



Psychosocial Risk Factors in a Healthy Work Environment: A field Study in the Public Institution of Neighborhood Health in Rahwiya, Tiaret

*Dalila BENDJELLOUL**

*University of Ibn Khaldoun, Tiaret,
(Algeria)*

dalila.bendjellol@univ-tiaret.dz

Mohamed AGROUB

University of Oran 2, (Algeria)

argoubmohamed74@gmail.com

Abstract ;

This study aims to reveal the prevalence of psychosocial risk factors in the hospital work environment and their repercussions on the health of the employee, based on the descriptive approach and the selection of a stratified random sample consisting of 223 employees of the public health institution in Rahwiya, Tiaret state, through the application of the Cobsock scale (copsoq) Translated by Fatima Al-Zahraa Roundabout 2019. After statistical processing of the data, the study found that There is a prevalence of psychosocial risk factors among the employees of the public institution of neighborhood health in Rahwiya, Tiaret, at a medium level.

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* Corresponding author

1. Introduction

In recent years, the labor market has undergone tremendous changes. Compared with manufacturing jobs, the service industry is growing, and the nature of the job itself is changing, from manual skill requirements to psychological and social work burden and other psychological requirements. These rapid changes along with other factors are likely to drive into psychological and psychosomatic complaints, the work environment contains physical risk factors such as repetitive movements or bad postures that can be harmful to workers and develop muscle disorders. Moreover, it contains psychosocial risk factors that are receiving great attention at the present time such as high work requirements besides the lack of control over the job are all aspects that may influence workers' psychosocial responses to work conditions and the workplace. Therefore, psychosocial risk factors can also affect mental and physical health directly or indirectly. The Canadian Center for Occupational Health and Safety (CCHST, 2020) defines psychosocial risk factors as those non-physical aspects of the workplace that are developed through workplace culture, policies and expectations, and the general social attitude of the organization and the employee with his work environment and the requirements of the job. If the employees feel that there is an imbalance in matching the requirements of the job and how to perform the job, then he will face pressure that can contribute to the generation of stress and the deterioration

of the mental and physical health of the worker. (Louise, 2021) defines psychosocial risk factors at work as among the conditions available in the working environment, which have negatives on the worker's health and cause stress over time. Others considered it to be how individuals interact with their work requirements and working environment and this includes their social contacts within their work (Taylor, K., Grenn, N, 2015).

1.1. Statement of the Problem

Numerous studies have demonstrated the negative repercussions of psychosocial risk factors on a worker's health, such as the French experience team's reports on the Gollac pilot, which has assumed periodic monitoring of psychosocial risk factors in France which has found that 67% of workers exercise their duties under professional threat, 53% suffer from increasing professional emotional requirements, 43% live in deteriorating social relationships, 31% work under time pressure and heavy work and 18% do not exercise their autonomy at work. (Dares, 2014, p1) as cited in (Douar, 2019, p. 3).

Moreover, the study of both (Palma & Ansoleago, 2020) has demonstrated a strong correlation between psychosocial risk factors and negative organizational dimensions of high risk of violence in a healthy working environment. Workers at risk of violence and psychosocial risk factors have a higher risk of health problems. In addition, (Coutinho, Queiros, Henriques, Norton, & Alves, 2018, p551)

conducted a study to understand the psychosocial risk factors affecting occupational health and safety by providing the determinants related to the exposure of Portuguese employees to these factors. This study shows that employees in a healthy environment are exposed to psychosocial risk factors. Identifying and controlling these risks can help improve workers' psychosocial health and improve the effectiveness of the organization.

In another study to reveal the relationship between psychosocial risk factors, stress, exhaustion and quality of life, (Asante et al.) record 74.6% of health care workers in Chenguang and Chaozhou towns in Guangdong Province reported a low quality of life with confirmed high levels of burnout indicating a risk. On their mental health, they were also noted for their dissatisfaction with their jobs due to low wages and concluded that health care workers in remote cities in China suffer from a very tense work environment and poor quality of life, and therefore these pressures and tensions must be reduced and working conditions should be improved, which in turn improve the level of well-being for healthcare workers (Asante, Li, Liao, Huang, & Hao, 2019, p1).

