The study was conducted on a group of university students in Algeria and married women. The results indicated a significant correlation between the sources of Occupational pressure and anxiety about the future among the sample. [23]

A study by Sarafis et al. (2016) that was conducted at the University of Laghouat was among the objectives of the study to identify the relationship between the sources of Occupational stress and anxiety about the future. The study was conducted on a sample of university students from both genders, and the sample consisted of (120) male and female students. The results showed a correlation between the sources of Occupational stress and anxiety about the future. [24]

A study by Shankar and Park (2016) aimed to identify the correlation between Occupational stress and anxiety about the future. The study was conducted on a sample of students from Tishreen University in Syria, consisting of (188) students of both genders. The results of the study showed a statistically significant correlation between Occupational stress and anxiety about the future among the students. [25]

Other diseases associated with stress are heart problems such as pain attacks and heart rate disturbances, as well as high blood pressure, which can worsen due to Occupational stress. In the context of cardiovascular diseases, during the individual's response to stress, the heart rate increases and the blood vessels constrict, causing high blood pressure. Chronic high blood pressure is a major cause of atherosclerosis. It is a disease in which the lining of the blood vessels is damaged and covered with fatty deposits. These fatty deposits can clog the arteries, causing heart attacks and strokes. Certain patterns of emotional responses can increase the risk of an individual developing cardiovascular disease. Individuals who show an excessive increase in heart rate and blood pressure during the emotional stress response can face an increased risk of problems in the heart and blood vessels. [26]

The pathological symptoms that affect the heart and blood vessels are the most common symptoms of the body in general, and most of these symptoms are due to Occupational causes, as in most of these symptoms there is no evidence of the heart being exposed to any organic disease. Since most of the pathological symptoms related to the heart represent a physical expression of anxiety, The most frequent symptoms are the feeling of pain in the heart area, rapid heartbeat, irregular heartbeat, palpitations, shortness of breath, and dizziness. [27]

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The stressful life events that the individual goes through within his relationship with the environment around him have an impact on the various Occupational aspects of this individual and extend to cause psychosomatic disorders in him, which are physical diseases but Occupational in origin. Anatomical damage to the affected organ. [28]

In this regard, Occupational disorders that are reflected in the digestive system cause many pathological symptoms. Some of these psychologically caused pathological symptoms include nausea, loss of appetite, constipation, diarrhea, indigestion, bloating in the abdomen, and stomach pain. As well as pain in the gallbladder or appendix area, and this often leads to surgery to repair the effects of inflammation in these areas without the appearance of inflammation in these areas. The diseases that affect the digestive system and lead to organic changes in its parts are mucous colitis, gastric ulcers, duodenal ulcers, and colon ulcers. [29]

Problems and Research Questions

In our society, individuals are exposed to various types of pressures, some of which are daily and some of which are long-term. The continuation and frequency of these pressures may lead to the accumulation of the negative effects of these pressures on the individual's mental and physical health. This is where the problem of the current study comes in, as it is a theoretical attempt to identify the effects of stress on the different aspects of individual health to reduce the harm of these effects and avert their danger to individuals.

Aim of the study

Identify the negative effects of Occupational pressures on individuals' mental and physical health.

- Developing a Scale to Measure Occupational pressures Among Doctors and Nurses in Government Hospitals.
- Analyzing Occupational Pressures Faced by Doctors and Nursing in Government Hospitals.
- Investigating Gender-Based Variations in Occupational Pressures Among Doctors Doctors and Nursing in Government Hospitals.

Methodology

Study procedure

The current research sample was represented by male and female Saudi doctors who work in different government hospitals of the Eastern Province in the city of Ad‑Dammām, as the sample.

Study sample.

The research sample reached (500) participants from doctors and nurses who work in hospitals in the city of Ad‑Dammām, where the number of males was (300), while the number of females was (200).

Tools for measuring in the study.

A tool for measuring the Occupational pressures experienced by doctors and nurses in government hospitals was built by the researchers after reviewing the literature and theories related to the concept of Occupational pressures, as well as reviewing international and Arab

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standards related to Occupational pressures. In drafting the paragraphs on Occupational pressures, the researchers relied on reviewing theories, literature, previous studies, and what fits with the sample and the research community, as well as submitting a reconnaissance question directed to several male and female doctors and nurses working in government hospitals, and the number was (30) female and male doctors.

