

Psychological resilience and its relationship to occupational stress in a sample of nurses



Received: 19/06/2024; Accepted: 15/01/2026

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Abstract

The current study aimed to find out the relationship between the level of psychological resilience and the level of occupational stress on a sample of nurses. To achieve the objectives of the study, two scales were used: the psychological resilience scale prepared by Kennor and Davidson, and the occupational stress scale prepared by the researchers. They were applied to a survey sample, and this study resulted in the suitability of the two scales. For the purposes of the study, and in the basic study based on the descriptive approach, the study was applied to a random sample of one hundred (100) male and female nurses in three hospitals in the state of Laghouat. The study yielded the result: There is a relationship between the level of psychological resilience and the level of occupational stress.

Keywords

Psychological resilience;
Stress;
Occupational stress;
Nurses;
Relationship.

الكلمات المفتاحية

الجلد النفسي؛
الضغط؛
الضغط المهني؛
المرضى؛
العلاقة.

الجلد النفسي وعلاقته بالضغط المهني لدى عينة من الممرضين

ملخص

هدفت الدراسة الحالية إلى معرفة العلاقة بين مستوى الجلد النفسي ومستوى الضغط المهني على عينة من الممرضين ، ولتحقيق أهداف الدراسة تم استخدام مقياسين، مقياس الجلد النفسي من إعداد كنور ودايفيدسون ، ومقياس الضغط المهني من إعداد الباحثين، حيث تم تطبيقهما على عينة إستطلاعية وقد أسفرت هذه الدراسة عن ملائمة المقياسين لأغراض الدراسة، وفي الدراسة الأساسية المستندة إلى المنهج الوصفي تم تطبيق الدراسة على عينة عشوائية بلغ تعدادها مئة 100 ممرض وممرضة في ثلاث مستشفيات بولاية الأغواط. وقد أسفرت الدراسة على النتيجة : توجد علاقة بين مستوى الجلد النفسي ومستوى الضغط المهني.

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Doi:

I- Introduction :

The pressures of action have received a great deal of attention and study in many countries of the world with a view to identifying their sources and detecting their negative effects and how to deal with them effectively and successfully. These countries have therefore held numerous scientific conferences, seminars and training programmes in order to sensitize and educate workers on how best to manage and control the pressures of action¹.

Labour stress is taking a heavy toll on individuals and labour organizations, and a 1984 report in the United States of America reveals that 1 million workers are absent due to psychological stress, with an estimated cost of approximately \$150 billion per year, including costs of absence, abandonment, low productivity, compensation and insurance claims and health-care expenses. Another recent report refers to H.R. Magazine, 1991) that labour stress cost business organizations a good amount ranging from \$150 billion to \$200 billion a year, mostly in health costs. A study also found that more than 65% of absences were due to stress-induced diseases.²

Psychological resilience is also a newly adopted concept in psychology, and today resilience is among the most studied subjects because its model is appropriate for healthy behaviour, as it represents the ability to recover an individual 's growth despite psychological trauma.

However, his origins are old and he is referred to by S.Freud when he spoke of Mechanism, including those who sent him back to Bowlby when he spoke of moral resolve, although his true appearance was with the actions of Amy Warner until it spread through the actions of Serylnik B. Cyrulnik.

Given the importance of these two variables in the fields of psychology in all its branches, we will try in this study to reveal the nature of the relationship between the Psychological resilience and the occupational stress of a sample of nurses working at State hospitals in Laghouat State.

II- Study problem:

Human and social workers are generally subjected to a range of stress and influences that can influence their performance. Nursing is a difficult and difficult profession because of its characteristics and the associated duties that impose on their workers conditions that may be a source of psychological stress. The Diwa study found that the nursing service is one of the most vulnerable occupations. Some Arab studies have supported these findings. They have indicated that nurses feel a high degree of anxiety and depression compared to other professionals, because they are humanitarian and cooperative in nature, showing many different constraints and stress that prevent the employee from playing the required role as expected by others.

