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Occupational stress among doctors and nurses working in Saudi hospitals in the Eastern Province

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Abstract: Psychological stress is one of the most important and widespread sources of disease, which results from several 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.

The study Objectives: Building a scale of occupational stress experienced by doctors and nurses in Saudi hospitals. Identify On the occupational pressures of doctors and nurses working in Saudi hospitals. Identify On the occupational pressures of doctors and nurses working in Saudi hospitals according to the gender variable. Recognize On the occupational pressures of doctors and nurses working in Saudi hospitals according to the career progression variable.

The results of the study showed: This result shows that there is no statistically significant difference in the professional pressures experienced by doctors and nurses according to the gender variable. The researcher believes that this result is due to the equal role in the tasks between male and female doctors and nurses, and there is no difference in work.

The researcher explains this result because the periodic resident is at the beginning of his medical life and working in the health sector and does not have sufficient work experience to deal with the cases he treats, besides his transition from his life as a medical student to the life of a doctor in hospitals and facing many emergency and critical cases that are required of him determining the type of case and submitting a report to the senior resident doctor or specialist to assign the treatment, and this new change in the life of the periodic resident makes him most exposed to professional pressures in his work.

The study recommends Emphasis on the psychological and social aspects of doctors and nurses working in hospitals. Organizing psychological courses and seminars related to the psychological

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and professional stresses of doctors and nurses. The Ministry of Health's attention is to work to provide modern medical equipment for diagnosis and medical operations. Activating the law of protection of the doctor and the sense of the doctor, psychological and security attention by the officials, which increases the performance of the doctor in his work.

Key Word; Occupational stress; doctors and nurses and nurses; Saudi hospitals; Eastern Province

Introduction

Psychological stress is one of the most important and widespread sources of disease, which results from several 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. [1]

Medicine is one of the sensitive professions because it requires accuracy in work, diagnosis, and determining the 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 received attention from researchers, academics, 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 topic of stress in the role of doctors and nurses have a rich theoretical and empirical background in the western world. However, to the best knowledge of the researcher, there is a dearth of such studies in India. Based on this, stress and its coping role were chosen for the study. [4]

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

The simplest explanation of a doctor’s stress symptoms would seem to be sought in the practice of their profession, which has an obvious tendency to be stressful. Because specific to this profession is continuous contact with the disease,

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suffering, distress, death, handling of forbidden parts of the body, and the great temptation to overwork. [6]

There is good evidence to show that medical practitioners experience higher stress levels, comparatively high rates of suicide, and varying degrees of morbidity and early retirement. [7]

A recent study listed doctors and nurses as among the 10 highest-risk occupations for suicide; they have a suicide risk of 72 percent higher than the general population. An interesting fact is revealed in stress research among healthcare professionals that medicine has become more of a business venture and doctors and nurses are likely to be confronted with the strains of balancing the needs and demands of these new roles. [8]

Additionally, this profession no longer commands such high regard, respect, and prestige as in the past, and therefore the potential for gratification and satisfaction has eroded, contributing to their stress levels. [9]

The main sources of stress among doctors and nurses have been identified as problems with practice administration, interruptions, patient expectations and demands, emergencies, constant time pressures and work/home conflict, lack of clear direction concerning organizational goals, and higher clinical workloads. In addition, some studies have found that doctors and nurses experience stress also due to home visits, night calls, emergency calls, 24-hour responsibility for patients' lives, and coping with phone calls. [10]

Furthermore, a recent study indicated that the cause of occupational pressures is hard and exhausting work that exceeds the individual's ability to adapt and compatibility with work, that is, it is the result of inequality between the individual's ability to work and the work required of him to complete, and the psychological burnout of the individual is the final stage that comes due to the worker's incapacity to adapt and adapt to his work, and that the result of combustion is the appearance of behavioral, psychological, and physical symptoms in the worker. [11]

which have become common in the era of development and modern technology, and in all political, social, and cultural fields, as well as professional circles related to production and investment, many researchers have taken in this field and in various countries, especially countries that are looking for development and excellence in production in all Work fields to pay attention to the occupational pressures that the worker suffers from while performing his duty, to

