The impact of work stress on the level of psychological disorders and psychological exhaustion among pediatric intensive care nurses in the hospitals at Tabuk city, Saudi Arabia

Abeer Alatawi
Department of Nursing, Faculty of Applied Medical Sciences, University of Tabuk, Saudi Arabia
Email: asalatawi@ut.edu.sa

Abstract
The study aimed to identify the impact of work stress on the level of mental disorders and psychological exhaustion among pediatric intensive care nurses in the hospitals at Tabuk city, Saudi Arabia. The research sample consisted of (200) nurses and the researcher used the descriptive approach. For children in Saudi Arabia, it came to a degree (high), and the level of work stress among pediatric intensive care nurses came to a degree (high), and there is a strong positive relationship between each of the levels of psychological disorders, psychological exhaustion, and the level of work stress among nurses.

1. Introduction

The individual's feeling of pressure depends on his ability to control the situations and pressures he deals with, and how they interpret the stressful situation, in addition to their personality style, how they understand and appreciate themselves and other demographic variables (demographics, demographic knowledge), and variables related to the situations they are exposed to in the work (Taybi 2013) and continuous exposure to emotionally charged situations, and the accompanying symptoms of fatigue, feelings of helplessness and disappointment, and negative thoughts about self, work direction and co-workers, lead the individual to psychological exhaustion (Bani Ahmed, 2007).
Psychological exhaustion is one of the results of the exposure of various professions to constant pressures, especially the nursing profession, as psychological exhaustion is a negative response to the pressures that fall on the individual at his work, as some individuals deal with pressures at work positively and others cannot (Bani Ahmed, 2007). Psychological exhaustion is a reaction to unbearable work conditions, which may lead to energy depletion, lack of motivation, frequent absenteeism, and job instability (Al-Farmawi and Abdullah, 2009).
Psychological exhaustion and its accompanying symptoms are linked to the phenomenon of contemporary diseases, which are diseases that affect individuals as a result of successive psychological crises resulting from work pressures that cause physical, mental, and emotional exhaustion.
Nurses working in hospitals or health centres, especially in care departments, are exposed to professional, social, and psychological pressures in their work, which requires them to be vigilant and considerate of patients. If nurses feel psychologically unsupported or feel that their efforts at work are unappreciated, their feelings of satisfaction and reassurance are weakened, and this has negative effects that are reflected in their competence and psychological and professional compatibility (Abdi, 2014)
Individuals who work in professions similar to nursing and education are exposed to emotional exhaustion, dulled feelings, and a lack of sense of achievement, and these indicators are a sign of the phenomenon of psychological exhaustion (Al-Jaafrah, 2013).
In addition to the psychological exhaustion that workers in the nursing profession are exposed to, there is also psychological stress, which may be one of the causes of disease anxiety, because the nurse suffers in his work, so this study came to investigate the impact of work stress on the level of psychological disorders and psychological exhaustion among pediatric intensive care nurses in the hospitals at Tabuk city, Saudi Arabia.

The study Problem

The nursing profession is one of the hard professions because of the duties it imposes that expose its workers to multiple psychological pressures, and this has been confirmed (Taybi, 2013, Zawi and Meziane, 2018)
The care department is one of the departments that are most exposed to professional pressures, such as the possibility of seeing difficult cases in their early stages of burns, traffic accidents, or bloody events, which increases the psychological pressures leading to psychological exhaustion for them, and here the nurses working in it must deal with such approvals quickly And with a high methodology (Abdi, 2014)

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Hence, the study problem is determined in identifying the impact of work stress on the level of psychological disorders and psychological exhaustion among pediatric intensive care nurses in the Kingdom of Saudi Arabia.

Study questions

The study questions are determined in the main question: What is the impact of work stress on the level of psychological disorders and psychological exhaustion among pediatric intensive care nurses in Tabuk city, Saudi Arabia?

The following questions arise from it

1. What is the level of psychological disorders and psychological exhaustion among pediatric intensive care nurses in Tabuk city, Saudi Arabia?
2. What is the level of work stress for pediatric intensive care nurses at the hospitals in Tabuk city, Saudi Arabia?
3. Are there statistically significant differences between the average responses of pediatric intensive care nurses regarding the level of psychological disorders, psychological exhaustion, and the level of work stress?

Objectives of the study

1. Identifying psychological disorders and psychological exhaustion among pediatric intensive care nurses at the hospitals in Tabuk city, Saudi Arabia.
2. identifying the level of work stress among pediatric intensive care nurses at the hospitals in Tabuk city, Saudi Arabia.
3. Detection of statistically significant differences between the average responses of pediatric intensive care nurses on the level of psychological disorders, psychological exhaustion, and the level of work stress.

