

Occupational pressures resulting from work in the field of nursing (Descriptive and correlative study)

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Received: 05/2024

Published: 12/2024

Abstract:

The nursing profession is one of the difficult professions because of its characteristics and associated duties that impose conditions that are a source of many professional pressures. Hence, this study came to answer the following questions:

1. Is there a correlation between the nursing profession and the professional pressures of nurses working in the University Hospital Centre of Tlemcen?
2. What are the most common occupational pressures among nurses working at the University Hospital Center of Tlemcen?

The researcher relied on the relational descriptive approach, using the questionnaire tool that serves the study and designed by her to prove the existence or negation of the relationship between the nursing profession and the professional pressure of the nurses as well as arranging them according to the degree of their prevalence on a sample of nurses. After the study results were emptied and statistically processed, the results concluded as follows:

1. There is a statistically significant correlation between the nursing profession and occupational pressures among nurses working in the University Hospital Center of Tlemcen Province.
2. The most common occupational pressures for nurses were in order: psychological pressure, psychosomatic disorders, psychological burn-out, anxiety of infection, work turnover, work accidents, and harassment.

Keywords: University hospital centre; nurse; work; professional pressure

Introduction

Despite the rapid technological development and the amendments and improvements in various institutions and sectors, the workers still suffer from many problems, for example, in the field of health, we find that the health systems in the world are face to many challenges day by day. In the same area (Langford, 1987) indicates that the most exciting areas of work are those with direct confrontation with people in which individuals are dedicated to serving others (such as nurses, doctors, teachers, social workers, etc.) which are more vulnerable to professional pressure than others. In view of the fact that the nurse

is an integral part of the institution to which he belongs, being in constant interaction and in constant conflict with them, in order to adapt and ensure stability in the work and that this category suffers from professional pressures which can be in long time so the worker becomes in a deteriorating psychological and physiological condition, as confirmed by several studies reviewed by researcher, including the study of Alkander, (1981), Firth & all (1988), Beck (1988), Allamache (1989), Harris (1989), El Amara (2001), Rabia (2002), Nuwajri (2008), Maryam (2008), Abu al-Hassyn (2010)...And more we mention Shuwaiter study (2013) which showed that nurses suffer from professional pressures and problems more than the teachers category which is considered as a difficult profession. And considering that nurses constitutes a significant percentage in this sensitive sector where it reached in Algeria in the range of 92 thousand person at the national level, including 850 Nurses working in the University Hospital Centre of Tlemcen. A US study in 69 hospitals found that 67.5% of Nurses plan to quit their work, and its due to the many occupational pressures which they are exposed to, including work accidents, which include every accident that occurred during the course of the work, which leads to mental or physical damage that can be medically recognized and that it is a health condition resulting from the professional work or the surrounding circumstances in which the individual exercises his work. In addition to the turnover of the work expressed by the length or shortness of the period spent by the worker at work, therefore, the establishment that is constantly changing its workforce is characterized by a high turnover rate, unlike those in which the worker spends long periods of time, where the rate of turnover is slow and the establishment is more stable. Then, high turnover is one of the most important weaknesses in the performance of the establishment. We also mention the psychological burn-out defined by Aodah (1998) as a state of psychological and physical fatigue manifested on the individual by the impact of the work pressure that he is exposed to and affects his attitudes towards the profession in which he works negatively and can be clearly diagnosed by his behavior during work and his relationship with others. In this regard, we also refer to the problem of psychosomatic disorders, which are considered as physical disorders of psychological basis and origin, affecting the areas and organs controlled by the autonomic nervous system and classified according to the system that affects them, including gastrointestinal diseases, vascular diseases, respiratory diseases, skin disorders, Structural psychosomatic disorders, endocrine and reproductive disorders (Nasr al-Din al-Zaidi, 1998).

The most prevalent professional pressures in the various work circles of psychological pressure, which differed views to give meaning to the concept, each theorist or researcher sees a particular situation, and then separates his concept, content, types, sources and methods of confronting according to the

goal or study that is about. Therefore, we find that the pressures indicate "the degree of response of the individual to the events and variables in his daily life, painful or joyful, those events that are related to some physiological changes in the structural function of his body" (Al-Amara, 2001, p 15); without forgetting the infection anxiety that is known as a psychological state that appears in the form of constant tension as a result of an individual feeling that there is a danger that threatens him, and this danger may exist or only imagined and does not exist in reality.