As for the Arab studies on addressing the issue of psychosocial risk factors, they are almost non-existent within the limits of the researchers' knowledge. As (Douar, 2019, p. 233) in the study of the relationship between psychosocial risk factors and osteoporosis in the plumbing sector to the prevalence of

psychosocial risk factors in workers with varying levels of exposure, as it suggested the necessity of educating workers and reducing the quantitative requirements of work, as well as creating opportunities to reduce stress and specify simultaneous breaks and period of performing tasks. Thus, (Ghania, 2022) dealt with the negative effects of psychosocial risk factors in the work environment on mental and physical health and the consequent low levels of performance and conflicts.

In the light of the findings of the studies addressed in their content, the psychosocial risk factors and their relationship to some relevant variables in the deterioration of the worker's health and career and the lack of treatment of the subject in the Arab and Algerian environment in particular, the two researchers are motivated to address this issue in the Algerian health environment in an attempt to detect the following psychosocial risk factors at the Public Institution of Neighborhood Health in Rahwiya in Tiaret province by answering the following research questions:

- What is the prevalence of psychosocial risk factors in the Public Institution of Neighborhood Health in Rahwiya in Tiaret province?
- Is there a discrepancy between the staff of the Public Institution of Neighborhood Health in Rahwiya in Tiaret province at the level of exposure to psychosocial risk factors?
- Is there a discrepancy between doctors, paramedical workers and administrators in

the level of exposure to psychosocial risk factors?

1.2. Study hypotheses

- There is an intermediate prevalence of psychosocial risk factors in the Public Institution of Neighborhood Health in Rahwiya in Tiaret province.
- There is a discrepancy between the staff of the Public Institution of Neighborhood Health in Rahwiya at the level of exposure to psychosocial risk factors.
- There is a discrepancy between doctors, paramedics and administrators in the level of exposure to psychosocial risk factors.

1.3. Aim of the study

This study was designed to determine the extent to which psychosocial risk factors exist among the employees of the Public Institution of Neighborhood Health in Rahwiya and whether there is a discrepancy among the employees of the Public Institution of Neighborhood Health in Rahwiya at the level of exposure to psychosocial risk factors given the different types of function and sex.

1.4. Significance of the study

The importance of this study lies in the nature of the relatively recent topic in health service institutions in the Algerian environment, especially in the field of detecting the level of availability of these factors in the public health institution through our study, and considering the psychosocial risk factors that express the practical climate prevailing in the

institution and its negatives that have repercussions on the employee in a direct and indirect way such as low performance rates and falling into conflicts, deterioration of the employee's public health, feeling pressure, stress and other negative manifestations.

1.5. Procedural concepts of study terms

- a. Psychosocial risk factors: among the organizational conditions likely to affect an employee's physical and psychological health.
- b. Healthy working environment: it is the environment in which an employee performs the tasks required of him/her and contains internal and external factors and influences that have direct and indirect effects on the pace of work.
- c. Occupational health: means the employee's safety from any illness that may occur due to the performance of his/her duties.

2. Method and Procedures

2.1. Study Procedure

To address such topics and ensure the validity of hypotheses, we followed the descriptive approach as it is the most appropriate approach to accurately describe the phenomenon.

2.2. Study sample

The study sample consisted of 233 employees at 39.76% of the study population, selected by random stratified sample method, and in order to equalize the withdrawal of sample members, we

pulled from each stratify according to the following law: number of stratify sample = stratify size/population size x sample size.

Thus, the number of members of the medical class was estimated at 36 doctors, the number of paramedical class. members

is at 156 and the number of administrative staff at 41, we distributed 233 questionnaires, retrieved 233 questionnaires, excluded 10 questionnaires for lack of validity, and the number of questionnaires valid for study became 223.