The importance of studying

Theoretical significance

The importance of the theoretical study stems from being one of the first Arab studies (to the knowledge of the researcher) that links the level of psychological disorders and their impact on fatigue among pediatric intensive care nurses in the hospitals at Tabuk city, Saudi Arabia. The psychological state of nurses is closely related to their job performance.

The current study has special importance for the medical community, since the study's application site and its sample are from intensive care in hospitals, a department characterized by special importance and sensitivity to a large number of events in it and its diversity, which increases the burden and crises on its workers. There is an increased necessity to study the psychological state of nurses and learn about the impact of work stress on the level of psychological disorders and psychological exhaustion among pediatric intensive care nurses in the Kingdom of Saudi Arabia.

Practical importance

The current study may benefit researchers in studying the impact of work stress on the level of psychological disorders and psychological exhaustion among pediatric intensive care nurses within the hospitals in Tabuk city, Saudi Arabia.

The limits of the study

This study is based on the following limit:

Objective limits: The effect of work stress on the level of psychological disorders and psychological exhaustion among pediatric intensive care nurses in the hospitals at Tabuk city, Saudi Arabia

Human and Spatial Limits: Pediatric Intensive Care Nurses in Tabuk city, Saudi Arabia.

Time limits: The field study of this research carried out during the first semester of the year 1443.

Theoretical framework

First, mental disorders

Defined by (Insel et Wang, 2010) Varian: Psychological disorders are a psychological condition that affects an individual's thinking, feelings, and judgment over things to an extent that requires intervention to care for and treat this person. (Insel, Wang, 2010, p170).

As for the Classification of Mental and Behavioral Disorders Manual (CM10), the term disorder refers to the presence of a group of symptoms and behaviours that are clinically defined, and in most cases include feelings of distress and confusion in personality functions. (Okasha, 1999, p. 5)

Regarding Asmaa Bouawad (2014), she considers that psychological disorders are: cases of poor compatibility with oneself, the body, or with the environment, whether natural or social, and expressed in a high degree of anxiety and tension, and a sense of despair, unhappiness and oppression, and often touching the emotional dimension of the personality, and it remains with it. A troubled individual connected to real life can glimpse his troubled state. (Promises, 2014, p 31)

The researcher defined psychological disorders procedurally: it is the degree to which the examinee obtains after answering the questionnaire prepared by the researcher and which is represented in (fear, involuntary urination, anxiety, hyperactivity).

Types of mental disorder

Psychological disorders related to neurodevelopment: These include:

Intellectual development disorder or the so-called intellectual disability formerly known as mental retardation, this type of disorder arises before the age of 18 years and is categorized by a restriction of both intellectual performance and adaptive behaviours (Kendra, 2019:1)

General developmental delay: It is a diagnosis of developmental disability in children under the age of five years old. These delays are related to cognition, social performance, speech, language, and motor

skills. (Matthew et all, 2016, p 122)
Communication disorders: Communication disorders are those that affect the ability to use, understand and discover language and speech (Matthew et al, 2016, P124)
Autism Spectrum Disorder: It is characterized by persistent deficits in social interaction and communication in multiple areas of life, as well as restricted and repetitive patterns of behaviour. (Matthew et all, 2016, p126).
Attention Deficit Hyperactivity Disorder: ADHD is characterized by a consistent pattern of impulsive hyperactivity and/or inattention that interferes with functioning. (Kendra, 2019, p5).