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determine the size and types of losses caused by these pressures in state institutions, on the human and material level, and to try to educate those who work in state institutions by holding conferences and seminars and providing specialized training programs in the field of managing these pressures Finding solutions to them, drawing up a plan and developing the best ways to control them, and therefore when controlling these pressures, the result will be the best and distinguished production at work. [12, 13]

The health sector in most countries is the most complex without other professions due to the sensitivity of the work in it, which falls on the shoulders of workers in this sector, including doctors and nurses with different degrees and specializations, nurses, and others. [14]

Also, this profession is in direct contact with the patient's life, which makes workers in This field subject to various types of occupational pressures as a result of the tasks placed upon them. Here, the doctor must be more aware during his work for fear of making mistakes while performing his duty and providing treatment to patients, which may cause the deterioration of the condition or the death of the patient, and this increases the state of tension and anxiety in the doctor because of his responsibility towards the patient. [15]

There are some studies on the health sector, including the study, which aims to measure the level of occupational stress among doctors and nurses in Algeria, which showed a high level of occupational stress among doctors and nurses, and there was another study that aims to identify the level of occupational stress for two independent samples of nurses and teachers, and the results of this the study indicates that there are statistically significant differences in favor of the sample of nurses. [16]

The concept of stress concepts of stress differs according to the different orientations of researchers in this field, which depend mainly on the source or causes, results, and effects of these pressures. There is blood pressure, which is attributed to the specialization of medicine and psychological stress in the field of psychology. In this difference, there was no agreed-upon definition of pressure. [17]

The American scientist Walter Cannon Walter Kanon, or anyone who used the word pressure, which he defined as 'the reaction in emergencies or a military reaction' because of its connection to the emotions that appear during battle and confrontation. changes to the individual. In addition, the name of the scientist

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(Hans Supply), who is one of the most famous researchers, was associated with the subject of stress, as he had great credit in this field and was called (the father of stress), especially in the field of medicine because of its direct impact on the individual. [18]

The concept of occupational stress The issue of occupational stress has taken a large part of the interest of researchers in the field of psychology and other human sciences, and there were many definitions related to the concept of occupational stress. [19]

also sees that occupational stresses "are stimuli and changes in the internal and external environment that are characterized by a certain degree of intensity and continuity, which represents the adaptive capacity of the individual to its maximum extent". It works, and if the individual is exposed to all or part of these sources, the result will be some negative psychological, physical, or even behavioral effects. [20]

By examining the concept and manifestations of occupational pressures and scientific and objective analysis of them, it was found that it is a phenomenon that the individual is exposed to when he is in his place of work, and it can cause some changes and psychological and organic imbalance for the individual who performs his work, and the result is a feeling of occupational pressures and the reason for these pressures are either factors in the environment One's business, mismanagement, or personal reasons related to the individual. [21]

Therefore, we find that some elements are the main cause of occupational stress, including stimulus, interaction, and response, as the stimulus includes causes or sources that are related to the individual, the environment, or the institution in which he works, and through which the feeling of psychological or physical stress arises. [22]

The interaction represents the compatibility of the individual between the stimulus to which he is exposed at work and the response to this stimulus and the way the individual interprets it, which can lead to a feeling of pressure. As for the individual's response to the stimulus to which he is exposed, which is in the form of a psychological, physical, or behavioral reaction as a result of Stress, which is often in the form of frustration as a result of an obstacle standing in front of the individual at work between his behavior and the goal. [23]

The response is in the form of anxiety and is represented by not responding positively to some stressful situations that the individual is exposed to. Some other

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elements cause occupational pressures, including the individual's awareness of the pressure factors or new changes that occur to him and to which he is exposed, and the extent of interaction with them as well. [24]

There are individual differences between individuals and their ability to interact, explain, and deal with the causes of these pressures and control them, which have a positive or negative impact on the individual. [25]

Objectives:

1. Building a scale of occupational stress experienced by doctors and nurses in Saudi hospitals.
2. Identify the occupational pressures of doctors and nurses working in Saudi hospitals.
3. Identify occupational pressures of doctors and nurses working in Saudi hospitals according to the gender variable.
4. Recognize the occupational pressures of doctors and nurses working in Saudi hospitals according to the career progression variable.

