

# Diagnosing the causes of work stress among doctors and nurses working in Hospitals in the Eastern Province of Saudi Arabia: An Analytical Comparative Study

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**Abstract:**Hospitals are stressful places of employment due to the increased complexity and demands of most job descriptions, the unpredictable changes in one's daily work routine, unrealistic expectations from patients and their families, and common encounters with ethical and end-of-life issues. Of all the various hospital employees, nurses are often exposed to many of these stressors and may be predisposed to develop work-related psychological disorders such as symptoms of post-traumatic stress disorder (PTSD) and burnout syndrome (BOS). PTSD is a psychiatric disorder caused by exposure to a traumatic event or extreme stressor that is responded to with fear, helplessness, or horror. In the United States, 8–10% of the general population have developed PTSD in their lives, making it the fourth most common psychiatric disorder.

**This study aim**sto provide a framework of knowledge that includes the basic conceptual implications of work stress. diagnosis Work pressures faced by both doctors and nurses in the researched field. Uncover the causes of work stress faced by both doctors and nurses in the surveyed field and compare them. Arousing the attention of the management of the field in question about the most important ways and strategies through which they can be used Facing the work pressures faced by the medical and nursing staff in the hospital to Eliminate them or mitigate their negative effects.

**Methodology:**Study Location: The study was conducted inhospitals in the Eastern Province of Saudi Arabia, which is affiliated with the Ministry of Health. Study Durations: They are the duration of preparing the analytical study on the hospital in question, which extended from (April 2021to July 2021). Study Populations: They are represented by doctors and nurses working in Hospitals in the Eastern Province of Saudi Arabia, as forms for data from the field side of the study were distributed, as (150) One form, 120 of which were retrieved, with 60 forms for doctors and the same for nurses.

**Results:**Among the statistical indicators of the physical work environment is that both doctors and nurses are subjected to work pressures caused by the physical environment of work, and the ratios between doctors and nurses varied, and this is explained by the presence of suffering among doctors and nurses related to the lack of equipment required to perform the work and acquire momentum due to many auditors, as well as the lack of basic services at the worksite and the absence of places designated to practice work due to the large number of changes that talk to the hospital all the time. It turns out by analyzing the Mann-Whitney test that there are moral differences between the causes of work stress to which

both doctors and nurses are exposed in the research sample, which indicates the existence of a discrepancy significant in those causes except for workload and physical environment

**Keywords: Work Stress;Doctors;Nurses;Hospitals; Eastern Province;Saudi Arabia.**

### **Introduction:**

Hospitals are stressful places of employment due to the increased complexity and demands of most job descriptions, the unpredictable changes in one's daily work routine, unrealistic expectations from patients and their families, and common encounters with ethical and end-of-life issues. Of all of the various types of hospital employees, nurses are often exposed to many of these stressors and may be predisposed to develop work-related psychological disorders such as symptoms of post-traumatic stress disorder (PTSD) and burnout syndrome (BOS). PTSD is a psychiatric disorder caused by exposure to a traumatic event or extreme stressor that is responded to with fear, helplessness, or horror. In the United States, 8–10% of the general population have developed PTSD at some point in their lives, making it the fourth most common psychiatric disorder.[1]

Nurses are the frontline staff of a health care team, and many of them experience work-related stress. Studies from all world reported that nurses work under great pressure due to heavy workload, poor staffing, dealing with death and dying, and inter-staff conflict and also because of lack of resources, little training, excessive paperwork, and limited shared governance in decision making.[2]

According to the U.S. National Institute of Occupational Safety and Health, job stress is a harmful response physically and emotionally when the employee's skills, resources, and needs could not fulfill the requirement of the job. [3]

E. O'Dowd et al (2018) refer to stress as a general episode in organizations, and a person's competence to positively confront stressors would determine the individual's success in overcoming the related stress reactions.[4]

In general, past research reports the negative impact of stressful situations on health outcomes: psychologically, physically, and functionally.[5]

The job stress level among nurses working in China is believed to be higher because of the rapidly growing economy and the ever-changing health care environment. Chinese people articulate

a high demand and expectation in seeking health care services in terms of the quality of care, the knowledge of health care professionals, and the advancement of technology. [6]

The State Council of the People's Republic of China issued the Nursing Ordinance (Chapter 517) on the standard and quality of nursing in 2008 to strengthen nurse training, registration, power, responsibility, and legal issues. The implementation of this ordinance may further increase nurses' stress levels when they are trying to keep up with the standards of care and the demand by Chinese patients for high-quality health care.[7]