On the answers, the paragraphs of the scale were formulated, if the number of the paragraphs of the scale reached (28), then the paragraphs were presented to several experts and specialists, and their number reached (10). Paragraphs, deleting and adding new ones to correspond with the study of the variable, and the scale consisted of (31) paragraphs, and the answer alternatives were three, which are (always - sometimes - never) and the correction key for the alternatives is (3-2-1) for each paragraph of the scale.

The psychometric properties of the scale:

To ensure the discriminatory power and the validity of the scale's paragraphs, the participants' answers on the Occupational pressures scale were subjected to a statistical analysis process to ensure that its application to the research sample was achieved.

The discriminatory power of the items: the knowledge of the discriminatory power of the items of the scale. The scores for the answer were arranged from the highest to the lowest for each item of the scale, as (27%) were chosen the most and (27%) secondly, as the results of the analysis showed that all the items of the scale had a high degree of discriminatory power. This is evident in Table (1).

On the discriminatory power of the paragraphs of the professional pressures scale, it was ascertained that the internal consistency of the research tool was calculated after obtaining through the correlation of the paragraph with the total score of the tool and by looking at the results between achieving the measurement of each paragraph of what was set for it and that this method presented it as a homogeneous measure that checks the validity of the tool, the results of the correlation showed that the paragraphs of the measurements are characterized by very good internal consistency and can be applied to the research sample of male and female doctors, and the table (2) illustrates this.

Table 1: Occupational pressures the discriminatory strength of the paragraphs of the scale.

Variables	Group	Mean	SD	T. Value	Variables	Group	Mean	SD	T. Value
1	**Upper**	2.23	0.89	8.14	**17**	**Upper**	2.34	0.32	7.81
	Lower	2.63	0.2	9.11		**Lower**	2.81	0.32	6.67
2	**Upper**	2.79	0.49	13.45	**18**	**Upper**	2.09	0.31	16.78
	Lower	2.77	0.17	10.36		**Lower**	2.89	0.71	13.24
3	**Upper**	2.3	0.76	15.67	**19**	**Upper**	2.14	0.13	16.87
	Lower	2.56	0.23	15.91		**Lower**	2.03	0.33	6.18
4	**Upper**	2.45	0.18	7.31	**20**	**Upper**	2.81	0.73	10.34
	Lower	2.61	0.8	7.22		**Lower**	2.72	0.92	12
5	**Upper**	2.42	0.59	9.93	**21**	**Upper**	2.53	0.69	7.72
	Lower	2.74	0.71	12.27		**Lower**	2.33	0.65	9.89

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Variables	Group	Mean	SD	T. Value	Variables	Group	Mean	SD	T. Value
6	**Upper**	2.52	0.81	11.92	**22**	**Upper**	2.61	0.76	10.55
	Lower	2.69	0.6	14.05		**Lower**	2.17	0.7	9.98
7	**Upper**	2.4	0.28	11.62	**23**	**Upper**	2.31	0.79	8.98
	Lower	2.49	0.28	11.05		**Lower**	2.73	0.51	7.18
8	**Upper**	2.78	0.29	14.24	**24**	**Upper**	2.55	0.36	6.4
	Lower	2.35	0.64	9.54		**Lower**	2.97	0.86	7.38
9	**Upper**	2.12	0.36	14.26	**25**	**Upper**	2.16	0.15	12.98
	Lower	2.16	0.4	11.49		**Lower**	2.69	0.91	8.56
10	**Upper**	2.31	0.32	7.93	**26**	**Upper**	2.9	0.82	11.33
	Lower	2.92	0.24	6.58		**Lower**	2.68	0.97	16.45
11	**Upper**	2.66	0.84	10.03	**27**	**Upper**	2.42	0.27	6.69
	Lower	2.02	0.92	6.82		**Lower**	2.32	0.37	9.57
12	**Upper**	2.13	0.83	14.56	**28**	**Upper**	2.96	0.93	13.56
	Lower	2.2	0.63	13.14		**Lower**	2.55	0.65	5.51
13	**Upper**	2.89	0.99	13.29	**29**	**Upper**	2.23	0.39	11.3
	Lower	2.11	0.85	15.03		**Lower**	2.91	0.96	14.51
14	**Upper**	2.27	0.81	12.79	**30**	**Upper**	2.43	0.79	11.08
	Lower	2.3	0.98	7.99		**Lower**	2.03	0.81	7.16
15	**Upper**	2.37	0.49	8.72	**31**	**Upper**	2.85	0.98	8.78
	Lower	2.27	0.27	15.46		**Lower**	2.11	0.38	11.05
16	**Upper**	2.93	0.28	7.87					
	Lower	2.45	0.76	12.83					

