

The Most important problèmes facing the clinical psychologist in Laghouat Hospital

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Houria Bouras ¹ Maroua Rogti ²

¹ Ecole Normale Supérieure Taleb Abderrahmane Laghouat, Algeria

Email: dr.bouras@ens-lagh.dz

² Ecole Normale Supérieure Taleb Abderrahmane Laghouat, Algeria

Email: Om_abderrahmane@yahoo.fr

Abstract:

This study aims at identifying the level of ambiguity of the role of the clinical psychologists at the hospital of Laghouat, the researcher applied Woodman (1985) scale of ambiguity of the role on a research sample which consists of (05) Psychotherapists, In addition to the interview as a second tool for collecting the data, using the Descriptive Approach, the study concluded with a set of results which evoke that there is an average level of role ambiguity among clinical psychologists towards their job setting. Also, there is a difference in the level of ambiguity of the role among clinical psychologists due to the variable of seniority, and the variable of a permanent/temporary position.

Keywords: Work problems; Clinical Psychologists; role ambiguity.

Corresponding Author: Houria Bouras, Email: dr.bouras@ens-lagh.dz

1. Introduction:

The clinical psychologist works in the field of psychic health within a multi-action team which often consists of a good number of specialists, always led by a doctor specializing in certain diseases that change according to the place or interest of the work of the clinical psychologist. For instance, if the clinical psychologist is attached to the Department of Psychiatry, the specialist who moderates a team, his job is a psychiatrist, while if the clinical psychologist undertakes his work in the field of hemodialysis and kidney diseases for example; the specialist who monitors the work team is the nephrologist, and so on. The work team also includes a general physician, a social worker, an orthopedic specialist, and a nurse, and the circle of affiliation expands whenever the team needs other specialists who will benefit and helps the patients whose recovery and comfort the former team ensures.

The provision of psychic health services is based on integrated teams from different disciplines whose members manage to ensure prevention, treatment, counseling and rehabilitation services. Given the overlap in roles between workers in this field, the problem of identifying the professional roles of workers in the field of psychic health has remained controversial, and still has negative consequences for psychic health services. The first goal of the therapeutic team is to perform its job in the best conditions and to the fullest. This objective cannot be achieved unless each member has a clear and particular vision of his role and tasks, especially if the role

theory teaches us that ambiguity in the role and tasks support and increase the possibility of the member's dissatisfaction with his role within the team, which may lead to weak achievement.

2. -Problem of the Study

Clinical Psychologists spend most of their regular time engaged in assessment, psychotherapy, research, teaching, consultation, and administration. Clinicians are employed in a variety of settings, including individual and group practices hospitals of various types, community psychological health centers, college and university psychology departments and medical schools, government agencies, private corporations, and others. In those settings, they see patients from a variety of cultural backgrounds, and with a variety of problems.

On the other hand, the concept of the role is one of the important concepts and basic dimensions for the success of the individual in his job and for performing it in the best way. Kohut&Wicherski (2010) define the role as a social way of behaving in a particular situation practiced by any person occupying a career or social position. Ultimately, the role is viewed as the part that the individual plays in the work environment. The role in this sense is considered a considerable issue in the diagnosis because, it relies on how the individual behaves in the role assigned to him and on the assessment of his actions prior to these assumptions (Baron, 1999). The identification of the role played by the psychologist is significant because his distinct awareness of his role tasks leads to the productiveness of clinical practice, whether in diagnosis, non-

pharmacological psychotherapy, or psychological counseling (Al-Malki and Juan, 2018). The problem of the current study is determined by the following questions:

- What is the level of role ambiguity among clinical psychologists working in Laghouat Hospital?
- Is there a difference in the level of role ambiguity among clinical psychologists working in Laghouat Hospital due to the variable of seniority?
- Is there a difference in the level of role ambiguity among clinical psychologists working at Laghouat Hospital due to the variable of permanent/temporary position?