Given the requirements of this profession in dealing with various categories of sick persons, where everyone is considered to be a special case requiring a special understanding of service, training and support, as well as the reduction and diversification of their problems, diseases and sometimes their occurrence, many of their workers may have a sense of frustration and a sense of achievement and success, which would create a sense of psychological and professional stress for these workers.

Nurses working in hospitals are exposed to a varying degree of psychological and social stress related to work, since they feel that their work efforts are not valued and rewarded. Therefore, nursing is one of the professions where many tasks are required of their workers; it is a stressful occupation with many sources of stress that makes nurses uncomfortable and insecure about their profession, with negative effects on their own competence and psychological and professional compatibility.

In order to understand the psychological function of these traumatized individuals who are sheltering from traumatic situations, I propose the resilience model and protective factors as an interpretation model, considering that it is the ability to withstand shocks and to continue to grow naturally under difficult circumstances

The concept of Psychological resilience is emerging in psychology, where the response to stress management focuses more on sources than on symptoms and their negative consequences.

Jelloli (2003) revealed that nurses suffer from high emotional stress, moderate emotional distress, and a low sense of accomplishment.

With this in mind, and the lack of studies in the area of the knowledge of researchers in Algeria in general and in the local environment in particular, on the relationship of Psychological resilience to the occupational stress of a sample of nurses, and as a result of the burden and psychological and professional pressure placed on the nurse and the resulting stress and tension, the researchers in this study felt that the relationship between the Psychological resilience and the occupational stress of a sample of nurses should be revealed by raising the following problems:

- Is there a significant relationship between Psychological resilience and occupational stress in a sample of nurses?

III-Study hypothesis

- There is no significant relationship between Psychological resilience and occupational stress in a sample of nurses.

IV-Previous studies

-Jaralla Sleiman study (2014): Under the heading: The perspective of time and resilience in the face of traumatic events, the study aimed to identify the role of the dimensions of the time perspective as a factor in the occurrence of resilience in adult members of the Algerian community who were subjected to traumatic events. Through the associated descriptive approach, the researcher was able to conduct his study on an intentional sample from the city of Batna, which was composed of 86 individuals aged 18 to 62 years. The researcher used several tools after the time perspective and the Zamardo scale of the time perspective between 2009 and 2013, where the researcher concluded that there was a strong correlation between the perspective of time, resilience and post-traumatic stress.³

-Catherine Napirogi (1994): The study aimed to detect "the relationship between Psychological resilience and functional satisfaction" among psychologists in the U.S. state of Illinois.

The study sample consisted of 132 psychiatrists, on whom the Maslach Psychiatric Incineration Scale was applied, and the results have shown that psychologists suffer from the symptoms of psychological combustion that the most important source of psychological combustion is a weak sense of functional satisfaction.⁴

Mehoubi Fawzi study: The study aimed at diagnosing the level of combustion among nurses at certain health institutions in Algiers. The relationship between the regulatory climate and psychological combustion is also important. To achieve these goals, we designed a climate gauge and applied this study to a sample of 271 nurses (138) male and 133 female.

The study was carried out at 11 health institutions at the Algiers level and applied the maslach psychological combustion measure. (MBI). After checking his psychological properties as well: The results of the study showed that nurses suffer from a high level of psychological combustion and a positive correlation between the regulatory climate and psychological combustion.

V-Theoretical framework:

V-1The concept of Psychological resilience :

"La résilience" is the word "resilientia" by French origin and is commonly used in material physics and means the material's resistance to powerful shocks and the ability of an animal to absorb the kinetic energy of the medium without being destroyed. So in metallurgy, skin means the speciality of substances that are both obese and fragile and that show the ability to restore their initial state after shock or constant pressure.