In view of the fact that the mental health of the nurse has a major role in contributing to the treatment of patients, the tense and anxiety nurse cannot understand the needs of patients enough, which leads to the formation of a turbulent relationship between the nurse on the one hand and the patient on the other hand.

By virtue of the researchers' specialization and vision adopted in this context, the present study is entitled "Occupational pressures resulting from work in the field of nursing". To answer the following questions:

1. Is there a correlation between the nursing profession and the professional pressures of nurses working in the University Hospital of Tlemcen?
2. What are the most common occupational pressures among nurses working at the University Hospital Centre of Tlemcen? (Procedurally defined as: work turnover, work accidents, stress, psychological burn-out, harassment, psychosomatic disorders, anxiety infection).

1- Study hypotheses:

To answer these questions, the researcher adopted the following hypotheses:

- There is a statistically significant correlation between the nursing profession and the professional pressures of nurses working in the University Hospital Centre of Tlemcen.
- The most common occupational pressures among nurses were in the order of: anxiety infections, work accidents, psychological stress, psychosomatic disorders, burn-out, work turnover, harassment.

2- The importance and objectives of the study:

Its objectives are to answer its questions and verify its hypotheses.

- This research is important because of the importance of the segment covered by the study, namely, the workers in the nursing profession who contribute to the provision of humanitarian services to patients; and in order to do this role properly it is supposed that they have a high level of psychological health and safety.
- This study is a new addition to the general scientific knowledge and to those interested in nursing affairs and its staff.

- The importance of the present study is evidenced by the nature of the problem it is dealing with.
- This study is one of the first studies in the Algerian environment within the limits of the knowledge of the researcher who were interested in studying the occupational pressures resulting from work in the field of nursing combined and identified in her study procedurally.
- The importance of this study is due to humanitarian considerations as it seeks to appreciate the role played by the nurse in society.
- The practical importance of determining the most important professional pressures resulting from work in the field of nursing and its prevalence among nurses working in the University Hospital Centre - Tlemcen -; this on the one hand and the results of this study will contribute to provide decision-makers with a database useful in drawing up a comprehensive national strategy on a scientific basis intact linked to this category, especially that there is a lack in this type of studies in the Arab environment in general and Algerian in particular.

3- Theoretical Background

3.1) Professional pressure

3.1.1) Definition of occupational pressure:

There are many definitions of the concept of professional pressures. Abdul Baqi Salahuddin Mohammed (2005) defined it as "a group of stimuli that exist in the work environment of individuals and that result a set of reactions that appear in the behavior of individuals at work, or in their psychological and physical condition, or in their work performance. It is a result of the interaction of individuals with their stressful working environment. " (Abdul Baqi, 2005, p 284)

While Maher Ahmad (2004) defined professional pressure as a state of psychological and physical imbalance, usually arise from factors that are present in the work or the surrounding environment. Their result is the psychological and physical imbalance that appears in many manifestations of work performance imbalance. "(Maher, 2004, p 383)

Naâssani et al. (2004), defined professional pressures as "those dynamic conditions in which an individual is confronted with an opportunity that includes potential gains, limitations that limit his ability to achieve what he wants, and demands that may cause him to lose what he wants to achieve." (Naâssani, 2004, p 305)

3.1.2) Stages of Occupational pressure:

Occupational pressure may arise from within the person itself, and it is called internal pressure; or it may be from the outside environment such as

work, relationship with friends and disagreement with them, disagreements with a life partner, divorce, or the death of a loved one, or sudden shock... it is called external pressure.

