

Burnout and its relationship to occupational stress in doctors - A field study in the specialized hospital institution in Tiaret –

Dr. Ahmed Benlebed¹, Dr. Ahmed Douara²

¹University of Ibn Khaldoun University, Tiaret (Algeria), E-mail: ahmed.benlebbad@univ-tiaret.dz
Investigative Methods and Treatment Techniques for Behavioral Disorders, University of Oran 02
(Algeria)

²University of Ibn Khaldoun University, Tiaret (Algeria), E-mail: ahmed.douara@univ-tiaret.dz
Laboratory of Philosophical Studies of Human and Community Issues in Tiaret (Algeria)

Received: 07/2024, Published: 09/2024

Abstract:

This study aimed to investigate the level of psychological burnout and professional pressures among doctors at the specialized hospital for gynecology, obstetrics, and pediatric surgery, "Zohra Ouari" in Tiaret, Algeria. We sought to explore the relationship between psychological burnout and professional pressures. A descriptive approach was employed, utilizing scales for measuring psychological burnout and professional pressure on a sample of 50 doctors. The results indicated a positive correlation between psychological burnout and professional pressure among the doctors.

Keywords: Psychological burnout, professional pressures, doctors.

Introduction:

The term "stress" has gone through multiple stages, during which its meaning has evolved and the fields in which it has been used have diversified. Many scientists and philosophers have been interested in the concept of stress, such as Plato, who, through his works, provided an explanation of the ways and strategies that individuals follow in dealing with stressful situations in their lives. Studies on the concept of stress continued after that until the beginning of the twentieth century, when studies were conducted in the mental field of the army, and these studies concluded that there are disturbances related to emotional shocks, which were called: war psychosis. (Malek, 1995, p. 57)

Selye (1946) is considered the first to put this concept into practice through an article (The stress of life), where he presented his famous achievements on physiological adaptation, and the study ended with the concept of the general adaptation syndrome. (Tawfik, 1999, p. 56)

On this basis, stress has also affected doctors in hospitals and organizations. They are exposed to two types of stress, external stress resulting from the workplace and internal psychological stress. Therefore, the suffering of doctors from professional stress is a prominent feature in any institution, whether public or private, in the current era, and it can affect both the doctor and the institution at the same time. The special circumstances in which they work and the continuous dealing with a group that is fragile in health, psychology, and mind increases the level of tension among doctors, which leads to them acquiring behaviors that are transferred to the family environment and often end with the loss of a sense of psychological security and suffering from adaptation disorders at the family and community level.

Burnout is one of the phenomena that deserves attention from researchers due to the effects resulting from the phenomenon, and it may have reflections on individuals. There is no doubt that the current working conditions in many professions cause a feeling of pressure among many individuals, which results in burnout. There are some professions that are more targeted and brought about by these pressures, including the health sector services in which workers, especially doctors, deal directly with people, devoting themselves to serving others, caring for the sick, and helping them regain their health and rehabilitate them to rely on themselves. This is what led to the interest of specialists in the field of health and hospital management in stress and various work-related stresses in hospitals, which is characterized in the health field by characteristics that impose certain situations on doctors that are a source of stress that results in burnout, as it requires full preparation materially, humanly, practically and administratively to improve the level of health services. Because of the importance of the human element and its role in hospitals, it is necessary to focus on studying the factors surrounding resident doctors and identifying the sources of pressure they face as a result of their association with several interests (study - work ...)

Based on the foregoing, the following questions can be raised:

- 1- Is there a relationship between professional stress and burnout among doctors?
- 2- What is the level of burnout among doctors?
- 3- What is the level of occupational stress among doctors?

Hypotheses:

- 1- There is a relationship between professional stress and burnout among doctors.
- 2- The level of burnout among doctors is high.

3- The level of occupational stress among doctors is high.

Study Objectives: The objectives of the study are as follows:

- 1- To identify the relationship between professional stress and burnout among doctors.
- 2- To identify the level of burnout among doctors.
- 3- To identify the level of occupational stress among doctors.

