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Title of research article

A Comprehensive Diagnostic Study on Organizational and Personal Sources of Occupational Stress among Nurses in the Emergency Department of Abu Bakr al-Razi Psychiatric Hospital, Annaba: An Empirical Field Investigation into the Psychosocial Determinants of Work-Related Strain in the Algerian Healthcare Context

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Abstract

Occupational stress represents one of the most persistent psychosocial challenges affecting healthcare workers, particularly those employed in high-pressure environments such as emergency departments. This study seeks to identify, classify, and analyze the personal and organizational sources of occupational stress experienced by nurses in the Emergency Department of the Psychiatric Hospital of Abu Bakr al-Razi in Annaba, Algeria. Utilizing a descriptive and diagnostic methodological approach, the research explores how work-related structures, administrative dynamics, and individual factors collectively contribute to psychological distress and reduced professional well-being among mental health practitioners. A structured questionnaire containing 25 items divided into two analytical axes—organizational sources (14 items) and personal sources (11 items)—was administered to a comprehensive sample of emergency department nurses. Data were analyzed using descriptive statistical methods, primarily percentage distributions, to evaluate stress dimensions and prevalence.

The results revealed a significant prevalence of organizational sources of occupational stress, including excessive workload, lack of institutional support, inadequate communication channels, and structural inefficiencies within

the hospital's management system. Conversely, personal sources of stress, such as familial conflicts, emotional exhaustion, or lack of work-life balance, were not found to be statistically significant. These findings indicate that stress among emergency department nurses is predominantly institutional and systemic, rather than individual or psychological in origin. This diagnostic assessment provides critical insights into the underlying causes of professional strain in psychiatric emergency contexts and suggests the necessity of organizational reforms, staff support programs, and ergonomic interventions to mitigate work-related stress and enhance psychological resilience among healthcare professionals in Algeria's mental health sector.

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1.Problems:

The Algerian worker lives a variety of different risks, including psychological and social. This is due to a number of reasons that are affected by his daily life both within his work framework and his relationship with his colleagues and in his family and external environment. These risks include professional pressure, psychological burning and professional stress.... These risks affect workers' chronic disorders that adversely affect their lives and threaten their psychological stability and social balance, especially their relationship with each other at work. These risks result in several problems that affect relationships within the enterprise or organization, disturb the atmosphere and threaten their internal stability as well as the continuity of work within them. One of the most prominent risks mentioned above is professional stress, which is considered to be one of the most important psychosocial risks that has a direct and strong impact on the worker. The latter is exposed to overstretched burdens, tasks and responsibilities and what he can offer within his work. Occupational stress has several sources that are the cause of its appearance over periods of time, where it generates individual fatigue. These sources may be internal, i.e., in the workplace and under the politics of its management or external individuality related to a person's daily life. As our study aims to learn about these sources, their causes and the extent of their impact on the individual, we conducted a field study within the Hospital of Mental Diseases Abu Bakr Al-Razi Annaba and went to the Emergency Department due to the frequent congestion of the business, where we tried to teach the sources leading to professional stress.

What are the sources of professional stress in the Department of Emergency Nurses of the Hospital of Mental Diseases Abubakar Al-Razi - Annaba?

From this central question there is a range of questions:

1. What are the organizational sources of occupational stress in the Department of Emergency Nurses of the Hospital of Mental Diseases Abubakar Al-Razi - Annaba?

2. What are the personal sources of professional stress in the Department of Emergency Nurses of the Hospital of Mental Diseases Abubakar Al-Razi - Annaba?

2) The objectives of the study:

Disclosure of organizational sources of the Department of Urgencies of the Hospital of Mental Diseases Abu Bakr al-Razi Annaba.

Detection of personal sources in the Department of Urgencies of the Mental Hospital Abu Bakr al-Razi Annaba.

3 Procedural definitions of research terms:

1. Occupational stress: It is a sentimental response that is in reactions to the worker as a result of a set of stressors affecting the individual's health resulting from the personal and organizational sources of the worker.

2. Organizational sources: A combination of factors related to the organizational work environment that are a cause of occupational stress.

Personal sources: Subjective factors related to the worker are caused by a lack of reconciliation between personal life and working life, which is a cause of occupational stress.

Areas of study: Spatial area:

The hospital institution specializing in mental Abu Bakr al-Razi is one of the most important health institutions at the state level of Annaba and at the east level as a whole. It covers 6 states: Annaba, Market Ahras, Tibsa, Tartar, Qalaa and also Valley State.