In general, the pressure, whether internal origin as a result of emotions or retentions of the psychological state, and the inability of the individual to reveal and the silence, or external pressure represented in the events of life, it is in response to environmental changes. (El Amara, 2001, p 04)

From the point of view of Selye Hans, the stages of pressure are:

- **The warning stage:** It emerges with the emergence of excessive vigilance, which in turn provokes the mental contexts of attention, concentration and memory, because of these self-behavioral variables contribute to the assessment of the stressful situation and the development of an initial strategy for the resulting organic response.
- **Resistance stage:** Characterized by the development of a strategy fixed, but flexible and adaptable to the development of the pressure situation, the aim is to control the relative position in order to obtain a new balance of membership with the environment.
- **The exhaustion stage:** Characterized by the presence of ineffective responses in the investigation of the impact of stressful situation, occurs in the individual physical imbalance appears in the form of neurological symptoms as well as its inability to prepare new action strategies on the psychological level, but from the perspective of the reactive direction derived from the cognitive perspective alternate behavior, where the pressure response varies from one individual to another, and when the same person from time to time, related to his perception of the pressure factor.

3.1.3) Professional pressure sources:

There are many sources that affect the individual in the organization, which we tried to describe as follows:

- **Conflict of role:** It occurs if there is a conflict between the requirements of the role, when the individual is subjected to a situation imposing conflicting requirements such as the job requires long hours or travel long distances and may conflict with the requirements of his role as a spouse or father. Then he suffers from the conflict of the role that is generated when there are contradictory requirements at the same time that the individual falls under his boss or co-worker and therefore match the individual's set of expectations related to work with another set of expectations leading to conflict (Hamadat, 2008, p 173).
- **The ambiguity of the role:** It means the unclear nature of the work or the provision of sufficient information about it that enables the worker to

perform in a satisfactory manner. Ambiguity and confusion in the performance of the work are a source of psychological pressure. A study conducted by Kan and his colleagues (1964) surveyed 1500 workers in different jobs and found that what (35%) of the survey sample are unable to determine their responsibilities and (33%) of the sample have an unclear view of what their participants expect from work. The researchers found that the ambiguity of work is associated with high stress, anxiety and depression among employees. (Shakhaniya, 2008, p 30)

- **Professional burden:** It means that the individual tasks cannot be accomplished in the time available or that these tasks require high skill that the individual does not have, and the professional burden is divided into two types:
 - **Quantitative burden:** Means the large number of actions of the individual that he must accomplish in insufficient time.
 - **Qualitative burden:** occurs when the individual feels that the skills required to achieve certain level of performance is greater than his ability, meaning the lack of the ability to perform a particular work and therefore the job burden is a source of pressure. (Hamadat, 2008, p 17)
- **Pressures of time and heavy work:** There are few people who do their work better when they are under constant pressure. But the majority need to rest time synchronized between the end of the task and the beginning of another task, in addition to the usual breaks during lunch and coffee times to. It is the time to recover to relax the mind away from work to find a way to renew the activity. Some researchers confirm that insufficient time to do the burdens of the profession and its requirements lead to pressure and on the other hand, lack of time required for rest and relaxation makes the individual feel distress and tension and pressure. (Hamadat, 2008, p175)

3.2) Nursing Field

3.2.1) Definition of the nursing profession:

The researchers in nursing field agreed that this profession means the provision of integrated care for individuals, families and communities in health and disease in order to improve and maintain the level of health in terms of physical, psychosocial, disease prevention and care of patients and help them to recover their health and rehabilitation to rely on themselves and reduce their disability rate and provide emotional involvement to the patient.

“Florence Nightingale” founded the first nursing school in 1860 at St Thomas' Hospital in London, England. The principle of nursing at the time was based on the application of the rules necessary for hygiene to achieve the physical and psychological comfort of the patient, but the therapeutic techniques and how to

teach them was not developed because the inability to determine the concept of health scientifically. For this reason, the nurse's professional skills are limited to observation and respect for patient autonomy in treatment. Florence Nightingale defines nursing as putting patients in the best possible conditions for nature to do its role.

“Virginia Henderson's” definition of nursing then became the official definition of the World Nursing Council, which considers nursing as primarily, helping patients and healthy people carry out activities that contribute to health and well-being. (Fawzi Mihoubi, p2008)

3.2.2) The burden of nursing profession:

The nursing profession requires an experienced nurse to provide the basic care necessary for patients. The nurse participates in the provision of services, interviews patients, provides them with routine primary medical care, explains how to follow the prescribed treatment, its benefits and disadvantages, and notices progress more closely during their frequent visits, and play an important role in helping them understand their disease, its causes, diagnosis and treatment, and provide them with the necessary guidance to help them to accept the disease and how to deal with it in the future (Shelley Taylor, 2008).