The concept of work stress arose in organizations that depend on achieving their goals mainly on the human element, it is assumed that working individuals perform their tasks and job duties effectively to achieve the goals of the organization properly, despite the presence of a sincere sense and a sound desire among working individuals and management. The organization loves me, both in reducing the obstacles and difficulties that prevent the achievement of goals, but there are still obstacles or obstacles in the work environment that stand in front of the working individuals performing their role and accomplishing their tasks well, and this is what is called work pressure.[8]

There are various opinions of writers and researchers about the concept of work stress. To clarify these concepts, we present the following table, which includes a reference to the concept of work stress, according to the opinions of several writers and researchers in management and behavioral sciences. [9]

Work stress is a response or reaction of an individual as a result of exposure to external stimuli. The main reason for the emergence of work stress is a lack of adaptation. Harmony of the individual to the work environment due to the imbalance between the work requirements and the capabilities and skills that the individual possesses. Work stress has many effects, some of which are positive and some negative. | When an individual is exposed to work stress for a short or temporary period, it is called stress, while. [10]

The work stress that an individual is exposed to for a long time or continuous is called stress, so it can be concluded that stress and stress are two types that are branched from work stress and the criterion for distinguishing between them is the period. 5. Work stress is related to several variables such as job affiliation. [11]

Work satisfaction, performance, and job burnout, as the lack of work pressure, enhances the individual's job affiliation, and the frequent exposure to work pressures may mean many results, including the individual's dissatisfaction with work and the organization, the emergence of the phenomenon of job burnout and low management level. [12]

Based on the foregoing, we present the procedural definition of work stress: an organizational phenomenon resulting from poor compatibility and harmony between the individual and his skills, abilities, and ambitions, and between the work environment and its requirements, which causes the individual to not adapt to the job that carries requirements that exceed the individual's ability and ability to meet them

correctly, which leads to The occurrence of tension or stress or a defect in the functional performance of the individual. [13].

the causes of work stress, the writers and researchers differed in determining the causes of work stress that have an impact on the individual, due to the different theoretical approaches to studying stress, and our research will focus on classifying the causes of work stress according to the following:

Causes related to the role of the individual in the job, including (role ambiguity, role conflict, burdenwork, and responsibility to others). Organization-related causes including career development, physical work environment). Firstly. Reasons related to the individual's role in the job. Role ambiguity: Role ambiguity is one of the main sources of work pressure and one of the mostIts causes in different jobs and professions, and it is the result of insufficient information or knowledge to do his work and this ambiguity occurs due to insufficient training and poor communication or deliberate withholding or distortion of information by a coworker or supervisor. All of these events cause work pressures.[14, 15]

the reasons behind the ambiguity of the role are as follows: Change in working individuals and the social environment of the organization. The change in the modern technological means that are used in the performance of work, as well as the lack of ownershipPersonnel employed for the skills necessary for use. The lack of clarity of tasks, goals, and responsibilities, as well as the lack of specific administrative powersperformance appraisal. The lack of horizontal and vertical information flow secretly in the organization or its delivery is confused and not integrated. Lack of clarity in the organization's philosophy, policy, size, and degree of complexity. Lack of clarity about the behaviors that make individuals able to perform the role expected of them.[16]

Role conflict: Role conflict occurs when the demands of the work are contradictory and not compatible with the personal convictions of the individual. Many problems occur at work, which causes pressure” for the individual. Role conflict occurs when the individual faces contradictory work requirements, or when he works with things he does not want in the first place and does not believe that they are part of his work, and when there are more than A demand at the same time due to the difficulty of responding to one of them and the difficulty of responding to the other demands.[17, 18]

The role conflict may also occur “when the individual performs many tasks that require great secrecy to accomplish, and the complexity of the tasks and their overlap with other tasks and roles performed by the individual may lead to the emergence of role conflict as well. It must be noted that the individual is under the influence ofMore than leadership and receiving orders from more than one boss asking him to perform contradictory tasks and functions that would lead to a role conflict.[19]

## Research Problem:

The reasons for pressures that individuals working in organizations are exposed to vary according to the type of the organization, the nature of its work, and according to the individual's job, and professional and personal characteristics. During the field visits carried out by the researchers, as well as the field experience during the summer training period, the presence of work pressures among nurses and doctors working in Hospitals in the Eastern Province of Saudi Arabia was diagnosed through the following indicators:

Table (1) Indicators that reflect the presence of work pressures in the organization, and the delay in coming to work.

1	Absenteeism to work	5	Make incorrect decisions
2	Non-attendance to work	6	Depression
3	Neglect	7	Not cooperating with others
4	Make mistakes at work	8	Hostile and bad relations with others

Accordingly, the research problem can be accurately identified by raising the following questions:

1. Are doctors and nurses exposed to the same kind of pressure?
2. What are the causes of work pressures that doctors are exposed to in health institutions?
3. What are the causes of work pressures that nurses are exposed to in health institutions?
4. Is there a difference in the causes of work stress that doctors are exposed to from those that nurses are exposed to?

