

Psychosomatic Disorders Among Female University Lecturers (A Field Study at Mohamed El Bachir El Ibrahimi University, Bordj Bou Arreridj)

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Abstract:

The study aimed to identify the relationship between psychosocial conflict and psychosomatic disorders among a sample of female university lecturers at Mohamed El Bachir El Ibrahimi University, Bordj Bou Arreridj. The study also sought to determine if there was a correlation between pressures resulting from the overlap between work and family roles and the appearance of physical symptoms of psychological origin in this group. To achieve its objectives, the study employed a descriptive correlational approach on a sample of sixty female university lecturers. The results showed a positive relationship between the two variables, highlighting the importance of addressing the pressures faced by working women to maintain their physical and psychological health

Keywords: Psychosomatic Disorders, Female University Lecturer

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1- Introduction

Occupational pressures constitute a part of the various pressures individuals face in their lives. Some have identified two primary sources of stress: work demands and the individual's personal factors. Several studies have also indicated that psychological pressures in the work environment generally manifest through employees' experience of psychological burnout.

The university teaching profession is classified among stressful professions. Many studies have shown that teachers are more exposed than others to psychological pressures and conflict due to the profession's characteristics, such as role ambiguity, numerous conflicting demands, and continuous exposure to stressful situations (Al-Mashaan, 2000, p. 67).

Working women live within various environments, differing in their types, status, and repercussions. By nature, humans influence and are influenced, which generates pressures and psychological conflicts that intensify with the advancement and development of urban civilizations and technology, as well as practical demands) Askar, 2000; Al-Ghurair & Abu As'ad, 2009 .(Studies have proven that working women are exposed to various types of conflict, meaning that a woman's entry into the workforce can increase her burden in addition to the responsibilities of her family life) This leads to an increase in her overall responsibilities, and consequently, we expect an increased exposure to stress and a negative impact on her psychological and physical state as a result(Owaida, 1999).

Spielberger, Boyd et al. emphasize that female workers who lacked social support during their painful experiences were characterized by job insecurity, low self-confidence, and a feeling of constant anxiety. These combined factors contributed to greater work stress among female workers than among male workers. Furthermore, Boyd et al.'s study confirmed a significant positive correlation between psychological pressures on female workers and their incidence of psychosomatic disorders (Al-Mashaan, 1998, p. 136).

These psychosomatic disorders are conditions where physical changes and problems are primarily attributable to emotional disturbances resulting from the accumulation of tension, A psychosomatic disorder occurs .(Al-Issawi, 1994) anxiety, frustration, repression, and guilt due to an individual's inability to achieve psychological adjustment in response to the pressure they experience in various aspects of their life in general, and the academic profession in This leads to an imbalance in mental and .(Feng, 2022 & Al-Mashaan, 2000; Zhu) particular psychological equilibrium, manifesting as ailments affecting the digestive system, respiratory (Owaida, 1999; Kavitha et al.p65) system, skin diseases, and other psychosomatic disorders

Among the professions most susceptible to psychological pressures is university teaching in the higher education sector. American statistics indicate that over 50% of individuals suffer from symptoms of psychosomatic disorders, and 75% of these individuals suffer from stress-induced diseases such as ulcers, stomach disorders, rapid heartbeat, severe headaches, migraines, high blood pressure, and back pain. A large percentage of this group consists of school teachers and university professors (Al-Ghurair, , 2009, p. 15).

Numerous studies have confirmed that the psychological life of professors is characterized by psychological maladjustment and many problems and burdens associated with this profession, including rights and duties, the necessity of adhering to higher education ethics, scientific and cultural rigor, working to produce and disseminate scientific culture while embodying research results with students, and disseminating scientific and technical information, in addition to administrative and official tasks and increased working hours under special circumstances. This was confirmed by Nasser Eddine Zebdi's study in Algeria

(2004), which revealed that nearly two-thirds of teachers suffer from various diseases and continuously experience them. Regarding the mental health of Algerian university professors, there is a high prevalence of diseases linked to teaching sessions, such as allergies, eye diseases, and vocal cord issues, and particularly the problem of contracting large intestine disease (colitis) resulting from psychological stress and work-related exhaustion (Abbasa, Amina, 2018).

The variable of psychosomatic disorders represents one of the areas that has attracted the attention of some researchers because it has physiological effects that impact organs, leading to organic diseases that have become a hallmark of the modern era. Many physicians specializing in psychosomatic medicine believe that continuous exposure to states of tension or stress is the primary factor for developing organic diseases (Askar, 2003, p. 26).

From this, we pose the following problem:

Is there a significant correlational relationship between psychosocial conflict and psychosomatic disorders among working women, and what is the nature of this relationship?