Types of Occupational Pressure:

Types of Occupational Pressure many sources indicated that there are classifications of occupational pressures, including positive and negative ones, as well as permanent and temporary occupational pressures. [26]

About positive occupational pressures, studies indicate that there is a positive effect of some pressures arising through awareness, urging, and incitement, as the individual needs in his life some pressures in challenging cases to reach success and achieve goals. Work effectively, think and focus more on achieving goals [26]

As for negative pressures, in which the individual loses control over the motor or adaptive level and is unable to put defensive mechanisms in the situations that threaten him, this type of pressure causes the individual to feel anxious and frustrated, and thus there are Psychological and physiological effects, as well as affecting the individual's achievements and performance at work, and the repetition and continuation of these pressures leads to disturbance in the organic and psychological functions of the individual, confusion and low morale. [26]

From the foregoing, we find that positive pressures are motivating to work and lead to the success of work to achieve goals and improve productivity, which is the opposite of negative pressures that reduce the level of performance and cause weakness, and may lead to physical or psychological diseases. [27]

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Temporary pressures are those that appear at different times in an individual's life and that is caused by tension that requires the individual to confront them and put him in a position ready to confront them or escape to avoid them continuously, which requires the search for advanced and modern skills that push the individual to keep pace with this development, as well as relationships at work. [27]

From the foregoing, we find that temporary pressures enable the individual to adapt, deal with them, and confront them and that, with the change of data and the intensity of pressures in the work environment, there will be a transformation from temporary pressures to permanent pressures that represent a threat to the individual and the institution in which he works. [27]

Theories and models that explain occupational stress:

1. **The Behavioral Theory**:

Behavior theory refers to the response of the private member to emotional situations, which he knows in advance, is one of the most important determinants that cause functional or even biological dysfunction, as well as injury. [28]

This theory also indicates that the imbalance is the result of the correlation between the emotional event and the response of the member, especially if the individual receives a reward for the response of the member, and when there is a repetition of the event or situation that the individual is going through more severely, dysfunction or even wounds will appear [28].

Through the foregoing presentation of this theory, we find that it explained that stress is the result of a defect in a particular organ, that is if the individual is exposed to a new stressful situation that he has not faced before and the member responds to this situation, its repetition will lead the member to injury and cause an imbalance in the body, and this shows an individual's behavioral response to stressful events. [28]

2. cooper model

Cooper is famous for this model in which he clarifies the causes of pressures and their impact on the individual. He also stressed the importance of the environment in which the individual lives, which is a source of pressure on the basis that there is a threat to the individual's need or the existence of a danger that causes a clear threat to his goals and generates a feeling of pressure in him, and here there is an urgent need to find Some strategies or behavior try to adapt to new variables and events, and if he cannot solve these problems and overcome them

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with the continuation of these problems, they lead to physical or even mental illnesses, a high level of depression and anxiety, and consequently a low level of self-esteem of the individual. [29]

Here we see that this model is the most important source of pressure for the individual, which is the environment, new and continuous changes, and instability that will make the individual face pressures and challenges and search for the best ways to deal with them, adapt, and succeed. [29]

on these pressures or it will be counterproductive, characterized by failure when not knowing how to deal with it. [30]

3. Hans Selye Theory:

Hans Selye has depicted the psychological and physical reactions of any individual toward the source of stress, which are nothing but physiological symptoms whose goal is to preserve life and the individual's entity. [30]

The individual’s awareness through his five senses of the danger he faces, as it is transmitted through nerve signals to the brain, and here the response will be to tighten the muscles of the body and increase breathing so that the body is prepared to face the threat. [30]

The second stage is to resist the threat to try to maintain a vital balance while facing the threat. If the threat persists for a long time, the individual will be unable to confront it, and consequently, the level of adaptation will drop, and the process will be exhausting and lead the individual to fatigue. [30]

The third and final stage, which is the depletion of the individual’s vital energy and strength due to the continuation of the stressful situation or the threat, and thus it can lead in some cases to death, and some studies are confirming that the continuation of pressure can lead to a weakening of the level of the body’s immune system. [30]

In the current study, the researcher will adopt Cooper’s model of occupational stress, which emphasizes the main role of the environment and considers it one of the most important sources of occupational stress, especially in the case of a threat to the worker and at the same time he cannot find the appropriate method and strategies to deal with this threat, as it leads to mental and physical diseases as well.