## The importance of research:

The research derives its importance from the importance of the problem it addresses, and the importance of the field under study, as the health sector represented by Hospitals in the Eastern Province of Saudi Arabia is one of the vital sectors in our society, as the research focuses on the causes of work pressures that doctors and nurses are exposed to in health institutions as having a significant impact on their performance. Because it reflects the overall suffering of individuals working in the organization, and the resulting decline in the level of work resulting from this suffering.

In addition, the research contributes to presenting some treatments and strategies through which both the individual and the administration can face the work pressures they are exposed to in health institutions.

## Research Aim:

The research aims to achieve a set of objectives, as follows:

1. Providing a framework of knowledge that includes the basic conceptual implications of work stress.
2. diagnosis Work pressures faced by both doctors and nurses in the researched field.
3. Uncover the causes of work stress faced by both doctors and the corridorZin in the surveyed field and compare them.
4. Arousing the attention of the management of the field in question about the most important ways and strategies through which they can be usedFacing the work pressures faced by the medical and nursing staff in the hospital toEliminate them or mitigate their negative effects.

### **Research hypotheses:**

To find solutions to the research questions raised in the research problem, the following hypotheses were adopted:

1. Both doctors and nurses are exposed to work pressures at Hospitals in the Eastern Province of Saudi Arabia inthe conductor.
2. The causes of work stress that doctors and nurses are exposed to differ from those nurses are exposed toin health institutions.

### **Research limits:**

1. Study Location: The study was conducted on Hospitals in the Eastern Province of Saudi Arabia, which is affiliated with the Ministry ofHealth, which is located within the geographical boundaries of the province of Mosul.
2. Study Durations: They are the duration of preparing the analytical study on the hospital in question, which extendedfrom (April 2021 to July 2021).
3. Study Populations: They are represented by doctors and nurses working in Hospitals in the Eastern Province of Saudi Arabia, as forms for data from the field side of the study were distributed, as (150)One form, 120 of which were retrieved, with 60 forms for doctors and the same for nurses.

### **Methodology:**

The study followed the descriptive-analytical approach, which is based on describing the phenomenon, analyzing it, and then interpreting it, based on the data collected.

### **Sampling and data analysis**

1. **Theoretical part:** Many Arab and foreign scientific sources from books and periodicals have been used as well as the use of the World Wide Web (Internet).

2. **Field part:** the questionnaire form was the main source that the two researchers used to obtain the data on the practical side, as it included (44) paragraphs distributed over two axes, the first axis presented the identification information (gender, age, educational qualification, years of experience ..... etc.) by (8) paragraphs, while the second axis represented the variable The main part of the study is the causes of work stress, which included (36) paragraphs divided into two variables: the individual causes, and it included four dimensions, By (5) paragraphs for the first dimension ambiguity of the role, (6) paragraphs for the second dimension role conflict, (5) paragraphs for the third dimension workload, and (4) Paragraphs for the fourth dimension: responsibility towards others. As for the organizational causes, it included two dimensions, the first being career development and covered in (7) Paragraphs, and the physical work environment within (9) Paragraphs.

A set of statistical methods were used to analyze the data, as follows:

1. Frequency distribution and percentages: to describe the answers of the respondents.
2. Arithmetic means: to determine the trends of the answers within the specified scale.
3. Standard deviations: to determine the degree to which the answers are deviated from their arithmetic mean.
4. The Man-Whitney Test of Recognition on the significant differences between the two samples.

As for the methods used in testing the questionnaire, they included:

**The apparent validity test:** To ensure the ability of the questionnaire to measure the variables of the research, a virtual honesty test was conducted, by presenting it to a group of professors specialized in administrative sciences to estimate the extent to which the paragraphs of the scale represent the variables to be measured, and their opinions were taken in line with the nature of the research.

**Measuring the stability of the resolution:** To determine the level of the degree of stability of the research resolution and its paragraphs, they were approved on the method of (Cronbach Alpha) coefficient, as this coefficient reached (80%) for the research variables in total, and this value is a high percentage in administrative and behavioral studies. It is a reassuring parameter that confirms the validity of the scale and its validity for application.