Importance of the Study: The importance of the study is highlighted in the following:

- 1- Utilizing the study results to develop proposals and solutions that can reduce professional stress and increase the efficiency of doctors.
- 2- Utilizing the study results to reduce the effects of burnout among doctors.

Operational Definitions:

- 1. Burnout:** The degree to which an individual feels emotionally exhausted, jaded, and has low personal achievement while performing their work tasks. It is measured by the score obtained by the sample individuals in the Maslach scale.
- 2. Occupational Stress:** The painful emotional and physical responses that occur when job demands are misaligned with employee needs and abilities. (Najat, 2000, p. 8) It is the score obtained by the sample individuals in the occupational stress scale designed by Fawzia Al-Atai.
- 3. Doctor:** Any doctor who holds a specialty certificate in medicine and is licensed to practice it.

I. Theoretical Framework:

1. Burnout:

1-1. Concept of Burnout:

Taylor defined burnout as exhaustion, sacrifice of strength and activity. Kyriacou (1973) and Daly (1979) agree in defining burnout as a reaction to accumulated pressures in its nature in terms of its repetition and the degree to which the individual is exposed to it. (Nawal and Ahmed, 2008, p. 23)

Maslach (1979) also defines it as a psychological state characterized by a set of negative qualities such as tension, instability, a tendency to isolation, and also negative attitudes towards work and colleagues.

(Kornis) also defines burnout as the process in which the professional is known for his previous commitment to work with his association with his work, as a result of the work pressures that the professional was exposed to during the performance of the work. (Awad and Ahmed, 2007, p. 14)

We conclude from the definitions referred to above that burnout is the depletion of psychological energy between professional and intellectual energy that occurred as a result of the effort exerted by the individual in order to achieve a specific goal and the expectation of reward and reinforcement on the contrary or not obtaining it, as the individual suffers from a kind of frustration and exhaustion and a decline in his performance abilities and spirit and vitality, which leads to a loss of self-control and incompatibility in the proportions of relationships with others, whether in his work position or his environment.

1-1. Symptoms of Burnout:

Cedioline (1982) summarized the symptoms of burnout in the following points:

Physical symptoms: These include stress, exhaustion, muscle tension, pain, and withdrawal from others, high blood pressure, medication and alcohol use, and heart and mental health problems. (Tawfik, 1999, p. 71)

- **Cognitive mental symptoms:** These include impaired decision-making skills, information processing deficits, time problems (risks), excessive work thinking, inability to concentrate, and repetition of the same pattern. (Salim, 2003, p. 53)

Social symptoms: These include job addiction, meaning that the employee gives all his time to his work at the expense of himself and his family, as well as social withdrawal, mockery and grumbling, sarcasm, low effectiveness, and discharging control at home, as well as single-handed relationships and social isolation. (Bani Hamad, 2007: 17)

Psychoemotional symptoms: These include justification and denial, anger, depression, megalomania, human indifference, self-revenge, belittlement, rigid attitudes, strong resistance to change, reduced sense of responsibility, and depletion of psychological energy, in addition to blaming others in case of failure. (Salim, 2003, p. 32)

1-3- Stages of burnout:

- **The first stage:** This is known as the consultation stage, which results from the pressures or nervous tension that the individual experiences in his work and is associated with the following symptoms: irritability, constant anxiety, periods of high blood pressure, insomnia, teeth grinding or clenching during sleep to a greater extent

(bruxim), forgetfulness, difficulty concentrating, headaches, and unusual self-harm. (Ali, 2003, p. 126)

This stage results in an imbalance between the individual's ability to cope and the demands and pressures of work. (Al-Farajat and Wael, 2010, p. 28)

- **The second stage:** This is called the energy conservation or preservation stage and includes behavioral responses such as being late for work, procrastinating, needing more than two days for the weekend, decreased libido, delaying tasks, increased drug use, increased stimulant use, apathy, social withdrawal, sarcasm and suspicion, and feeling tired in the morning. (Balne, 2000, p. 5)