Table 1. Distribution of Study Sample by (Sex, Type of function)

----	----	Frequency	Percentage	Sum
Sex	Male	62	27.8	223
	Female	161	72.2	
Type of function	Doctor	33	14.8	223
	Paramedical	150	67.3	
	Administrator	40	17.9	

Source: Prepared by the authors based on IBM SPSS Statistics

2.3. Study Tool

The researchers used the copsoq scale translated by (Douar, 2019), which codified it on the Algerian work environment and conducted reliability and validity analysis, where the correlation coefficients found a function between (0.01) and (0.05) and the validity was estimated at (0.80).

The scale consists of two sections: the first section includes personal information on the study sample and the second section includes the (43) paragraphs of the scale distributed over 12 dimensions as shown in the following table:

Table 2. Distribution of the sections on the dimensions of COPSOQ

Dimension	N.Sections	Dimension	N.Sections
Quantitative requirements	04	Social support from the supervisor	03
Pace of work	03	Social support from the coworkers	03
Cognitive requirements	04	Functional insecurity	03
The control of working time	05	Insecurity about work	05
Role clarity	03	Organizational justice	04
Role conflict	02	Sleep disorders	04

Source: Prepared by the researchers based on the copsoq scale

As for the correction of the tool, the scores from 1-5 were given to their weights according to the five-point Likert method, and the range was calculated ($5-1 = 4$) and then divided by the number of periods of the scale to obtain the length of

the period, i.e. ($4/5 = 0.80$), after that this value was added to the lowest value in the questionnaire, which is the correct one, in order to determine the upper limit of the first period and so on, and the following table illustrates that.

Table 3. Sections length, substitute answers, and verbal evaluation of the mean

Substitute Answer	Always Very largely All the time	Often Largely A big part of time	Sometimes A little A part of time	Rarely Slightly A bit of time	Never Very slightly None
Degree	5	4	3	2	1
Duration	5-4.20	4.20-3.40	3.40-2.60	2.60-1.81	1.81-
Verbal Evaluation of the mean	Very high	High	Medium	Low	Very Low

Source: Prepared by the researchers

2.4. Statistical methods used:

- Duplicates
- Relative ratios
- Pearson correlation coefficient
- Cronbach Alpha equation
- Arithmetic mean and standard deviation
- Independent t-test for two samples

- ANOVA test

2.5. Psychometric properties of the tool:

The researchers tested the psychometric properties of the tool in order to ensure its reliability and validity and its suitability for study.

A. Reliability: by applying the reliability of internal consistency.

Table 4. Results of Pearson's correlation coefficient between the degree of each section and the dimension

Quantitative Requirements		Cognitive Requirements		Organizational Justice		Sleep Disorders	
Section	R value	Section	R value	Section	R value	Section	R value
01	**0.69	01	**0.66	01	**0.59	01	**0.73
02	**0.78	02	**0.59	02	**0.56	02	**0.85
03	**0.67	03	**0.76	03	**0.83	03	**0.89
04	**0.32	04	**0.71	04	**0.64	04	**0.90
Pace Of Work		Role Clarity		Social Support From The Supervisor		Social Support From The Coworkers	
Section	R value	Section	R value	Section	R value	Section	R value
01	**0.74	01	**0.81	01	**0.74	01	**0.81
02	**0.80	02	**0.78	02	**0.80	02	**0.78
03	**0.80	03	**0.83	03	**0.80	03	**0.83
The Control Of Working Time		Insecurity About Labor Conditions		Functional Insecurity		Role Conflict	
Section	R value	Section	R value	Section	R value	Section	R value
01	**0.61	01	**0.81	01	**0.87	01	**0.84
02	**0.40	02	**0.83	02	**0.84	02	**0.83
03	**0.72	03	**0.67	03	**0.86	----	----
04	**0.62	04	**0.70	---	----	-----	----
05	**0.51	05	**0.46	----	----	-----	----

**** : the 0.01 level of significance**

Source: Prepared by the authors based on IBM SPSS Statistics

From the table above, we can see that all the correlation coefficients between the sections and the total degree of the dimension to which they belong are statistically significant, which confirms the reliability of the tool.