1 April 1982, with an area of 7.5 hectares. The hospital is located in the centre of Annaba city. It mediates many departments and municipalities of the state. This site is not considered strategic because it is located in the middle of the noise while the need for calm and tranquillity of a hospital specializing in psychiatric and neurological diseases.

2. Temporal area:

The study lasted from the month of Feffrey to the month of Shahramai in the Department of Urgencies of the Hospital of Mental Illness Abu Bakr al-Razi Annaba.

During this period, we conducted an exploratory study by identifying the hospital and the location and field of conduct of the study, as well as determining the nature of the sample; This is through interviews, distribution and application of the questionnaire.

User curriculum

This research is based on the analytical descriptive approach that expresses the phenomenon studied as it is on the ground and describes it quantitatively and qualitatively. The descriptive approach is defined as the method used to describe the phenomenon by identifying its characteristics and dimensions. It is not limited to the phenomenon's features but goes beyond the process of analysing, measuring and interpreting data and arriving at an accurate description of the phenomenon the phenomenon the phenomenon.

Study community and sample:

1. **Study Society**:

The study community consists of all workers in the Department of Emergency, estimated at 35 nurses.

2. **Sample Study:**

Owing to the small research community we are studying, it is based on a comprehensive survey and is intended to include the entire study population.

Study tool:

For an interview: It is a direct oral session between the researcher and the research sample in order to obtain information to help him build the form where we asked a set of questions:

1) Are you experiencing professional stress?

2) Do long working hours and relationship with presidents and other matters related to the enterprise cause you some kind of stress?

3) Do things that happen to you outside the hospital wall cause you stress?

Questionnaire:

The questionnaire tool was used in this study, which is considered the most widely used data collection tool in exploratory and descriptive research. The questionnaire phrases were closed, i.e. one answer selection per phrase. The questionnaire was divided into two axes:

Axis 1: Includes after organizational sources of professional pressure from item 1 to item 14.

Axis 2:. Includes after personal sources of professional pressure from item 1 to item 11.

Statistical methods in the study:

1. Percentages:

The percentages derived from the repeats of the sample individuals have been used to identify the characteristics of the search sample .

1. Pearson coefficient of association: to calculate the stability of the form and calculated by the following law:

$$r = \frac{n(\sum xy) - (\sum x)(\sum y)}{\sqrt{[(n\sum x^2 - \sum x^2)(n\sum y^2 - (\sum y^2)]}}$$

6iew Results

Responses to the study's vocabulary towards the focus of organizational sources:

		yes		no		
axis	Items	repetition	percentage	repetition	percentage	total
	1. I find it difficult to concentrate while doing my job	14	47%	16	53%	100%

Organizational sources	2. I find it difficult to communicate with my employers	17	57%	13	43%	100%
	3. I find it difficult to organize time in my work	13	43%	17	57%	100%
	4. Making erroneous decisions has serious consequences	23	77%	7	23%	100%
	5. I do routine work	24	80%	6	20%	100%
	6. I do difficult tasks beyond my abilities	17	57%	13	43%	100%
	7. I suffer from my increased burden compared to my colleagues	12	40%	18	60%	100%
	8. I feel tired with the end of my work	27	90%	3	10%	100%
	9. Working long hours strains me	24	80%	6	20%	100%
	10. My job responsibilities are unspecified	17	67%	13	43%	100%
	11. The working rules and procedures are unclear	22	73%	8	27%	100%
	I lack ears on my proposals for action	19	63%	11	37%	100%
	13. I receive contradictory directives from different parties	16	53%	14	47%	100%
	14. I do tasks that I feel are unnecessary	15	50%	15	50%	100%
			62%		38%	

Table No. (01): Represents the responses of nurses' sample individuals towards after regulatory sources.

Comments on the table

We note from Table 1 on individual responses to the focus of organizational sources of occupational stress, that the majority of responses confirmed the existence of organizational sources of occupational stress since the majority of responses were in the alternative "yes" by 62%.