It is a result of the first stage, which is the emotional reaction to the state of imbalance, where the individual feels anxiety, fatigue, and stress resulting from the pressure generated by the demands of work. (Al-Kharabsheh and Abdul Halim, 2005, p. 63)

- **The third stage:** This is called the depletion or exhaustion stage, which is associated with physical and psychological problems such as: persistent depression, ongoing stomach disorders, chronic physical fatigue, ongoing mental stress, persistent headaches, a desire for final withdrawal from society and a desire to emigrate friends and perhaps family. (Ali, 2003, p. 126)

Also, the tendency to treat people in a mechanical way and to be preoccupied with them towards satisfying their personal needs, which results in misleading self-commitment to illusory responsibility. (Al-Kharabsheh and Abdul Halim, 2005, p. 66)

This stage constitutes a set of non-specific reactions that distinguish the time when the body cannot cope with the state of pressure. (Hehriloo & André, 2003, p. 156)

1-4- Dimensions of Burnout:

1-4-1- Emotional exhaustion: Since emotional feelings are drained, workers cannot or do not have the ability to give as they used to, and these feelings are represented in the severity of tension, stress, and the worker's feeling that he has nothing left to give to others on a psychological level. (Bibler, 2008, p. 33)

1-4-2- Depersonalization: It shows the negative attitudes towards those with whom the psychologically burned-out worker works, and these negative attitudes, which are sometimes sarcastic, do not represent the distinctive characteristics of the worker. (Bibler, 2008, p. 35)

1-4-3- Lack of personal achievement: This dimension starts when individuals begin to evaluate themselves negatively, and when they lose their enthusiasm for

achievement, and when the worker feels that he is no longer competent in dealing with his clients and unable to fulfill his other responsibilities (Bibler, 2008, p. 43)

1-5- Causes of Burnout:

All theories revolving around burnout methods are based on three levels: the individual level and the social level, although individual and social causes play their important role, they contribute to a lesser extent than organizational factors (working conditions) to the appearance of burnout among professionals.

- Factors related to individual differences: (worker's gender, age, beliefs and values)
- Social factors: (mental, moral and cultural character, job ambiguity, friendly relationship between workers) (Spring, 2006, p. 316)

1-6- Prevention and Treatment of Burnout:

Burnout is not permanent and can be avoided and prevented, as researchers recommend following the following steps:

- The individual's awareness of the symptoms that indicate the near occurrence of burnout.
- Identifying the causes by resorting to tests that clarify the causes for him.
- Prioritizing the dealing with the causes that were identified in the previous steps, as it is difficult to deal with the practical aspect in one go.
- Applying methods and taking practical steps to deal with pressures (making friends to ensure obtaining social support, developing hobbies, personal recognition of the existence of the problem to increase positivity in facing it).

2. Professional pressures

2-1- Concept of professional pressures:

Occupational stress is defined as a state experienced by workers within the organization that affects the normal course of work and the morale of workers and social relations for many reasons, including close supervision and the threat of punishment and dismissal, working overtime and weak supervision, and the relationship with colleagues and work and the pressure of competitors. (Al-Nasr, 2011, p. 85)

Ali Askar and Ahmed Abbas Abdullah define occupational stress as the different variables that surround workers and cause them feelings of harassment and tension, which may have a negative impact on them. The danger of the continuation of

pressures lies in their negative effects, the most prominent of which is the state of burnout, which, in cases of pessimism, apathy, lack of motivation, and loss of the ability to innovate, performs tasks in a mechanical manner that lacks the emotional integration that is considered one of the main pillars in social professions. (Najat, 2000, p. 53)

Through the previous two definitions, it becomes clear that occupational stress is the unusual job demands and conditions that make the individual deviate from the usual job performance and create a kind of imbalance between the individual's capabilities and needs and the nature of the job he performs and the needs of the environment in which he works. (Shuwaytar, 2011, p. 25)

2-2- Types of occupational stress:

There are many types of work pressures that can be classified according to several criteria (Muhammad, 2007, p. 92) and shown as follows:

2-2-1- Types of pressures according to the impact criterion:

- Positive pressures.
- Types of negative pressures.