Psychological disorders related to stress: They are

Acute stress disorder: characterized by the onset of severe anxiety within one month after experiencing a traumatic event such as a natural disaster, war, or accident.
Adjustment disorder: This disorder can occur in response to sudden change such as divorce, job loss, end of a close relationship, moving, disappointment, or some other loss (Kendra, 2019, p8)
Dissociative disorders: This means the disconnection from others, the world around you, or yourself. It is a persistent mental state characterized by a feeling of detachment from reality, being outside one's body, or a sense of amnesia (American Psychiatric Association, 2018).
Dissociative amnesia: It is a temporary loss of memory as a consequence of a person's separation from consciousness. In many cases, this amnesia is the effect of some type of psychological trauma, and it may last for a short period or for many years.
Impersonation Disorder: Impersonation disorder is a mental disorder characterized by the experience of feeling outside of your body and detached from reality (Kendra, 2019, p15)
Eating disorders: including anorexia and binge eating disorder, eating disorders can lead to important physiological variations that require medical management and psychotherapy (Pam, 2019, p 07)
Anxiety disorders: It is the focus and fear of bad or dangerous events that could happen. Anxiety disorders include generalized anxiety disorder, panic disorder, and phobias.
Addictive disorders: Associated with problems related to extreme use of alcohol, opioids, LSD, and other types of drugs, this group also includes gambling disorder (Saters-Pedneault, 2019).
Depressive disorders: (Matthew et all, 2016) see that depressive disorders comprise such of conditions, all of which are considered by the presence of a unhappy mood, emptiness, or irritability and a lack of interest in daily activities, including:
Mild Mood Disorder: It is characterized by extreme anger and irritability and is common in children and appears through frequent and intense episodes of mood
Major depressive disorder: A condition categorized by loss of interest in activities and this mood subsequent in important impairments in a person's ability to function. (Matthew et all, 2016, P 128)
Persistent depressive disorder: It is characterized by many depressive symptoms that often mix with other symptoms. (Kendra, 2019, pr10)
Unspecified depressive disorder: This disorder is for situations in which indications do not meet clear diagnostic criteria, but still create problems in the entity's life and functioning.
Premenstrual dysphoric disorder: This diagnosis is a form of premenstrual syndrome (PMS) categorized by severe depression, irritability, and anxiety that begins a week or two before menstruation begins. Signs and symptoms usually clear up within a few days after the menstrual period. (WebMD, 2018)
Medication-induced depressive disorder: It usually occurs in individuals while taking some substances such as alcohol or while withdrawing from a substance.
Depressive disorder due to another medical condition: This disorder occurs when an individual has a medical condition that may contribute to depression. (Kendra, 2019, p10).

Sleep disorders: It includes a group of disorders

1. Narcolepsy disorders (compulsive sleep): They are disorders that affect a person and lead to general weakness, resulting in, at any hour of the day, severe "waves" of drowsiness, which makes a person fall asleep suddenly during a conversation or meeting or during meals.
2. Insomnia disorder: manifested in the inability to get enough sleep to feel rested, the effects of insomnia can affect almost all aspects of your daily life. Studies show that insomnia negatively affects work act, hinders decision-making, and can harm relations. In most conditions, individuals with insomnia report a poorer overall quality of life (American Academy of Sleep Medicine, 2015.)
3. Excessive sleepiness disorder: The condition is characterized by excessive sleepiness despite an adequate main sleep period. Individules with this disorder may sleep during the day at unsuitable times such as work or school. (Kendra, 2019, p 8)
4. Breathing-related sleep disorders: These are disorders that involve abnormal breathing that can occur during sleep, such as sleep apnea. (Hedner, 2019)
5. Parasomnia: It is characterized by abnormal behaviours that occur during sleep, and these disorders include sleepwalking, sleep terrors, talking during sleep, and eating during sleep. (Carlos, 2019).
6. Restless Legs Syndrome: It is a neurological condition in which there are painful sensations in the legs and an irresistible urge to move the legs in order to relieve the sensations (Kendra, 2019, 8).

Second: psychological exhaustion

The nursing profession is one of the humanitarian professions with many requirements and diverse tasks, where nurses are dedicated to providing assistance and saving others, and the nursing profession in itself is a major source of pressure, as a result of emotional and emotional pressures through the nurse's dealings with patients, visitors and relatives of the patient, and as a result of the continued and accumulated pressures, the nurse suffers Psychological exhaustion, which was considered a dangerous phenomenon that afflicts professionals and causes them to fall short and unable to meet work requirements at the required level (Abu Al-Omarin, 2008).

The level of psychological exhaustion of the nurse varies according to the department in which he works, and this was indicated by Adali and Priami (2002) in a study they conducted on the fatigue of nursing staff in different departments, and the results showed that the nurses working in the care and ambulance department had a higher level of Stress and psychological exhaustion compared to nurses working in other departments, and this is due to the nature of work in the care department, as it requires nurses to exert more effort, and deal with different and varied cases quickly and with high accuracy. It requires them to communicate with doctors and deal with their directives, and at the same time deal with the patient's family and bear their reactions, all these circumstances make the nurse under great pressure which is reflected in his psychological health, performance, and level of service provided to patients.

The nursing profession requires the specialized nurse an advanced level of expertise and dedication, to be able to provide the basic care necessary for patients. The nurse also participates with the doctor in providing services, as he interviews patients, provides routine primary medical care to them, explains to them the following of the prescribed treatment and its benefits and harms, and even plays It plays an important role in helping them understand their disease and its causes, methods of diagnosis and treatment, and provides them with the necessary instructions to help them accept the disease and how to deal with it and live with it in the future (Shelly Taylor, 2008).