(Jones & Caplan, 1975) see that doing all of these multiple tasks leads to the majority of nurses to feel that they are required to work long hours amid greater psychological pressure, especially as work requires responsibility for individuals and not materials. This work is based on the ability of the nurse to accomplish too many tasks and work, requiring great strength to enable him to move to different places and as soon as possible to give various treatments and in different positions, mostly arduous, and many times he has to lift different weights, in addition to disorders of rest, sleep and food, and the ability to work in a team without interruption day and night, and during weekdays.

Nurses are always expected to be sympathetic to patients, distinguished by their inclination to work and care for them, warmth and care with dedication and objectivity. It also the pressures arising from the work environment, and the imposition of hospitalization of the necessity of movement and behavior exhibited by the workers. All this contributes in psychiatric burn-out, because nurses have difficulty to protect themselves from the pain that they feel about their patients when they watch them suffer pain and then die.

Among the factors that cause the pathogen's frustration and psychological burn-out is the involvement of the patient's companions in the work of the nurse, as many accomplices argue with the nurses in their work, and mistake them and question their professional abilities and competencies, which shakes the nurse's confidence in himself (Parker & Kulik, 1995). The nurses do more than they get from their patients. This imbalance can aggravate their psychological burn-out

(Schaufelli & All, 1993). The long time spent with clients and the simple feedback, low sense of control or success, and role conflict and the role ambiguity, all are from professional factors which leads to the aggravation of the psychological burn-out phenomenon in the nurses category (Maslach, 1979), especially when nurses are expected to empathize with patients and care for them with all kindness and care, and deal with emotional sensations (pain, panic, suffering....).The pressure arising from the work environment and the necessity of moving quickly to work in the hospital (Parker & Kulik, 1995), especially since the nurse provides many services at the same time, it monitors and interviews patients, and provides routine medical care for them, and explain to them ways to follow the prescribed treatment and its benefits and disadvantages, and monitor the progress of patients. Also helps them and plays an important role in the understanding of their disease, its causes and methods of diagnosis, its treatment and provides the necessary guidance to help to accept the disease.

Therefore, nursing is classified among the occupations of assistance, whose owners often suffer from constant psychological pressure up to the point of psychological burn-out which leads in the loss of the nurse to care for his work and patients and has a sense of pessimism and dull feelings and indifference, impatience and neglect, lack of motivation and enthusiasm, and the loss of creativity and innovation in the field of nursing, and frequent and unexplained absences (Gil & All, 2006).

3.2.3) Characteristics of the nursing profession:

The role of the nurse in nursing aims to achieve patient comfort by listening, guidance, counselling and support. Therefore, the role of the nurse is to help the individual to recognize his potential and help him to accept and use it according to the nature of suffering and according to his daily actions in order to strengthen his physical and psychological integrity.

The nursing profession has many characteristics, most notably the following:

- The nature of career mobility: where the nurse often remains a nurse under the authority of the administration and the doctor without much promotion.
- Individuals' view of the nursing profession: Many think that their roles are secondary or lateral compared to that of a doctor or pharmacist
- Double dependency of nurses in the hospital: they are under the responsibility of two different heads, one administrative and the other medical.
- Conflict in the role of the nurse: The nurse's position is a clear example of the power lines in the hospital between administrative workers and doctors (Abdel Aziz, 1988).

4- Methodological procedures of the study:

4.1) Study Approach :

The researcher used the descriptive analytical approach, to suit the nature of the subject under study and these types of variables.

4.2) The study sample :

It consisted of 300 male and female nurses, evenly distributed between the sexes, who were selected by stratified random sample from the University Hospital Centre of Tlemcen.

4.3) Study Limits:

4.3.1) Human Limits: All nurses working in the University Hospital Centre of Tlemcen. Their number is 850 nurses.

4.3.2) Spatial Limits: The field study included the University Hospital Centre of Tlemcen and its three annexes, namely the Specialized Examination centre Boudghen, Dental Clinic Tlemcen and the Medical Centre of the Faculty of Medicine in Tlemcen.