2-2-2- Types of pressures according to the severity criterion: (Asia, 2012, p. 54)

- Simple pressures.
- Moderate pressures.
- Severe pressures

2-2-3-Types of pressures according to the source criterion:

- Pressures resulting from the physical environment.
- Pressures resulting from the social environment.
- Pressures resulting from the personal system of human resources.

2-3-Stages of occupational stress:

Occupational stress goes through four (04) stages as follows:

2-3-1- Stage of exposure to pressures: This is the stage of feeling the danger when the individual is exposed to an internal or external stimulus, where this stimulus has led to certain pressures that have some risks, through which we can know the individual's exposure to pressures, and the most important of these risks are increased heart rate, insomnia, nervous tension, and poor use of time and sensitivity to criticism. (Hanan, 2014, p. 38)

2-3-2- The reaction stage (dealing with pressures): This stage begins after the previous changes have occurred, and the reaction takes one of two directions: either confrontation to try to overcome it or escape and try to get rid of it, and thus the individual returns to a state of balance, and if he does not succeed, he moves on to the next stage, where he has been exposed to stress. (Muhammad, 2007, p. 51)

2-3-3- The stage of resistance and adaptation: In this stage, the individual tries to treat the effects that have occurred and resist any further developments and try to adapt to what has actually happened, and if he succeeds, things may stabilize and there is hope of returning to a state of balance. However, in case of failure, the individual moves on to the next stage. (Boutros, 2008, p. 173)

2-3-4- The stage of fatigue and exhaustion: The individual reaches this stage after being exposed to pressures for a long time, where he becomes stressed due to his repeated attempts to resist and adapt. This stage can be inferred from some of the effects, the most important of which are dissatisfaction with the work environment, decreased achievement rates, thinking about leaving the job, and suffering from psychological illnesses. (Muhammad, 2007, p. 91)

2-4- Causes of occupational stress:

Aqili (2007) believes that there are many causes of stress, the effect of which varies from one individual to another, and that most of them are a result of the organizational climate in the workplace, such as:

- Ambiguity of the direct manager's evaluations of subordinates.
- Fear of arbitrary dismissal.
- Insufficient power.
- Heavy workload.

Assignment of a task that is a violation of ethical standards, as it indicates that trainers are the most individuals exposed to stress, especially in the upper administrative levels. (Omar, 2007, p. 195)

2-5- The effects of occupational stress:

The writer Cox classifies the effects of stress into five groups:

Behavioral: (the cause of accidents, addiction to alcohol, drugs and painkillers, emotional outbursts, aggression)

Objective: (anxiety, apathy and boredom, depression and exhaustion, frustration and low self-esteem and loneliness).

Cognitive: (inability to make sound decisions, poor concentration, short attention span, hypersensitivity to criticism and mental barriers).

Physiological: (increased heart rate, increased blood pressure, dry mouth and sweating, high and low body temperature)

Organizational: (absenteeism, job rotation, low productivity, job dissatisfaction, low employee commitment and loyalty).

2-6- Strategies for dealing with occupational stress:

The most important strategies (Riggio, 1999, pp. 305-306) can be summarized as follows:

- Improving employee programs and directing them.
- Employee participation in decision-making.
- Improving and developing communication within the institution.
- Improving physical conditions.
- Trying to contain the social and economic conditions of the worker.

III. Fieldwork:

1. Research methodology: The researcher adopted the descriptive method appropriate to the subject matter of the study to determine the level of burnout and occupational stress among doctors and also to try to examine the relationship between them.

2. Limitations of the study:

2-1- Spatial boundaries: The study was conducted in the specialized hospital institution for gynecology and obstetrics - pediatrics and pediatric surgery "Zahra Aawari" Tiaret

2-2- Temporal boundaries: The study was implemented procedurally from 15/07/2022 to 17/09/2022

3. Research community: The research community consisted of all practicing doctors in the province of Tiaret.

4. Pilot sample: The pilot sample consisted of 10 doctors who were randomly selected to test the psychometric properties of the instruments used and were excluded from the main study.