## Results and Discussions

The field framework of the study to achieve the requirements of the research methodology and test its hypothesis, this axis presents the applied framework for the research through the following:

- **The Demographic Data**

Completion of the methodological framework of the research leads us to identify the characteristics of the respondents in terms of gender, age, educational qualification, and as follows:

**Table (3) Characteristics of the respondents (doctors and nurses) are doctors**

	Doctors		Nurses	
	N= 60	%	N= 60	%
<b>Demographic information</b>				
<b>Sex</b>				
Male	19	31.7%	38	63.3%
Female	41	68.3%	22	36.7%
<b>Social status</b>				
Unmarried	22	36.7%	23	38.3%
Married	35	58.3%	37	61.7%
Widower	3	5.0%	0	0.0%
divorced	0	0.0%	0	0.0%
<b>No. Of children</b>				
no children	25	41.7%	24	40.0%
1-3	28	46.7%	27	45.0%
4-6	7	11.7%	6	10.0%
7 or more	0	0.0%	3	5.0%
<b>Age</b>				
21-26	18	30.0%	16	26.7%
27-32	10	16.7%	17	28.3%
33-38	3	5.0%	11	18.3%
39-44	11	18.3%	7	11.7%
45 and above	18	30.0%	8	13.3%
<b>Education Degree</b>				
Master's	37	61.7%	0	0.0%
PhD	15	25.0%	0	0.0%
Bachelor	8	13.3%	19	31.7%
Primary	0	0.0%	3	5.0%
middle school	0	0.0%	20	33.3%
Technical Diploma	0	0.0%	18	30.0%
<b>Years of experience</b>				
1-5	23	38.3%	21	35.0%
6-10	15	25.0%	16	26.7%
11-15	4	6.7%	12	20.0%
16-20	7	11.7%	5	8.3%
21 and above	11	18.3%	6	10.0%

- **Describe and diagnose the causes of work pressure for doctors and nurses**

To complete the methodological frameworks for scientific research and in the context of reaching the logical treatments for the research problem, it is necessary to know the opinions of the doctors and nurses surveyed about the paragraphs of the questionnaire: 1. Reasons related to the role of the individual in the job

- **Description and diagnosis of role ambiguity:** The data in Table (4) indicate that the total indicator of the arithmetic means of the role ambiguity dimension reached(1.993) for Doctors, which is less than the value of the hypothetical mean (2) and with a standard deviation of (0.403). While the ambiguity of the role of the nurses achieved an arithmetic mean of (2.180) which is higher than the hypothetical meanof (2) and with a



standard deviation of (0.621). This indicates that doctors suffer from ambiguity in their roles more than nurses do.

**Table (4) Statistical indicators of the ambiguity of the role of doctors and nurses**

	Agreed	Neutral	I do not Agree	Mean	SD			
<b>Statistical indicators of the ambiguity of the role of doctors</b>								
I have difficulty performing the tasks assigned to me	12	20.0%	8	13.3%	40	66.7%	1.533	0.214
I feel that the generalizations regulating my work are not clear	18	30.0%	19	31.7%	23	38.3%	1.917	0.258
I am missing insufficient information about my work responsibilities	39	65.0%	19	31.7%	3	5.0%	2.633	0.973
The ambiguity of policies causes failing to perform tasks and duties	15	25.0%	20	33.3%	25	41.7%	1.833	0.173
The limits of my authority to work are not clear	22	36.7%	19	31.7%	19	31.7%	2.050	0.394
Total							1.993	0.403
	Agreed	Neutral	I do not Agree	Mean	SD			
<b>Statistical indicators of the ambiguity of the role of Nurses</b>								
I have difficulty performing the tasks assigned to me	20	33.3%	16	26.7%	24	40.0%	1.933	0.315
I feel that the generalizations regulating my work are not clear	27	45.0%	17	28.3%	16	26.7%	2.183	0.559
I am missing insufficient information about my work responsibilities	44	73.3%	10	16.7%	6	10.0%	2.633	1.151
The ambiguity of policies causes failing to perform tasks and duties	31	51.7%	16	26.7%	12	20.0%	2.283	0.703
The limits of my authority to work are not clear	21	35.0%	10	16.7%	29	48.3%	1.867	0.378
Total							2.180	0.621

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• **Role struggle:** By reading the data in Table (5), the total mean of the arithmetic means for the role conflict dimension was (2.112) for doctors, which is higher than the value of the hypothetical mean (2) and with a standard deviation (0.448). While the nurses' role conflict achieved an arithmetic mean of (2.333) which is higher than the value of the hypothetical mean (2) and with a standard deviation of (0.773). These indicators explain to us that both doctors and nurses suffer from role conflict as one of the causes of work stress.