Face validity

The face validity of the measure Occupational pressures scale was verified by presenting it to a group of experts in Occupational counseling, psychology, measurement, and educational and Occupational evaluation, totaling (12) specialists, to express their opinions on the suitability of the scale items, alternatives, and weights, and to make the appropriate modifications and changes. Based on their opinions, no item was excluded or modified, and they were all valid. The approval of (10) or more judges was adopted as a criterion for the validity of the items in measuring what they were set for because the difference between the calculated value of (T) and the tabulated value of (T) will have statistical significance at the level of (0.05) with a degree of freedom (1).

Table 2: validity of professional pressures scale

Variables	Validity	Variables	Validity
1	0.386	**17**	0.474
2	0.421	**18**	0.418
3	0.275	**19**	0.466
4	0.321	**20**	0.504

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5	0.308	**21**	0.449
6	0.283	**22**	0.323
7	0.485	**23**	0.424
8	0.537	**24**	0.381
9	0.419	**25**	0.421
10	0.388	**26**	0.375
11	0.342	**27**	0.481
12	0.334	**28**	0.432
13	0.413	**29**	0.557
14	0.253	**30**	0.434
15	0.344	**31**	0.434
16	0.415		

Stability

Stability means that the test gives the same results if it is applied again to the same individuals under the same conditions. To calculate the stability of the health awareness scale, the researchers adopted the method of Cronbach's alpha equation. The stability coefficient extracted by this method for the current research was (0.82), which is a good stability coefficient. The health awareness scale is internally consistent because the equation reflects the extent of consistency of the items internally.

Table 3: the arbitrators' observations on the professional pressures scale

Variables	Frequency	%	Variables	Frequency	%
1	9	80%	**11**	9	90%
2	8	90%	**12**	10	100%
3	9	90%	**13**	8	90%
4	8	90%	**14**	9	100%
5	10	100%	**15**	10	90%
6	8	90%	**16**	8	80%
7	10	100%	**17**	9	90%
8	8	80%	**18**	10	90%
9	9	80%	**19**	10	100%
10	10	80%	**20**	8	80%

The results in Table 4 indicate that the Cronbach alpha value of the twenty paragraphs of quality (the ability of the questions developed to achieve the goal for which they were formulated is very high (0.973). It also does not require the deletion of any of the questions; as the cancellation results in a decrease in the total value of Cronbach Alpha, this means that the tool has a high degree of stability and honesty meets the purposes of the study being higher than the acceptable percentage (70%) to judge the stability of the resolution and measures.

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Table 4: the Alpha Cronbach on the professional pressures scale

Number of paragraphs	Cronbach's alpha
20	0.973

Application of the scale in its final form

After the measure Occupational pressures scale adopted in this research was ready for application by ensuring its psychometric properties and aimed to achieve the objectives of the current research, it was applied to the research sample of (500) male and female doctors and nurses.

Statistical analysis

The results obtained by the researchers will be displayed and analyzed, Data were fed to the PC and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp). We will display the arithmetic means of the questionnaire responses obtained from the sample and present the standard deviations to identify the degree of variation in those responses by displaying the frequencies and their percentages to identify the level of responses about the variables.

Results and Discussion

Finalizing Application Procedures: Upon ensuring the integrity, stability, and discriminative strength of the paragraphs, the tool was deemed ready for its final application. To maximize participant enrollment, the researchers developed an electronic measurement tool. The link to the tool was disseminated through various hospitals, utilizing the official pages and networks of doctors and nurses.

The response period for the scale was extended from February 12, 2020, to February 20, 2020. Subsequently, a total of 500 participants subscribed, comprising 300 males and 200 females. Categorically, participants included periodic residents (145), senior residents (205), and specialists (150). The collected data was then subjected to statistical analysis.