3. -Hypotheses

Basd on the theoretical framework and previous studies, the researchers were able to formulate the following hypotheses:

- We expect that the level of role ambiguity among clinical psychologists working at Laghouat hospital is high.
- There is a difference in the level of role ambiguity among clinical psychologists working at Laghouat hospital due to the variable of seniority.
- There is a difference in the level of role ambiguity among clinical psychologists working at Laghouat hospital due to the variable of a permanent/temporary position.

This study aims to examine the roles assigned to the clinical psychologist according to Algerian laws. It also aims at identifying the levels of ambiguity and clarity of the role, and

diagnosing the differences in the level of ambiguity of the role of clinical psychologists working in Laghouat hospital according to the variables of seniority and work experience, and according to a permanent/temporary position. The importance of the study can be clarified in highlighting the field difficulties that many clinical psychologists may face through psychological practice, and trying to overcome them by proposing solutions to reduce them through providing a working atmosphere which permits for a meaningful and successful psychological practice.

4. Explain the concepts of study

Clinical Psychology

For the years prior to 1890, there is indeed very little in the history of clinical psychology to break it away from the history of abnormal psychology or, as Zilboorg and Henry (1941) referred to it as, “medical psychology”. One can certainly go back to Greek philosophers such as Thales, Hippocrates, or Aristotle who, long ago, were thinking about individuals and the nature of thought, sensation, and pathology (Shaffer & Lazarus, 1952). In 1896, Leibniz Whitmer founded the first psychiatric clinic at the University of Pennsylvania, in which children who had learning difficulties or abnormal behaviors were treated in school.

According to Resnick (1991), the field of clinical psychology involves research, teaching, and services pertinent to claiming principles and procedures for understanding and predicting, intellectual, biological, psychological, social and behavioral non adaptation and disability employed to a wide range of patients. (p. 07) According to the American Psychological Association’s Division of Clinical Psychology, clinical psychology “focuses on the

intellectual, emotional, biological, social, and behavioral aspects of human functioning across the life span, in varying cultures, and at all socioeconomic levels” (American Psychological Association, Division, 12, 2012). Clinical psychology is both rigidly scientific and deeply personal; it demands individuals acceding to the field have a strong and sympathetic interest in human beings. Witmer (1907) predicts clinical psychology as applicable to individuals of all ages and with a variety of identified problems.

Clinical Psychology as health service sub-branch permits its practitioners to receive particular training. Sarason&Sarason (1984) define a Clinical Psychologist as a highly educated, psychologist, often holding doctorate degree. He is specialized in abnormal behavior and trained in the diagnosis of personality disorders and some mental disorders of inorganic origin. Holmes (1994) identifies a clinical psychologist as “a person who has obtained a doctorate degree in clinical psychology, and who also has sufficient training in the clinical field to be able to diagnose and treat mental disorders”. The ideal clinical psychologist must obtain a doctorate degree in clinical psychology. Norcross & Sayette (2012) declare that about two thousands and eight hundred clinical psychologists are awarded yearly. Clinical psychologists are often depicted as inspirations of social compliance, or stricken healers, and the techniques by which they help patients are hardly depicted rigorously (Orchowski et al., 2006).

5. Role of Clinical Psychologists

Clinical psychologists are engaged in wide range of professional practices, while psychotherapists are highly given the opportunity to do so. As with work environments, this return is valid today, and has been existent since the 1970's (Norcross & Karpiak,

2012). The clinical psychologist has many roles, some of which are fundamental and some are minor. Occasionally, Goldenberg has identified the roles played by the clinical psychologist. Therapy is the activity that very often engages the ordinary clinical psychologist's efforts and to which the most time is allocated (Trull and Prinstein, 2013). A clinical psychologist will usually make a decision about diagnosis approach with a comprehension of the evidence basis and awareness of what works for whom (Roth and Fonagy, 2005).

Most clinical psychologists hold professional licenses and supply psychotherapy treatment, but not all do. Non-practitioners also must receive formal educational requirements and follow professional codes of performance and regulations (Norcross et al., 2002). The most considerable peculiarity characteristic of clinical psychologists is referred to as the clinical attitude or the clinical approach (Korchin, 1976). Many clinical psychologists work in hospital environments. They may conduct psychological testing, and supply individual, or group psychotherapy. They act as a consultant to other psychic health on psychiatric or common medical hospital unit (Roberts and Ilardi, 2003). All clinicians engage in assessment of one form or another. As the substance of clinical psychology has always been its emphasis on assessing divergence and variance among individuals (Julien, 2011).