B. Validity:

The researchers made sure that the study tool was valid on the total score by calculating the validity equation and the results were as shown in the following table:

Table 5. Results of cronbach alpha coefficient for the study tool

Total Score	Alpha Value
Psychosocial risk factors	0.71

Source: Prepared by the authors based on IBM SPSS Statistics

It is clear from the table that the validity coefficient of the tool for

measuring psychosocial risk factors was estimated at :(0.71), which is an

acceptable value that confirms the validity of the study tool and its suitability for its application to the sample.

After confirming the psychometric properties of the Copsoq scale, and through the results shown by the statistical processing, we are able to apply it to the study sample.

Table 6. Arithmetic mean values and standard deviation of the dimension of quantitative requirements

Section	Arithmetic Mean Values	Standard Deviation	Trend
01	2.62	1.25	Medium
02	2.29	1.00	Low
03	2.14	1.08	Low
04	3.99	1.08	High
Macro-level of dimension	2.76	0.86	Medium

Source: Prepared by the authors based on IBM SPSS Statistics

Through table No. (06), we note that section No. (04) came in first place with an arithmetic average of (3.99), and section No. (03) ranked last with an arithmetic average of (2.14), and it can be said that there is agreement from the members of the study sample that the level of availability of this dimension in the institution was to an average degree, as the arithmetic average of this dimension was (2.76). This means that the distribution of the workload is irregular until it

3. Study Results (Analysis and Discussion):

3.1. Presentation and discussion of the results of the first question: What is the prevalence of psychosocial risk factors in the Public Institution of Neighborhood Health in Rahwiya in Tiaret province?

accumulates, as well as insufficient time to complete tasks, and the researchers attribute this to the nature of the tasks performed by health sector employees that require permanent preparation, and contrary to what our study found, we find the study of (Leineweber, Marklund, Aronsson, & Gustafsson, 2019, p12) that reached a high level of quantitative work requirements as a major risk factor in predicting disability in the future of nursing professionals.

Table 7. Values of the arithmetic mean and standard deviation of the dimension of the pace of work

Section	Arithmetic Mean Values	Standard Deviation	Trend
01	3.53	0.79	High
02	3.48	0.88	High
03	3.47	0.99	High
Macro-level of dimension	3.49	2.10	High

Source: Prepared by the authors based on IBM SPSS Statistics

From Table No. 07, we note that section No. (01) ranks first with an average arithmetic (3.53). section No. (03) ranks last with an average arithmetic (3.47). It can be said that there is approval from members of the sample study that the level of availability of this dimension in the institution was high, with the average arithmetic of this dimension (3.49). This means that staff are obliged to perform their tasks very quickly and at a high pace

throughout the day. This is due to the fact that health services are one of the services that knows a continuous movement over various hospital interests by citizens and confirming the results of a study of (Barros, Baylina, Fernandes, Rama, Ramalho, & Arezes, 2022, p415) which has higher equity ratios for the frequency and intensity of work, being considered as a psychosocial risk factor for health care workers in Portugal.

Table 8. Arithmetic mean values and standard deviation for the dimension of cognitive requirements

Section	Arithmetic Mean Values	Standard Deviation	Trend
01	4.17	0.95	High
02	4.35	0.86	Very high
03	3.52	1.28	High
04	3.07	1.22	Medium
Macro-level of dimension	3.78	0.74	High

Source: Prepared by the authors based on IBM SPSS Statistics

From Table No. (08), we note that section No. (02) ranks first with an average arithmetic (4.35). section No. (04) ranks last with an average arithmetic (3.07). This means that the nature of health workers' work requires them to remember a lot of things constantly and observe a lot of things in that one and consistently present new ideas with sometimes difficult decisions, due to the multiple tasks that require attention and focus as well as the amount of responsibility towards the quality of service provided. Thus, (Gomez-G, Portalanza-C, Arias-U, & Espinoza-S, 2020) stated that the most frequent and highest rates of exposure to psychosocial risk among workers were found to be

cognitive requirements and the extent to which they had a negative impact on workers' self-awareness of health. In addition, the study of (Freimann & Merisalu, 2015, p447) concluded a high level of cognitive and emotional requirements as psychosocial risk factors with a negative impact on nurses at the University Hospital of Estonia.