**Table (5) Statistical indicators of the role conflict dimension among doctors and nurses**

	Agreed	Neutral	I do not Agree	Mean	SD			
<b>Statistical indicators of the role struggle of doctors</b>								
I have sufficient skills and experience to perform all	1	26.	1	28.	28	46.	1.833	0.1

my duties accurately	6	7%	7	3%		7%		71
Too many officials at work make it difficult to deal with them	1	28.	1	31.		41.		0.2
	7	3%	9	7%	25	7%	1.900	17
There is a conflict between the duties and requirements of work and family duties	1	31.	3	58.		28.		0.4
	9	7%	5	3%	17	3%	2.400	60
Sometimes he assigns me tasks and duties that contradict the principles of personality	3	60.	1	28.		13.		0.8
	6	0%	7	3%	8	3%	2.500	65
Interpersonal conflicts prevent the harmony and cooperation of working individuals	3	50.		15.		36.		0.6
	0	0%	9	0%	22	7%	2.167	74
I feel like I'm doing both administrative and medical work	1	31.	1	31.		35.		0.3
	9	7%	9	7%	21	0%	1.933	00
Total							2.12	0.4
							2	48
	Agreed		Neutral		I do not Agree		Mean	SD
<b>Statistical indicators of the role struggle of Nurses</b>								
I have sufficient skills and experience to perform all my duties accurately	2	48.	1	20.		31.		0.6
	9	3%	2	0%	19	7%	2.167	32
Too many officials at work make it difficult to deal with them	2	48.	1	23.		28.		0.6
	9	3%	4	3%	17	3%	2.200	27
There is a conflict between the duties and requirements of work and family duties	3	53.	1	21.		25.		0.7
	2	3%	3	7%	15	0%	2.283	32
Sometimes he assigns me tasks and duties that contradict the principles of personality	3	51.	1	28.		20.		0.6
	1	7%	7	3%	12	0%	2.317	98
Interpersonal conflicts prevent the harmony and cooperation of working individuals	3	60.	1	20.		20.		0.8
	6	0%	2	0%	12	0%	2.400	72
I feel like I'm doing both administrative and medical work	4	70.	1	23.		6.7		1.0
	2	0%	4	3%	4	%	2.633	77
Total							2.33	0.7
							3	73

• **Description and diagnosis of workload:** by reading the data in Table (6), the total indicator of the arithmetic means for the workload dimension reached(2.200) For clinicians, it turns out that it is higher than the hypothetical mean value(2) With a standard deviation (0.570). While the workload of nurses achieved an arithmetic mean of (2.347), which is higher than the hypothetical mean value.(2) With a standard deviation of (0.777).These indicators explain to us that both doctors and nurses suffer from workload as a cause of work stress.

**Table (6) Statistical indicators of the workload dimension among doctors and nurses**

	Agreed	Neutral	I do not Agree	Me an	SD
<b>Statistical indicators of the Workload of doctors</b>					
Responsible for many duties	1	25.0	2	40.0	2
	5	%	4	%	1
Doing some work and tasks the wrong way because it is outside my specialty	2	43.3	1	25.0	1
	6	%	5	%	9
The work system gives me enough time to perform my work	3	51.7	1	25.0	1
	1	%	5	%	4
				35.0%	1.90
				31.7%	0
				23.3%	2.11
					7
					2.28
					3
					0.2
					47
					0.5
					23
					0.6
					96

Work shifts are highly organized	2	36.7	2	48.3	9	15.0%	2.21	0.5
	2	%	9	%	9		7	14
The tasks I have to do are stressful for me	3	60.0	1	28.3	7	11.7%	2.48	0.8
	6	%	7	%	7		3	72
Total							2.20	0.5
							0	70
	Agreed		Neutral		I do not Agree		Me an	SD
<b>Statistical indicators of the Workload of Nurses</b>								
Responsible for many duties	2	38.3	1	18.3	2		1.95	0.4
	3	%	1	%	6	43.3%	0	34
Doing some work and tasks the wrong way because it is outside my specialty	3	61.7	1	21.7	1		2.45	0.9
	7	%	3	%	0	16.7%	0	05
The work system gives me enough time to perform my work	3	63.3	1	21.7			2.48	0.9
	8	%	3	%	9	15.0%	3	39
Work shifts are highly organized	3	61.7	1	30.0			2.53	0.9
	7	%	8	%	5	8.3%	3	08
The tasks I have to do are stressful for me	3	51.7	1	28.3	1		2.31	0.6
	1	%	7	%	2	20.0%	7	98
Total							2.34	0.7
							7	77

• **Description and diagnosis of the relationship with others:** by reading the data in Table (7), it turns out that the total indicator of the arithmetic means of the relationship with others dimension reached (2.238) for physicians, which is higher than the value of the hypothetical mean (2) and with a standard deviation (0.570). While the workload of nurses achieved an arithmetic mean of (2.463), which is higher than the value of the hypothetical mean (2) and with a standard deviation of (0.899). These indicators explain to us that both doctors and nurses suffer from relationships with others as a cause of work stress.