4.3.3) Time Limits: The study lasted from the end of February 2018 to the end of March of the same year.

4.4) Procedural definition of the terms of the study:

4.4.1) Occupational pressures: Procedurally defined as the degree obtained by the examined (nurses) on the scale of professional pressure prepared by the researcher.

4.4.2) The field of nursing: The researcher adopted the definition of the World Health Organization (WHO), which defines nursing as to help the individual, whether sick or healthy to improve his health or restore his health in case of illness or leave life peacefully based on the concept of palliative care provided by the nurse to patients, especially those with serious illnesses and pass The last stages of their lives.

4.4.3) University Hospital Centre of Tlemcen: It is a hospital institution affiliated to the Ministry of Health and includes 850 nurses spread over 16 departments and working to ensure a permanent presence of services in all departments.

4.5) Study tools:

4.5.1) Occupational pressure test for nurses:

It is prepared by the researcher, where the scale contains the general data and a question about the work was as follows:

Does your job in nursing make you feel stressed? | Yes No

If the answer is “Yes”, continue to answer all the terms of the scale by placing an (X) in the appropriate box.

Description of the test:

The scale includes the general data of the sample (gender, marital status, years of experience, work system) and the first question referred earlier, in addition to the scale of 56 phrases divided into seven axes, each of them includes eight phrases measuring the existence of one problem from professional pressure. The nurse responds with an (X) in front of "Yes" or "No".

- From 01 to 08: psychological stress
- From 09 to 16: psychological burn-out
- From 17 to 24: psychosomatic disorders
- From 25 to 32: anxiety of infection
- From 33 to 40: work turnover
- From 41 to 48: work accidents
- From 49 to 56: harassment

The total score for the test is 56

The validity of the test was confirmed after it was presented to a group of arbitrators and the necessary adjustments were made on the one hand. In contrast, the correlation coefficient of phrases was calculated for the overall score of the test, which was indicant at the level of 0.01.

The researcher also confirmed the stability of the test by applying it to a sample of 100 nurses in the state of Tlemcen. She calculated it using the internal half-coherence method where the correlation coefficient was calculated between the sum of the even phrases and the sum of odd phrases of the test. The correlation coefficient was 0.86.

Table No. (01): Occupational pressure test for nurses

N°	Phrases	Yes	No
01	I suffer from insomnia		
02	I often suffer from distractions and lack of focus at work		
03	I work hard in nursing		
04	I feel bad and desperate because of the Lack of attention to the condition of nurses.		
05	During my work I am required to support responsibilities without decisions to implement them		
06	I suffer from constipation		
07	My boss expects a double effort from me		
08	I complain about the difficult working conditions		
09	I feel tired while doing my job		
10	I suffer from emotional exhaustion while performing my work		

11	I am frustrated while doing my job		
12	I feel helpless while doing my job		
13	I became out of business		
14	I don't have a free time to do some sports and recreational activities outside of work		
15	I feel regret for my choice of nursing profession		
16	The duties I do in my work are beyond my capacity		
17	I often suffer from headaches		
18	I often wake up after a bad dream		
19	I sweat heavily even in cold weather		
20	Sometimes I have severe pain that makes it impossible to carry out my professional duties		
21	I suffer from the coldest limbs even in hot weather		
22	I have a feeling that someone is watching me during my work		
23	I often have difficulty breathing		
24	I suffer from indigestion		
25	I wash my hands constantly		
26	I have the feeling that I have the same symptoms as my patients		
27	I am worry that I may become infected whenever I deal with a patient		
28	I often do preventive medical examinations		
29	When I have influenza, I worry and drink medicaments immediately		
30	I often consult the doctors working with me for symptoms that seem to me to be felt		
31	I hasten to take advantage of vaccinations whenever possible		
32	I listen anxiously whenever I hear about the spread of an infection		
33	Our staff is constantly changing		
34	During my career, I voluntary changed department more than one time		
35	During my career, I was obliged to change department more than one time		
36	I know some nursing colleagues who have changed the department		
37	I am thinking moving to work as a nurse in another interest		
38	Sometimes our department has lake of nurses because someone move to other departments		