Hence the Arabic translation of la résilience:

- Back.
 - Retrieval according to the Philistine Trauma Centre.
 - Leather 5
 - Absorption flexibility: it is adopted by Mustafa Hijazi, who is considered to include two dimensions there in terms of exposure to distress or distress, and by contrast there is absorption adjustment with developmental consequences.
- Norbersilami defines Psychological resilience as the resistance of an individual or group to difficult existential factors, thus the ability to live and grow despite inappropriate or catastrophic conditions.⁶

And Srinick knows him, he refused to give up and give up on the consequences of the trauma, and he considered it a consequence between the individual and his surround ings. ⁷

Procedural definition of psychological resilience: Psychiatric skin is defined as the sum of degrees obtained by the nurse through the Connor and Davidson resilience ladder, which is used in the present study.

V-2 Concept of occupational stress:

The multiplicity of the variables contained in the stress, the comprehensiveness of its study framework and its connection with many sciences, such as sociology, psychology, social psychology and other sciences, have created some ambiguity in the concepts of stress in general and labour pressure in particular, leading to multiple definitions of labour stress.

This shows that work stress are linked to the work environment and are defined as: a state of mental and physical stress that occurs as a result of accidents that cause damage or inconvenience, or that occur as a result of factors of dissatisfaction or the general characteristics of the work environment, and as a result of the interaction of all these causes. The severity of the stress depends on the individual ' s response to the impact of these factors during the interaction with the situation.

⁸ Work stress is also known to occur as a result of job requirements or work that are incompatible with the staff member ' s mental, physical and physiological abilities, making him or her unbalanced in the performance of his or her functions.⁹

The International Office of Professional Security defines stress as harmful and harmful physical and emotional responses that appear when there is no proportionality between work requirements, individual abilities and sources.¹⁰

The European Agency for Health and Security at Work defines stress as a situation that comes from the lack of awareness of the person and the difficulties he or she encounters in his or her environment, and from his or her ability to cope with such stress, and these pressures affect the health and production of the individual.¹¹

V-3 -1Sources and causes of labour stress:

Several descriptions and models developed by researchers have emerged to classify sources of work pressure, including:
-Bilateral model: classification of work stress in two major groups:

This model was developed by Brief with both Vansell and Schuler, consisting of two major working- stress groups, each with a number of individual elements, and each sub-component with a number of work- stress. Major Group I comprises three sub-clusters: organizational policies; organizational structure; and organizational phases. The second major group comprises five sub-clusters: physical work environment equipment; occupational safety and health; personal working relations; job requirements; and shelter requirements .¹²

Walked Askar on the same path. the sources of labour stress faced by the individual were divided into two groups : The first group concerned the same sources of labour, and the second group consisted of the physical environment (Physician):

The first group consists of: conflict/conflict of role; uncertainty of role; nature of work; increase of pregnancy; lack of job pregnancy; permanence/substitution; responsibility for others; insufficient opportunities for professional development; organizational climate; and lack of feedback on performance.

Group II: linked to the physical environment of work, is the stress caused by the physical working environment 's lack of rest, physical health and psychological well-being of workers such as: heat; lighting; noise; and office design.¹³

VI-Study Approach

In order to analyze and study the presented problem, we relied on the descriptive approach, using the correlational method, as it is more appropriate for the objectives of the current study. This approach consists of identifying specific phenomena and discovering both the relationships and differences between those phenomena among sample members. The correlational method also clarifies to what extent two variables are related, and to what extent changes in one factor agree with changes in another factor.

This approach was used to study the relationship between psychological skin and the perspective of time among a sample of retirees by following the steps summarized by (Deobold Van Dalen) as follows: examining the problematic situation, defining the problem, developing hypotheses, choosing appropriate subjects, choosing data collection methods, and conducting With selected objective observations in an organized manner, the results are described, analyzed and interpreted in clear, specific terms, in order to draw meaningful generalizations. ¹⁴

VII- Exploratory study

The exploratory study aims to identify the gaps and shortcomings related, especially to the formulation of the paragraphs of the standards used, and this is with the aim of formulating and revising them. The researchers were also able to survey the field to identify the difficulties that prevent their correct application. It also aims to test the validity and stability of the standards adopted in them. The latter was applied to a survey sample of (60) male and female nurses. The results of this exploratory study resulted in the suitability of the two scales and their enjoyment of acceptable validity and reliability.