**Table (7) Statistical indicators of the relationship with others dimension among doctors and nurses**

	Agreed		Neutral		I do not Agree		Me an	SD
<b>Statistical indicators of the relationship with other doctors</b>								
Low level of cooperation between medical personnel	2	33.3	3	51.7			2.18	0.5
	0	%	1	%	9	15.0%	3	01
Low level of confidence in the abilities of nurses by doctors	2	40.0	2	43.3	1		2.23	0.5
	4	%	6	%	0	16.7%	3	27
Reviewers trust the nurse's abilities	2	36.7	2	43.3	1		2.16	0.4
	2	%	6	%	2	20.0%	7	67
There is an acceptance of a man as a nurse by the general public and patients	3	55.0	1	30.0			2.36	0.7
	3	%	8	%	7	11.7%	7	84
Total							2.23	0.5
							8	70
	Agreed		Neutral		I do not Agree		Me an	SD
<b>Statistical indicators of the relationship with other Nurses</b>								
Low level of cooperation between medical personnel	4	73.3	1	16.7	6	10.0%	2.63	1.1

	4	%	0	%			3	51
Low level of confidence in the abilities of nurses by doctors	3	61.7	1	23.3			2.46	0.9
	7	%	4	%	9	15.0%	7	04
Reviewers trust the nurse's abilities	3	65.0	1	23.3			2.53	0.9
	9	%	4	%	7	11.7%	3	73
There is an acceptance of a man as a nurse by the general public and patients	2	45.0	1	31.7	1		2.21	0.5
	7	%	9	%	4	23.3%	7	66
Total							2.46	0.8
							3	99

• **Description and diagnosis of career progression:** The data in Table (8) show that the total indicator of the arithmetic means, the dimension of career progression, reached (2.090) for doctors. Whereas, after career progression, the nurses achieved an arithmetic mean of (2.310), which is higher than the value of the hypothetical mean (2), with a standard deviation of (0.731). These indicators explain to us that both doctors and nurses suffer from career advancement as a cause of work stress.

**Table (8) Statistical indicators of the career progression dimension of doctors and nurses**

	Agreed	Neutral	I do not Agree	Me an	SD			
<b>Statistical indicators of the career advancement of doctors</b>								
The hospital provides opportunities for continuing education in the field of work	1 5	25.0 %	2 7	45.0 %	1 8	30.0%	1.9 50	0.3 12
The hospital provides training courses for medical staff in the field of work	1 7	28.3 %	2 3	38.3 %	2 0	33.3%	1.9 50	0.2 77
The hospital allows us to complete undergraduate and postgraduate education	1 9	31.7 %	1 5	25.0 %	2 6	43.3%	1.8 83	0.2 81
The hospital lacks standards of fairness in promotion and salaries.	2 5	41.7 %	2 3	38.3 %	1 2	20.0%	2.2 17	0.5 26
There are sufficient opportunities for career advancement	3 3	55.0 %	1 7	28.3 %	1 0	16.7%	2.3 83	0.7 67
Some nurses suffer from poor scientific qualification	2 9	48.3 %	2 2	36.7 %		15.0%	2.3 33	0.6 51
There is a low level of moral incentives granted to employees	1 6	26.7 %	2 3	38.3 %	2 1	35.0%	1.9 17	0.2 51
Total							2.0 90	0.4 38
	Agreed	Neutral	I do not Agree	Me an	SD			
<b>Statistical indicators of the career advancement of Nurses</b>								
The hospital provides opportunities for continuing education in the field of work	2 7	45.0 %	2 1	35.0 %	1 2	20.0%	2.2 50	0.5 77
The hospital provides training courses for medical staff in the field of work	3 1	51.7 %	1 5	25.0 %	1 4	23.3%	2.2 83	0.6 96
The hospital allows us to complete undergraduate and postgraduate education	2 7	45.0 %	1 6	26.7 %	1 7	28.3%	2.1 67	0.5 58
The hospital lacks standards of fairness in promotion and salaries.	3 1	51.7 %	1 6	26.7 %	1 3	21.7%	2.3 00	0.6 97
There are sufficient opportunities for career advancement	4 1	68.3 %	1 0	16.7 %		15.0%	2.5 33	1.0 48

Some nurses suffer from poor scientific qualification	3 8	63.3 %	1 3	21.7 %	9 15.0%	2.4 83	0.9 39
There is a low level of moral incentives granted to employees	2 4	40.0 %	2 1	35.0 %	1 5	2.1 50	0.4 75
Total						2.3 10	0.7 13

• **Description and diagnosis of the physical work environment:** the data in the table (9) show that the total indicator of the arithmetic mean, the physical work environment dimension, is (2.304) for clinicians, it turns out that it is higher than the hypothetical mean value (2) and with a standard deviation (0.754). Whereas, after career progression, the nurses achieved an arithmetic mean of (2.270), which is higher than the value of the hypothetical mean (2), and with a standard deviation of (0.724).

These indicators explain to us that the physical work environment is one of the causes of work pressures that both doctors and nurses are exposed to in the researched hospital.

