

Sources of Work-Stress among Hospital-Staff at the Saudi MOH

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ABSTRACT. Objectives: To determine the sources of work-stress among the MOH hospital staff working in Riyadh City, Saudi Arabia, to examine the relationship between the socio-demographic variables and the level of work stress, and to studies the relationship between work-stress and the anticipated outcomes.

Methods: This study applies the descriptive analytical research design. Doctors, nurses, technicians, administrators, and therapists working at five MOH hospitals were screened using a self-administered questionnaire developed to serve the objectives of this study. 700 questionnaires were distributed and 414 were returned and valid for analysis. Frequencies, percentages, means, and standard deviations were used to present the descriptive analysis. Inferential analysis included two independent samples t-test, One way ANOVA, Pearson correlation, and stepwise multiple regression. The significance level used for the inferential statistics was 0.05.

Results: The multiple regression analysis indicated that insufficient technical facilities, absence of appreciation, long working hours, and short breaks were significantly able to explain the variance in the level of work-stress among hospital staff. Pearson correlation showed that both age and experience showed significant negative relationship with work-stress level. Results also revealed that Saudi participants showed significantly higher level of work-stress than the non-Saudis. The rest of the socio-demographic and job variables showed no significant relationship with the level of work-stress. Occurrence of health problems, changing the hospital, changing the job, quitting the practice, and undesired relationship with coworkers were found to be correlated with work-stress.

Conclusion: The level of work-stress among the MOH hospital staff seems to be high. This was due to insufficient technical facilities, absence of appreciation, long working hours, and short breaks. In addition, the older the employee and the more experience he/she has the less work-stress is experienced.

Keywords: work stress, sources of stress, stress outcomes, hospital employees, Saudi Arabia,

Introduction

Due to many risks, threats, and/or any other causes nearly all people experience some sort of stress. Work-stress is increasingly recognized as one of the most serious occupational health hazards reducing workers' satisfaction and productivity, and increasing absenteeism and turnover (Gianakos, 2000:1). The end result of continuous work-stress over time is worker-burnout, which may lead to serious physical and emotional problems (Gautam, 2001: 37). Hospital-staff in particular are subject to work-stress simply because they are severely challenged by their rapidly changing environment (Al-Aameri, 2000:531). Previous studies have revealed positive association between work-stress and the number of errors (Perry et al., 2000:518). In the United States it was reported that preventable errors caused between 44000 and 98000 patients to die every year (Sexton et al., 2000:746). In the UK more GPs experienced poorer mental health, more dissatisfaction and higher stress level in 1993 than 1987 (Kirwan and Armstrong, 1995: 259-260; and Rout and Rout, 1994:301). Between 25% to 50% of the British National Health Service's staff reported distress suffering (Weinberg and Creed, 2000:533). Therefore, many reports suggested that stress among physicians, nurses, and other health professionals is high (Caplan, 1994:1261; and Graham et al., 1996:185-94; Gross, 1997:1-14; Al-Aamrei and Al-Fawzan, 1998:366)

Accordingly this paper aims at achieving the following objectives:

- (1) Determine the sources of work-stress in the MOH hospitals in order to deal with the sources effectively.
- (2) Compare the stress level among the various MOH hospital staff groups (physicians, nurses, technicians, therapists, and administrators) in Riyadh City.
- (3) Determine to what extent the level of work-stress is influenced by the respondents' socio-demographic and job variables.
- (4) Study the relationship between work-stress and the anticipated outcomes.
- (5) Develop appropriate recommendations to deal with work-stress.

Study Questions

This study aims at answering the following questions:

- (1) What are the significant sources of work stress in the MOH hospitals?
- (2) Are there significant differences in work-stress level between the various MOH hospital-staff groups (physicians, nurses, technicians, therapists, and administrators) in Riyadh City?
- (3) To what extent the level of work-stress is influenced by the respondents' socio-demographic and job variables?
- (4) What are the relationships between work-stress and the anticipated outcomes?