VIII-Study tools:

The researchers used two measures to collect data:

- psychological resilience measure (prepared by: Kennor and Davidson)
- Occupational stress measure (prepared: researchers) The parameters of the study will be explained as follows:

VIII-1-Psychological resilience scale:

It was prepared by Connor and Davidson (2003), and translated by Suleiman Jarallah (2014). It contains 25 items. Each item is evaluated on 5 points according to the Likert scale (0=totally disagree, to 4=totally agree). The higher or lower the total scores obtained in each test, the higher or lower the degree of ability of the individual.¹⁵ The scale also measures five dimensions of psychological distress, which are:

Dimensions	the item numbers they represent
Self-efficacy.	21,20,19,18,17,15,4,3
Emotion control	25,24,16,14,10,9,7
Positive emotions	22,13,12,2,1
Social support	23,6,5
Religious factor	8, 11

Table -01- Dimensions of psychological resilience and item numbers on the scale

VIII-1-1-Psychometric properties of the psychological resilience scale:

A- Reliability of the scale: Given that there are multiple answer alternatives in the scales used in the current study, reliability was estimated using the Cronbach's alpha method using the Statistical Package for the Social Sciences (SPSS) system, and the results are summarized in the following table: Cronbach's alpha method:

the scale	the sample	Stability coefficient
Psychological resilience Scale	60	0.905

Table (02): Reliability coefficient of the psychological resilience scale using the Cronbach's alpha method (n=60)

We note from Table No. (02) that the Cronbach's reliability coefficient for the Psychological resilience Scale is 0.905, which indicates that the scale has a high degree of reliability. This result allows the scale to be used in this study.

B-Discriminant validity of the psychological resilience scale:

The validity of the current scale was calculated using the discriminant validity method, where the individuals' scores were arranged from lowest to highest, then 27% of the scores at the top of the distribution and 27% of the scores at the bottom of the distribution were taken, and the number of individuals in each was 16, after The T was calculated to determine the differences between the two groups, and it is available on the statistical system (SPSS). The following table shows the results:

	The number	Arithmetic mean	standard deviation	degree of freedom	"t" value	significance level
Lower group	16	29.38	832.10	30	-1.205	0.000
Upper group	16	05.75	538.4			

Table (03): Results of the t-test for the two-tailed comparison between the scores of the upper group and the lower group In psychological resilience

We notice from Table (03) that there are differences between the group and the senior group in the level of psychological distress, which indicates that the scale has high validity, which allows it to be used in the current study.

VIII-2 Occupational stress scale:

The researchers reached a set of dimensions that cause the occurrence of occupational stress among nurses, by contacting some nurses and discussing with them the most important pressures to which the nurse is exposed, and by making use of some international standards for occupational stress, and they were limited to seven main dimensions, which are: job burden - Role ambiguity - role conflict - work relations - administrative pressures - career development - physical work environment .

Correction key: The scores on the scale are estimated by giving scores (5, 4, 3, 2, 1) corresponding to the responses (strongly agree, agree, not sure, disagree, not at all agree). An individual's score on the scale ranges between a minimum of 57 and a maximum of 285. The individual who suffers from occupational stress is the one who obtains high scores on the seven factors of the scale, and therefore the total score on the scale is equal to the sum of the individual's scores in the seven factors of the scale or equal to the sum of the individual's scores on the scale's items (57 statements).