**Table (9) Statistical indicators of the physical work environment dimension of doctors and nurses**

	Agreed	Neutral	I do not Agree	Mean	SD			
<b>Statistical indicators of the physical work environment of doctors</b>								
I suffer from a lack of equipment required to perform my work	31	51.7%	16	26.7%	13	21.7%	2.300	0.697
Your many reviewers cause poor service, which makes me nervous	39	65.0%	10	16.7%	11	18.3%	2.467	0.980
The working atmosphere is polluted and unhygienic	31	51.7%	18	30.0%	11	18.3%	2.333	0.700
The workplace is quiet	16	26.7%	11	18.3%	33	55.0%	1.717	0.218
The work site lacks some basic services (cleaning, prayer areas, rest areas, restaurants, cafeterias, etc.)	41	68.3%	9	15.0%	10	16.7%	2.517	1.051
Reviewers are irritable	37	61.7%	14	23.3%	9	15.0%	2.467	0.904
I am annoyed that there is no place for my work	36	60.0%	17	28.3%	7	11.7%	2.483	0.872
The working hours are long, which tires me	45	75.0%	11	18.3%	4	6.7%	2.683	1.183
There is flexibility in granting annual leave	16	26.7%	14	23.3%	30	50.0%	1.767	0.184
Total						2.304	0.754	
	Agreed	Neutral	I do not Agree	Mean	SD			
<b>Statistical indicators of the physical work environment of Nurses</b>								
I suffer from a lack of equipment required to perform my work	30	50.0%	15	25.0%	15	25.0%	2.250	0.661
Your many reviewers cause poor service, which makes me nervous	34	56.7%	14	23.3%	12	20.0%	2.367	0.800
The working atmosphere is polluted and unhygienic	25	41.7%	14	23.3%	21	35.0%	2.067	0.489
The workplace is quiet	22	36.7%	10	16.7%	28	46.7%	1.900	0.410
The work site lacks some basic services (cleaning, prayer areas, rest areas, restaurants, cafeterias, etc.)	35	58.3%	14	23.3%	11	18.3%	2.400	0.835
Reviewers are irritable	42	70.0%	8	13.3%	10	16.7%	2.533	1.088
I am annoyed that there is no place for my work	39	65.0%	12	20.0%	9	15.0%	2.500	0.975

The working hours are long, which tires me	35	58.3%	13	21.7%	12	20.0%	2.383	0.836
There is flexibility in granting annual leave	23	38.3%	16	26.7%	21	35.0%	2.033	0.419
Total							2.270	0.724

Depending on the value of the total index of the arithmetic means for the dimensions of the causes of work stress, it becomes clear to us that the first research hypothesis is accepted, which states that “both doctors and nurses are exposed to work pressures in Hospitals in the Eastern Province of Saudi Arabia.” This is because the values of the overall index were higher than the hypothetical mean value.

To test the second research hypothesis, it is necessary to use some statistical tests.(Mann-Whitney) which is used to test the variance hypothesis.Include table data(10) Statistical indicators of the results of the (Mann-Whitney test), This test is used in non-parametric statistics that are used in small samples and in free distributions that are not restricted by the normal distribution, The Whitney-Mann-test replaces the t-test for comparison between the averages of two independent samples.

The following presents the results of this analysis for the current study: • The results of Table (10) indicate that there are significant differences between doctors and nurses about With every cause of work stress, except for the physical work environment, where the p-value of Role ambiguity is <0.0001, forrole struggle, is 0.0001, for Workload is 0.031, for Responsibility towards others is 0.0062, and for career development 0.0017 Which is less than the significance level.

All the p-value values are less than the significance level, which confirms to us the existence of significant differences in those dimensions between doctors and nurses.

However, the physical work environment recorded a p-value = 0.7281 Which is greater than the significance level, which explains the absence of moral differences in the physical work environment in which both doctors and nurses work in the research sample.

**Table (10) Test Results according to the Mann-Whitney test**

Variables	U	Z Value	P-Value
Role ambiguity	495.3	-6.22	<0.0001
role struggle	982.1	-3.332	0.0001
Workload	1160.2	-2.279	0.031
Responsibility towards others	98.6	-6.312	0.0062
career development	981.3	-3.112	0.0017
physical work environment	1422.8	-0.523	0.7281

Based on the previous tables, and through the results presented in Table (10), it becomes clear to us that doctors and nurses face different causes of work stress, as the ambiguity of the role that doctors are exposed to is morally different from that of which nurses are exposed, as well as the case about role conflict, workload, and responsibility towards Others and career development, which together constitute five causes of

work stress, while doctors and nurses face the same causes of work stress, about the physical work environment, and since five out of six causes of work stress differ between doctors and nurses, then

It can be noted that the second study hypothesis is accepted, "The causes of work stress that doctors are exposed to differ from those nurses are exposed to in health institutions."