Table 9. Arithmetic mean values and standard deviation for the dimension of the control of working time

Section	Arithmetic Mean Values	Standard Deviation	Trend
01	2.62	1.16	Medium
02	2.96	1.21	Medium
03	2.17	1.23	Low
04	2.07	1.14	Low
05	2.83	1.15	Medium
Macro-level of dimension	2.53	0.68	Low

Source: Prepared by the authors based on IBM SPSS Statistics

From Table No. (09), we note that section No. (02) ranks first with an average arithmetic (2.96). section No. (04) ranks last with an average arithmetic (2.07). This means that the employee is not given the freedom to decide on breaks while working as well as the choice of holidays. Also, it is strictly prohibited to leave work and go to special concerns without permission. The researchers

attribute this to the failure of management to involve employees in determining rest times and all matters affecting them. Moreover, (Zhou, et al., 2020, p510) was contrary to our conclusion that medical staff in China during the Covid-19 pandemic were found to suffer from psychiatric disorders due to the risk factor of daily working hours, which was at high averages.

Table 10. Arithmetic mean values and standard deviation of the role clarity dimension

Section	Arithmetic Mean Values	Standard Deviation	Trend
01	4.30	0.86	Very high
02	4.25	0.76	Very high
03	4.29	0.81	Very high
Macro-level of dimension	4.28	0.66	Very high

Source: Prepared by the authors based on IBM SPSS Statistics

From Table No. (10), we note that section No. (01) ranks first with an average arithmetic (4.30). Section No. (02) ranks last with an average arithmetic (4.25). This means that work goals are clear with staff members knowing the scope of their responsibilities and what is expected of them. These researchers are due to the understanding and good

knowledge of the employees of their tasks and the goals to be achieved. This was the conclusion of (Pahi, Ahmed, Sheikh, Dakhan, Khuwaja, & Ramayah, 2020, p10) where they found that providing clarity of the role of health care workers in Pakistan greatly helps to achieve commitment to quality service through

leadership methods and in good social relationships.

Table 11. Arithmetic mean values and standard deviation for the dimension of role conflict

Section	Arithmetic Mean Values	Standard Deviation	Trend
01	3.07	1.16	Medium
02	2.94	1.14	Medium
Macro-level of dimension	3.00	0.97	Medium

Source: Prepared by the authors based on IBM SPSS Statistics

From table 11, we note that section (01) ranks first with an average arithmetic (3.07). Section (02) ranks last with an average arithmetic (2.94). This means that staff members find themselves carrying out certain demands contradictory to their functions, as well as imposing certain methods on staff in the performance of their functions, which are due to the quality of supervision by staff supervisors. The result of our study differed with the study of (Freimann and al, 2016) where it was found that the high level of role struggle in nurses at the Tartu University Hospital was associated with many health and mental problems in the first place the appearance of bone muscle disorders and

physical stress, as both (Freimann & Merisalu, 2015, p447) stated that the psychosocial risk factor of conflicting roles has a positive relationship with mental health problems in nurses at the University Hospital of Estonia, and this high level may contribute to stress as well as fatigue and stress. In the same framework,(Lund, Labriola, Christensen, Bultmann, Villadsen, & Burr, 2005, p1141) found a strong correlation between sick absence, role conflict, low rewards and poor governance and suggested that the potential to reduce long-term sick absence is through interventions aimed at reducing role conflict.

Table 12. Arithmetic mean values and standard deviation for the dimension of social support from the supervisor

Section	Arithmetic Mean Values	Standard Deviation	Trend
01	3.37	1.19	High
02	3.42	1.10	High
03	3.24	1.39	Medium
Macro-level of dimension	3.34	0.98	Medium

Source: Prepared by the authors based on IBM SPSS Statistics

From Table No. (12), we note that section No. (02) ranks first with an average arithmetic (3.42). Section No. (03) ranks last with an average arithmetic (3.24).