Significance of the study

The significance of this study emerges from the fact that the quality of health care can be extremely influenced by the stressed health staff (Firth-Cozens, 1998:1335). In a

study conducted in Canada, on more than 2000 doctors, it was found that doctors under stress had more problems with patients and rated their quality of care lower (Burke and Richardsen, 1990: 1335-1344). In fact there is an ongoing concern, in the UK, about the mental health of medical practitioners (Ramirez et al., 1996:724). Such mental problems make health staff in general and doctors in particular susceptible to more physical and emotional morbidity (Gautam, 2001: 37), which in turn needs careful consideration. Work stress is estimated to cost American industry between 200 to 300 billion dollars per year as evaluated by absenteeism, dropped productivity, staff turnover, injuries, direct health, legal, and insurance fees, etc. The World Health Organization (WHO) called work stress as "world wide epidemic". Such important facts about stress show that excessive stress has costs to both the organization and the employees. This reflects the significance of conducting this study.

Variables' definitions:

The following are the main variables in this study:

- (1) **Work-stress:** It refers to the situation at which a worker's talents and ability do not match with his or her job demands or requirements, and/or when the worker's needs are not satisfied by the job.
- (2) **Sources of work-stress:** They refer to statements related to work environment, role conflict and ambiguity, social and organizational elements that may lead to work-stress.
- (3) **Outcomes of work-stress:** The outcomes of work-stress refer to behavioral effects (bad relationships with coworkers), health effects (health problems), and organizational effects (quitting the practice, leaving the hospital, or changing the job).

Literature Review

The nature and definition of stress

It is well known that the impact of stress on the physical and mental health as well as the productivity of both the organization and the employee is a growing concern of organizations. In fact, stress and burnout are sometimes conceived among the organizational behavior major concerns of the decade (DuBrin, 1984:162). As mentioned earlier work stress is estimated to cost American industry between 200 to 300 billion dollars per year. Though the literature paid a large amount of attention to stress, the basic nature of stress is still not agreed upon. Some authors see stress as an external or internal stressors causing tension on a person or a group. While others see stress as physiological and mental reaction to an external stressor (DuBrin, 1984:162). However, it is true that not all stress is negative; there is the positive side of stress (eustress) as well as the negative side of it (distress). Therefore, there is the reasonable degree of stress, which motivates some people to high performance, and there is the too much stress which causes low performance; the situation of no stress is impossible (Morgan, 1994:307-309).

Literature includes hundreds of stress definitions. Most of which involve the complex interaction between a person and his/her work environment. Therefore, stress refers to the situation at which a person's skills and ability do not match with the work

demands and requirements, and/or when the employees' needs are not fulfilled by the job environment (Ramirez et al., 1996:724). Baron defined stress as psychological and physiological discomfort that is experienced when work environment demands exceed a person's coping strategies (Baron, 1983:305). From the above it could be concluded that work-stress is helpful for the worker to cope effectively with the work requirements, but extended or continuous coping sometimes hurts the worker and may lead to unpleasant results especially if the requirements continuously exceeds the worker skills and abilities.

Symptoms of stress

There are certain signs and symptoms that reflect the existence of stress. Relevant literature classifies stress symptoms into physiological, emotional and behavioral. Physiological symptoms include the increase in blood pressure, breathing rate, heart beating rate, and sweating. Yet, if the stress is unbroken certain unpleasant and dangerous results such as heart attacks, increased cholesterol level, and ulcers may appear. The most common emotional symptoms are anxiety, tension, depression, lack of interest, hopelessness, mental exhaustion, and low confidence. If stress level increases less job satisfaction is expected. Among the most common work-related behavioral symptoms include decreased performance, absenteeism, difficulties in concentration and communication, more turnover rates, higher alcohol and drug abuse, unexpected behavior, and higher rate of smoking (DuBrin, 1984:163-64).

Sources of work-stress

Previous research revealed that there are many causes correlated to work-stress. According to some researchers, causes of work-stress may be found both within worker personality and within the work environment (Newman and Beehr, 1979:1-44; and Ratliff, 1988:148). A study, conducted on 1133 consultants working in the UK, reported that work overload and influenced home-life; poor administration and resources; administrative responsibilities assumed; and dealing with patients' pain were perceived as sources of stress. In the same study, radiologists reported the highest level of burnout in terms of low personal accomplishment (Ramirez et al., 1996:726-727). In addition, lack of clear direction concerning the organization goals was found to be among the significant causes of work stress (Murphy, 1987:19-20). Role ambiguity, role conflict, and clarity of organizational goals were also found to be of significant relationship with work-stress among 433 of the employees of seven Kuwaiti governmental sectors (Al-Fadli, 1999:135). Role ambiguity and role conflict were also correlated with work-stress among 50 Emergency doctors working in nine hospitals of the northern areas of Jordan (Nusair and Deibageh, 1997:301). The same study stated that the job-nature and its demands cause stress. Another study conducted in Saudi Arabia showed that the effect of job demands on primary health care doctors' social life was a source of stress (Al-Shammari, 1996:85). A study conducted on 333 doctors in Scotland indicated that higher clinical workloads were related to higher stress (Deary et al., 1996:3). Responsibility for others, and career development were also found to be of significant relationship with work stress among doctors (Nusair and Deibageh, 1997:301). Undesired relationship with work colleagues was a significant source of stress (Glowinkowski and Cooper, 1986:177). The nature of hospital-job was also found to be a source of work stress; the fact that the employee may deal with communicable-disease patients causes a threat to the employee health. Research has pointed out that a