39	If I had the opportunity to become a medical supervisor, I would use it without hesitation		
40	I am in constant search for a better job		
41	I often stop working for aid a nursing colleague		
42	I feel like I'm working in an insecure environment		
43	During my career I had an accident at work that made me absent from work		
44	During my career I had an accident at work but I didn't absent from work		
45	I feel a bad psychological impact due to accidents at work as nurses		
46	I know a nurse who had a work accident		
47	Our department has lake of nurses due to absences due to work accidents		
48	What I see constantly from work accidents in our favour makes me think of quitting work		
49	During my work I am being harassed by the opposite sex		
50	My direct and continuous interaction with patients and their parents made some members of the opposite sex take advantage of the opportunity to harass me		
51	During my work I was subjected to verbal sexual harassment		
52	During my work I was subjected to physical sexual harassment		
53	I know some nursing colleague who has been subjected to verbal sexual harassment by the opposite sex		
54	I know some nursing colleague who has been subjected to phisycal sexual harassment by the opposite sex		
55	My colleague stopped working in nursing due to verbal sexual harassment		
56	My colleague stopped working in nursing due to physical sexual harassment		

5- Study Results and their discussion

5.1) Presentation and Interpretation of the Basic Study Results:

5.1.1) Presentation and interpretation of the results of the first hypothesis: which provides that there is a statistically significant correlation between work in the field of nursing and occupational pressures among nurses working at the University Hospital Centre, Tlemcen.

In order to answer this hypothesis, the researcher distributed the occupational pressure test for the nurses. She also used the percentages of the study sample about the suffering of the nurses. After reading the results in table (02), we see that the response of the open question was “Yes” for 251 from 300 nurses, which means that professional pressures are present among the nursing staff by a large percentage of 83.66% distributed by 92.66% among females in favor of married women by 54.67% and among males by 74.66% in favor of married couples by 67%. The following table shows that:

Table (02): shows the percentage of occupational pressures in the field of nursing

		Males		Females		Total	Percentage total
		Number	Percentage	Number	Percentage		
Sample		150	100%	150	100%	300	100%
Occupational pressure	Exists	112	74,66%	139	92,66%	251	83,66%
	Doesn't exist	38	25,33%	11	07,33%	49	16,33%
Marital status	Married	73	67,17%	76	54,67%		
	Unmarried	39	34,82%	63	45,32%		

5.2) Presentation and interpretation of the results of the second hypothesis: which provides that the most common occupational pressures among nurses are in the order of: psychological pressure, anxiety of infection, work accidents, psychosomatic disorders, psychological burn-out, work turnover, harassment.

Table (03): shows the most common occupational pressures among the study sample

(n = 300).

N°	Occupational pressures	Frequency	Percentage
01	Psychological pressure	186	35,29%
02	Psychosomatic disorders	177	33,58%
03	Psychological burn-out	67	12,71%
04	anxiety of infection	43	08,16%

05	Working turnover	30	05,69%
06	Work accidents	13	02,46%
07	Harassment	11	02,08%
Total		527	100%

Table (4): shows the distribution of the prevalence of occupational pressures according to gender

N°	Occupational pressures	Males		Females	
		Frequency	Percentage	Frequency	Percentage
01	Psychological pressure	88	35,05%	98	35,50%
02	Psychosomatic disorders	91	36,25%	86	31,15%
03	Psychological burn-out	28	11,15%	39	14,13%
04	anxiety of infection	19	07,56%	24	08,69%
05	Working turnover	21	08,36%	09	03,26%
06	Work accidents	04	01,59%	09	03,26%
07	Harassment	02	00,00%	09	03,98%
Total		253	100%	247	100%

Table (05): shows the results of using (T) test to detect the difference between the two average responses of the study sample

Test	Sex	Number (N)	Arithmetic mean	Standard deviation	Value (T)	Significance level
Psychological pressure	M	88	10,33	0,68	3,01	0,05
	F	98	09,66	0,49	3,24	
Psychosomatic disorders	M	91	10,01	1,27	2,81	0,05
	F	86	08,47	0,75	3,98	
Psychological burn-out	M	28	08,98	0,61	1,28	0,05
	F	39	09,53	1,87	3,76	
Anxiety of infection	M	19	08,97	1,09	1,03	0,05
	F	24	09,03	2,16	3,93	
Working turnover	M	21	08,91	1,76	3,12	0,05
	F	09	07,01	1,15	1,78	