1.1- Hypothese:

There is a significant correlational relationship between psychosocial conflict and psychosomatic disorders among working women.

1.2-Study Objectives:

Identify the relationship between psychosocial conflict and psychosomatic disorders among working women.

1.3- Study Significance:

The importance of this study lies in the following:

- ✓ Highlighting the extent of suffering faced by working women due to exposure to work pressures, which may lead to a negative impact on their performance, productivity, and physical and psychological health.
- ✓ Drawing the attention of specialists to this type of disorder and including it in the list of occupational diseases across all sectors, especially the higher education sector, and devising appropriate strategies to mitigate its effects and preserve the physical and psychological health of working women.

Through this study, we can also identify:

- The extent of the correlation between psychological and professional pressures and psychosomatic disorders among an important sample or segment of society, namely higher education professors.
- The types and characteristics of psychosomatic disorders suffered by female university lecturers.

1.4- Operational Definitions of Study Concepts:

1. **Psychological Conflict:** It is the score obtained by the female university lecturer on the Psychological Conflict Scale.
2. **Psychosomatic Disorders:** It is the score obtained by the female university lecturer on the Psychosomatic Disorders Scale.
3. **Working Woman:** She is a woman who works within Algerian institutions (Mohamed El Bachir El Ibrahimi University, Bordj Bou Arreridj), meaning she performs additional work beyond her usual primary role in society (as a housewife), for which she receives wages. This work may be intellectual or physical, and thus she experiences role multiplicity.

2- Method and Tools:

2.1-Study Methodology:

The present study adopted a descriptive-analytical approach, considering it the most suitable methodology for studying psychological and social phenomena as they exist in reality. This approach aims to describe and analyze these phenomena and to infer possible relationships between them. Specifically, this methodology was utilized to describe the nature of psychosocial conflict experienced by working women and the extent of its correlation with the emergence of psychosomatic symptoms.

The descriptive approach involves collecting both quantitative and qualitative data about a phenomenon under study for the purpose of analysis and interpretation. This process leads to the extraction of results, helps in understanding the phenomenon's nature and characteristics, identifies relationships between it and other phenomena, and ultimately allows for the drawing of generalizations (Al-Tijani, 2010, p. 270).

2.2- Study Population:

The study population consists of **working women within the university environment**, including both **female university lecturers** and **women holding administrative positions** (secretaries, administrative assistants, administrative service staff, etc.).

2.3- Study Sample

The study sample consisted of **60 working women** (university lecturers), distributed as follows:

The study relied on a **purposive sample**, with participants selected based on specific criteria relevant to the research topic. These criteria included being a working woman at the university and not being on long-term leave or experiencing a critical health condition.

2.4- Study Limitations

1. **Geographical Scope:** The geographical scope of this study was limited to **Bordj Bou Arreridj University**.
2. **Timeframe:** Data for this study was collected during the **2024/2025 academic year**.

Human Subjects: The studied sample was limited to **female employees in the higher education sector** within the specified universities, specifically **female university le** A researcher must effectively choose the necessary tools to collect all data related to their

research topic to ensure it's comprehensive and covers all aspects. The practical value of research findings in any scientific field largely depends on the nature of the data collection instrument used and its level of adequacy (Zidan, 1974, p. 192).

2.4 Therefore, the following instrument was used in this study:

The Questionnaire:

It's defined as a data collection tool related to the research topic, consisting of a form containing a number of questions arranged in a suitable logical manner, distributed to specific individuals for completion (Ribhi Mustafa, 2000, p. 82).

The designed questionnaire consists of three main sections:

a. Demographic Data This section includes a set of open-ended and closed-ended questions related to the respondents' characteristics, such as: **age, marital status, number of children, and years of experience.**

b. Psychosocial Conflict Scale This scale was developed to measure levels of psychosocial conflict among working women. It contains a number of statements covering various dimensions such as:

- Tension between professional and family roles
- Pressure resulting from work relationships
- Feeling of lack of appreciation or injustice
- Mental distraction and social anxiety

A **five-point Likert scale** was adopted for responses, ranging from **(1 = Strongly Disagree)** to **(5 = Strongly Agree)**.

c. Psychosomatic Symptoms Scale This scale measures the extent of physical symptoms of psychological origin appearing in the respondents, such as:

- Chronic headaches
- Stomach disorders
- Insomnia
- Breathing difficulties
- Muscular pain

A **Likert scale** was also used to assess the frequency of symptom appearance, ranging from **(1 = Never)** to **(5 = Always)**.

- Validity and Reliability of the Instrument:

To ensure the questionnaire's validity, it was presented to a group of professors specialized in psychology and sociology for **face validity assessment**. Additionally, the **Cronbach's Alpha reliability coefficient** was calculated after the pilot application, and the values fell within scientifically acceptable limits.