6. Duties of the Clinical Psychologist According to the Algerian Legal Texts

In addition to having a degree from a commissioned institution, practitioners of clinical psychology must be certified by state and national agencies. The clinical psychologist in the current study means a person who has at least a bachelor degree in clinical psychology, and works in a mental health hospital affiliated with the Ministry of Health, or for other governmental sectors in Algeria. This person must be able to contribute to the process of diagnosis and

psychotherapy by applying and interpreting psychological tests, studying individual cases and conducting clinical interviews.

Table1.FirstChapter(The Corps of Clinical Psychologists Affiliated with Public Health)
with Public Health)

	The corps of specialists in clinical psychology includes two ranks:
Article 17	1. Rank of specialist in clinical psychology of public health 2. Rank of Principal Specialist in Clinical Psychology of Public Health
	Defining the Tasks
Sectionone	Clinical psychologists affiliated with public health are assigned, under the authority of the pacifist, to carry out the following tasks:
	Psychological tests
	Psychological Outcomes
Article 18	Psychological Diagnosis and Predictions
Implications	
	Psychological aids (guidance, instructions, psychological accompaniment to the seriously ill, psychological preparations for surgical operations.
Article 19	Principal psychologists affiliated with public health, under the authority of the peaceful official in accordance with their competence where appropriate, and in the structures to which they are assigned with

the following tasks:

Tasks

Use of specialized psychological treatment techniques
 Work in the institution
 Training of medical and paramedical users in relation to the patient
 Use of certain Psychological Therapies
 Supportive Psychotherapy

Tasks

Intelligence treatment in infant and child
 Raising the cost-effectiveness of the functioning of health teams in the Department of Human Relations
 Group therapy
 group dynamics
 Psychodrama
 Participate in the formation of specialists in clinical psychology.

Behavior processing indolence

Source:(Al-Saghiretet al., 2010, p. 10)

3.1Executive Decree number 93-102 of the Hijri year 1413, corresponding to April 12, 1993, which includes the Basic Law for the Workers of the Department in charge of Social Affairs which is illustrated in table 02.

Table 2. Chapter Four: Provisions Applied to Employees Specializing in Psychology

Chapter Four	Provisions applied to employees specializing in Psychology;the course of specialists in Clinical Psychology for social affairs. The corps of specialists in Clinical Psychology includes two ranks:
Article 46	1. The rank of specialists in Clinical Psychology of the first class 2. The rank of specialists in Clinical Psychology, second class Defining tasks
Ranks Section one	Clinical Psychologists of the first degree carry out the tasks of prevention, treatment, rehabilitation, and rehabilitation towards individuals placed in institutions or specialized departments affiliated with social affairs.
Article 47	In this capacity, they are charged with the following in particular: -Periodically applying psychological tests, interpreting them, diagnosing mental illness, and giving a clinical opinion according to the situation. - Individual or group follow-up of the persons concerned. - Participation in the meetings of the multidisciplinary sponsorship team and in the educational psychological committee or council of the institution. In addition, first-class Clinical Psychologists carry out an external examination of persons who meet the conditions for joining the institution and who are registered on the waiting list, and they also direct the families of the persons in their care.

Specialists in Clinical Psychology of the second degree are charged in addition to the tasks entrusted to Clinical Psychologists of the first degree with the following:

Article 48

-Participation in the renewal of training programs, arousing them and supervising trainee students in public training institutions affiliated to the Ministry in charge of Social Affairs

-Participation in the framing of research and theses.

-Participation in every research initiated by public institutions for specialized training

(Al-Sharafi et al, 2010, p. 10).