5. Research sample: It was chosen by a simple random sampling method from the specialized hospital institution for gynecology and obstetrics and pediatrics and pediatric surgery - Tiaret -.

Table No. 01: Shows the distribution of the sample members.

Sample	number	Percentage (%)
---------------	---------------	-----------------------

male	10	20
female	40	80
Result	50	100

Source: Prepared by the researchers

1. Study tools:

6-1- Maslach Burnout Inventory:

We relied on the burnout inventory developed by Maslach and her colleagues (1996) and known as the (HSS) Human Services Survey, which consists of 22 items and includes three (03) dimensions (emotional exhaustion, depersonalization, personal achievement).

6-1-1- Psychometric properties of the burnout inventory:

- **Validity:** It was verified through the pilot sample (10) doctors by calculating the internal consistency of its sub-scales, by calculating the correlation coefficient between each item of each sub-scale and its total score, and the results are shown in the following table:

Table No. 02: Shows the correlation coefficients between the dimensions of the scale and the total score of the scale:

Dimensions	Pearson correlation coefficient	Significance level
Emotional exhaustion	0.483	0.01
Depersonalization	0.607	
Personal achievement	0.707	

Source: Prepared by the researchers

It is clear from Table 02 that all dimensions are statistically significant at a significance level of 0.01, which confirms that the scale has a high degree of validity.

- **Reliability:** To ensure the reliability of the scale, Cronbach's alpha coefficient was used. The reliability coefficients for the subscales are shown in the following table:

Table 03: Reliability of the scale as expressed by Cronbach's alpha coefficients:

Dimension	Cronbach's alpha coefficients
Emotional exhaustion	0.84
Depersonalization	0.65
Personal achievement	0.86

Burnout scale	0.79
---------------	------

Source: Prepared by the researchers

As can be seen from the table, Cronbach's alpha coefficient is high, which indicates that the reliability of the scale is high.

6-1-2- Key to scoring the burnout scale:

Table 04: Shows the scoring key for the burnout scale

Alternatives	Never	Several times a year	Once or less a month	Several times a month	Once a week	Several times a week	Every day
Mark	01	02	03	04	05	06	07

Source: Prepared by the researchers

And thus, the resulting score is between 22 and 154 points.

6-2 Scale of occupational stress:

We relied on the scale of occupational stress developed by Amjad Abdel Hamid Abu Naba'a (1999), which consists of 32 items that fall under seven dimensions (workload, material and physical conditions, administrative support, material yield and incentives, physical symptoms, psychological symptoms, professional behavioral symptoms).

6-2-1- Psychometric characteristics of the occupational stress scale:

- **Validity:** To calculate the validity of the scale, the following were used:

A- Content validity: The scale was presented to a number of professors in the Department of Social Sciences at the Faculty of Human and Social Sciences at Ibn Khaldoun University in Tiaret. Most of the judges agreed on all aspects studied in the tool, except for some items for which most of the judges agreed to modify the wording.

B- Concurrent validity: It was calculated by evaluating the scores of the sample individuals into high and low scores, extracting "t" for the differences between them, and the following table shows the results obtained:

Table No. 04: Shows the results of concurrent validity of the occupational stress questionnaire.

Group	Sample	Mean	t-value	Standard	Significance
-------	--------	------	---------	----------	--------------

	size			Deviation	Level
High	05	110.5	4.24	2.81	0.01
Low	05	70.12	9.60		

Source: Prepared by the researchers

The results of the table show that the "t" value was calculated to be (2.81), at a significance level of 0.01. This means that the tool is able to distinguish between the high and low scores of the pilot study sample, and therefore the tool is valid.

- **Reliability:** To ensure the reliability of the scale, the split-half reliability coefficient and Cronbach's alpha coefficient were calculated for all items of the scale. After statistical processing, the split-half reliability coefficient was found to be (0.87) and (0.91), respectively. These are high reliability coefficients that confirm the validity of using the tool in the main study.