- Instrument Administration Procedures:

The questionnaires were distributed directly to the selected sample within university premises. An electronic version was also provided to some participants who could not attend in person.

The questionnaires were completed within a specified period, ensuring **confidentiality and privacy**. Participants were assured that their responses would be used for scientific purposes only.

2.5- Statistical Methods:

- Statistical Data Processing:

After collecting the questionnaires, the data was entered into **SPSS software**. A range of statistical methods were then employed:

a. Descriptive Statistics:

- Frequencies and percentages
- Arithmetic means
- Standard deviations

b. Inferential Statistics:

- **Independent Samples T-test:** Used to compare the means of psychosocial conflict and psychosomatic symptoms between female lecturers and administrative staff.
- 3. **Pearson Correlation Coefficient:** Used to examine the relationship between scores of psychosocial conflict and the degree of symptom manifestation.

3- Results and Discussion:

A researcher must effectively choose the necessary tools to collect all data related to their

3.1- Presentation and Analysis of Study Hypothesis Results:

Is there a significant relationship between psychosocial conflict and psychosomatic disorders among a sample of working women?

Table (01): Correlation Coefficients Between Psychosocial Conflict and Psychosomatic Disorders

Variable	Sample (N)	Mean(M)	Std (s d)	Pearson correlation
Psychosocial Conflict	60	3.45	0.85	1
Psychosomatic Disorders	60	3.12	0.78	0.68**
Relationship between Conflict & Psychosomatic Disorders	60	Pearson Correlation Coefficient	0.68	0.01 (Significant)³

Source: (**) Statistically significant at the 0.01 level spss

Analysis of Table No. (01):

The coefficient of **0.68** indicates a **moderate to strong positive correlation** between psychosocial conflict and psychosomatic disorders, which supports the study's hypothesis.

Psychosocial Conflict: Recorded a mean score of **M = 3.45** with a standard deviation of **SD = 0.85**.

Psychosomatic Disorders: Recorded a mean score of **M = 3.12** with a standard deviation of **SD = 0.78**.

These figures suggest a moderate to high prevalence of both variables within the study group, with relatively low dispersion, indicating consistency in the participants' responses.

Correlational Analysis (Pearson Coefficient)

To examine the relationship between the two variables, a Pearson Correlation test was utilized. The results revealed a **Pearson Correlation Coefficient of 0.68**.

Strength and Direction: There is a **strong positive correlation** between Psychosocial Conflict and Psychosomatic Disorders. This implies that as the levels of psychosocial conflict increase, the symptoms of psychosomatic disorders tend to increase as well.

Statistical Significance: The relationship is statistically significant at the **< 0.01** level. This means there is a less than 1% probability that this result occurred by chance, confirming a robust psychological link between the two constructs.

The findings support the hypothesis that **Psychosocial Conflict** is a significant predictor of **Psychosomatic Disorders**. The high correlation coefficient suggests that a substantial portion of the variance in psychosomatic health can be explained by the presence of psychosocial stressors.

3.2-Discussion of Study Hypothesis Results:

The results of the current study revealed a moderate to strong relationship between psychosocial conflict and psychosomatic disorders among the sample of working women in

the higher education sector in Algeria. This finding suggests that higher levels of psychosocial conflict experienced by this group are significantly associated with an increased likelihood of the onset and exacerbation of physical symptoms and disorders of psychological origin.

This result aligns with numerous models of psychological stress and tension that emphasize the pivotal role of chronic psychological and social pressures in impacting physical health. Continuous exposure to various sources of conflict in the work environment and personal life can lead to the depletion of individual resources, causing an imbalance in physiological equilibrium, and consequently increasing susceptibility to psychosomatic disorders.

The observed moderate to strong relationship can be interpreted by considering that factors associated with working in the higher education sector, such as the burden of teaching, research, and administration, in addition to the challenges of balancing work and family life, can represent significant sources of psychological stress that ultimately manifest as physical symptoms in working women.

As we know, Selye identified stress in three stages: the **alarm stage**, a rapid phase characterized by the body's mobilization, where the individual's greatest perceived threat is defined, activating the sympathetic nervous and glandular systems. This necessitates increased energy production to confront difficult situations and is accompanied by a behavioral response aimed at escape (Nasser Eddine, 2003, p. 67). The **resistance stage** sees the disappearance of changes that appeared in the first stage and the emergence of other changes indicating adaptation. Finally, the **exhaustion stage** is characterized by prolonged exposure to stress, which leads the organism to deplete its energy during resistance, slowing down the activities of body systems and, in rare cases, potentially leading to death (Owaidat, 1997, p. 36).