perception of the work environmental risks may increase work stress (Montgomery, 1995:445-450). Career planning and development were also reported to have significant influence on work-stress (Nusair and Deibageh, 1997:330).

From the above studies it is clear that the most frequent causes of stress can be listed under role conflict and ambiguity, workload, responsibility for the others, poor relationships with others, job conditions, career planing and development. Role ambiguity arises out of being given inadequate information to perform a job properly. On the other hand, when roles and responsibilities contradict with each other role-conflict emerges. Quantitative work overload arises when there is too much tasks to perform in a specific period of time. Yet, qualitative work overload occurs when the work requirements exceed worker's intellectual competence and skills. Responsibility for others can be too much to the extent it may contribute in causing work stress. Poor relationships with others lead to less trust and support between peers, subordinates, and superiors. Poor working conditions such as room temperature, noise, improper lighting, etc. can cause stress. Career planning and development include job security, promotions, worker transfers, and progress opportunities.

Outcomes of Work-stress

Previous research also revealed that there were costly negative outcomes of work-stress (Al-Aameri and Al-Fawzan, 1998:366). A lot of behavioral problems caused by work-related stress; among these problems undesirable relationships among work-colleagues, increase rate of absenteeism, and gradual loss of self-confidence (Wilke et al., 1985:342-357). Another study covered 1317 diplomates of the American Board of Emergency Department (ABEM) showed that more than one quarter of the sample felt burned out or impaired, while 23.1% reported that they were planning to leave the practice within five years (Doan-Wiggins et al., 1995:556). Another study conducted on nurses in Saudi Arabia revealed that stressful nurses were more likely to leave their hospitals than those with less work-stress were (Bin Saeed, 1995:207). Stress can also lead to health and behavioral problems such as heart and chest problems, consumption of alcohol and drugs (Al-Meer, 1995:212). Therefore, revealing the causes of work-stress will help reducing the undesirable effects of work-stress.

Socio-demographic variables and Work-stress

In a study conducted in the United States it was found that ED doctors and nurses differ in mean stress levels (Perry et al., 2000:518). Many studies found that the level of work-stress vary according to differences in socio-demographic factors (Al-Fadli, 1999, Nusair and Deibageh, 1997, and Haines et al., 1991:212). A study revealed that the older the employee, the less work-stress level (Rathod et al., 2000:133), but the higher the educational level, the more work-stress level (Haines et al., 1991:212). It was also found that being 55 years or less and being single were independent risk factors for burnout (Ramirez et al., 1996:724). Females were more likely to report being stressed (Rathod et al., 2000:133; and Al-Mishan, 2001:67). Another study conducted to investigate the sources of job stress among Kuwaiti and non-Kuwaiti government employees revealed that Kuwaiti employees were significantly more stressed on all dimensions of stress except on the vocational development where the non-Kuwaiti employees experienced higher stress (Al-Mishan, 2001:67).

Methods

Participants

This paper was conducted in city-based hospitals that belong to the Saudi Ministry of Health. Simple random sampling technique was used to choose five MOH hospitals to be included in this study. The chosen hospitals were in different areas of Riyadh city and named as follows: Riyadh central hospital, Al-Iman hospital, Al-Yamama hospital, Al-Sulaimania hospital, and Prince Salman hospitals. Then stratified random sampling was used to represent the target population of doctors, nurses, allied staff, and administrators working in the MOHs' hospitals in Riyadh City. A structured questionnaire was developed and 700 were distributed based on the estimated distribution of each group (using the available distribution in Riyadh region in 1418H). A cover letter explaining how to respond to the questionnaire items was attached, of which 441 were returned (63%) but 414 were valid.