This means that staff members state the availability of assistance and support from the direct supervisor and the supervisor's recognition of staff members'

achievements and successes in delivering their work. These researchers are due to the good relations between staff and their supervisors and the role they play in promoting means of cooperation and overcoming the difficulties they may face.

Contrary to the results of our study, we find a study (Escriba & Pérez, 2007, p153) which found low and low levels of social support from supervisors and which has become a risk to health workers' mental health.

Table 13. Arithmetic mean values and standard deviation for the dimension of social support from coworkers

Section	Arithmetic Mean Values	Standard Deviation	Trend
01	3.67	1.22	High
02	3.73	1.20	High
03	3.43	1.26	Medium
Macro-level of dimension	3.61	0.95	High

Source: Prepared by the authors based on IBM SPSS Statistics

From table 13, we note that section (02) ranks first with an average arithmetic (3.73). Section (03) ranks last with an average arithmetic (3.43). It can be said that there is approval from members of the sample study that the level of availability of this dimension in the institution was high, with the average arithmetic of this dimension (3.61). This means that employees listen to the concerns and

problems of their coworkers, as well as their pride in the success of their assignments. This is due to the staff's support and interest with their colleagues due to strong professional relationships. Contrary to what has been achieved, we find a study (Petersen, Wendsche, & Melzer, 2022, p182) that acknowledged the existence of poor social relationships between colleagues in nurses in Germany.

Table 14. Arithmetic mean values and standard deviation for the dimension of job insecurity

Section	Arithmetic Mean Values	Standard Deviation	Trend
01	2.96	1.54	Medium
02	2.51	1.47	Low
03	2.66	1.55	Medium
Macro-level of dimension	2.71	1.31	Medium

Source: Prepared by the authors based on IBM SPSS Statistics

From Table No. 14, we note that section (01) ranks first with an average arithmetic (2.96). Section (03) ranks last with an average arithmetic (2.66). This means that employees are concerned about the possibility of being laid off and becoming unemployed, especially with the difficulty of finding another job. The researchers attribute this to the recent

reliance of enterprises on the latest technologies that have facilitated tasks and replaced the workforce, as confirmed by (Gomez-G, Portalanza-C, Arias-U, & Espinoza-S, 2020) through the results of his study that found job insecurity among health care workers and that had an impact on their self-awareness of health.

Table 15. Arithmetic mean values and standard deviation for the dimension of insecurity about labor conditions

Section	Arithmetic Mean Values	Standard Deviation	Trend
01	2.71	1.58	Medium
02	2.59	1.55	Low
03	3.17	1.35	Medium
04	3.23	1.41	Medium
05	3.25	1.32	Medium
Macro-level of dimension	2.99	1.01	Medium

Source: Prepared by the authors based on IBM SPSS Statistics

From table 15, we note that section (05) ranks first with an average arithmetic (3.25). Section (02) ranks last with an average arithmetic (2.59). This means that employees are hoping for good prospects in their work in return. Concern has been recorded about the possibility of converting them to other jobs without their will and changing the schedule of the shift system and working days per week, due to the emergency conditions experienced by the sector, especially during the COVID pandemic. The Department had to change the schedule of

working hours in preparation for and preparation for cases of paradise, as well as to recruit the majority of medical staff and turn it into a special HIV interest. In contrast to what we find (Araujo, Silva, Silva, Coelho, Pires, & Melo, 2018), there was a lack of over-average working conditions estimated at 51.2% among nurses, nursing technicians and nursing assistants in Brazilian government hospitals, due to the type of nursing specialist and the different distribution of tasks as well as their association.