Our study's results are consistent with Sultan Owaida's study, which sought to identify the relationship between increased exposure to work pressures and the incidence of psychosomatic disorders among male and female workers in the teaching sector. This study, conducted on a sample of 30 workers (10 male and female workers from each of the aforementioned teaching sectors), found a correlational relationship between work pressures and the incidence of psychosomatic disorders among workers in the teaching sector (Sultan Owaida, 1999, p. 238).

Spielberger's theory posits that anxiety is a necessary precursor to understanding stress, identifying two types of anxiety: **trait anxiety**, which is a natural predisposition or tendency that makes anxiety dependent on stressful circumstances and causes stress; and **state anxiety**, which does not occur with trait anxiety. Spielberger's theory primarily focused on the environmental framework as stressors and distinguished between anxiety, stress, and threat. On this basis, Spielberger connects state anxiety with stress and excludes trait anxiety from this connection, as trait anxiety is an inherent personality characteristic of the individual (Jabali, 2012, p. 56).

Furthermore, our findings align with Yousef Mohammed's study, which investigated a sample of 189 male and female teachers to identify the most significant psychological pressures they face, determine the differences between male and female teachers in their experience and ranking of psychological pressures, and identify their counseling needs. The study concluded that factor analysis, after orthogonal rotation of axes, revealed manifestations of psychological pressures, namely: administrative pressures, student pressures, teaching pressures, and pressures related to peer relationships. The results also showed that administrative pressures ranked first, followed by student pressures, then teaching pressures,

and finally peer-related pressures (Ziyad Al-Tahaine et al., 2008, p. 230). Research has shown that chronic stress reduces the body's ability to resist diseases and increases their effects. The impact of stress depends on its severity, persistence, and the likelihood of exposure. Moreover, continuous stress can often lead to a specific physical response based on the individual's weakness or what can be called the 'weakest link' (Jum'a, 2007, p. 33).

Additionally, all life pressures have become a significant burden on the individual, stemming from the new civilization that individuals must keep pace with to achieve their ambitions and hopes. Thus, individuals move with rapid and accelerating steps; otherwise, a rift will occur within their psyche due to the conflict between the stressful situation with all its dimensions and demands, and the coldness of response. Grief that finds no outlet in tears can cause an individual's internal organs to develop what is known as stomach ulcers, underscoring the difficulty of addressing an individual's psychological state in isolation from their physical state (Samah El-Sayed, 2006, p. 224). Similarly, our study's results aligned with Nasser Eddine Zeidi's study titled "Psychosomatic Diseases Among University Professors." This descriptive study, conducted on a sample of 300 participants distributed across various universities in the wilayas of Algiers, found moderate to high levels of psychosomatic disorders among university professors. Three factors were identified as causing these diseases, categorized into groups including psychological stress, weak cognitive background, lack of control, poor professional adjustment, and emotional instability.

The manifestations of work's impact on women include their continuous feeling of fatigue and exhaustion, as they must perform all their domestic duties during the hours spent at home in addition to long working hours, regardless of the type of work and its intellectual or muscular demands. Consequently, they experience significant and recurrent daily fatigue and exhaustion, which is considered a direct negative health effect (Al-Naqoula, 2011, p. 96). Work-related exhaustion, especially physical labor, affects the physiological characteristics related to femininity—those traits distinguishing women in their behavior and physical and psychological makeup. While women's work is a necessity, it may diminish their femininity (Camilia Abd El-Fattah, 1990, p. 228). It also has negative psychological effects, such as the wife's inability to fulfill her obligations towards her husband and satisfy his emotional, psychological, and material needs, the blurring of roles, or conflict over power and family decision-making. The husband's conviction that the home is the best place for her may stem from the wife's shortcomings in her domestic duties due to the unavailability of alternative services to alleviate household burdens. This shortcoming poses a threat to the continuity of the marital relationship between them, perhaps explaining the high divorce rates among working couples (Khalaf, 2016, p. 144). All these factors expose her to psychosomatic disorders as a result of psychosocial conflict.

4- Conclusion

This study highlights the crucial importance of recognizing the **intricate link between the psychological and physical aspects of working women's health**. It underscores the necessity of adopting a **holistic perspective** aimed at enhancing their well-being and empowering them in their various roles, which will positively reflect on their health, productivity, and effective contribution to society.

These findings affirm the need to prioritize the **mental and physical health of working women**, providing them with essential support at individual, institutional, and societal levels. Based on these results, the study recommends adopting strategies designed to **alleviate the sources of psychosocial stress** faced by working women, **strengthen their coping mechanisms**, and foster **supportive and flexible work environments** that accommodate their diverse needs. Furthermore, the study calls for more in-depth research to gain a deeper

understanding of this relationship and to explore the most effective therapeutic and preventive interventions.

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