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Methodology

- **Study procedure:**

The current research sample was represented by Saudi male and female doctors **and nurses** who work in different Saudi hospitals in the eastern province of the city of Dammām.

- **Study sample.**

The research sample reached (620) participants from doctors and nurses who work in Saudi hospitals in the city of Dammām, where the number of males was (430), while the number of females was (190).

- **Tools for measuring in the study.**

The researchers built a tool for measuring occupational stress experienced by a doctor in Saudi hospitals after reviewing the literature and theories related to the concept of occupational stress, as well as reviewing international and Arab standards related to occupational stress. In drafting the paragraphs on occupational stress, the researcher 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 Saudi hospitals, and the number was (30) female and male doctors and nurses.

On the answers, the paragraphs of the scale were formulated, if the number of the paragraphs on 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 became consisted of (31) paragraphs, and the answer alternatives were three, which are (always - sometimes - never) and the correct 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 validity of the scale paragraphs, the responses of the participants on the occupational stress scale were subjected to a statistical analysis process to ensure that their application to the research sample was achieved.

1. The discriminatory power of the items: the knowledge of the discriminatory power of the items on the scale. The scores for the answer were arranged from the highest to the lowest for each item of the scale, as (27%) were

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chosen the most and (27%) second, as the results of the analysis showed that all items of the scale had a high degree of discriminatory power. This is evident in Table (1).

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**	2.43	0.52	15.37	**17**	**Upper**	2.34	0.41	7.23
	Lower	2.43	0.51	16.13		**Lower**	2.81	0.95	10.61
2	**Upper**	2.89	0.08	10.95	**18**	**Upper**	2.09	0.07	8.48
	Lower	2.67	0.83	15.68		**Lower**	2.89	0.32	6.97
3	**Upper**	2.3	0.64	13.89	**19**	**Upper**	2.14	0.23	16.83
	Lower	2.76	0.31	10.95		**Lower**	2.03	0.45	13.31
4	**Upper**	2.85	0.58	6.16	**20**	**Upper**	2.81	0.4	6.4
	Lower	2.51	0.19	15.99		**Lower**	2.72	0.76	6.68
5	**Upper**	2.32	0.62	6.1	**21**	**Upper**	2.53	0.37	12.13
	Lower	2.64	0.52	12.17		**Lower**	2.33	0.84	16.26
6	**Upper**	2.42	0.13	8.29	**22**	**Upper**	2.61	0.13	9.17
	Lower	2.79	0.99	10.41		**Lower**	2.17	0.48	12.79
7	**Upper**	2.3	0.18	7.09	**23**	**Upper**	2.31	0.48	8.4
	Lower	2.49	0.07	16.37		**Lower**	2.73	0.42	6.85
8	**Upper**	2.78	0.29	14.46	**24**	**Upper**	2.55	0.34	10.03
	Lower	2.35	0.09	12.92		**Lower**	2.97	0.09	8
9	**Upper**	2.12	0.48	16.88	**25**	**Upper**	2.16	0.16	14.53
	Lower	2.16	0.87	13.69		**Lower**	2.69	0.22	15.2
10	**Upper**	2.31	0.71	5.96	**26**	**Upper**	2.9	0.86	12.78
	Lower	2.92	0.15	10.29		**Lower**	2.68	0.15	13.36
11	**Upper**	2.66	0.87	5.05	**27**	**Upper**	2.42	0.13	11.1
	Lower	2.02	0.06	7.63		**Lower**	2.32	0.15	13.2
12	**Upper**	2.13	0.52	13.87	**28**	**Upper**	2.96	0.25	6.69
	Lower	2.2	0.48	10.64		**Lower**	2.55	0.82	9.77
13	**Upper**	2.89	0.68	12.5	**29**	**Upper**	2.23	0.04	10.93
	Lower	2.11	0.83	5.3		**Lower**	2.91	0.22	7.1
14	**Upper**	2.27	0.27	8.75	**30**	**Upper**	2.43	0.35	16.07
	Lower	2.3	0.56	10.76		**Lower**	2.03	0.54	6.06
15	**Upper**	2.37	0.57	14.9	**31**	**Upper**	2.85	0.32	15.24
	Lower	2.27	0.53	14.9		**Lower**	2.11	0.36	11.29
16	**Upper**	2.93	0.19	5.11					
	Lower	2.45	0.57	12.87					

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The relationship of the paragraph with the total score ...