That is why nursing is classified among the auxiliary professions whose owners often suffer from continuous psychological pressure that reaches the point of psychological exhaustion, as it may appear in the nurse's loss of interest in his work and his patients, and he may feel pessimism, dulled feelings and indifference, impatience, neglect, lack of motivation and enthusiasm, and loss of the ability to creativity and innovation in the field of nursing.

During his work, the nurse in the care departments goes through various pressures that make him reach psychological exhaustion through stages as follows:

7. Alarm and alert phase: At this stage, the body is aroused as it begins to pay attention to danger and warns the brain that it will gradually lose its endurance, so hormonal responses appear where the individual feels high blood pressure, muscle tension, and rapid breathing.
8. The stage of response to warning and resistance: here the individual realizes the danger and tries to adapt through several methods, including transferring work to a colleague or taking a vacation, and the individual's failure to adapt to pressures leads him to the third stage, which is psychological exhaustion.
9. The stage of psychological exhaustion: in this stage, after the individual has failed to adapt to work pressures and exhausted his energy, a satisfactory response occurs, physical and psychological suffering, and the individual develops heart disease. Finally, his relationship with his family deteriorates, and he becomes a burden on the state, as he turns from a productive individual to a dependent individual.

Dimensions of psychological exhaustion

1- Emotional exhaustion: Workers in humanitarian professions appear to feel tired and emotional as a result of being exposed to an endless number of emotions during their work such as feelings of joy, sadness, or tension.
2- Dehumanization, which means that workers in the humanitarian professions have negative attitudes towards the beneficiaries of the service.
3- Accomplishment Feeling of Reduced, which is their tendency to negatively evaluate themselves and feel ineffective in front of others (Al-Khaled and Al-Barawi, 2013).

Signs of psychological exhaustion

Indications of psychological exhaustion appear in most aspects of the life of nurses, and the emergence of these initial indicators indicates that the individual is on his way to psychological exhaustion, and these indicators include:

Preoccupation with completing the work required of him daily, which is listed on his list of work, and thus the nurse falls into the trap of constant preoccupation and is embodied in the presence of the nurse during his work, physically and not mentally, that is, he performs his tasks mechanically without showing any emotional contact with him because his goal is to finish the work and not perfection.

Postponing personal matters and social activities by convincing himself that there is time for that later, and thus postponement becomes a norm in the nurse's life. Losing the sense of fun through the nurse's preoccupation with his work, as he sees work as everything important and urgent, which is known as work addiction, as work becomes the focus of his life, in addition to the loss of creativity and enthusiasm and low morale of the nurse.

And the emergence of problems at the personal level with family and friends due to the continued absence and preoccupation with work, and the appearance of physical symptoms on the pathogen such as ulcers, back pain, headache, and sclerosis at

the level of the skin (Shelly Taylor, 2008).

Explanatory models for psychological exhaustion

There are a number of models that explain psychological exhaustion, as mentioned (Jugurtha, 2010):

• (Cherniss) model, which shows a number of dimensions of psychological exhaustion, its characteristics and indicators, and the model shows that the greater the shock of reality and the greater the exposure to pressure, the greater the psychological exhaustion, and that people who have high degrees of psychological exhaustion are the ones who receive weak social support, as the model shows There is a weak relationship between demographic factors such as age, gender, years of experience and psychological stress.
• The Constructive Relationships Model: This model provides a description of the interrelationships between the dimensions of job burnout and achievement, feelings of stress and the effect of each on the other. It seems that the dimension of achievement affects emotional stress, that is, the higher the achievement of the individual, the less his sense of stress, as well as his sense of dulled feelings.
Leiter's model of psychological exhaustion shows that the dimensions of psychological exhaustion affect each other through their development over time and that the dimensions differ in their relationship to the surrounding circumstances and individual factors.
Seyle's General Adaptation Fellowship Model. Here, this model confirms that continuous exposure to psychological exhaustion has negative effects on an individual's life and imposes physiological, social and psychological requirements on him, and the individual's attempt to mobilize his energies to confront this exhaustion leads him to psychological symptoms.

Methods of coping with psychological exhaustion

The nurse exposed to constant stress during his work, whether in the care departments or other departments, should follow the following methods to confront psychological exhaustion, as indicated (Obeid, 2008).
Acknowledgement of the existence of the problem: the failure of individuals to admit that they suffer from self-exhaustion will lead them to fail in facing it.
Re-arranging priorities: It is imperative for individuals exposed to psychological exhaustion to prioritize to achieve their goals and reduce work pressure on them.
Strengthening the self with a social network of social support: There is no doubt that friends have an active role in understanding the nature of an individual's work, and the problems he faces, and thus can play an important role in alleviating negative feelings of the individual towards himself and his work.
Dividing daily life between work and other non-work related concerns to overcome the negative effects of psychological exhaustion.
Finding hobbies and areas of interest outside of work enables the individual to avoid effort and boredom.