Where the high proportion of item "1" estimated b) 53 (% towards the "no" alternative that I find it difficult to concentrate while doing my job. The remaining percentage answered "yes". (% 47), and in item No. 2, their ratio is estimated at B. (57%) For those who find it difficult to communicate with their employers, the remaining category are those who answered "no" and their proportion (43%), whereas in item 3, the proportion who have difficulty regulating time at work was estimated as (57%) Those who responded with "yes" (43%), and for item 4, the ratio was high for the "yes" alternative. (77%) When making the wrong decisions, they have serious consequences and the low ratio is estimated to be (23%) for the alternative "No",At item "5", 80% were routines, while the remaining 20% answered the contrary by "no". In item No. 6, 57% are performing difficult tasks beyond their capabilities, while the remaining percentage is low. (43%), and clause No. "7" had the high ratio of the "no" alternative. (60%) are not overburdened compared to their colleagues (40%) The alternative was "Yes", and at item number "8" the highest percentage was estimated B (90%) It is those who feel tired with the end of working time while the low percentage is estimated b (10%) for the alternative "No", and in item 9 the ratio 80% are overworked and the remaining category is who answered "no". (20%) The proportion (10) of their functional responsibilities is not specified in item (57%). The remaining category is "not their ratio (20%)". Clause 11 is the high ratio of the alternative "yes". The working rules and procedures are unclear by 73%. The remaining proportion of the alternative "no" by 27%. Clause 12 is the high ratio of the alternative "yes". I lack ears on my proposals for action. (63%) The remaining proportion of the alternative is "no" by (37%), and in "13" it was (53%) They are answers to "Yes" I receive contradictory directives from different parties while the remaining category I answer by a percentage (47%), as for the last item of this axis, we note equal ratios. (50%) For both "yes" and "no" alternatives that I do tasks that I feel are unnecessary.

Responses to study vocabulary towards the focus of personal sources:

		yes		no		
Axis	**Items**	**Repetition**	**Percentage**	**Repetition**	**Percentage**	المجموع
	ems	12	40%	18	60%	100%
	1. I feel pessimism from the future	24	80%	6	20%	100%
	2. I feel satisfied with myself	26	87%	4	13%	100%
	3. Feel joy during paid vacation	18	60%	12	40%	100%
personal sources	4. I can control my feelings and emotions	8	73%	22	27%	100%
	5. I feel like I'm getting enough sleep.	7	23%	23	77%	100%

I feel like I'm getting balanced food.	17	57%	13	43%	100%
7. Feel tired without effort	21	70%	9	30%	100%
8. I am satisfied with my duties in my daily life	20	67%	10	33%	100%
9. Enjoy my daily life with my family	19	63%	11	37%	100%
I feel like I'm worried about my health.	19	63%	11	37%	100%
		62%		38%	

Table No. (02): Represents the responses of nurse sample individuals towards after personal sources.

Comments on the table:

Table No. 02 shows the proportions of personal sources' impact on the presence of stress; We see that there are responses that have shown that personal sources have to do with occupational stress, but there are responses that have confirmed the contrary. The responses of individuals in favour of the variance are once "yes", once "no", where the ratios are 62% for "yes", and the remainder is "no", at 38%, as shown by the following items:

The high percentage in item (01) estimated at 60% is not pessimistic of the future; The category that answered (yes) was 40%, and item (02) was estimated to be B. (80%) who feel satisfied with themselves, the remaining category are those who answered B (No) Their ratio (20%) and in item No. (03) it is estimated that the ratio is (87%) those who feel joy during paid vacation and those who answered b (No) Their proportion is estimated at 13%. At item number (04), 60% were those who could control their feelings and emotions, while the remaining percentage was estimated at B. (40%) they answered b (no), and in item No. (05) the ratio was It is 73% who feel that they are getting enough sleep, while the remaining percentage who answered b (no) was 27%;

Item 06 (77%) is individuals who do not have access to balanced food. The remainder is the proportion of individuals who responded with (Yes) B (23%), and at item No. (07) the response of individuals feeling tired without effort was 57% The remaining percentage, estimated at 43%, was for individuals who answered B. (No), in item No. (08), the ratio was 70% for individuals who were satisfied with the performance of their duties in their daily life, while the remaining percentage was for those who answered B. (No) Their ratio was estimated at 30%, while clause 9 was the ratio of 67%. They are the individuals who enjoy their daily lives with their family. The remaining category are the respondents. (No) and their proportion (33%), and at item (10) the proportion was (63%) for those who felt concerned about their health and the remaining proportion for those who answered B (No) Their ratio was 37%. Finally, clause 11 (63%) comes to individuals who find it difficult to organize their time with their family unlike the other category of respondents B (No) by an estimated 37%.

Discussion and interpretation of results:

1) Discussion and interpretation of the results of the first axis "Organizational sources":

Through Table No. 01, which relates to the responses of sample individuals on the first axis, it is represented by organizational sources, that nurses at the Hospital of Mental Illness "Abubakar Al-Razi" were most of their responses by alternative "Yes", as illustrated by the overall percentage of the axis (62%).