## Conclusions

1. Diagnosed Both doctors and nurses working in the surveyed hospital were exposed to work pressures by asking questions that reflect in their content indicators of stress. work in the organization.
2. It became clear through the results of the statistical analysis that the doctors and nurses in the study sample face Pressure causes, including those related to the individual's role in the job, and others related to the organization.
3. It is evident from the results of the description and diagnosis that doctors are more exposed to the resulting work pressures about the ambiguity of the role of nurses because the instructions regulating their work are not clear. As well as their lack of sufficient information about their responsibilities at work.
4. Doctors suffer more than nurses from work stress caused by role conflict and the reason for this is due to the doctors not having sufficient skills and experience to get the work done accurately, and this matter is since the majority of doctors in the research sample are newly appointed.
5. Doctors face more work pressure than nurses, and this is explained by the fact that in some cases, the doctor is assigned to perform work outside his specialty, especially in emergencies. Also, work shifts in the surveyed hospital need somewhat of a scheduled organization.
6. Doctors are exposed more than nurses to work pressures caused by their relationship with others, and it returns this is due to the low level of cooperation between individuals and hospital staff, and the low level of cooperation and confidence in the abilities of nurses before doctors.
7. Doctors face more work pressure than nurses caused of career development, and it is up to Among other things, the hospital does not provide training courses for medical staff, as well as the lack of opportunities for them to complete postgraduate studies, as well as a low level of moral incentives granted to workers, As these reasons contribute through their accumulation to the emergence of work pressures among doctors.
8. Among the statistical indicators of the physical work environment is that both doctors and nurses are subjected to work pressures caused by the physical environment of work, and the ratios between doctors and nurses varied, and this is explained by the presence of suffering among doctors and nurses related to the lack of equipment required to perform the work and gain momentum due to a large number of auditors, as well as the lack of basic services at the worksite

and the absence of places designated to practice work due to the large number of changes that talk to the hospital all the time.

9. It turns out by analyzing the Mann-Whitney test that there are moral differences between the causes of work stress to which both doctors and nurses are exposed in the research sample, which indicates the existence of a discrepancy significant in those causes except for workload and physical environment

## Recommendations

Based on the conclusions reached, we offer the following suggestions:

### 1. At the level of the individual:

- a. Individuals working as doctors and nurses should not think about the workload and its final problems yet End of work and return home so that they can clear their minds because if an individual falls under nervous pressure in his working life, he will suffer not only from tension and pressure but also with what he knows Psychological burnout.
- b. It is necessary to enjoy the time after work, by doing sports or special hobbies as it is Contribute to reducing pressure significantly, and the formation of social networks that focus on human relations is important in treating work stress, especially with Important people who have a positive impact it is necessary to meet and spend quality times with them
- c. Participation in decision-making is important and relieves work stress, as it makes the individual feel important It stimulates his inner energies.

### 2. At the organizational level:

- a. The necessity of the hospital management to realize the importance of The categories of human resources working with them, as doctors have functional needs that differ from the needs of nurses, and therefore realizing the qualitative differences between individuals working by the administration is a matter that contributes to improving dealing with them and assessing their level in a way that motivates them to work and reduce their functional suffering.
- b. Most of the personnel working in the hospital are doctors and nurses who do not have sufficient knowledge of the instructions that It organizes and relates to their work, and here it is necessary to raise the hospital administration's interest in the necessity of holding some sessions, discussions, workshops, and seminars that clarify the responsibilities of doctors and nurses in the hospital, their roles and tasks, and what are the job requirements and burdens, so that each person can evaluate his abilities and his skills and matches them with the job requirements, which contributes to bridging the gap through which work pressures arise as it is caused by the mismatch of job requirements with the requirements of the person his skills and abilities.
- c. The necessity of achieving a quantitative and qualitative balance in the jobs in the hospital contributes to In reducing the workload, and this balance occurs when the qualifications of the



individual are aligned with the requirements of the job and assign working individuals to tasks that fall within the limits of their professional and practical levels according to the time allotted for work, with the need to move away from assigning individuals with workloads and many responsibilities, and not assigning them to others, because this matter A workload would occur, as it may lead to the emergence of Constant work pressure.

- d. Raising awareness of team spirit, cooperation, trust, and mutual respect among the functional, medical, and nursing staff the worker in the hospital, and this is necessary when there is a lack of confidence in the nurses and their abilities, the matter will end To the emergence of work pressures and the occurrence of constant conflicts between the category of doctors and nurses.
- e. Most of the working people spend a long time in their organizations and therefore they practice in the organization Some things that will reduce work pressure, such as rest, prayer, eating, and when the basic ingredients are not available to provide such basic necessary services, the conditions will be created to generate work

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