Third, the pressures of work

Work stress concept

Developments in modern business organizations have contributed to an increase in the demand for efficiency, high productivity, and an increase in competitiveness, which has created pressures for employees at different job levels in the work environment (Burton, 2012).
defined (Al-Hawajreh, 2012) as the harmful emotional and physical responses resulting from the difference in the requirements, needs, and abilities of employees with the requirements of the job, which poses a threat to the employee and increases his tension.
Work stress was defined as the psychological, mental, and physical stress that employees are exposed to, which causes them to be unable to adapt to the environment around them and settle in, as a result of a large number of requirements and their inability to meet them and the weak support provided to them by those around them (Tawfik et al., 2019)
He added (Nasr, 2018) that work stress is a situation in which work requirements are greater than the individual's own ability, as their level depends on the extent to which these requirements can be met, which results in the individual's inability to satisfy his needs, and consequently the inability to progress and decline in the level of work. As a result, reaching the stage of indifference to work and its requirements.
From the above, a comprehensive definition of work stress can be formulated, which is the employee's loss of a state of balance and compatibility between the requirements of the job he occupies with his capabilities, abilities and skills, which is negatively reflected on his psychological, physical, intellectual and functional condition.

Sources of work stress

The negative work environment is a major cause of psychological stress among workers (Athamneh, 2019), in addition to long working hours and lack of time with the family, and the factors that cause stress at work are not limited to the work environment but extend to include both relationships at work, organizational structure Climate, career development and role-based stress (Rout, 2002), and many organizational factors such as poor management, poor communication, lack of adequate support, and increased workload, as these pressures are manifested in impulsive behaviour, depression, inability to focus and fatigue (Tiwari and Agarwal, 2019.(

Psychological functional characteristics that result in psychological stress

The psychological functional characteristics that result in psychological stress are one of the most important factors that cause work stress, as well as structural changes in the organization, which may result in a number of pressures such as increased job demands, low level of control, and role ambiguity, in addition to changes in the social support provided by supervisors (Krishna et al. al, 2015)

The absence of organizational structures, or even the presence of organizational structures that do not fit the work environment, leads to the emergence of such pressures, as this results in a lack of clarity in the duties, responsibilities, and tasks assigned to employees. While making her own decisions (Hamdi, 2014).

Previous studies

Bouafia (2018) conducted a study entitled psychological exhaustion and its relationship to the quality of life of night shift workers in the Department of Medical Emergencies. The study aimed to know the nature of the relationship between psychological exhaustion and quality of life among workers in the night shift system in the Department of Care in Algeria. The study was applied to a sample of (80) male and female nurses on night shifts, and the study used the Maslach Scale of Self-Exhaustion and the Quality-of-Life Scale. The results showed a high level of psychological exhaustion among workers on the night shift, and an inverse relationship between psychological exhaustion and their quality of life.

Al-Jundi and Al-Hallaq (2018) conducted a study entitled Degrees of Psychological Exhaustion among Nurses working in the Intensive Care Unit. The study sample consisted of (181) male and female nurses, to whom the Gilder Burnout Scale was applied. The results showed that the nurses working in the intensive care department had high degrees of psychological exhaustion and that there were differences in the degree of psychological exhaustion due to the gender variable in favour of females, and there were differences due to the age group in favour of the older group, and there were differences due to social status in favour of married people, and there were no differences in the degree of psychological exhaustion due to the type of hospital or educational qualification.

In the study of Ibn al-Sayeh (2018), at the level of psychological exhaustion among a sample of nurses in Laghouat, study aimed to know the level of psychological exhaustion among a sample of (32) nurses in the city of Laghouat in the State of Egypt according to the variables of social status and professional experience. The study used the descriptive analytical approach. The Maslach Self-Exhaustion Scale was applied, and the results showed that there was a high level of psychological exhaustion among nurses, and there were no differences in the level of psychological exhaustion due to the study variables (social status, professional experience).

A study (Rajeswari and Steelkha, 2015) aimed to examine the degrees of psychological exhaustion in a sample of (200) female nurses working in the Indian Nellore Hospital. Psychological exhaustion and that (54%) of them have a high degree of psychological exhaustion, and the results showed that there are differences in the degree of psychological exhaustion for them due to the variable years of service in favour of those with long experience, and the study recommended that counselling intervention may reduce the degrees of psychological exhaustion among nurses.