VIII-2-1Psychometric properties of the Occupational stress scale:

A- Reliability of the scale: Given that there are multiple answer alternatives in the scales used in the current study, reliability was estimated using the Cronbach's alpha method using the Statistical Package for the Social Sciences (SPSS) system, and the results are summarized in the following table: Cronbach's alpha method:

the scale	the sample	Stability coefficient
Occupational stress scale	60	0.913

Table (04): Reliability coefficient of the Occupational stress scale using the Cronbach's alpha method (n=60)

We note from Table No. (02) that the Cronbach's reliability coefficient for the Occupational stress scale is 0.913 , which indicates that the scale has a high degree of reliability. This result allows the scale to be used in this study.

B-Discriminant validity of the Occupational stress scale:

The validity of the current scale was calculated using the discriminant validity method, where the individuals' scores were arranged from lowest to highest, then 27% of the scores at the top of the distribution and 27% of the scores at the bottom of the distribution were taken, and the number of individuals in each was 16, after The T was calculated to determine the differences between the two groups, and it is available on the statistical system (SPSS). The following table shows the results:

	The number	Arithmetic mean	standard deviation	degree of freedom	"t" value	significance level
Lower group	16	29.141	710.15	30	-1.745	0.000
Upper group	16	76.218	478.15			

Table (05): Results of the t-test for the two-tailed comparison between the scores of the upper group and the lower group In Occupational stress

We notice from Table (05) that there are differences between the group and the senior group in the level of occupational stress, which indicates that the scale has high validity, which allows it to be used in the current study.

VIII-3- The limits of the study:

A- Human limits: It is represented by a sample of nurses whose number reached one hundred (100) male and female nurses.

B- Spatial limits: The study was conducted in the field in the state of Laghouat - Algeria.

C- Time limits: The study was conducted during the period extending between the months of May, June, 2024.

VIII-4- Application procedures:

This study was conducted in hospitals in the state of Laghouat and included 100 male and female nurses. This process was applied in 03 hospital institutions, after obtaining approval from the Health Directorate. The aim of the study and the items and paragraphs of the two scales were clearly explained to each nurse, and after ensuring that they understood the aim of the study and the two scales together, the distribution process began, and the process of collecting the questionnaires took about two months.

VIII-5-Statistical methods used

In this study, the researchers used the Statistical Package for the Social Sciences (SPSS) system. The release version (19.5) was used. The statistical methods used through this program were mainly as follows:

- Pearson correlation coefficient (correlation bivariate)
- t test for independent samples (independent samples test)
- Cronbach's alpha coefficient (Alpha-Cronbach)
- Arithmetic mean.
- Standard deviation.

IX- The result of the study and its discussion:

IX-1Study hypothesis: There is no statistically significant relationship between psychological resilience and occupational stress among a sample of nurses.

correlation coefficient	The value of the sample	Sig. (2-tailed) Level of significance
0.608(**)	100	0.000

** Correlation is significant at the 0.01 level (2-tailed).

Table No. (06): shows Pearson's binary correlation coefficient between the scores obtained from the Psychological resilience Scale and the scores obtained from the Occupational Stress Scale

Dimensions of psychological resilience		Self-efficacy	Emotion control	Positive feelings	Social support	The religious factor	Statistical significance
Dimensions Occupational Stress	Job burden	-0,505(*)	0,308(**)	-0,324(**)	-0,449(*)	-0,445(*)	(**)
	Role ambiguity	-0,324(**)	-0,445(*)	-0,257(**)	0,213(**)	-0,255(**)	D at less than 0.01
	Role conflict	-0,257(**)	-0,255(**)	-0,476(*)	-0,501(*)	-0,211(**)	(*)
	work's relationships	-0,476(*)	-0,211(**)	-0,633(*)	0,202(**)	-0,436(*)	D at less than 0.05
	Administrative stress	-0,633(*)	-0,436(*)	-0,505(*)	0,423(*)	-0,405(*)	
	Career development	-0,445(*)	-0,445(*)	-0,324(**)	-0,449(*)	-0,265(**)	
	Physical environment	0,285(**)	-0,275(**)	-0,657(**)	-0,213(**)	-0,324(**)	

Table (07): Correlation coefficients between dimensions of psychological resilience and occupational stress among nurses