3.2 Comments on the Algerian law

When we want to give a careful reading of the Algerian law embodied in the two executive decrees mentioned above, regarding the classification of the ranks of the clinical psychologist. We notice a failure in dividing the function of the Clinical Psychologist into only two ranks, which is the rank of Clinical Psychologist of the first degree and the rank of Clinical Psychologist of the second degree, or what befits it in another place. Considering a major Clinical Psychologist and a Clinical Psychologist is unfair to holders of degrees higher than a bachelor's degree in Clinical Psychology, such as Master 2, Master, PhD, or PhD in the same specialty. As for the tasks entrusted to each rank separately, we find the Clinical Psychologist, the holder of a bachelor's degree, who performs the tasks of the simple rank which are diagnosis, treatment, psychological counseling, and follow-up.

While almost the same tasks are performed by the main Clinical Psychologist holding a higher degree than a bachelor's degree, even if he is a doctorate in the same specialty, and with the same salary. This

is contrary to human logic and international norms and laws that recognize the necessity of providing a qualified Psychotherapist to allow him to practice Psychotherapy, as there are three methods proposed for obtaining this nickname:

3.2.1 The European Method: where the holder of a Doctorate in Clinical Psychology must follow a three-year qualification course, after which he will obtain a certificate of specialization in psychotherapy (a system followed in Egypt).

3.2.2 The American Style: where teaching takes place in medical Colleges and the student attends to obtain a certificate of merit and then a Doctorate in Psychotherapy. This method is applied in the Arab Center for Security Studies and Training in Riyadh.

3.2.3 Psychological Technicians: The therapeutic practice of psychiatric technicians is only carried out under medical supervision. Therefore, the practice of Psychoanalysis is considered by the International Psychoanalytic Association to be equivalent to the qualification of a qualified Psychotherapist (Al-Sharafi et al, 2010).

3.3The Notion of Role

Kohut (1977) defines role as a social practice of behaving in a particular situation by someone occupying a career or a social position. Sowa (1988) notes that roles are concepts which are intimately linked to: “patterns of relationships”. Zambonelli et al. (2003) view a role as “an abstract description of an entity’s expected function” which is considered by four attributes: responsibilities which evoke the operation of the role, activities, and protocols. On the other hand, Kahn (1992) identifies the role as the behavioral pattern required to be performed by someone occupying the position in the organizational structure, giving the example of the sales manager who

has to manage his unit in a way that attains the marketing of the consumer artifact, and subsequently secures the achievement of the goal of the organization in which he works. According to Guarino and Welty (2002), roles must be flexible and contingent for all their instances.

Biddle (1979) defines roles as “those behaviors characteristic of one or more persons in a context” which means that roles emphasize on a limited set of behaviors which are features of particular individuals and contexts. From a cognitive perspective, Fauconnier (1988) refers to roles as concepts within a mental space which can hold values within another mental space, by means of a correlative relation. Argyle (1952) emphasizes that each individual within a given organization has a job route which eventually constitutes a role that is his career disposal, but in the context of ambiguity in the duties imposed by the role on the worker, he may feel what is known as the ambiguity of the role.

3.4 Ambiguity of the Role

It has been argued that most of the conflicts within the work environment occur due to the role ambiguity and role conflict. When the manager offers tasks to employees, the role ambiguity and role conflict occurs when workers cannot figure an explicit picture of the goals (Keegan et al. 2004). Sometimes an individual is uncertain about his roles within the company for example (Al-Malki and Juan, 2018). Samuel et al. (2015) and Skogstad et al. (2007) detected that role ambiguity should be restrained to increase the performance of the subordinates. Furthermore, workers are reported to perform more effectively when they are aware of their certain roles and responsibilities.

Prior to the responsibilities related to the work, the confusion and ambiguity may lead to psychological pressure (Shuwaiter, 2005). Nonetheless, the concept of clarity of role is “one of the variables which interest all practitioners, regardless of their field of work, and they are intended to provide the necessary information to complete the work or duty, knowledge of duties, authority, relations with others, and clarity of instructions, directives and policies for work”(Turki, 1993, p. 130). When the instructions are explained, and responsibilities of workers are distributed, there is less ambiguity in the duties of the subordinates (Dubinsky, 1995). Therefore, when the ambiguity is low, the level of performance in workers is more likely to increase (Marginson& Ogden, S. 2005).