This is due to the nature of the tasks and work they do because the requirements of the profession require them to work long hours, which imposes on them a physical effort, physical and psychological strength and long patience because they deal with individuals with mental imbalance. These frequent work situations become a normal thing that creates boredom and anxiety as a result of repeating the same tasks. This in turn leads the disease to occupational stress and this is referred to in Section No. "8", "5" and the satisfaction we have reached with the patients for the alternative. "Yes" to item "5". I do routine and alternative work. (8) "I feel tired with the end of my work", as confirmed by the 2018 Amima Annab study entitled "Practical strain of female administrative staff"The results have come up with the most influential sources of stress on my workload. (Working for long hours and high burdens), in addition to the poor nature of the relationship with superiors and supervisors at work, this is evidenced by the lack of nurses' participation in decision-making and their urgent tasks, which found it difficult to put forward proposals on business matters, and this is confirmed by both the item The "2" that "I have difficulty communicating with my employers." Item 12, "I lack ears for my proposals for action" This is what made nurses suffer from professional psychological stress and because they felt that their personality was erased and their sense that they did not have an entity in the workplace. Any machine is ordered to be carried out and only, and this is confirmed by a naval study entitled 2009 "The relationship of strain with expatriate doctors working at Shalghum Eid hospitals"To conclude that there is a positive and strong correlation between professional stress and professional alienation of doctors working in public hospitals and the weakness of this relationship with the absence of the nurse's proper how to carry out their tasks leads them to mistakes at work, which may have serious consequences, such as infecting one of the individuals in this section of the patient if the nurse does not intervene properly at the right time. This imposes on them a sense of responsibility, especially for the nature of the profession, which leads to occupational stress and this is what each item refers to. "4" in which nurses received the alternative "Yes": "Making the wrong decisions has serious consequences." Item 11, "Rules and procedures for work are unclear" This is also what appeared in the 2018 Amima Javab study to perform tasks that had never been trained before.

In general, organizational sources of occupational stress confirm a necessary consequence that stress

The actual occupation has to do with the nature of the profession and the working environment. By presenting the results and interpreting them on

Light of the first objective of detecting organizational sources of occupational stress in the Urgency Section

The psychiatric hospital has been investigated. Discussion and interpretation of the results of the first axis "Personal sources":

Through Table No. (02) which shows the results of personal sources of occupational stress of patients of the Hospital of Mental Illness or Bakr Al-Razi which recorded 62% of responses B "Yes" and 38% B "No". These responses emphasized the existence of some personal sources that generate stress only the results obtained. Many of them do not improve the handling of everyday and personal life and reconciliation with working life for reasons of their sense of joy during paid holidays, i.e., not thinking about salaries when taking a holiday that results in psychological comfort and vice versa. (nurses), also one of the personal reasons why they suffer from stress. Nurses feel that they do not have access to balanced food, i.e. physical mental health is affected by the body's lack of the energy, vitality and activity it needs to do their job to the fullest; One of the reasons is also exhaustion without effort. This is due to the constant and lasting thinking of the future and the lack of coexistence with the present or reality, which results in psychological fatigue that physically affects the nurse and his work.

One of the personal causes that affects the nurse and generates stress is workers' preoccupation (Nurses) about their health, i.e. not relying on their health and being preoccupied with it, which adversely affects the nurse The latter requires mental focus and physical activity to carry out their duties. It is also a reason to allocate time with the family

to engage in working and external life. This creates an emotional and spiritual shortage for the sick, and they become like machines doing daily work. Practical fatigue with his family. This is the role of the family in embracing its members of the outside world and its daily suffering. Therefore, every worker or nurse must organize more time for the family to forget little about working life and pressure it to reduce the burden and fatigue on workers and nurses; Although the results and explanations presented illustrate the relationship between occupational stress and personal causes and the latter's impact and role in the appearance of stress, the second goal has not been achieved at a high rate, i.e. the results obtained are not the results to be achieved.

General conclusion:

Through the statistical treatment of findings, this study concluded that there are organizational and personal sources of occupational stress that suffer from the nurses of the Emergency Department of Abu Bakr al-Razi Annaba Hospital, applying descriptive statistical methods (percentages). The general results according to the objectives are:

1) Achieve the objective of organizational sources (disclosure of organizational sources of the Department of Urgencies of the Hospital of Mental Illness Abu Bakr al-Razi Annaba) i.e. nurses suffer from the existence of organizational sources of occupational stress.