The first objective: building a scale of occupational pressures for doctors and nurses who work in government hospitals by following the procedures and scientific methodology in constructing a scale of occupational pressures. The first goal was achieved and obtaining the stability and discriminatory strength of the paragraphs and applying it to the research sample, as previously explained in the third chapter.

The second objective: is to identify the occupational pressures of doctors and nurses working in government hospitals. Achieving the second objective and identifying the occupational pressures of doctors and nurses. The method of T-testing for one sample was chosen over the research sample. The results of the second objective are shown depending on the table (5).

Objective 1: Constructing an Occupational pressure Scale for doctors and nurses in Government Hospitals

The initial objective involved the development of a comprehensive scale for measuring Occupational pressures among doctors and nurses in government hospitals. This was accomplished through a meticulous adherence to scientific methodology in scale construction.

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The stability and discriminative strength of the paragraphs were successfully established, and the scale was subsequently applied to the research sample, as detailed in the third chapter.

Objective 2: Identifying Occupational Pressures Among Doctors and Nurses in Government Hospitals

The second objective aimed to uncover the specific occupational pressures experienced by doctors in government hospitals. This objective was successfully met by employing the T-testing method for a single sample within the research sample. The outcomes of this analysis, illustrating the identified occupational pressures of doctors, are presented in Table 5.

Table 5: T-test results for the health awareness scale

Sample	Mean	SD	Degree of freedom	Median	T. Value		P. Value
					Calculated	Tabular	
500	75.12	5.82	618	58	111.25	1.96	<0.0001

Looking at Table (5), we find that the arithmetic mean of the research sample is (75.12) and the standard deviation (5.82), while the Median of the population is (58), and the calculated t-value is (111.25) which is greater than the tabular value of (1.96) at the level of significance (<0.0001) The degree of freedom was (618). Since the computed value of t is (111.25) The result indicates a very high level of professional pressure among doctors and nurses in general, and this confirms the research problem raised by the researchers previously, which is the exposure of doctors and nurses in hospitals to different types of professional pressures, which is the result of the tasks that are placed upon them. This requires them to be fully aware and careful in their work, as well as the lack of appropriate treatment for sick cases in government hospitals the apparent lack of advanced and modern equipment, and the incorrect environment in the dilapidated buildings of hospitals.

Objective 3: Analyzing psychological Pressures Among Doctors and nurses in Government Hospitals Based on Gender.The third objective focused on discerning the occupational pressures experienced by doctors and nurses in government hospitals, considering the gender variable. To gauge the level of Occupational Pressures among doctors and nurses based on gender, the research sample underwent analysis using the T-test for two independent samples. The detailed results of this investigation are presented in Table 6, illustrating the outcomes of the third objective.

Table 6: Occupational pressures of Doctors and nurses working in hospitals according to the gender variable

No.	Sex	Sample (N)	Mean	SD	T. Value		Degree of freedom	P. Value
					Calculated	Tabular		
1	Male	300	73.52	5.78	0.323	1.96	618	0.05
2	Female	200	72.58	5.58				
Total		500						

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When looking at Table No. (6), we find that the arithmetic mean for males is (73.52) standard deviation of (5.78) and their number is (300), and the arithmetic mean for females is (72.58) standard deviation of (5.58), and their number is (200).

Whereas the calculated T value for the gender variable was (0.323), which is less than the tabular value of (1.96) at the level of significance (0.05), as for the degree of freedom, it reached (618).

This result indicates that there is no statistically significant difference in the Occupational pressures experienced by doctors according to the gender variable. The researchers believe that this result is due to the equal role in the tasks between male and female doctors, and there is no difference in work.

All sample members work in one environment, and everyone receives all cases each according to his specialization as well as work gradations. Therefore, any pressure that males are exposed to at work is a result of the shortage of modern treatments and devices, or facing the patient's family, it is the same pressure that females are exposed to, as they have the same importance in this work, which is directly related to the patient's condition, and there is no difference in the type of work between males and females, and this justifies the absence of differences in Occupational pressures depending on the gender variable.