The instrument

The study instrument or questionnaire consists of two parts. Part one included some questions about the demographic information including respondent age, gender, job, educational level, experience, nationality, marital status, language at work, and first language. Part two included 39 statements cited in the literature as stress causes. In addition, the second part included a question to measure the level of stress among respondents. Another question about five common outcomes of stress was included in the second part as well. The questionnaire was developed in a way that allows respondents to grade their responses on a five-point scale: strongly disagree=1, disagree=2, do not know=3, agree=4, and strongly agree=5. Three steps normally followed, in research, to increase the content validity of the questionnaire (Bauman, 1980:88); first, the items forming the questionnaire were developed after reviewing the relevant literature. Second, the comments and suggestions of ten hospital management postgraduate-students and seven faculty members of the Administrative Sciences College at King Saud University about the questionnaire were taken into consideration. Finally, ten hospital employees were asked to answer the questionnaire (pilot study). The suggestions and notes were also taken into consideration. The reliability of the questionnaire was measured using the coefficient alpha; it was 92.76%.

Data treatment

Respondents were given the questionnaire with answering instructions included in the covering letter. Data were entered and analyzed with the Statistical Package for Social Science (SPSS) for windows. Descriptive analysis used in this study included frequencies, percentages, means, and standard deviations. Inferential analysis included two independent samples t-test, ANOVA, Pearson correlation, and stepwise multiple regression. The significance level used for the inferential statistics was 0.05.

Data Analysis

This section of the study focuses on data analysis. The analysis consists of socio-demographic variables of the respondents, Stepwise multiple regression, ANOVA and t-test results, and Pearson correlation.

Socio-demographic variables of respondent

The age of participants in this study ranged from 22 to 60 years old with an average of 34 years and 7.5 years of standard deviation. Their experience ranged between one and 34 years with an average of 9 years and 7 years of standard deviation. Table (1) shows the frequency distribution of participants' socio-demographic variables.

Table (1)
Frequency distribution of socio-demographic variables (n=414)

Variable	F	%
Gender:		
(1) Male	253	61.71
(2) Female	157	38.30
Total	410	100%
Job:		
(1) Doctor	83	20.20
(2) Nurse	125	30.40
(3) Technicians	60	16.40
(4) Administrative.	73	17.8
(5) Therapists	70	16.9
Total	411	100%
Educational level:		
(1) High school or less	28	6.8
(2) Diploma	133	32.5
(3) Bachelor	187	45.7
(4) Master	27	6.6
(5) Ph.D. or equivalent.	34	8.3
Total	409	100%
Nationality:		
(1) Saudi	218	52.7
(2) Non-Saudi	196	47.3
Total	414	100%
Marital:		
(1) Married	273	66.3
(2) Not-married	139	33.7
Total	412	100%
Language at work:		
(1) Arabic	182	45.4
(2) Non-Arabic	219	54.6
Total	401	100%
Work language differ from first language:		
(1) Yes	212	54.2
(2) No	179	45.8
Total	391	100%

Sources of work-stress

In order to determine the significant variables or sources of work-stress, Stepwise Multiple Regression (SMR) was used. However, SMR was first diagnosed for multicollinearity by using the Pearson's r between the independent variables in the model; the highest correlation value was less than 0.60. In addition, the conditional index (CI) was also tested, and the highest CI value was less than 30 (see Table (2)). Since all Pearson's r between each pair of independent variables did not exceed the value of 0.85 and the highest CI is less than 30 it could be concluded that there is no

serious multicollinearity between the independent variables (Kleinbaun et.al., 1998: 240-248).

The results of the SMR revealed that only four causes were significantly related to work-stress among MOH hospital staff. The four causes explain 18.3% of the variance in the work-stress level. Table (2) shows the results of the SMR. It is clear that the first cause accounted for the variance in the dependent variable (work-stress level) was the insufficient technical facilities available to hospital staff (beta = 0.258, t =5.276, and $p < 0.001$). The value of R^2 indicates that this cause is accounted for 12.3% of the variance in the work-stress level. The next cause accounted for the change in the work-stress level was the absence of appreciation from the hospital management (beta = 0.160, t =3.198, and $p < 0.01$). It is accounted for 3.2% of the variance in the work-stress level. The third cause accounted for the change in the work-stress level was the long working hours (beta = 0.107, t =2.231, and $p < 0.05$). Long working hours was found to be accounted for 1.8% of the variance in the work-stress level. Finally, the fourth cause was the short breaks (beta = 0.106, t =2.153, and $p < 0.05$). Short break was found to be accounted for 0.7% of the variance in the work-stress level. Positive betas indicate that the four independent variables (causes) were positively related with the level of work stress.