Work accidents	M	04	07,43	1,20	1,34	0,05
	F	09	08,28	2,31	3,21	
Harassment	M	02	00,00	0,00	0,00	0,05
	F	09	07,23	2,84	3,42	
Total degree	M	109	08,12	2,34	2,01	0,05
	F	191	10,63	0,78	3,12	

When reading table (03), we note that the psychological pressure ranked first in the most common professional pressures among the nursing staff in the University Hospital Centre in Tlemcen, which amounted to 35,29% and this is due to the difficult and different cases of patients, and the pressure resulting from the lack of important equipment in nursing care for some difficult cases. In addition to the necessity to deal with complex medical devices need to be followed up vigorously. Add to all this the responsibility to follow up patients and spend long hours, especially in night, with difficult cases, and the ongoing responsibility to preserve the lives of patients, even in the absence of the necessary equipment or failure in this hospital. Without forgetting the factor of collisions between the different staffs (nursing and medical and other) and the families of patients and friends from visitors. All this is supported by the study of Ibrahim (1994) in which the psychological pressure ranked first in the professional pressures among workers. The prevalence of the professional pressures is close to the percentage of psychosomatic disorders which are estimated to be 33,51%. This is evident in professional practice, as many nurses suffer physically from back pain to muscle spasms (Swiss Association of Nurses, 1998: p66). Then comes psychiatric burn-out by 12.71%, which indicates a correlation between psychosomatic disorders and psychiatric burn-out among nurses, and this is what our study concurred with the Taibi Naima study (2012) and Gilliland & James study (1997).

By reading table (4), it is shown that there are differences in the prevalence of occupational pressures between the sexes. For example, psychosomatic disorders, amounted to females 36,25%, while males were 31,15% and to confirm the existence of statistically significant differences or not between the sexes, the researcher calculated the value (T) and after reading table (05), there were statistically significant differences at the level of 0.05 between males and females in the degree of prevalence of occupational pressures. In psychosomatic disorders, the value of (T) in females was 3,98 however in males was 2,81. In psychological burn-out, the value of (T) in males was 1,28, while in females it was 3,76, which explains the existence of differences (T) statistically significant at the significance level of 0.05 between males and females.

6- Conclusion:

Despite the findings of the current study regarding the identification of the most common occupational pressures resulting from the suffering in the field of nursing at the University Hospital Centre of Tlemcen, there is a great importance for this study to continue research on this subject, as it raises recommendations that should be applied on the ground and not go into the drawers of offices. Without forgetting to mention the difficulties encountered by the researcher during the embodiment of this study, as the presence of many departments in the hospital and the presence of other annexes in the distant places which has been difficult to move in order to make the study sample representative of the original community. Finally the researcher recommend the following:

- Nursing is a cornerstone of hospitals, and the success or failure of the latter depends on it fundamentally, and therefore must be appreciated the role played by the nurse in its development. And any disregard for this fact will not push reform in the health system, because the nurse in his growth needs to be satisfied like all people, his personality is directly affected by all the neglect or deprivation of his or her needs. Therefore, the nursing profession requires the provision of components that facilitate the appropriate vocational training according to which the nurse can perform his job and thus the psychological stability that makes him able to feel his being and satisfy his needs.
- The cooperation of researchers and specialists in the field of psychosocial to expand the circle of research on the field of nursing, especially in the Arab countries.
- Benefiting from the results of academic studies and research.
- Linking the results of research and academic studies with the politics adopted by the countries in this field (enough to adopt the strategies that proven scientific studies have proved ineffective)
- Activating the role of the media, especially radio and television, by providing programs aimed at educating citizens to appreciate the importance of the role played by the nurse and urging him to better deal with.
- The need to prepare follow-up programs by psychologists and social workers in order to alleviate these psychological and social problems.
- Increase the number of nurses in various departments to alleviate the pressure.

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