Objective 4: Examining Occupational Pressures Among Doctors and Nurses in Government Hospitals Based on Career Progression

The fourth objective aimed to uncover the occupational pressures experienced by doctors and nurses in government hospitals, taking into account the variable of career progression. To identify variations in occupational pressures across different stages of career progression, a one-way analysis of variance (ANOVA) was applied to the research sample. The results of this analysis, elucidating the differences in occupational pressures based on career progression, are detailed in Table No. (6). The achievement of the third objective, as presented in Table No. (6), contributes valuable insights into the dynamics of occupational pressures among doctors and nurses with varying career progressions in government hospitals.

Table 7: Occupational pressures of doctors and nurses working in government hospitals according to the career progression variable

No.	Sex	Sample (N)	Mean	SD	T. Value		P. Value
					Calculated	Tabular	
1	Specialist	150	77.55	5.35	27.12	3.84	0.045
2	Senior resident	205	73.52	5.63			
3	Periodic residence	145	75.98	5.34			
Total		500	75.68	5.44			

Upon examination of the preceding Table (7), it becomes evident that specialist Doctors and nurses exhibit a Mean of (77.55) with a count of (150) and a standard deviation of (5.35). In comparison, senior resident physicians, numbering (205), display a Mean of (73.52) with a standard deviation of (5.63). Periodic resident physicians, numbering (145), showcase a Mean of (75.98) and a standard deviation of (5.34). The computed F value stands at (27.12), surpassing

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the tabular value of (3.84) at a significance level of (0.045). This outcome signifies statistically significant differences in occupational pressures, with the highest level recorded in the classification of periodic assessors.

The researchers interpret this result by attributing it to the fact that periodic residents are at the initial stage of their medical careers within the healthcare sector. They lack sufficient work experience to navigate the challenges inherent in the cases they handle. Additionally, their transition from a student's life to that of practicing Doctors and nurses in hospitals exposes them to numerous emergency and critical cases. Periodic residents are tasked with determining case types and submitting reports to senior resident Doctors and nurses or specialists for assigning appropriate treatment. This significant life and professional change for periodic residents makes them more susceptible to heightened professional pressures in their work.

Conclusions:

- Comparative Research on Doctors in Government and Private Hospitals: Conduct comprehensive research to compare the experiences of doctors and nurses working in government and private hospitals in Saudi Arabia. Additionally, undertake comparative studies with doctors and nurses in other countries to gain insights that can contribute to the advancement of the health sector in Saudi Arabia. This research should focus on identifying best practices, challenges, and opportunities for improvement in both sectors.
- Field Studies to Assess Psychosocial Needs of Health Sector Workers: Emphasize the importance of field studies that involve all healthcare workers to assess their psychosocial needs. Understanding the challenges and demands faced by healthcare professionals across different roles in the health sector will enable the development of targeted interventions and support systems to enhance their well-being.
- Investigate Other Psychological Stressors Impacting Doctors and Nurses' Performance: Conduct a dedicated study to explore additional psychological stressors that doctors may experience beyond occupational stress. This research should aim to uncover various factors affecting doctors' psychological well-being and assess the extent to which these factors impact their overall performance. The findings can inform strategies for mitigating such stressors and promoting a healthier work environment for healthcare professionals.

Recommendations:

- Prioritize the Psychological and Social Well-being of Doctors and Nurses in Hospitals: Place a strong emphasis on addressing the psychological and social aspects of doctors working in hospitals. Implement initiatives that foster a supportive and conducive work environment, recognizing and addressing the mental health challenges faced by healthcare professionals.
- Implement Psychological Courses and Seminars for Doctors and Nurses: Organize and implement psychological courses and seminars specifically

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tailored to address the psychological and professional stresses experienced by doctors. These initiatives can equip Doctors and nurses with effective coping mechanisms, stress management techniques, and strategies for maintaining mental well-being throughout their careers.

- Enhance Medical Infrastructure and Equipment: Advocate for the attention of the Ministry of Health towards providing state-of-the-art medical equipment for diagnosis and medical operations. A modern and well-equipped healthcare environment not only improves the efficiency of medical practices but also contributes to the overall well-being of doctors and nurses by reducing operational stress.
- Activate Doctors and Nurses Protection Laws and Increase Security Measures: Take proactive measures to activate laws designed for the protection of Doctors and nurses and cultivate a sense of psychological and security well-being among medical professionals. This includes ensuring that officials prioritize the safety and mental health of doctors and nurses, thereby enhancing their overall performance and commitment to patient care.

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