From the above results it is very clear that shortage of technical facilities and absence of appreciation are alone accounted for more than 15% of the variation of work-stress. There fore it is very important that hospital management pay all efforts to supply their hospital with the appropriate technical facilities. In addition, appreciation of good work and effort must be shown, and breaks period of time need to be reconsidered in order to reduce causes of work-stress.

Table (2)
Results of Stepwise multiple regression

Independent variables	Beta	T	p-value	R ²	Condition Index
Insufficient technical facilities	0.258	5.276	0.000	0.123	5.540
Absence of appreciation	0.160	3.198	0.001	0.032	6.573
Having to work long hours	0.107	2.231	0.026	0.018	8.579
Short breaks	0.106	2.153	0.032	0.007	10.140
F=23.022 p-value=0.000 R=0.428 R ² =0.183					

Work-stress and socio-demographic variables

As indicated in Table (3) it is true that work-stress was higher among doctors (stress level=4.04) and lower among hospital administrators (stress level=3.69), but ANOVA results revealed that the differences in work-stress levels between the various hospital staff represented in this study was not significant (F=1.382 and $p > 0.05$). The same Table also showed that though the work-stress level was low among those holding postgraduate degrees, ANOVA results showed no significant differences between the respondent due to educational levels (F=0.941 and $p > 0.05$).

Results of t-tests included in Table (3) indicated that work-stress level is not influenced by gender, marital status, language at work, or whether the work language differ from the employee's first language ($p > 0.05$). Yet, results showed a significant difference between Saudis and Non-Saudis (t=-2.21 and $p < 0.05$). Saudis are more

exposed to work-stress (stress level=3.99) than non-Saudis (stress level=3.76). This result could be explained by the fact that Saudi workers are subject to social commitments more than non-Saudis do. The effect of job demands on Saudi hospital staff's social life could be seen as a source of stress.

Table (3)
The differences in work-stress level due to socio-demographic variables
(ANOVA and t-test)

	Variable	Mean	SD	Test-value	p-value
Job	1 Doctors	4.04	0.96	1.382 (F)	0.239
	2 Nurses	3.98	1.03		
	3 Technicians	3.89	1.08		
	4 Therapists	3.81	1.14		
	5 Administrators	3.69	0.96		
Qualification	1 High school or less	3.81	0.89	0.941 (F)	0.440
	2 Diploma	3.95	1.05		
	3 University	3.91	1.04		
	4 Master	3.57	1.31		
	5 Ph.D.	3.70	1.02		
Nationality	1 Saudi	3.99	0.96	-2.21 (t)	0.028*
	0 Non-Saudi	3.76	1.12		
Gender	1 Male	3.84	1.07	0.780 (t)	0.436
	0 Female	3.92	1.01		
Marital status	1 Married	3.91	1.04	-0.88 (t)	0.376
	0 Not married	3.81	1.07		
Language at work	1 Arabic	3.84	1.03	0.454 (t)	0.650
	0 Others	3.89	1.08		
Work language and your language are the same	1 Yes	3.97	1.00	-1.948 (t)	0.052
	0 No	3.76	1.11		

As shown in Table (4) age and experience of participants showed a significant negative correlation with work-stress level ($p < 0.01$). That is, the older the employee the less work-stress is suffered and the more experience the employee has the less work-stress is perceived. This is understandable because by time workers get more experience and become familiar with the hospital system and environment and hence become capable of coping with work-stress.