3.5 Effects of Role’ Ambiguity

Practitioners may realize the degree of ambiguity in situations at the beginning of their career, their promotion, the recruitment of a new boss, the responsibility of supervision or a change in the organizational environment. The continuity of ambiguity leads to crucial outcomes, and this was determined by the findings of previous research in this field, as the ambiguity of the role is related to low job satisfaction, the desire to quit work, anxiety and a low degree of self-confidence. Further, physiologically there is a relationship between the ambiguity of the role, high blood pressure, increased cholesterol, and obesity. According to Kahn et al., (1964) individuals who suffer from a loss of identifying role demonstrates low satisfaction in their professional performances, and they become not interested in their work. They lose their self-esteem and suffer from some physical symptoms. The study of Kaplan et al., (1970) included 205 engineers in one of the Naza bases, and it reached the same outcomes, accompanied by physiological symptoms such as high blood pressure.

Van et al., (1981) emphasized that some practitioners who suffer from role ambiguity in the workplace, can have a high degree of role ambiguity related to increased tension, anxiety, fear, low production. Role ambiguity is also related with some behavioral patterns in the workplace. It was argued that there is a fundamental relation between ambiguity of the role and career dissatisfaction, decreased self-esteem, and a weak relationship with worker, and independence at work (Turki, 1993).

3.6 Method

Curricula and research methods differ according to different topics because the nature of the topic urges the researcher to use a particular method to conduct his research. The method used in this study is the mixed methods approach which is compatible with the data collection tools. This method is considered the most appropriate approach to social reality as a way to understand its phenomena and extract its features (Muhammad Ali Muhammad, 1984). The study has been conducted between 9th and 12th April, 2021 at Hamida bin AjilaLaghouat hospital.

The data collection tools were embodied in the Woodman Scale (1984) and a semi-structured interview to measure role ambiguity. This scale was designed by Woodman in 1985, as it provides us with indicators of the ambiguity of the role at the work environment. It consists of 10 statements with clear meanings. The respondents are asked to read each statement and determine the extent to which it applies to them. A value was given to each item or variable in the scale which are:

I do not agree= 01, I rarely agree =02, I agree =03, I often agree =04, I always agree = 05

The scale scores are explained as follow:

1. From 10 to 30 degrees is the low level of ambiguity of the role.
 2. From 31 to 40 degrees is the medium level of ambiguity of the role.
 3. From 41 to 50 degrees is the high level of ambiguity of the role.
- (Shuwaiter Lilly, 2005)

The semi-structured interview consists of open questions that we asked the respondents in order to collect as much data as possible about the level of ambiguity of the role at their workplace. On the other hand, the study sample consists of a research group consisting of (05) psychiatrists who have medium, sufficient, and insufficient experience in the psychological practice. Considerably, the number of all psychotherapists at Laghouat hospital is eight (08), and we were unable to meet all of them, except for five (05) specialists due to circumstances beyond our scope and limitations.

3.7 Data Analysis

In order to analyze the numeral data of this study, we come to utilize the mixed methods approach in order to classify the research variables. The findings are interpreted through the tables containing the directions of the items constituting the scale. The table below shows the information regarding the respondents' age, seniority, and work experience.

Table 03. Characteristics of the Research Sample According to Experience and a Permanent /Temporary Position

Respo ndents	Age	Seniority	Work Position Permanent/Temporary
A	35 years old	8 years	Permanent
B	42 years old	16 years	Permanent
C	26 years old	01 year	Temporary
D	30 years old	05 years	Temporary
E	28 years old	02 years and a half	Temporary

- Analysis of the Interview with Respondent A

Psychotherapist A is 35 years old, and has been employed in the hospital for 08 years and has a permanent position. He is married and has two children, and works in the Kidneys service. Through the interview we had with the respondent, he informed us about the conditions of his work by saying: “the psychologist must impose himself and must have a personality and not succumb or surrender to the thrilling practiced by general doctors and nurses on him”. Also, when we asked him about why general doctors in particular? He replied: “there is a big difference in treatment between the specialist and the general practitioner. The specialist has a specialty known to the general public, and this supports his self-confidence, while the general practitioner sees that the psychotherapist has a particular specialty compared to what he does not have”.