6-2-2- Key to scoring the Occupational Stress Scale

Table No. 05: Shows the scoring key for the Occupational Stress Scale.

"alternatives	always	Sometimes	Never
marks	01	02	03

Source: Prepared by the researchers

And thus, the resulting score is between 32 and 96 points.

7- Interpretation and Discussion of Results:

7-1- The main hypothesis: Which stated that there is a correlation between burnout and occupational stress among doctors.

Table No. 06: Correlation coefficient between burnout and occupational stress.

Variable	Sample	Correlation Coefficient	Significance Level
Burnout	50	0.34	Significant at 0.01
Occupational stress			

Source: Prepared by the researchers

As can be seen from the quantitative data in the table, the correlation coefficient between burnout and occupational stress among doctors is 0.43, which is statistically

significant at a significance level of 0.01. The direction of this relationship is positive, meaning that as the level of occupational stress increases, so does the level of burnout, and vice versa. Therefore, the hypothesis is confirmed.

The researcher attributes this result to the doctors' feeling of great occupational stress. This is confirmed by the results of a study by Ali bin Shonil Al-Qarni (2003), which showed that there is a feeling of occupational stress among media professionals due to media competition or institutional and societal pressures. This result is also consistent with the study by Al-Zayoudi (2007), which focused on identifying the relationship between occupational stress and burnout among special education teachers. The researcher attributes this result to the sources of work stress.

Partial hypothesis 1: Which states that the level of burnout among doctors is high.

Table No. 07: Shows the level of burnout among doctors.

Variable	Sample	mean	Theoretical Mean	Difference
Burnout	50	106	88	18

Source: Prepared by the researchers

It is clear from the table that the actual mean level of burnout among doctors at Tiare Hospital is (106), which is higher than the theoretical mean (88). This indicates that burnout is high, and therefore, partial hypothesis 1 is confirmed.

The researcher attributes this result to the extent to which workplace variables (such as age, length of service, etc.) affect the emergence of burnout. This is consistent with the results of a study by David Tarni Speed (1994), which confirmed that burnout is caused by fatigue, exhaustion, stress, and anxiety.

Partial hypothesis 2: States that the level of occupational stress among doctors is high.

Table No. 08: Shows the level of occupational stress among doctors.

Variable	Sample	mean	Theoretical Mean	Difference
occupational stress	50	78	64	14

Source: Prepared by the researchers

It is clear from the table that the actual mean level of occupational stress among doctors is (78), which is higher than the theoretical mean (64) by a difference of 14

points, indicating a high level of occupational stress among them. Therefore, partial hypothesis 2 is confirmed.

Considering the results of the current study, it appears that they are similar to the results of other previous studies, such as the study by **Jones** (2000) and the study by Al-Dosari (2010), which confirmed that job dissatisfaction contributes to occupational stress. This result is also consistent with the study by **Naguizi** (2000) and the study by Raja (2005), where the researcher attributes this result to the association of these pressures with several factors such as the workplace, administrative styles, poor working conditions, low salaries, as well as the pressure of the relationship between doctors and their superiors, in addition to the pressures resulting from life, social and family circumstances. This is consistent with the study by Aazem (2017).

Conclusion:

Doctors are considered the most important link in the health sector, which cares for the physical and psychological health of individuals through the great services they provide to maintain the health of individuals. On the other hand, the medical profession - like some other professions - is a demanding profession that is characterized by a lot of pressures in various fields such as psychological, social and professional pressures, which certainly have negative consequences for the doctor. Therefore, our study came to shed light on burnout as a negative result of occupational pressures, as it tried to uncover the relationship between burnout and occupational stress.

The researcher concluded that the level of both burnout and occupational stress is high among doctors, in addition to the existence of a positive correlation between them.