Table (4)
Pearson correlation results between age, experience, and stress level

		Age	Experience
Stress level	Correlation	-0.145**	-0.162**
	P-value	0.005	0.003

** Correlation is significant at the 0.01 level

Outcomes of work-stress

Pearson correlation was conducted to test the relationship between the level of work-stress and the anticipated outcomes of stress. Results of correlation coefficients, included in Table (5), showed that the level of work-stress is significantly and positively correlated with: the occurrence of health problems ($r=0.50$ and $p < 0.01$), changing the

current hospital ($r=0.40$ and $p<0.01$), changing the job ($r=0.39$ and $p<0.01$), quitting the profession ($r=0.37$ and $p<0.01$), and interrupting relationship with coworkers ($r=0.29$ and $p<0.01$). The results confirm the fact that work-stress may lead to costly negative outcomes. This goes along with many of the previous studies (Al-Aameri and Al-Fawzan, 1998, Wilke et al., 1985, and Al-Meer, 1995). The fact that respondents are hospital staff makes them able to detect health problems as an outcome of work-stress. However having health problems or bad relationships with coworkers, changing the job or the hospital, or even quitting the practice are very serious outcomes of work-stress that may bring down the quality of hospital services. Therefore work-stress needs to be given more attention and consideration by hospital management and researchers.

Table (5)
Pearson correlation coefficients between
Stress-level and stress anticipated results (n=414)

Due to work-stress are you	Pearson correlation	P-value
Planning to quit the practice	R= 0.37**	0.000
Planning to change the job	R=0.39**	0.000
Planning to change the hospital	R=0.40**	0.000
Having some health problems	R=0.50**	0.000
Having bad relationships with coworkers	R=0.29**	0.009

Conclusion

Overall, the main finding is that all MOH health professionals and hospital managers agree significantly that they experienced work-stress. This result is similar to those found in a study conducted on hospital consultants, general practitioners, and senior health service managers (Weinberg and Creed, 2000). It also supports the assumption that health sector employees are among the highest groups subjected to work stress. Knowing the significant positive correlation between work-stress level and costly negative outcome such as quitting the practice or changing the hospital or the job must ring a bell to all decision makers, especially that Saudi Arabia faces very serious problems in health-related manpower.

Results also indicated that work-stress was not influenced by the educational level, the gender, the marital status, the language of the employee. Yet, it was influenced by nationality since Saudis experienced higher level of work-stress. This might have something to do with the employee's community and social obligations. This result goes along with the importance of treating difficulties outside the work place in order to decrease the prevalence of anxiety and stress. Age and experience showed negative correlation with stress which could be interpreted by the fact that the older and experienced the worker, the more ability he/she has to cope with stress. Based on these results the MOH needs to work hard in order to have sufficient technical facilities. The current insufficient technical facilities could be improved with the implementation of the cooperative health insurance in Saudi Arabia. Therefore, it is wise that the MOH's hospitals provide health services to non-eligible through the cooperative health insurance scheme. This will generate more financing ability to hospitals which allow them to improve the available technical facilities. Good quality management requires hospital management to show appreciation whenever a good work is performed.

Without such appreciation good performance employees will tend –by time— to develop more stress and consequently decrease the quality and volume of their work. Providing enough break-time during the working hours is expected to reduce stress and therefore increases the productivity of hospital staff, otherwise stress leads to job dissatisfaction which is a major factor in the use of sick time (Brand, 2001:1-2). Providing enough break-time may automatically help in solving the problem of long working hours.

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Appendix

To what extent do you agree or disagree that the following statements represent work-stress sources?

Sources of work-stress	SA	A	NS	DA	SD
Working-hours do not fit with my personal life.					
Job-requirement is more than my ability.					
Work shifts are changing frequently.					
Absence of cooperation between colleagues.					
My abilities and talents are not used properly.					
Supervising the work of other people.					
Patients lose temper very quickly.					
Hospital objectives do not match mine.					
Ineffective communication system.					
Unclear Hospital-policies.					
Unfair Performance evaluation.					
Promotion depends only on Personal relationship.					
Limited opportunities for enhancement and development in this hospital.					
Limited opportunities for education/training in this hospital.					
Improper relationship with colleagues.					
Short breaks.					
Unhealthy work environment.					
Salary does not match with the required tasks.					
Absence of financial incentives.					
Absence of appreciation of good work..					
Having to adapt negative decisions (i.e. sacking an employee).					
Conflicting requests.					
Lack of stability at home.					
Lack of ability to catch up with the rapid technology changes.					
Ambiguity in the job roll.					
Attending lots of committees.					
Lack of spouse satisfaction of my job.					
Having to work long hours.					
Disagreement with subordinate or head of department.					
Unclear promotion requirements.					
Lack of power and influence.					
Threat of not re-contracting.					
Feeling isolated.					
Being not respected.					
Dealing with risky job or tasks.					
Working with opposite sex.					
Difficulties in having vacations (or leaves).					
No participation in department's decision making.					
Insufficient technical facilities.					
Other sources of job stress:.....					