When we asked him about the role invested to him in the institution, he replied: “I conduct interviews with Dr. Al-Omami daily at ten o’clock in the morning, including the cases that require psychological follow-up and the cases I interview in the evening”. When we asked him about his relationship with doctors and nurses, he replied: “like all professions and jobs, there are people we feel comfortable in dealing with them and others not, and in general I have a good relationship with them”. The degree obtained by the Psychotherapist according to Woodman scale is D= 28, which is a low degree of ambiguity of the role. We can explain this low degree based on the fact that the Psychotherapist has considerable seniority and experience, so he knew how to deal with those around him.

-Analysis of the Interview with Respondent B

The Psychotherapist B is 42 years old, her position is permanent and she has been employed in the hospital for 16 years. She is married and a mother of four children. Through the interview we had with respondent B, she told us about her working conditions by saying: “the specialist is underrated, and they carry him beyond his capacity and impose on him roles that do not suit him”. When we asked her about the roles which do not suit her, she answered:

Recently I had a problem and they deducted from my salary when the social specialist took month vacation, the director of the institution forced me to take over her duties, and a scandal occurred, as the person responsible for the paramedic children’s ward did not provide her with the bracelet on which the name of the newborn baby was written, so she wrote the names on the children’s shirts and one of them filmed the incident, so she was punished instead of the direct responsible who wrote the names on the shirts.

When we asked her about the role entrusted to her in the institution, she replied: “following up on cases which require psychological follow-up, especially single mothers, where they are placed in isolated rooms in order to avoid people getting to know them. In relations with them”. The degree obtained by the Psychotherapist according to Woodman scale is 34, which is a medium degree of ambiguity of the role, and we may illustrate this medium degree to the fact that the Psychotherapist has considerable seniority, so she knows how to deal with those around her and with the problems she often encounters.

-Analysis of the Interview with Respondent C

Psychiatrist C is 26 years old, he has been working on integration contracts in the hospital in the orthopedic department for one year and he is single. Through our interview with the respondent, he told us about his work conditions by saying: “the Psychologist is marginalized, he does not even have an office, and he is mocked in the hospital and in the community”. When we asked him how they mock at him, he answered: “they speak with the language of the colonizer, and I don’t understand French. Also the doctors are arrogant as if they are the only ones who studied, and the nurses are jealous of us because we studied at the university, so they make us feel an inferiority complex towards ourselves”. And when we asked respondent C about his relationship with doctors and nurses, he replied: “my relationship with them is not good”.

The degree obtained by the Psychotherapist according to Woodman scale is D= 43, which is a high degree of ambiguity of the role, and this high degree of ambiguity of the role may be explained by the fact that the specialist is new in the hospital and is not confirmed in his position.

-Analysis of the Interview with Respondent D

Respondent D is 30 years old, and she he is married without children. She has been working within the integration agreements in the hospital for 5 years, and she is working in the gynecological surgery department. Through the interview we had with the respondent, she provided us with her working conditions by saying: “the Psychiatric at Hamida Bin Ajila hospital has not yet taken his right, and has not imposed himself and his specialization, as he is subjected to exploitation and disrespect on a daily basis”. When we asked her how she receives lack of respect, she answered: “the nurses ask her to bring medical equipment and do some simple x-rays, arguing that she does not have an office or a specified role according to them”.

When we asked her about the role entrusted to her in the institution, she answered: “conducting clinical interviews and her participation with doctors when examining patients to determine the cases that require intervention”. Therefore, the degree obtained by this respondent according to Woodman scale is $D = 41$, which is a high degree of ambiguity of the role, and this degree can be attributed to the fact that the specialist is complaining about her fellow nurses who impose on her roles which are not worthy of her specialization.

-Analysis of the Interview with Respondent H

Moving to Psychiatrist H, who is 28 years old and single, she has been working within the agreement contracts in the hospital for two years and a half. She works in the department of men’s surgery. Through the interview we had with the respondent, she accounted for the conditions of her work by saying: “the Clinical Psychologist is marginalized and has no weight, neither with doctors nor with nurses,

and even the patients' families cannot stand or tolerate our presence as if, by our presence the stigma of madness will be inflicted on their patient". Also, when we asked her how, she answered: "I do slight job because I only work in the evening, and family visit of their patient takes a long time, so I cannot perform my role in comfortable way."