It is clear from (Table 7) that the correlation coefficients between the dimensions of occupational stress and the dimensions of psychological resilience are negative and statistically significant for the total study sample at a significance level of less than (0.01) and (0.05). However, if we examine the detailed correlations between the dimensions of the two variables studied (Occupational stress and psychological resilience) we will find that there is:

- A statistically significant negative correlation between job burden and all dimensions of psychological resilience at a significance level of less than (0.01).
- A statistically significant correlation between role ambiguity and all dimensions of psychological resilience.
- A statistically significant correlation between the work relations dimension and all dimensions of psychological resilience.

The same applies to the career development dimension, as there is a significant link between it and the dimensions of psychological resilience.

- As for the role conflict dimension, there is a statistically significant relationship between it and all dimensions of psychological resilience, but the level of significance is less than (0.05).

- There is a statistically significant relationship between the administrative pressures dimension and all dimensions of psychological resilience.

The same applies to the physical work environment dimension. There is a statistically significant correlation between it and all resilience dimensions.

It is clear from the results obtained that there is a strong, inversely significant relationship, that is, the higher the level of psychological resilience among the sample of nurses, the lower their level of professional stress, and vice versa.

This result can be explained by the fact that an individual who has high psychological resilience is a person who has the ability to control emotions and manage them correctly, and the ability to change emotions quickly and easily when circumstances change (self-resilience), and the ability to regulate moods, and possesses positive feelings and the ability to withstand stress. Nurses have They are able to cope and adapt to all the difficulties they face while performing their work, whether with the patient or the patient's guardians, or while performing work in a stressful physical environment, or even with their direct officials, what is known as administrative pressure. By possessing these positive dimensions, the nurse can transform these negative, stressful feelings into positive feelings, enabling him to overcome all the difficulties and professional pressures that he faces while performing his work, as psychological resilience is considered a protective fortress and an effective mechanism for absorbing shocks and adapting to various stressful practical circumstances.

On the other hand, failure to manage emotions, surrender to frustration and work stress, and the presence of weak motivation are indicators of developing psychosomatic disorders as a result of severe occupational stress. Researchers believe that the pressures of life events make a person vulnerable to nervous breakdowns, falling prey to physical and psychological resilience, feeling a lack of confidence, and a lack of endurance. The inability to control events and problems are causes of physical and psychological illness .¹⁶

This is explained by Gallatin, who believes that stress resulting from psychological causes has a major role in the occurrence of psychosomatic diseases that appear in the form of pain and physical disorders. Emotional pressure and psychological conflict may cause corruption in the hormonal control and balance system, or tearing in certain parts of the body.¹⁷

X-Conclusion

In light of the above, we conclude in this study the role of psychological resilience in lowering the level of occupational stress among a sample of nurses working in the public sector. The current study is also considered limited, restricted by its descriptive approach, and its small sample out of the total sample, and therefore it can be considered a preliminary study. Based on this, more studies are needed, so the researchers suggest the following:

- Taking advantage of current research tools, whether related to the occupational stress scale or the psychological stress scale, and applying them to other samples, such as doctors and teachers at the intermediate and secondary levels, as well as at the university level, which provides support for the results that have been reached and generalizes the benefit from it.
- Paying attention to the health sector at the local and national levels in all financial and psychological aspects. As the first line of defense for preventing and confronting epidemics and diseases.
- Working to design preventive and therapeutic training programs for nursing professionals to reduce the level of occupational stress and other psychological resilience.
- Designing a training program based on the dimensions of psychological resilience to reduce the level of occupational stress among health sector workers.
- Training psychologists in the specialty of health psychology to take care of nurses.
- Organizing special forums and workshops to deal with the psychological aspect of workers in the health sector, including doctors and nurses.

There is also a need for more field studies on other samples, so the researchers suggest the following studies and research:

- Professional pressure and its relationship to personality traits among a sample of medical college students.

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