Table 16. Arithmetic mean values and standard deviation for the dimension of organizational justice

Section	Arithmetic Mean Values	Standard Deviation	Trend
01	3.23	1.16	Medium
02	3.39	3.98	Medium
03	2.87	1.37	Medium
04	3.05	1.32	Medium
Macro-level of dimension	3.14	1.41	Medium

Source: Prepared by the authors based on IBM SPSS Statistics

From table 16, we note that section (02) ranks first with an average arithmetic (3.39). Section (03) ranks last with an average arithmetic (2.87). This means that the Department appreciates the efforts and good work of staff members in their tasks and trying to resolve conflicts in peaceful and equitable ways. These researchers are due to the institution's resorting to the table of dialogue and discussion, listening to staff members, dealing with their

concerns and coming out with just solutions in the public interest. Contrary to our study, (Lonnqvist, Flinkman, Vehvilainen, & Elovainio, 2022) found high organizational justice among nurses and referred to the role played by nurses' managers in promoting regulatory justice by improving working conditions and strengthening relationships with staff, which is intended to achieve occupational safety and health at work.

Table 17. Arithmetic mean values and standard deviation for the dimension of sleep disorders

Section	Arithmetic Mean Values	Standard Deviation	Trend
01	3.08	1.28	Medium
02	3.01	1.24	Medium
03	3.08	1.32	Medium
04	3.08	1.30	Medium
Macro-level of dimension	3.06	1.09	Medium

Source: Prepared by the authors based on IBM SPSS Statistics

From Table No. 17, we note that section (01), (03) and (04) rank first with an average arithmetic (3.08). Section No. (02) last with an average arithmetic (3.01). This means that the staff suffer from

problems and difficulty sleeping. This is due to the weight and quantity of tasks performed, the lack of rest periods and the stress of the staff member's working time have negative repercussions on his or her

health, making his or her sleep uneasy. (Salehinejad, Azarkolah, Ghanavati, & Nitsche, 2022, p246) found that sleep and circadian rhythms have a significant impact on organ function, behavior and emotion, and the perception that the

imbalance in sleep hours was caused by the COVID-19 pandemic to great degrees on the general population including rotation workers and employees in the sector.

Table 18. Arithmetic mean values and the standard deviation of psychosocial risk factors variable

Dimension	Arithmetic Mean	Standard Deviation	Trend
Quantitative Requirements	2.76	0.86	Medium
Pace of Work	3.49	2.10	High
Cognitive Requirements	3.78	0.74	High
The control of working time	2.53	0.68	Low
Role Clarity	4.28	0.66	Very high
Role Conflict	3.00	0.97	Medium
Social Support From the Supervisor	3.34	0.98	Medium
Social Support From the Coworkers	3.61	0.95	High
Functional Insecurity	2.71	1.31	Medium
Insecurity About Labor Conditions	2.99	1.01	Medium
Organizational justice	3.14	1.41	Medium
Sleep Disorders	3.06	1.09	Medium
Macro-level of the Variable	3.19	0.46	Medium

Source: Prepared by the authors based on IBM SPSS Statistics

Through Table 18, we note that the prevalence of psychosocial risk factors in the Public Institution for Neighbourhood Health in Rahwiya was moderate, with the calculation of the average calculation of the variable as a whole (3.19) and ranked first after clarity of the role, followed by second by the following dimensions: The frequency of work, cognitive requirements and social support of colleagues, and then in third place dimensions: Quantitative requirements, role conflict, social support from supervisor, job insecurity, insecurity about working conditions, organizational

justice and sleep disorders, and last place after time control. Given the average averages of psychosocial risk factors estimated at 3.19, six factors are prevalent in the Public Institution of Neighborhood Health in Rahwiya (pace of work, cognitive requirements, clarity of role, social support from the supervisor, social support from colleagues, job insecurity). Our study and results varied (Garcia, Gomez, Ortega, & Navarro, 2021, p627472) High levels of psychosocial risk factors in Spanish nurses as it can cause 41% of mental health problems,

Morocco's health-care workers in Quneitra and Sidi Suleiman are also exposed to high levels of psychosocial risk factors, including stress and fatigue caused by permanent and long-term stress due to the mental, emotional and high-responsibility requirements of the nursing profession. (khalid, Yassine, Anas, Youssef, & Ahami, 2022, p327)

3.2. Presentation and discussion of the results of the second question: Is there a discrepancy between the staff of the Public Institution of Neighborhood Health in Rahwiya in Tiaret province at the level of exposure to psychosocial risk factors?