When we asked her about the role distributed to her in the institution, she replied: "conducting clinical interviews and providing assistance to some cases". When we asked her about her relationship with doctors and nurses, she replied: "a cold relationship that I deal with only from afar. In effect, the degree obtained by the respondent according to Woodman scale is $D = 41$, which is a high degree of ambiguity of the role, and we can attribute this degree to the fact that the Psychiatrist complains about the lack of respect for her work by society and colleagues.

-Discussion

Based on the first suggested hypothesis, we expect that the levels of role ambiguity among Clinical Psychologists working at Laghouat Hospital will be high. The table below shows a summary of the levels of role ambiguity among the respondents we have interviewed.

Table 04. The levels of Role Ambiguity among the Research Group Sample

Respondents	Level of Role Ambiguity	Mean	Standard Deviation
A	28	37.4	30
B	34		
C	43		
D	41		
E	41		

Based on the findings above, we note that the respondents got between high and medium degrees of role ambiguity, as the lowest score was recorded for respondent A and the highest for respondent C. The arithmetic average of the group reached 37, 4 which is higher than the hypothetical average, which was estimated by 30 degrees, SD= 30. The arithmetic mean of the group is located at the intermediate level, which was determined between a degree of 31 and 41. It is not very high, so based on this we disapprove the first hypothesis, (H1 is disapproved).

An exception, however, weak training made the respondents feel inferior, and this was evident in all the interviews and appeared in their responses when they claim that “the specialist should impose himself” and “the specialist does not master the French language” entrusting the psychiatric with tasks that do not fit with his specialization, and their response can summarize the interpretation of the findings of this hypothesis into the following points:

-The lack of application and operation of hospital management, and particularly the interest of users of the law specifying the tasks of the

psychologist, especially the two executive decrees No. 91 and No 93 dated respectively: April 12th and 27th, 1991 and 1993.

- Lack of training for a Clinical Psychologist, as three years of training in a bachelor's degree are insufficient to practice diagnosis, psychotherapy and psychological counseling, and there is a gap between theoretical and field training.
- The psychologist's lack of sufficient academic qualifications that makes him laugh at others and makes him unsure of the psychological services he provides.
- The negative perception of community members towards the services provided by the Clinical Psychologist.
- The second hypothesis assumes that there is a difference in the level of ambiguity of the role among Clinical Psychologists working at Laghouat hospital due to the variable of "seniority".

Table 05. Seniority and Age among the Sample Cases

Responde nts	Level according to Woodman Scale	Seniority	Mea n	Standar d Deviation
A	28	8 years	31	30
B	34	16 years		
C	43	01 year		
D	41	5 years	41	
E	41	02 years and a half		

Through the table above, we notice that the arithmetic mean of each of the most senior Clinical Psychologists in the research group reached 31 degrees on Woodman scale. The arithmetic mean of the other specialists has the lowest seniority of 41 degrees on the same scale. We find that the ancient specialists are closer to the hypothetical average than the new specialists. In addition, the ancient specialists, the level of role ambiguity falls to them at the medium level, while the new specialists have role ambiguity at the high level. Through these findings, it was realized that the second hypothesis was approved, (H2 is approved). This evokes that there is a difference in the level of ambiguity of the role among clinical psychologists working at Laghouat Hospital due to the variable of seniority, and it was in favor of the ancient specialists. Subsequently, we can interpret this finding as follow.

When the specialist is new in the workplace, it is logical that he faces many obstacles which prevent him from significant performance of the duties and activities distributed to him. This can be compared to experienced specialists, who can adapt with emergency situations. The degree of ambiguity in cases such as the beginning of receiving a new job, promotion, transfer, recruitment of a new responsible, responsibility for monitoring, and a change in the organizational settings such as the structural reorganization of the institution (Iqrab, 2009).

The third hypothesis involves the assumption that there is a difference in the level of role ambiguity among Clinical Psychologists working at Laghouat hospital due to the variable of permanent/temporary job position.