SD= Strongly disagree SA= Strongly agree

مصادر ضغوط العمل بين موظفي مستشفيات وزارة الصحة بالمملكة

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المستخلص: هدف الدراسة: تهدف هذه الدراسة إلى تحديد مصادر ضغوط العمل من وجهة نظر موظفي مستشفيات وزارة الصحة العاملين بمدينة الرياض. كما تهدف الدراسة إلى دراسة العلاقة بين المتغيرات الديموغرافية ومستوى ضغوط العمل لدى الموظفين وكذلك العلاقة الارتباطية بين مستوى ضغوط العمل والنتائج المتوقعة.

طريقة الدراسة: استناداً لطبيعة الدراسة فقد تم استخدام المنهج الوصفي التحليلي. وقد تم استقصاء آراء كل من الأطباء، وجهاز التمريض، والفنيين، والإداريين، والمعالجين (therapists) العاملين في مستشفيات الوزارة بمدينة الرياض وذلك باستخدام استبانته تم تصميمها لخدمة أهداف الدراسة. وقد تم توزيع ٧٠٠ استبانته وكان عدد الاستبانات العائدة والمناسبة للتحليل ٤١٤ استبانته. ولتحليل بيانات الدراسة فقد تم استخدام التحليل الوصفي والمتمثل في عرض التكرارات والنسب، والأوساط الحسابية، والانحرافات المعيارية. كما تم استخدام التحليل الاستدلالي لدراسة العلاقة بين متغيرات الدراسة وقد اشتمل ذلك على الاختبار التائي بين مجموعتين مستقلتين، وتحليل التباين الأحادي، ومعامل ارتباط بيرسون، وتحليل الانحدار المتعدد المتدرج. وقد تم التحليل عند مستوى الثقة ٠,٠٥.

نتائج الدراسة: أوضحت نتائج تحليل الانحدار المتعدد المتدرج أن الإمكانيات الفنية غير الكافية، وغياب تقدير العمل الجيد، وساعات العمل الطويلة، وقصر فترات الراحة أظهرت قدرة ذات دلالة إحصائية على تفسير التغير في مستوى ضغوط العمل لدى مفردات الدراسة وقد كانت العلاقة بين هذه المتغيرات (المصادر) ومستوى الشعور بضغوط العمل علاقة إيجابية. كما بينت نتائج ارتباط بيرسون أن كلا من العمر والخبرة أظهرت علاقة ارتباط سلبية مع ضغوط العمل. كما بينت نتائج الاختبار التائي وتحليل التباين أن مفردات الدراسة من السعوديين يواجهون مستوى من ضغوط العمل يفوق في حجمه مستوى ضغوط العمل لدى غير السعوديين، في حين لم يتبين لبقية المتغيرات الشخصية والوظيفية أي علاقة لها دلالة إحصائية بمستوى ضغوط العمل. وأخيراً أظهرت نتائج معاملات ارتباط بيرسون أن هناك ارتباطاً إيجابياً ذو دلالة إحصائية بين مستوى ضغوط العمل وكل من المشاكل الصحية، والتخطيط لتغيير المستشفى، والتخطيط لتغيير الوظيفة، والتخطيط لترك المهنة، والعلاقات غير الجيدة مع زملاء العمل، وذلك على التوالي من حيث قوة العلاقة.

النتائج: خلصت الدراسة إلى أن مستوى ضغوط العمل لدى موظفي مستشفيات وزارة الصحة يعتبر مرتفعاً ويعود ذلك إلى الإمكانيات الفنية غير الكافية، وغياب تقدير العمل الجيد، وساعات العمل الطويلة، وقصر فترات الراحة. إضافة إلى ذلك فإن تقدم الموظف في العمر والخبرة يتصاحب بشعور أقل بضغوط العمل. كما تبين أن ازدياد الشعور بضغوط العمل مرتبط بظهور المشاكل الصحية، والتخطيط نحو تغيير المستشفى، والتخطيط نحو تغيير الوظيفة، والتخطيط نحو ترك المهنة، والعلاقات غير الجيدة مع زملاء العمل.

الكلمات المفتاح: ضغوط العمل، مصادر ضغوط العمل، نتائج ضغوط العمل، موظفي المستشفى، المملكة العربية السعودية.