Commenting on previous studies

By reviewing previous studies, it is noted that they dealt with the issue of psychological stress among workers in professions that require working with the public, such as nursing, which leads them to psychological exhaustion and disease anxiety, and its relationship to some variables. Where the current study agrees with some of the previous studies in the study method used, which is the descriptive correlative approach, and it differs from some of them that use the descriptive analytical approach. Others dealt with work pressures. What distinguishes the current study from previous studies is that it dealt with psychological exhaustion among Tuareg nurses.

Study methodology and procedures

Study Approach

The descriptive analytical method was relied upon by reviewing previous studies and studies related to the impact of work stress on the level of psychological disorders and psychological exhaustion in order to develop the theoretical framework.

Study population and sample

The research community consists of pediatric intensive care nurses at the hospitals in Tabuk city, Saudi Arabia. A random sample of (200) nurses was taken, and the stratified random sampling method was used to withdraw the sample from the hospitals to determine the target sample.

The characteristics of the study sample

The frequencies and percentages of the research sample members were calculated according to the variables:

Type

Table 1 Distribution of study members according to gender

percentage%	Repetition	Type
4.5	9	male
95.5	191	female
100	200	the total

It is clear from the previous table that (95.5%) of the total study subjects are female, and (9%) of the total

study subjects are male.

Years of experience in the intensive care unit

Table 2 Distribution of the study personnel's years of experience in the intensive care department		
percentage %	Repetition	Years of experience in the intensive care unit
2.0	4	less than one year
32.5	65	From 1 to 5 years old
65.5	131	5 years and over
100 %	200	the total

It is clear from the previous table that (4%) of the total study members are less than one year old, (32.5%) of the total study members are from one to five years of age, and (65.5%) of the total study members are 5 years and over. shift time

Table 3 Distribution of study personnel Shift shifts		
percentage %	Repetition	shift time
2.5	5	morning only
24.5	49	morning and evening
73.0	146	Evening and night
100 %	200	the total

It is clear from the previous table that (2.5%) of the total study members are morning and only, and (24.5%) of the total study members are morning and evening, and (73%) of the total study members are evening and night.

Study tool

After reviewing previous studies related to the subject of the research and using the theoretical framework of the research, the researcher built and developed the questionnaire as a tool for collecting study data. appropriate to achieve the objectives of the study and answer its questions.

Building the study tool

The study tool (a questionnaire) was designed with the aim of identifying the impact of work stress on the level of psychological disorders and psychological exhaustion among pediatric intensive care nurses in Tabuk city, Saudi Arabia, by reviewing the literature related to the purpose of the research, as well as after reviewing previous studies and reviewing its tools related to the subject of the current study, Where the questionnaire consisted of (38)

Validity of the study tool

The validity of the tool means making sure that it will measure what it was prepared to measure, and honesty means "the inclusion of the questionnaire for all the elements that must be included in the analysis on the one hand, and the clarity of its paragraphs and vocabulary on the other hand, so that it is understandable to everyone who uses it" (Al-Assaf, 1433 AH, p. 310) The researcher has verified the validity of the study tool by doing the following:

The apparent honesty of the tool (judging

After completing the construction of the study tool, it was presented to a number of specialized faculty members; In order to guide their opinions, the arbitrators were asked to express their opinion about the clarity of the statements, their suitability for what they were formulated for, and the appropriateness of the phrases to the axis to which they belong, with the development of modifications and suggestions through which the questionnaire can be developed.

The arbitrators' observations were taken into consideration, and the statement agreed upon by the arbitrators was adopted at a rate of more than (85%) or more. Thus, the questionnaire became in its final form after confirming its apparent sincerity, consisting of (38) paragraphs divided into two axes.

The validity of the construction of the study tool

After making sure of the apparent validity of the study tool (the questionnaire), the researcher calculated the Pearson correlation coefficient, to know the validity of the construction of the questionnaire.

Questionnaire axes

Table 4 Pearson's correlation coefficient between each paragraph and the total score for the first and second axis	
The second axis: the level of work stress among pediatric intensive care nurses at the hospitals in Tabuk city, Saudi Arabia	The first axis is the level of psychological disorders and psychological exhaustion among pediatric intensive care nurses at the hospitals in Tabuk city, Saudi Arabia.
.774 **	.835 **
.764 **	.885 **
.793 **	.877 **
.870 **	.835 **
.873 **	.842 **
.836 **	.857 **
.759 **	.705 **
.810 **	.653 **
.797 **	.741 **
.783 **	.859 **
.845 **	.768 **
.686 **	.680 **
.821 **	.758 **
.680 **	.840 **
.731 **	.728 **
.746 **	.859 **
	.831 **
	.782 **
	.647 **
	.640 **
**D at significance level (0.01). D at the significance level (0.05).	