In light of the results obtained, we mention a number of recommendations, the most important of which are:

- Designing and implementing scientific and training courses for doctors to equip them with the methods and means to increase their professional performance without draining their energy.
- Conducting research and studies on the impact of both burnout and occupational stress and linking them to other variables and applying them to doctors.
- Developing and designing guidance and treatment programs to reduce the severity of burnout.

- Paying attention to the personality and mental health of doctors and trying to improve them.

List of References:

- Abdul Ali, M. S. (2003). Self-concept and perceptions of some demographic variables and their relationship to the phenomenon of burnout among secondary school teachers in the Jenin and Nablus Governorates (Master's thesis). College of Education, Nablus: An-Najah National University.
- Al Furaihat, O., & Al Reidy, W. (2010). Levels of burnout among kindergarten teachers in the Ajloun Governorate. (Al-Balqa'a Applied University, Ed.) An-Najah Journal, 24(4), 25-44.
- Al Rasheedi, H. T. (1999). Psychological stress: Nature, theories, a self-help program for its treatment (1st ed.). Amman, Jordan: Academic Book Center.
- Al Rasheedi, M. (1995). Burnout among faculty members in Jordanian public universities and its relationship to some variables (Master's thesis). Yarmouk University, Faculty of Social Sciences: Yarmouk University.
- Al-Kharabsheh, O. M. A., & Arabiat, A. H. (2005). Burnout among teachers working with students with difficulty controlling in the resource room. Journal of Umm Al Qura for Educational and Social and Human Sciences, 17(02), 59-81.
- Aqili, O. (2007). Management: Fundamentals, Foundations, and Concepts (1st ed.). Amman, Jordan: Dar Zahran for Publishing.
- Aqqoun, A. (2012). Occupational stress and its relationship to anxiety response among special education teachers (Master's thesis). Gaza, Palestine: Islamic University.
- Askar, A. (2003). Life pressures and coping strategies (3rd ed.). Cairo, Egypt: Dar Al Kitab Al Hadith.
- Bani Ahmad, A., & Awad, A. (2007). Psychological burnout and organizational climate in schools (1st ed.). Amman, Jordan: Dar Al Hamed.
- Batarsha, H. B. (2008). Child adaptation and mental health (1st ed.). Amman, Jordan: Dar Al Masirah for Publishing and Distribution.
- Bin Othman, N., & Al Zahrani, A. (2008). Burnout and organizational climate in schools (1st ed.). Amman, Jordan: Dar Al Hamed.
- Bzayed, N. (2000). A study of the relationship between professional pressure sources and psychological stress and behavioral patterns among managers of

distributed surveillance network boards at Sonatrach (Master's thesis). Oran: University of Oran.

- Jean Michel Bibler. (2008). : le puisement que nous gutte ou un and la travail rend ma la médcin& H/gien. sciences et vie, P.P 22-37.

- Maknassy, M. (2007). Professional adjustment and its relationship to work pressures among employees of correctional institutions: A field study on prison officers in the rehabilitation institution in Constantine (Master's thesis). Constantine, Faculty of Human and Social Sciences: University of Mentouri.

- Marie Friderique Balne. (2000). sociét és Française Burn out chez les soigmantsemcancérologie. (Version 1). paris: maison.

- Muhammad Shatta Al Rabi' (2006). Fundamentals of mental health, its problems, and its impact on mental health (1st ed.). Amman, Jordan: Dar Al Safa for Publishing and Distribution.

- Pierre Hehriloo, Galinowaki André. (2003). le stress perment- réaction- ada plation de l'organisme aux a léasexistenties (Version 3). Paris: Masson.

- Qasimi, N. (2011). Dictionary of Sociological Terms: Work and Organization. Algeria: University Printing House.

- Qorari, H. (2014). Occupational stress and its relationship to achievement motivation among public health physicians: A field study on public health physicians in Dushanbe (Master's thesis). Faculty of Human and Social Sciences, Biskra: University Mohamed Kheider.

- Riggio, R. (1999). Introduction to industrial and organizational psychology (1st ed.). (Translated by F. Hilmi). Beirut, Lebanon: Dar Al Shorouk.