Table 19: Arithmetic mean and the standard deviation in the level of exposure to psychosocial risk factors for males and females

Sex	Numbers	Arithmetic mean	Standard Deviation	T value	Level of significance
Male	62	143.96	18.99	3.14	0.002
Female	161	134.73	19.93		

Source: Prepared by the authors based on IBM SPSS Statistics

Through the table, the average male arithmetic was recorded as 143.96 and standard deviation (18.99), average female arithmetic as 134.73 and standard deviation (19.93). The value of T was estimated at 3.14 at an indicative level (0.002). Therefore, we reject zero imposition and accept the alternative imposition that there is a disparity between male and female exposure to risk factors. The two researchers attribute this disparity to the likelihood of females enjoying mechanics that help them control their emotions as well as the strength of their network of relationships. In contrast to our findings, we find (Rivero, Padrosa, Utzet, Benach, & Julia, 2021) In a study where differences were recorded between

women and men in psychosocial risk factors due to heterogeneity in women's working conditions as well as difficulties encountered in improving their working conditions in addition to their employment in jobs classified as men, (Martinez, Fernandez, Feijoo, Serrano, & Navarro, 2022) differences between Spanish healthcare workers in the level of exposure to psychosocial risk factors during the first wave of the Covid-19 outbreak in terms of sex, function and age.

3.3. Presentation and discussion of the results of the third question: Is there a discrepancy between doctors, paramedical workers and administrators in the level of exposure to psychosocial risk factors?

Table 20. Arithmetic mean and the standard deviation in the level of exposure to psychosocial risk factors for doctors, paramedicales, and administrators

Type of Function	Numbers	Arithmetic mean	Standard Deviation	F value	Level of significance
Doctor	33	139.06	14.25	3.14	0.002
Paramedical	150	137.55	21.09		
Administrator	40	134.90	20.40		

Source: Prepared by the authors based on IBM SPSS Statistics

Through the table, the highest average calculation of doctors was recorded as (139.06) and standard deviation (14.25), average calculation of the semi-medical (137.55) standard deviation (21.09) and average administrative calculation estimated at (134.90) A standard deviation (20.40) is estimated to be P (3.14) at an indicative level (0.002) which is less than (0.05) We therefore reject zero imposition and accept the alternative imposition that there is a discrepancy between doctors, paramedics and administrators in the level of exposure to psychosocial risk factors attributable to the doctors' benefit. These researchers are due to the high level of responsibility for doctors and the level of difficult decisions they make in their tasks, as well as the lack of available resources at work and the pressures that were at high levels especially during the outbreak of the pandemic, which constituted an emergency that obliged many health professionals to comply with the decisions of the Ministry of Health, to work at a high pace without interruption. This is the record of high levels of risk factors for doctors in the United States of America, namely loss of autonomy, job insecurity and work stress, changes in

management methods and medical practices (kakarala & Prigerson, 2022).

4. Conclusion:

Understanding the factors that pose a risk to occupational safety and health is crucial to strengthening the management of psychosocial risks, especially in the health sector, and to detect their availability in Algeria's health environment. We have undertaken this study and have achieved the following results:

- The prevalence of psychosocial risk factors among the staff of the Public Institution for Neighbouring Health at an average level.

There is a disparity between males and females in the level of exposure to the institution's psychosocial risk factors attributable to males.

- There is a discrepancy between doctors, paramedics and administrators in the level of exposure to the institution's psychosocial risk factors attributable to doctors.

Based on these findings, we have proposed the following:

- Trying to take care of the psychosocial aspects of the employee's work environment.
- Strengthening social relations between supervisors and colleagues with employees who have a link to mental health.
- Work to provide social support and effective means of communication that create a practical atmosphere of mutual understanding and trust.
- Allocate appropriate breaks that help absorb work pressure and reduce cognitive requirements.
- To encourage intensified research on the subject of psychosocial risk factors in different working environments due to their risk to the employee's occupational health.

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