It is clear from the previous table that the correlation coefficients between the items and the degree of the

questionnaire were all good and acceptable. Where they were all a function at a level of significance less or equal to (0.05).

Stability of the study instrument

The stability of the study tool was confirmed using Cronbach's Alpha equation, after applying it to the study sample. The following table shows the stability coefficients according to Cronbach's alpha equation for the various axes of the questionnaire.

Table 5 values of stability coefficients according to Cronbach's alpha equation for the different axes of the study tool.

Lab's constancy in a way Alpha Cronbach	the hub
962	first axis :the level of psychological disorders and psychological exhaustion among pediatric intensive care nurses at the hospitals in Tabuk city, Saudi Arabia
952	The second axis :The level of work stress among pediatric intensive care nurses at the hospitals in Tabuk city, Saudi Arabia
975	Total instrument score (general stability(

The results of the previous table indicate that the stability coefficients of Cronbach's alpha method were suitable for scientific research purposes. As it was the lowest stability coefficient for the first axis, and amounted to (.962), while the highest stability coefficient for the second axis reached (.952). The results of the previous table indicate that the stability coefficients by the Alpha Cronbach method increased to the total degree, reaching (.975).

Calculation of grades on the study tool

After the study tool was applied to the study sample, the researcher monitored the scores using the five-point Likert scale, as each statement has five levels, so a degree is given for each level of approval, as follows: degree (1) for response (strongly opposed), and degree (2) for response (disagreeing), score (3) for response (neutral), score (4) for response (agree), and score (5) for response (strongly agree)

2. Data Analysis Methods

The researcher used the statistical program (SPSS) Statistical Package for Social Sciences to analyze the study data and treat it statistically, and then the researcher extracted and interpreted the results.

The statistical methods used in the current study were as follows

1. Frequencies and percentages to identify the primary data of the study
2. Arithmetic means, standard deviations, and arrangement of the responses of the study sample members to the phrases according to the degree of approval, and to judge the degree of agreement with the paragraph, the following classification was adopted:
3. The degree of agreement strongly disagrees, when the mean value is from 1 to 1.80.
4. The degree of approval does not agree when the average value is from 1.81 to less than 2.60.
5. The degree of approval is neutral when the mean value is from 2.61 to less than 3.40.
6. The degree of approval is OK when the mean value is from 3.41 to less than 4.20.
7. Approval score Strongly agrees, when the mean value is from 4.21 to less than 5.
8. Cronbach's alpha equation, to verify the stability of the study tool.

Interpretation and discussion of the results

The answer to the first question: What is the level of psychological disorders and psychological exhaustion among pediatric intensive care nurses at the hospitals in Tabuk city, Saudi Arabia?

To identify the level of psychological disorders and psychological exhaustion among pediatric intensive care nurses at the hospitals in Tabuk city,Saudi Arabia; The arithmetic means, standard deviations, and the total score was calculated as follows:

The first axis: the level of psychological disorders and psychological exhaustion among pediatric intensive care nurses at the hospitals in Tabuk city, Saudi Arabia

Table 6 Arithmetic means, standard deviations, and total score for the expressions for the first axis

It is clear from the previous table that the level of psychological disorders and psychological exhaustion among pediatric intensive care nurses at the hospital in Tabuk city, Saudi Arabia came to a degree (very agree), according to the study sample members, where the general average for the first axis came (4.8400), with a standard deviation of (.43971). The researcher believes that there is difficulty in relaxing and resting, and a feeling of dryness in the throat. It did not seem to the sample members to feel positive feelings at all.

The answer to the second question: What is the level of work stress for pediatric intensive care nurses at the hospitals in Tabuk city, Saudi Arabia?

To identify the level of work stress among pediatric intensive care nurses; The arithmetic means, standard deviations, and the total score was calculated as follows:

The second axis: is the level of work stress among pediatric intensive care nurses.