On the discriminatory power of the paragraphs of the professional stress scale, it was determined 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 apply to the research sample of male and female doctors and nurse, and Table (2) illustrates this.

Table (2) validity of professional stress scale

Variables	Validity	Variables	Validity
1	0.382	**17**	0.474
2	0.42	**18**	0.418
3	0.277	**19**	0.466
4	0.323	**20**	0.504
5	0.309	**21**	0.449
6	0.285	**22**	0.323
7	0.484	**23**	0.424
8	0.537	**24**	0.381
9	0.413	**25**	0.421
10	0.33	**26**	0.375
11	0.342	**27**	0.481
12	0.336	**28**	0.431
13	0.419	**29**	0.556
14	0.255	**30**	0.435
15	0.348	**31**	0.438
16	0.419		

Statistical function at the level of significance (0.05) and a degree of freedom (618).

- **The validity of the scale.**

It is to ensure that the tool built for what was developed to measure occupational stress is measured for the credibility of scientific research.

- **The validity of experts.**

After taking the comments of the experts and arbitrators on the items of the occupational stress scale and making the appropriate comments and changes for

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the study variable, there was agreement (80%) of the experts on the items of the scale; Table (3) illustrates this.

Table (3) the arbitrators' observations on the professional stress scale

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

- **Stability.**

In the purpose of applying the scale to the research sample, it was necessary to ensure the stability of the scale, as the researcher used the Alpha Cronbach method in the SPSS statistical analysis portfolio, and this step is one of the research postulates and a prerequisite to ensure the effectiveness and accuracy of the scale. The results showed that the reliability coefficient is (0.81), and this degree is considered to enhance the questionnaire, and therefore it can be applied to the research sample.

Table (4) the Alpha Cronbach on the professional stress scale

Number of paragraphs	Cronbach's alpha
20	0.962

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 (0.962). 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

Statistical analysis

Data were fed to the pc and analyzed using the IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp). The Kolmogorov-Smirnov method was expected to verify the normality of the distribution of variables, Paired t-test was

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expected to compare two periods for normally distributed quantitative variables while ANOVA with repeated measures was used for comparing the different studied periods for normally distributed quantitative variables and followed by the post hoc test (Bonferroni adjusted) for pairwise comparison. Pearson coefficient to correlate between two normally distributed quantitative variables. The significance of the obtained results was judged at the five-hundred level

Results and Discussion

- **Final application procedures.**

After confirming the apparent honesty, stability, and discriminatory strength of the paragraphs and their sincerity, the tool became ready for application in its final form, and to obtain the largest possible number of doctors and nurses, the researchers proceeded to design an electronic measuring tool, and some doctors and nurses working in various hospitals were used to spreading the link between the groups and their official pages and indeed the response on the scale was from the date 12/2/2022 Until 20/2/2022

The number of subscribers reached (620) of them (430) Males, as for females their number was (190), and according to the hierarchy, they were periodic residents, and their number reached (166) and a Senior resident was their number (226) and a Specialist and number is (228). Then the data was subjected to statistical processing.

Statistical means:

1. The discrimination coefficient equation to extract the discrimination coefficients for each paragraph
2. Equation of the intrinsic correlation coefficient between the score of the paragraph and the total score of the instrument
3. Alpha Cronbach's law to extract stability by internal consistency.
4. T-test for one sample.
5. T-test for two independent samples.

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

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The second objective: is to identify the occupational pressures of doctors and nurses working in Saudi hospitals. Obtaining 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 were shown depending on table (5).

Table No. (5) Occupational pressures of doctors and nurses working in hospitals

Sample	Mean	SD	Degree of freedom	Median	T. Value		P. Value
					Calculated	Tabular	
620	73.12	5.52	618	58	110.25	1.96	<0.0001

Looking at Table (5), we find that the arithmetic means of the research sample is (73.12) and the standard deviation (5.52), while the Median of the population was (58), and the calculated t-value was (110.25) which is greater than the tabular value of (1.96) at the level of significance (<0.0001) Freedom was (618). Since the computed value of t is (110.25) The result shows a very high level of professional pressure among doctors and nurses, and this confirms the research problem raised by the researcher previously, which is the exposure of doctors and nurses in hospitals to different types of professional pressures, which is the result of the tasks placed upon them. This requires them to be fully aware and careful in their work, as well as the lack of treatment for sick cases in Saudi hospitals and the apparent lack of advanced and modern equipment, and the incorrect environment in the dilapidated buildings of hospitals.