Table 06.Level of Ambiguity of the Role According to a Permanent/temporary Position

Respondents	Level according to the Scale	Work Position
A	28	Permanent
B	34	Permanent
C	43	Pre-operational contract (temporary)
D	41	Pre-operational contract (temporary)
E	41	Pre-operational contract (temporary)

Through the table above, we assume that the research sample consists of two permanent employees, and three employees working in the form of pre-employment contracts, i.e. temporary. The lowest degrees in the ambiguity of the role are obtained by the permanent employees, which amounted to 28 and 34 degrees. These degrees are located in the low level on the scale of Woodman. While we view that the highest degrees in the ambiguity of the role obtained by temporary employees amounted to 41 and 43 degrees, which is located at the highest level on the scale of Woodman. Based on this, we can admit that the third hypothesis has been approved, (H3 is approved) and was in favor of permanent specialists. Ultimately, we can attribute this finding to the following reasons.

It is inherent for the permanent employee to feel the clarity and authenticity of his duties and roles, and the existence of a law that protects him. Unlike the worker enrolled within the agreement contracts, he feels insulted and must adhere to everything that is

addressed to him immediately. He is not legally protected and he must satisfy all his colleagues and superiors, and he has a work contract at the end of every two years, so he is forced to perform duties that do not concern him and are not worthy of his position.

4. CONCLUSION

Based on the findings of the investigation which showed that the hypotheses of the study have been approved, except for the first hypothesis which was explained through the theoretical framework. We can prove the survived reality of the Clinical Psychologist at Laghouat hospital, and demonstrate that the level of ambiguity of the role is medium, as there is a difference in the level of role ambiguity between the permanent and the temporary Psychiatric in favor of the permanent. Also, there is a difference in the level of the role ambiguity between the ancient and the newly recruited workers in favor of the ancient.

Despite the increasing awareness of this role and the presence of a number of Psychiatric in institutions which provide Psychological health services, the lack of understanding of the role for the Clinical Psychologist remains a certainty, and also the lack of cooperation between the Clinical Psychologist and other workers in the same field. It is a direct outcome because many managers do not understand what is meant by this job title, and do not know what this job is: are they technicians like doctors, or administrators like other employees?

Among the difficulties Psychologists may face, in addition to the lack of understanding the title of this profession, is that there is no description of the work they perform or rules for the profession similar to the regulation in force in Britain for example. Their efforts are sprinkled through the overlap between their work and other

professions. In addition, the lack of training and rehabilitation capabilities for them, the lack of psychological standards and a special place for psychological practice, and their lack of appropriate conditions to perform their work, all of these obstacles affect the practice of the work of a Clinical Psychologist in a way befitting this noble profession, which is about to be devoid of any institution in the social, educational, or cultural construction, or even the political. It is of great importance in helping members of the society to overcome psychological crises and psychological pressures that have become a feature of this era. Subsequently, we can formulate a set of recommendations for further research:

- The Ministry of Health and Population should adopt the reform of hospitals, to develop a descriptive manual which explains the duties and activities of the Clinical Psychologist with extreme accuracy. And the precise definition of what he performs as a profession that has its rules, while working on environment and defining these rules in a clear way and obligating mental health institutions to implement them.

- Ensuring the establishment of continuous and specialized training courses in diagnosis, Psychotherapy and psychological counseling, and attention to the preparation, training and good qualification of the Clinical Psychologist so that they can play their role in various locations.

- Modernizing psychological services in general, with a focus on the role of the therapeutic team with all its members, such as the Psychiatrist, social worker, Nurse and General Physician, and considering the Psychologist as one of the members of this team.

- Achieving cooperation, coordination and understanding between the Psychologist and the rest of the elements of the therapeutic team, and between him and those who work with him in various psychiatric care institutions.

- Attention to psychological awareness for all of the role of the Psychologist, and the rest of the workers in the field of psychological services in general through radio classes, study days and forums to achieve cooperation and understanding of the role of modern psychological services in society.
- Assigning the task of Psychotherapy to qualified specialists who have scientific qualifications and additional trainings.

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