Table 6 The arithmetic means, standard deviations, and the total score of the expressions for the first axis.				
number	Paragraph	SMA	standard deviation	Degree
Level of psychological disorders and psychological exhaustion among pediatric intensive care nurses at the hospitals in Tabuk city, Saudi Arabia				
	I found it difficult to relax and rest	4.92	.387	Strongly Agree
	I felt dry in my throat	4.92	.448	Strongly Agree
	It didn't seem to me that I could feel positive emotions at all	4.91	.489	Strongly Agree
	I had difficulty breathing (extremely rapid breathing, grogginess without physical exertion for example) and I found it difficult to take the initiative to do things	4.87	.579	Strongly Agree
	I tended to overreact to circumstances and events	4.86	.585	Strongly Agree
	I felt a shiver (with my hands, for example)	4.83	.635	Strongly Agree
	I felt like I was using up a lot of nervous energy (I felt like I was using up a lot of my stress tolerance)	4.84	.571	Strongly Agree
	I was afraid of agreeing that I might lose my temper and embarrass myself	4.83	.550	Strongly Agree
	I felt like I had nothing to look forward to	4.85	.562	Strongly Agree
	I felt confused and upset	4.86	.559	Strongly Agree
	I find it hard to relax	4.84	.565	Strongly Agree
	I felt sad and upset	4.85	.525	Strongly Agree
	I couldn't stand anything standing between me and what I wanted to do	4.83	.594	Strongly Agree
	I felt like I was about to fall into a state of sudden terror for no reason	4.86	.593	Strongly Agree
	I lost my enthusiasm for nothing	4.87	.524	Strongly Agree
	I felt that I had little value as a person	4.86	.55	Strongly Agree
	I felt like I was getting angry very quickly	4.84	.656	Strongly Agree
	I felt my heart beating without physical exertion (increased heart rate, or no heartbeat, for example)	4.84	.640	Strongly Agree
	I got scared for no good reason	4.83	.586	Strongly Agree
	I felt that life had no meaning	4.87	.527	Strongly Agree
the total as a whole		4.8400	.43971	Strongly Agree

Table 7 The arithmetic means, standard deviations, and the total score of the expressions for the second axis				
number	Paragraph	SMA	standard deviation	Degree
Work stress level for pediatric intensive care nurses				
	I feel emotionally drained	4.85	.605	Strongly Agree
	I feel exhausted at the end of the day at work	4.90	.448	Strongly Agree
	I feel tired when I wake up in the morning to face another workday	4.88	.526	Strongly Agree
	Dealing with people all day makes me nervous	4.89	.519	Strongly Agree
	I feel bored and bored because of my work	4.89	.538	Strongly Agree
	I feel frustrated in my work	4.86	.582	Strongly Agree
	I feel like I'm putting my best effort into my work	4.90	.495	Strongly Agree
	Dealing with people directly puts a lot of pressure on me	4.88	.526	Strongly Agree
	I feel suffocated and the end is near	4.85	.568	Strongly Agree
	I feel that I treat some categories of reviewers as if they are inanimate objects	4.80	.678	Strongly Agree
	I have personally become hard on people since I started this business	4.82	.640	Strongly Agree
	I am worried that this work will make me feel hard and dull	4.83	.594	Strongly Agree
	I really don't care what happens to other people	4.80	.718	Strongly Agree
	I feel the reviewers blame me for some of his problems	4.81	.640	Strongly Agree
	I can understand how reviewers feel about my profession	4.81	.599	Strongly Agree
	I feel that through my work I am making a positive impact in the lives of others	4.84	.522	Strongly Agree
The sum of the second axis		4.8426	.43877	Strongly Agree

It is clear from the previous table that the level of work stress among pediatric intensive care nurses came to a degree (very OK), where the general average for the second axis came (to 4.8426), with a standard deviation of (.43877).

The researcher believes, through the application of the questionnaire, that the sample members reached, as a result of work pressures, that their personalities became harsh on people and frustrated at work.

The answer to the third question: Are there statistically significant differences between the average responses of pediatric intensive care nurses regarding the level of psychological disorders, psychological exhaustion, and the level of work stress?

To determine the relationship between the level of psychological disorders and psychological exhaustion and the level of work stress; The Pearson correlation coefficient was calculated using the Person correlation test between the level of mental disorders and psychological exhaustion and the level of work stress, and the results were as follows: the results were as follows:

	Work pressure level	
Level of mental disorders and psychological exhaustion	Pearson correlation coefficient	.822 **
	level of significance	.00
	the number	200

From the previous table, it was found that there is a statistically significant correlation between the degree of psychological disorders and psychological exhaustion and the level of work stress at a significance level less than (0.01) and the correlation coefficient was equal to (.822**), which is a high positive value indicating the existence of a strong positive relationship between each of The level of psychological disorders, psychological exhaustion and the level of work stress.

Summary of the study results

1. The level of psychological disorders and psychological exhaustion among pediatric intensive care nurses at the hospitals in Tabuk city, Saudi Arabia came to a degree (high)
2. The level of work stress among pediatric intensive care nurses came to a degree (high)
3. There is a strong positive relationship between the level of psychological disorders, psychological exhaustion, and the level of work stress.

Study recommendations

1. Holding seminars, scientific forums and conferences aimed at facing pressures and providing counselling sessions for relaxation.
2. Regulating working hours to not run out of energy at the end of the day.
3. Dealing calmly with emotional problems
4. Create the appropriate atmosphere to perform the work to the fullest.

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