Third objective: To identify the occupational pressures of doctors and nurses working in Saudi hospitals according to the gender variable. To identify the level of occupational stress among doctors and nurses who work in Saudi hospitals according to the gender variable, the T-test for two independent samples was applied to the research sample, and Table (6) shows the results of the third objective.

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Table No. (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	430	73.16	5.66	0.232	1.96	618	0.05
2	Female	190	73.28	5.48				
Total		620						

When looking at Table No. (6), we find that the arithmetic means for males is (73.16) standard deviation of (5.66) and their number is (430), and the arithmetic means for females are (73.28) standard deviation of (5.48), and their number is (190).

The calculated T value for the gender variable was (0.232), 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 shows that there is no statistically significant difference in the professional pressures experienced by doctors and nurses according to the gender variable. The researcher believes that this result is due to the equal role in the tasks between male and female doctors and nurses, and there is no difference in work.

All sample members work in one environment, and everyone receives all cases and each according to his specialization and work gradations. Therefore, any pressure that men are exposed to at work results from the shortage of modern treatments and devices or facing the patient's family, it is the same pressure that women 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 men and women, which justifies the absence of differences in occupational pressures depending on the variable of gender.

Fourth Objective: To identify the occupational pressures of doctors and nurses who work in Saudi hospitals according to the career progression variable. The researcher used a one-way analysis of variance on the data of the research sample to identify the differences in occupational pressures among doctors and nurses who work in Saudi hospitals according to the variable of career progression. The third objective was achieved by looking at Table No. (6).

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Table No. (7) Occupational pressures of doctors and nurses working in Saudi hospitals according to the career progression variable

No.	Sex	Sample (N)	Mean	SD	F. Value		P. Value
					Calculated	Tabular	
1	Specialist	228	77.12	5.88	27.22	3.84	0.041
2	Senior resident	226	73.21	5.63			
3	Periodic residence	166	75.16	5.23			
Total		620	75.16	5.58			

By looking at the previous table (7), it is clear that the mean of specialist doctors and nurses is (77.12) their number is (228) and the standard deviation (is 5.88), as for the mean of the research sample of physicians, a Senior resident of (226) physicians is (73.21) and standard deviation (5.63), while the mean of the periodic resident physicians, whose number is (166), is (75.16), with a standard deviation of (5.23), while the computed F value is (27.22), which is greater than the tabular value of (3.82) at the level of significance (0.041) and this result indicates that there are statistically significant differences in occupational pressures that recorded the highest level in the gradation of the periodic assessor.

The researcher explains this result because the periodic resident is at the beginning of his medical life and working in the health sector and does not have sufficient work experience to deal with the cases he treats, in addition to his transition from his life as a medical student to the life of a doctor in hospitals and facing many emergency and critical cases that are required of him determining the type of case and submitting a report to the senior resident doctor or specialist to assign the appropriate treatment, and this new change in the life of the periodic resident is what makes him most exposed to professional pressures in his work.

Recommendations:

1. Emphasis on the psychological and social aspects of doctors and nurses and nurses working in hospitals.
2. Organizing psychological courses and seminars related to the psychological and professional stresses of doctors and nurses.
3. The Ministry of Health's attention is to work to provide modern medical equipment for diagnosis and medical operations.
4. Activating the law of protection of the doctors and nurses and the sense of the doctor, psychological and security attention by the officials, which increases the performance of the doctors and nurses in his work.

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Suggestions:

1. Conduct research to compare doctors and nurses who work in Saudi and private hospitals, as well as comparative research with doctors and nurses in other countries, which ensures the advancement of the health sector in Saudi Arabia.
2. Emphasize field studies involving all health sector workers and identify their psychosocial needs.
3. Conduct a study to the knowledge of other psychological stress that doctors and nurses experience and the extent of their impact on their performance.

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