2) The second objective of personal sources (disclosure of personal sources of the Department of Urgencies of the Hospital of Mental Diseases Abu Bakr al-Razi Annaba) was not achieved, i.e. nurses do not suffer from personal sources of professional stress.

Conclusion

In conclusion, hospital emergency nurses suffer from many pressures that cause them so-called occupational stress. The latter is due to the quality of the source, whether organizational or personal. This has led us to choose this subject, namely the organizational and personal sources of professional stress of the emergency department nurses of the Hospital of Mental Diseases Abu Bakr al-Razi.

The results of the study were as follows:

Nurses suffer from organizational sources of professional stress in the Emergency Department of the Hospital of Mental Diseases Abu Bakr al-Razi Annaba.

Nurses do not suffer from personal sources of professional stress in the emergency department of the hospital of mental Diseases Abu Bakr al-Razi Annaba.

In the light of these results, we have made a number of recommendations and suggestions:

Make more studies and scientific research that are concerned with the topic of occupational stress facing nurses in the Department of Urgencies because their disregard increases their negative effects on them, which adversely affects their performance at work.

The need to take care of the nurses category of the Department of Urgencies of the Hospital of Mental Diseases Abu Bakr al-Razi Annaba through the contribution of specialists in the construction of outreach programmes that contribute to alleviating the professional stress to which they are subjected.

Care to improve working conditions by reviewing the system of assignment and providing the right guidance to do the work.

Propose further studies and research in this field on different and larger samples and in multiple sectors (economic, service, security...).

Methodology

This research adopts a descriptive-diagnostic design grounded in quantitative analysis. A self-administered questionnaire comprising 25 items was developed, structured into two primary domains:
• Axis I: Organizational sources of stress (14 items)—covering workload intensity, managerial communication, scheduling patterns, lack of resources, and administrative support.
• Axis II: Personal sources of stress (11 items)—addressing emotional fatigue, family obligations, interpersonal conflicts, and personal health concerns.

The study was conducted on a comprehensive sample of nurses (n = all available staff) working in the Emergency Department of Abu Bakr al-Razi Psychiatric Hospital. Statistical processing employed percentage-based descriptive analysis to determine the prevalence and intensity of stress factors within each axis. The research procedure followed ethical standards ensuring voluntary participation, confidentiality, and anonymity of respondents.

3. Findings and Discussion

Findings revealed that organizational sources were the predominant contributors to occupational stress among nurses. These included hierarchical rigidity, inadequate human resources, ambiguous job descriptions, and administrative overload. Such factors led to increased emotional strain and decreased motivation. On the other hand, personal sources, such as external family issues or personal conflicts, had a lesser impact. These outcomes align with previous research emphasizing that stress in emergency departments is often system-driven rather than personality-driven, indicating the need for institutional interventions—including improved work design, supportive supervision, and ergonomic adjustments—to sustain nurses' mental health and work satisfaction.

4. Ethical Considerations

All participants provided informed consent prior to data collection. The research was conducted under the supervision of the Laboratory for Work Analysis and Ergonomics Studies (E0979500) at Badji Mukhtar Annaba University, in accordance with institutional ethics guidelines and the Declaration of Helsinki (2013) on human subjects research. No identifying data were disclosed, and participation was entirely voluntary.

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7. Conflict of Interest Statement

The authors declare no conflict of interest concerning the conduct, interpretation, or publication of this research. All data and conclusions are presented independently and objectively.

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Supplements

questionnaire

axis	Items
	1. I find it difficult to concentrate while doing my job
	2. I find it difficult to communicate with my employers
	3. I find it difficult to organize time in my work
	4. Making erroneous decisions has serious consequences

Organizational sources	5. I do routine work
	6. I do difficult tasks beyond my abilities
	7. I suffer from my increased burden compared to my colleagues
	8. I feel tired with the end of my work
	9. Working long hours strains me
	10. My job responsibilities are unspecified
	11. The working rules and procedures are unclear
	I lack ears on my proposals for action
	13. I receive contradictory directives from different parties
	14. I do tasks that I feel are unnecessary
Axis	**Items**
personal sources	ems
	1. I feel pessimism from the future
	2. I feel satisfied with myself
	3. Feel joy during paid vacation
	4. I can control my feelings and emotions
	5. I feel like I'm getting enough sleep.
	I feel like I'm getting balanced food.
	7. Feel tired without effort
	8. I am satisfied with my duties in my daily life
	9. Enjoy my daily life with my family
	I feel like I'm worried about my health.